



# Testing guidelines and their implementation. Service delivery models.

Christos Krasidis  
27 Nov. 2020

# Welcome

Christos Krasidis



# UNAIDS Target



90%

PLWH  
Know their Status



90%

PLWH  
on ART



90%

PLWH  
U=U



90%

PLWH  
Q-Factor

# UNAIDS Target



# UNAIDS Target 2019



79%

PLWH  
Know their Status



62%

PLWH  
on ART



53%

PLWH  
U=U



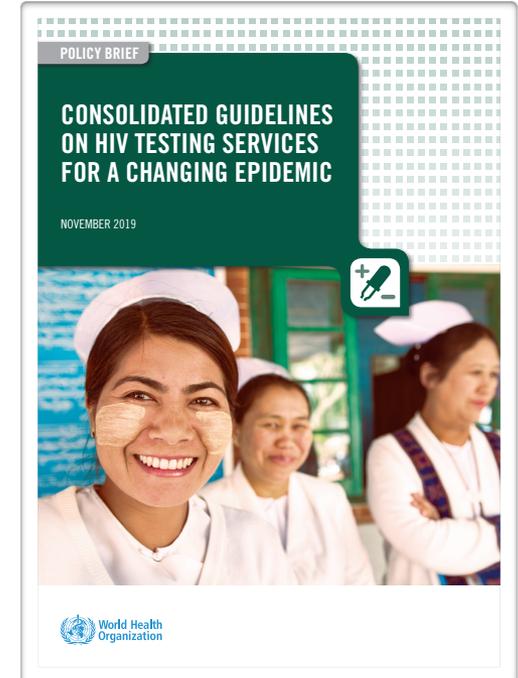
??? %

PLWH  
Q-Factor

# Testing

## Definition: HIV testing services

The term “HIV testing services” embraces the full range of services that should be provided together with HIV testing. This includes counselling (brief pre-test information and post-test counselling); linkage to appropriate HIV prevention, care and treatment services and other clinical and support services; and coordination with laboratory services to support quality assurance.



(Nov. 2019) <https://www.who.int/publications/i/item/WHO-CDS-HIV-19.31>

# WHO Guidelines

The new “*WHO consolidated guidelines on HIV testing services*” recommend a range of innovative approaches to respond to contemporary needs.

- WHO is encouraging all countries to adopt a **standard HIV testing strategy** which uses three consecutive reactive tests to provide an HIV positive diagnosis. Previously, most high burden countries were using two consecutive tests. The new approach can help countries achieve maximum accuracy in HIV testing.
- WHO recommends countries use **HIV self-testing as a gateway to diagnosis**.
- **Social network-based HIV testing to reach key populations**
  - Men who have sex with men
  - People who inject drugs
  - Sex workers
  - Transgender population
  - People in prisons.
  - Key populations and their partners.
- The use of **peer-led, innovative digital communications** (short messages, videos) can build demand and increase uptake of HIV testing..
- **RDTs : Focused community efforts to deliver rapid testing through lay providers**. HIV diagnosis which took 4-6 weeks with the “western blotting” method now takes only 1-2 weeks and is much more affordable resulting from policy change.
- **HIV/syphilis dual rapid tests in antenatal care as the first HIV test** can help countries eliminate mother-to-child transmission of both infections.
- More integrated approaches for HIV, syphilis and hepatitis B testing is also encouraged.

<https://www.who.int/news/item/27-11-2019-innovative-who-hiv-testing-recommendations-aim-to-expand-treatment-coverage>

# ECDC Guidelines

## Principle 1.

Testing should be accessible, voluntary, confidential and contingent on informed consent

## Principle 2.

Appropriate information should be available before and after testing

## Principle 3.

Linkage to care is a critical part of an effective testing programme

## Principle 4.

Testing in healthcare settings should be normalised

## Principle 5.

Those carrying out HIV, HBV and/or HCV testing should receive appropriate training and education

## Principle 6.

A national testing strategy is critical in responding effectively to HBV, HCV and HIV



2018: [https://www.ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance_0.pdf)

# ECDC Guidelines

## Where to test?

In addition, the ECDC guidance outlines where, how and when to test for viral hepatitis and HIV by providing evidence-based options of testing strategies that are applicable to all healthcare settings, as well as testing strategies specifically for:

- primary healthcare settings
- hospital settings
- other settings (e.g. STI clinics, pharmacies, prison and some drug and harm-reduction services)
- testing in the community, including some drug and harm reduction services and
- self-sampling and self-testing.

There are certain testing strategies that are appropriate in all healthcare settings. In areas of intermediate (HBV/HCV) or high prevalence (HBV/HCV/HIV), geographically targeted, routine testing will help identify people who are unaware they are infected. Similarly, birth-cohort or universal one-time testing may be considered as an option to increase HCV testing coverage considering local epidemiology, affordability and availability of effective linkage-to-care pathways. Voluntary partner notification should be considered for all individuals found positive, to achieve earlier diagnosis and treatment of other exposed individuals.

2018: [https://www.ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance_0.pdf)

# ECDC Guidelines

## Who to test?

The guidance identifies several population groups suitable for targeted HBV, HCV and/or HIV testing (due to higher infection risk):

- men who have sex with men (MSM)
- trans\* people
- sex workers
- people who inject drugs (PWID)
- people in prison
- migrants<sup>1</sup>
- homeless people
- pregnant women
- haemodialysis patients
- people who received blood products, organs or surgical interventions before adequate safety and quality regulations were enforced
- sexual or injecting partners of people diagnosed with HBV, HCV or HIV; and
- household contacts of people diagnosed with HBV.

In addition, the implementation of indicator condition-guided HIV testing provides a useful complement to targeted HIV testing of groups at higher risk. By providing a clinical rationale for testing, this strategy can also help normalise testing and reduce barriers to it, including stigma concerns among healthcare providers and patients alike.

2018: [https://www.ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance_0.pdf)



negative

reactive

HIV

Re-Test

Support

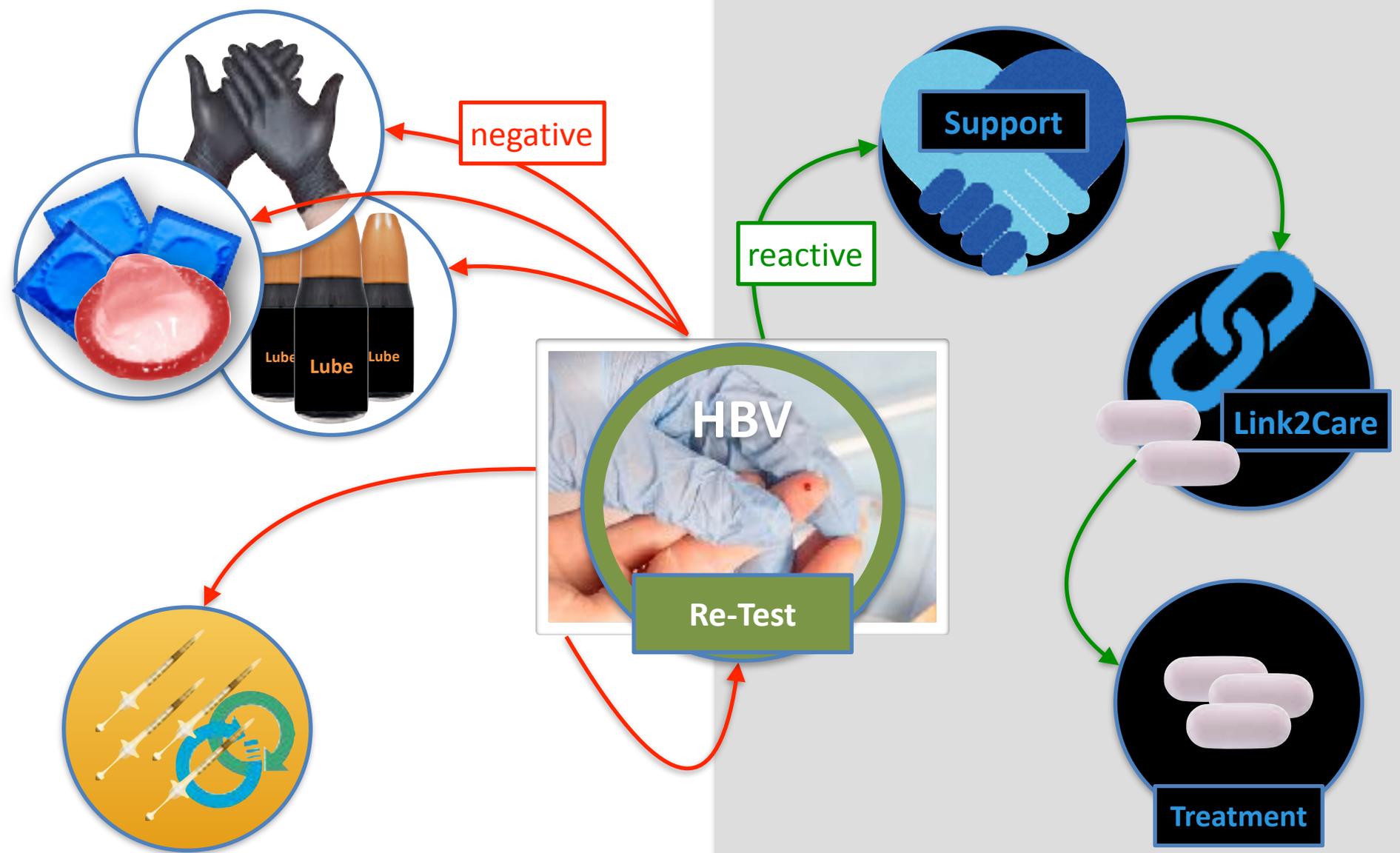
Link2Care

PrEP  
Pre Exposure Prophylaxis

PEP

HIV ENDS with me

TasP



# ECDC and WHO call for improved HIV testing in Europe



## Early diagnosis: higher life expectancy and less transmission

The HIV/AIDS surveillance data for 2019 show that the proportion of those who are diagnosed late increases with age. Across the whole Region, 67% (EU/EEA: 65%) of people aged 50 years and older were diagnosed late in the course of their HIV infection. In 2019, one in five new HIV diagnoses was in a person over 50 years of age.

The reasons for this are not yet fully understood. It may be that older adults themselves, or the healthcare workers looking after them, underestimate the risk of infection. Older adults may be more affected by the stigma associated with the disease and less comfortable asking to be tested.

WHO/Europe and ECDC stress that to reduce the number of future HIV infections, Europe needs to focus on three main areas:

1. Prioritising a range of prevention measures, such as awareness-raising, promotion of safer sex, condoms, provision of needle exchange programmes and opioid substitution therapy, and pre-exposure prophylaxis for HIV, also known as PrEP;
2. Providing efficient HIV counselling and testing services, including rapid diagnostic services, community-based HIV testing and HIV self-testing; and
3. Ensuring rapid access to quality treatment and care for those diagnosed.

Early diagnosis is important because it allows people to start HIV treatment sooner, which in turn increases their chances of living a long and healthy life and prevents further transmission.

## Guidance to improve testing in Europe

In their guidelines, both WHO/Europe and ECDC recommend that HIV testing services include self-testing and community-based testing by lay providers using rapid tests.

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**Early diagnosis**  
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**Diagnosis**  
Diagnosed 10 years after HIV infection or the person may be undiagnosed.

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1. Prioritising a range of prevention measures, such as:
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  - promotion of safer sex,
  - condoms,
  - needle exchange programmes / opioid substitution therapy
  - PrEP.

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2. Providing efficient HIV counselling and testing services (rapid diagnostic services, community-based HIV testing and HIV self-testing).

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## THANK YOU

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