

News release

[20 November 2015](#)

European HIV-Hepatitis Testing Week highlighting the need for increased HIV and hepatitis testing

There is an urgent need to change strategies for testing for HIV and hepatitis in Europe. Far too many are unaware of their infection and late diagnosis is common, meaning higher mortality rates, greater risk of onward transmission and increased financial costs. For the first time organisations and institutions across Europe are uniting during European Testing Week (20-27 November) to put focus on the need to increase testing for these two conditions, HIV and hepatitis, recognising the overlap both between challenges with testing and patient groups.

According to numbers from UNAIDS and The WHO European Region, 30-50% of the 2.5 million people living with HIV in Europe are unaware that they are HIV positive; and 50% of those who are tested positive are diagnosed late, delaying access to treatment and care. Around 13.3 million people are living with hepatitis B and 15 million people living with hepatitis C with approximately 15–40% developing severe liver complications, however only a small minority of people receive treatment, about 3.5% in European average.

To address this issue, around 400 organisations and institutions across Europe will unite during the last week of November for the European HIV-Hepatitis Testing Week to increase awareness of the benefits of HIV and hepatitis testing and campaign for access to treatment with the theme for 2015: **TEST. TREAT. PREVENT.**

“This is the third European testing week and the first to include testing for both HIV and hepatitis. The benefits of focusing on both conditions are obvious as hepatitis B and C are common among people at risk of and living with HIV. Today, HIV treatments advances mean that people living with HIV can live healthily for a long time if they are diagnosed early and those with hepatitis C can be cured.” explains Brian West, co-chair of the HIV in Europe initiative, coordinating the testing week and continues: “It’s better for people at risk of HIV and/ or hepatitis to know their status as soon as possible.”

Missed opportunities for HIV test offer in the healthcare system

One focus area for the testing week is to encourage health care practitioners to offer more tests based on HIV indicator conditions, conditions with a higher prevalence of HIV. [A recent study](#) shows that testing rates in well-established HIV indicator conditions, including

hepatitis B and C, remain surprisingly low across Europe, despite high prevalence rates, reflecting missed opportunities for earlier diagnosis and care.

“Relying on people to ask for an HIV test has not been sufficient to identify people with HIV early enough to reduce the number of people presenting late for care. There is a need for the health care system to take on a more pro-active role in offering an HIV test to many more people, who are not at first sight considered to be at risk or consider themselves to be at risk”, says Jürgen Rockstroh, co-chair of the HIV in Europe initiative. The study further shows that most people accept an HIV test when offered by a health care worker indicating that the barriers to testing lie with the health care providers who do not feel comfortable offering a test.

Improving access to testing

Another important focus area for testing week is to increase access to testing in community based settings and increased efforts towards most at risk populations. Recent data from ECDC (2014) shows that testing coverage and uptake among populations most at risk is still very low. There is a need for programmes to target these populations to ensure that information about testing and access to testing reach them.

This is exactly what hundreds of organisations are aiming for during testing week. By extending hours testing is available and reaching out to meet most at risk populations in their setting to get tested will improve access for the most at risk population groups in Europe.

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Notes to editor

Those who ought to be getting tested

The testing week is targeted at populations at higher risk of HIV and viral hepatitis B & C. These groups include, but are not limited to: gay men and other men who have sex with men (MSM), migrants (including persons originating from a high prevalence country) and mobile populations, sex workers, prisoners and people who inject drugs.

The situation in Europe

The unacceptable reality is that 30-50% of the 2.5 million people living with HIV in Europe are unaware that they are HIV positive; and 50% of those who are positive are diagnosed late, delaying access to treatment. Hepatitis B and C affects around 28 million people and

are both widely underestimated and underreported. Due to the lack of symptoms these infectious diseases are often referred to as the *silent epidemic*.

This means that many people are not being tested prior to symptoms emerging. This could be because there are barriers to requesting a test, barriers to offering a test or barriers to the implementation of existing European testing guidelines. This is despite the benefits of early diagnosis being well-documented.

When people are diagnosed late with HIV and/or hepatitis B & C, they are more likely to suffer with health complications and more likely to pass on the viruses to others, as they will not have had access to treatment. In contrast, the majority of those who are diagnosed early (soon after infection) and are prescribed antiretroviral treatment in a timely manner can live healthy lives and also become completely virus free if infected with hepatitis C. The benefits of regular testing amongst populations at higher risk are widespread – it leads to early diagnosis and access to treatment, which in turn has a positive impact on the individual's prognosis and reduces onward transmission.

Late presenters are people who are not diagnosed with HIV until their immune systems is already under pressure (the number of white CD4 blood cells is so low that the immune system no longer works properly) AIDS diseases Doctors have known for a long time that patients presenting with a range of diseases such as tuberculosis, repeated incidences of pneumonia, infection with cytomegalovirus or another so called Aids Defining Events, should be offered and HIV test. However, this is far from always done, and the HIV in Europe conference will urge health authorities all over Europe to investigate the extent to which patients presenting with these diseases are actually offered an HIV test.

Raben D, Mocroft A, Rayment M, Mitsura, VM, Hadziosmanovic V, Sthoeger ZM, et al. (2015) Auditing HIV Testing Rates across Europe: Results from the HIDES 2 Study. PLoS ONE 10(11):e0140845. doi:10.1371/journal.pone.0140845

****About HIV in Europe***

HIV in Europe is a pan-European initiative initiated in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and earlier care of HIV across Europe. The initiative is directed by an independent group of experts with representation from civil society, policy makers, health professionals and European public health institutions.

HIV in Europe is not an organisation, but an initiative formed to inform processes, share knowledge and improve the evidence base around important issues of earlier testing and care. It is unique in its collaboration between stakeholders at a clinical, advocacy and public health level.