EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

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Document: HIV, AIDS and other sexually transmitted and blood-borne infections	
Date: 17 October 2005	**Reference**: MB/12/17
To: Members of the Advisory Forum	**From**: ECDC
Action: This paper is submitted to the Management for its information. It was on the agenda of the September meeting of the Advisory Forum but could not be discussed to due to lack of time and will therefore be put on the agenda of the next meeting of the Advisory Forum. In the meantime, the Management is informed on the ECDC´s activities and plans on HIV/AIDS, sexually transmitted and blood-borne infections. b	
Summary: HIV and AIDS remains one of the most important threats to the health of people in Europe. It is also of growing economic importance because of the mounting costs of treatment and steadily increasing numbers of people who require medication. HIV transmission is continuing in Europe. In terms of surveillance and prevention HIV is best considered alongside other sexually transmitted and blood-borne viral infections. HIV surveillance requires strengthening as data are incomplete (two large member states have no national HIV reporting) and sometimes inadequately linked to policy and programme implementation. It is recognised in the Dublin and Vilnius declarations that European HIV prevention activities require revitalisation. As was underlined in a presentation by the ECDC Director in the European Parliament in May 2005, ECDC and EuroHIV will play an important part in this process along with its partners in the Member States (including non-governmental and community based organisations) the European Commission, WHO and UNAIDS.	

Essential Background

1. Human immunodeficiency virus (HIV) infection and its severe disease presentation Acquired Immune Deficiency Syndrome can be regarded as both a sexually transmitted and blood borne viral infection. Effective prevention activities have to span both groups of infections and there are reasons why it is preferable important to look at HIV along with the other sexually transmitted and blood borne viral infections.

2. There are a number of well recognised groups experiencing transmission and disease with HIV which remains a life-long, incurable and potentially fatal infection. In terms of behaviours and other risks the most important groups are:
    - **Men who have sex with men**
    - **Injecting drug users**
    - **Heterosexual Men and Women** – these are generally divided into those that are thought to have acquired their infection in Europe versus those who have acquired the infection in countries where HIV transmission is more intense (notably Sub Saharan Africa)
    - Persons who have received **infected blood and other body products**
    - **Babies born to HIV infected women**

    Another target group that needs our attention are the young people, who often may be quite unaware of how HIV is transmitted. One should remember that many of these were born after the major HIV/AIDS campaigns in the 1980's and 90's.

3. The relative importance of each of these groups varies substantially across countries depending on the distribution of the risk behaviours and groups. There are also important changes happening over time. For examples in the 1980s and 1990s transmission due to injecting drug predominated in Southern and Western Europe (Italy, Portugal and Spain) but then later this pattern of infection became more important in Eastern Europe and countries like Ukraine neighbouring the European Union. The group that has shown the most persistent levels of transmission in Europe is Men who have Sex with Men. The pattern of heterosexually acquired HIV infections in Europe is dominated by the epidemics in sub-Saharan Africa but heterosexual transmission is continuing in the European Union countries.

4. Since the early to mid 1990s treatments for HIV and AIDS have become available. Though highly effective (they are collectively known as Highly Active Anti-Retroviral Therapies or HAART) they are not curative. Hence treatment once commenced is often lifelong. This has radically changed prospects for those infected with HIV and suffering from AIDS. HIV infection is no longer a seeming death sentence and AIDS cases and deaths from HIV have declined dramatically. There are a number of consequences of this success story.
    - The treatment costs of HIV are steadily mounting making HIV one of the most economically important infections in Europe
    - The number of people living with HIV infection is also steadily increasing with an unknown effect on HIV transmission
    - There are possible effects on behaviours. There are some findings that suggest that the awareness of treatment is supportive of more risky sexual behaviours, especially among men having sex with men

- There are issues around delivering long term therapies, drug resistance and the constant search for new therapies and eventually a preventive vaccine.

Finally despite these advances a diagnosis of HIV infection remains stigma ridden and those known to be HIV infected still may be subject to discrimination.

5. One prevention success has been that it is possible by identifying maternal HIV infection to almost totally interrupt mother to child transmission of HIV infection. Because of this many but not all European countries have introduced programmes of routinely added screening for HIV to pre-existing antenatal screening for hepatitis B and syphilis.

Epidemiology – Reports for 2004

6. The most recent relevant data are from the European Centre for the Epidemiological Monitoring of AIDS (EuroHIV) which are well summarised in a recent publication by Francoise Hamers and Angela Downs of EuroHIV (see Annex). For reasons described below the patterns of infection and disease are inadequately known. In 2004 a total of over 21,000 newly diagnosed HIV cases were reported to EuroHIV by 23 of the 25 European Union Countries. Two of the countries with the highest number of HIV infections, Italy and Spain still do not have national HIV reporting and so cannot report to EuroHIV. Rates of reporting (newly diagnosed cases per million population) were highest in Estonia, Latvia and Portugal. Where infection route was known nearly one third (31%) was thought to have been acquired through sex between men, 12% were associated with injecting drug use while 60% were accounted for by heterosexual sex. However where the likely country of infection was known a large proportion of the latter group have been the result of acquisition outside Europe, notably in sub-Saharan Africa. That said heterosexual transmission of HIV infection is known to be occurring in Europe. Indirect evidence of this comes from rising rates of acute sexually transmitted infections, notably gonorrhoea and syphilis in heterosexual men and women in a number of European countries.

European Union Policy on HIV and AIDS

7. After the initial interest in HIV and AIDS in the 1980s interest at the national and European level reduced in the 1990s until the times of the Dublin Declaration and Vilnius Declarations of 2004 which revitalised the interest in HIV and AIDS at the Community Level along with an accompanying Commission document *Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighbourhood* (see Annexes). What is unclear is the extent that these high level declarations have been followed through at the Community of Member State levels.

8. At a meeting in the European Parliament in May arranged by Prof Trakatellis,the need for the following actions was underlined by the Director of ECDC:
   - Provide early treatment and care to all HIV infected to reduce repercussions and prevent further transmission
   - Effective surveillance to monitor the epidemiological situation and target and improve public health intervention
   - Biological surveillance should be supplemented by behavioural surveillance
   - New campaigns to target young people and population groups who change partners on safe sex

- New campaigns targeting homo and bisexual men urgently needed
- Campaigns for sex workers
- Prevention, care, treatment for migrants and immigrants

Surveillance

9. At a European level surveillance for HIV and its severe disease manifestation Acquired Immune Deficiency Syndrome (AIDS) has been carried by the European Centre for the Epidemiological Monitoring of AIDS (EUROHIV http://www.eurohiv.org/) since the 1980s. This is based at the Institut de Veille Sanitaire in Paris and is also a WHO and United Nations Programme on AIDS (UNAIDS) Collaborating Centre. Surveillance data are gathered for the 52 countries in the WHO European Region. Surveillance is technically difficult because of a number of reasons, including the following three:

- the long incubation period from HIV infection to disease
- the need to gather sensitive risk information with individual reports, and
- the highly charged stigmas that still exist around HIV and AIDS and their associated behaviours.

10. An issue that arises for HIV and AIDS but also for other disease is that data and analyses have to be clearly linked to programme priorities for prevention and treatment and care. They also have to be used along with process monitoring to ensure these programmes are adequately monitored and audited. For a variety of reasons this has not always happened in Europe.

Initial Actions by ECDC

11. HIV & AIDS has been identified as one of the Centre's four priority disease areas.

12. Discussions are taking place with the Commission and EuroHIV on how to use the established coordination structures (Think Tank, Civil Society Forum, interservice group). http://europa.eu.int/comm/health/ph_threats/com/aids/aids_en.htm to determine how ECDC's work can complement its activities after the Dublin and Vilnius Declarations

13. An ECDC media briefing event is planned for November as the third of ECDC Media events [see Advisory Forum paper – 10 on Communication Strategy].

14. One of the Centre's Scientific Panels will be on HIV & AIDS, STIs and blood borne viruses

15. A broader programme of work will be identified across the Centres Units and presented to the Advisory Forum at its meeting in November.

16. A meeting is envisaged with the European Member States to take stock of where we are in Europe and what are the next steps in order to place HIV/AIDS among the priorities in order to revert the current increasing trends.

Web-links and Annexe (Attached)

- EuroHIV - http://www.eurohiv.org/
- Presentation by Zsuzsanna Jakab at AIDS conference in Brussels, 3 May 2005