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HIV outbreak in Greece: Results of the ARISTOTLE study

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A Seek-Test-Treat-Retain (STTR) intervention to decrease HIV/AIDS transmission among IDUs in Athens metropolitan area: "Aristotle" Programme

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- **Advisory Board: S. Friedman⁴, L. Wiessing⁵, M. Van de Laar⁶, K. Gazgalidis³, M. Donoghoe⁷, D. Des Jarlais⁸, D. Heckathorn⁹**

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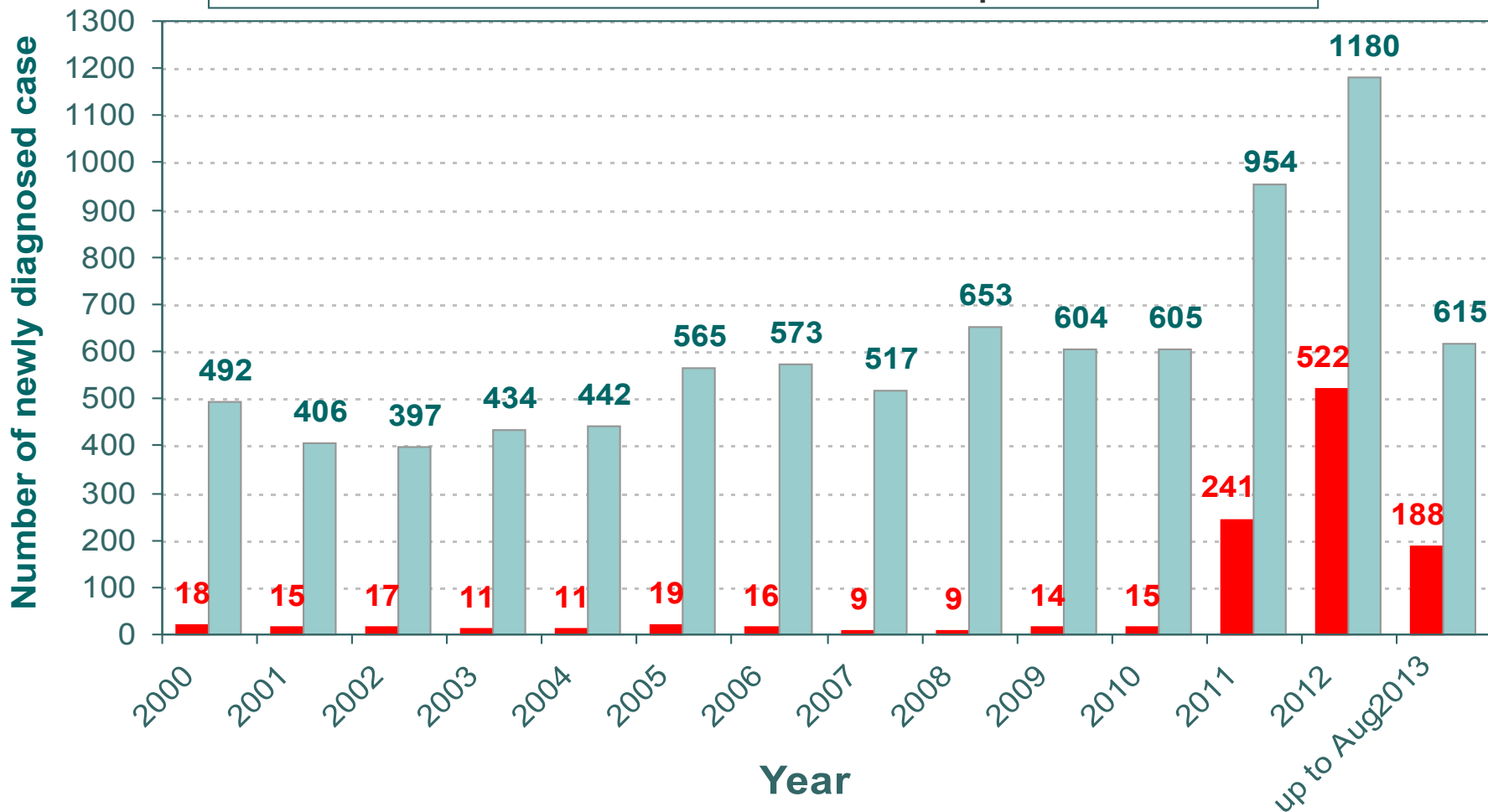


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Newly diagnosed cases of HIV-1 infections reported in Greece, 2000-2012

■ Cases of HIV-1 infection reported in IDUs
■ Total number of cases of HIV-1 infection reported in Greece





“Aristotle” Programme

Aims of the programme:

- To screen for anti-HIV IDUs in Athens Metropolitan Area.
- To provide the WHO/UNODC/UNAIDS and ECDC/EMCDDA prevention, treatment and care package.
- To decrease the incidence of HIV-1 among IDUs.

Secondary aims include:

- To provide an estimate of HIV prevalence among IDUs during the course of the study.
- To describe phylogenetic networks
- To study behavioral characteristics of this population
- To increase linkage and retention to care of IDUs



Sampling method -Participants

Sampling method:

- Respondent Driven Sampling (RDS)

Seeds:

- Non-randomly selected IDUs (selected by the staff of OKANA on the basis of diversity concerning gender, age, ethnicity and HIV status)

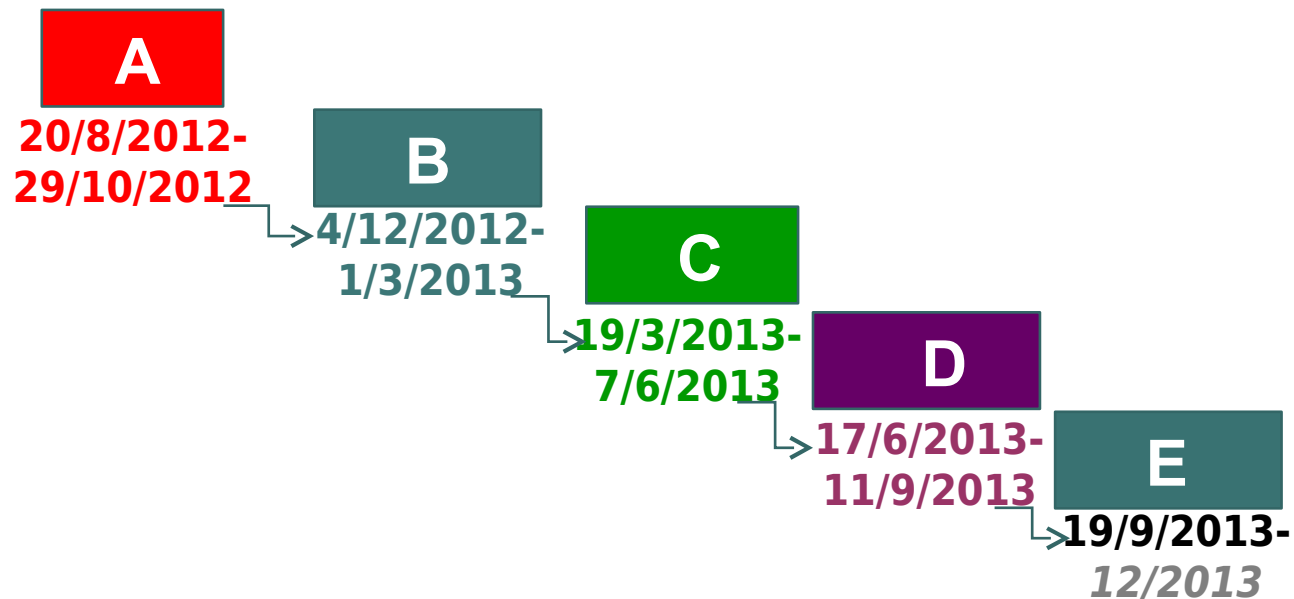
Eligibility criteria for participants. Persons who:

- Have a valid coupon
- Have injected drugs in the past 12 months
- Live in the area of Athens
- ≥ 18 years old

Recruitment in 5 rounds within 16-18 months (Aug 2012 - Dec2013)

- Currently in last round. In each round
 - 5-15 seeds
 - A sample of approximately 1,400 IDUs per round
 - Duration of each round: 10-12 weeks

RDS rounds in Aristotle



A person can participate in multiple rounds
BUT only once in each round

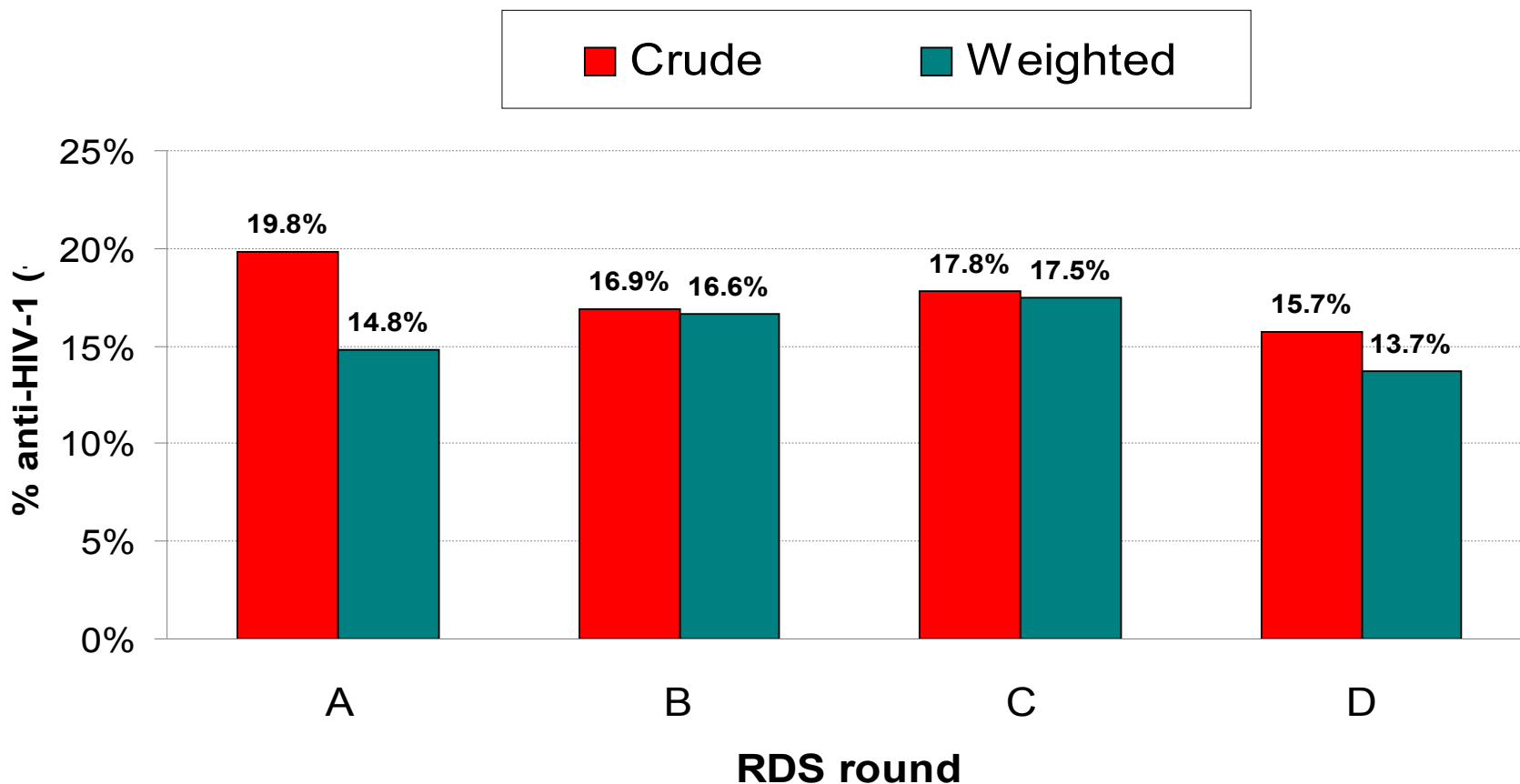


Progress of ARISTOTLE

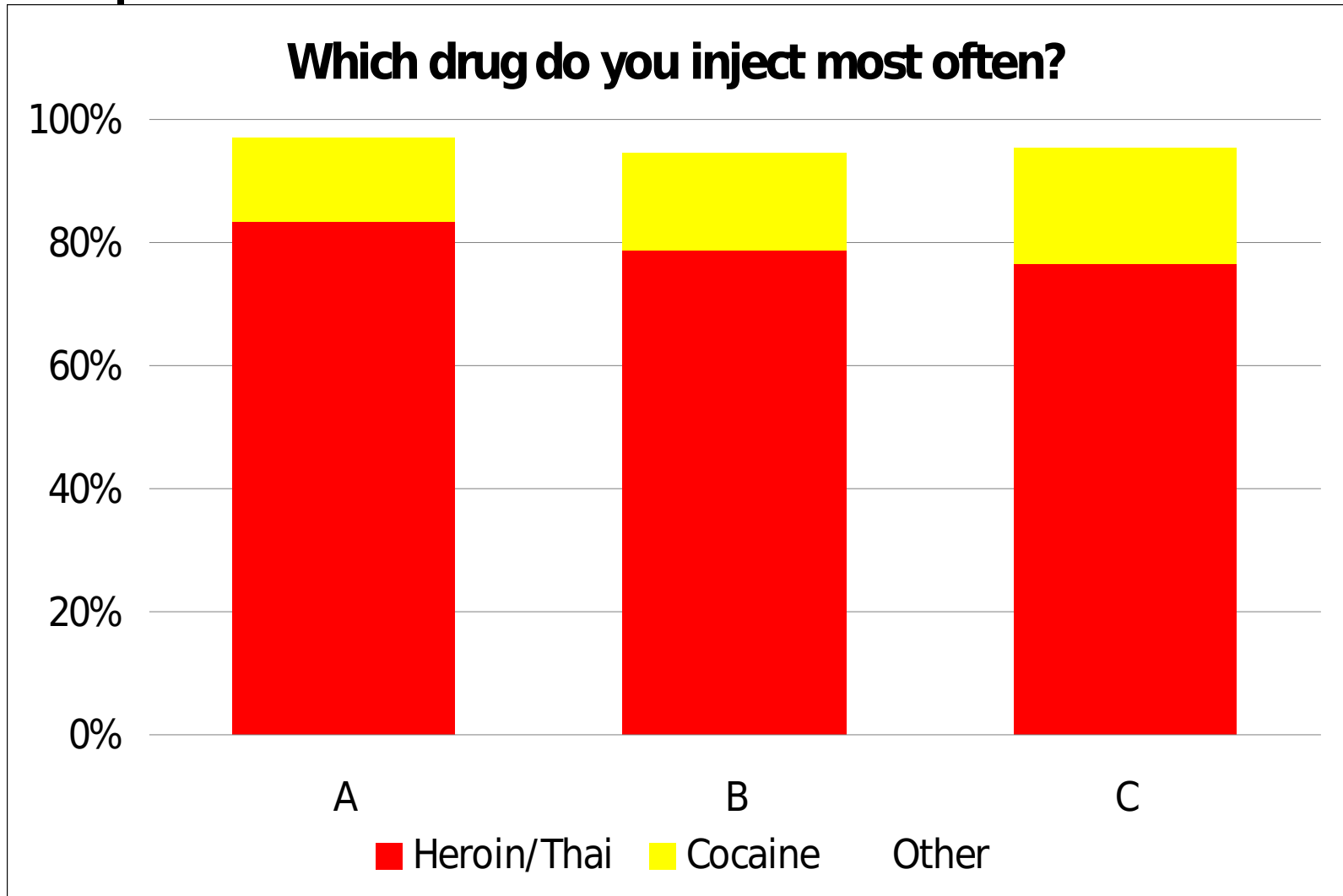
Round	Time period	Participants (& seeds)
A	Aug2012 - Oct2012	1.415
B	Dec2012 - Mar2013	1.444
C	Mar2013 - Jun2013	1.434
D	Jun2013 - Sep2012	1.413
E	Sep2013 - <i>in progress</i>	<i>in progress</i>

HIV prevalence (by EIA) per round & weighted estimate for RDS

- In total, out of 3.007 participants in the 4 rounds: → **523 (17.4%) were found anti-HIV(+)**



Injecting drug use



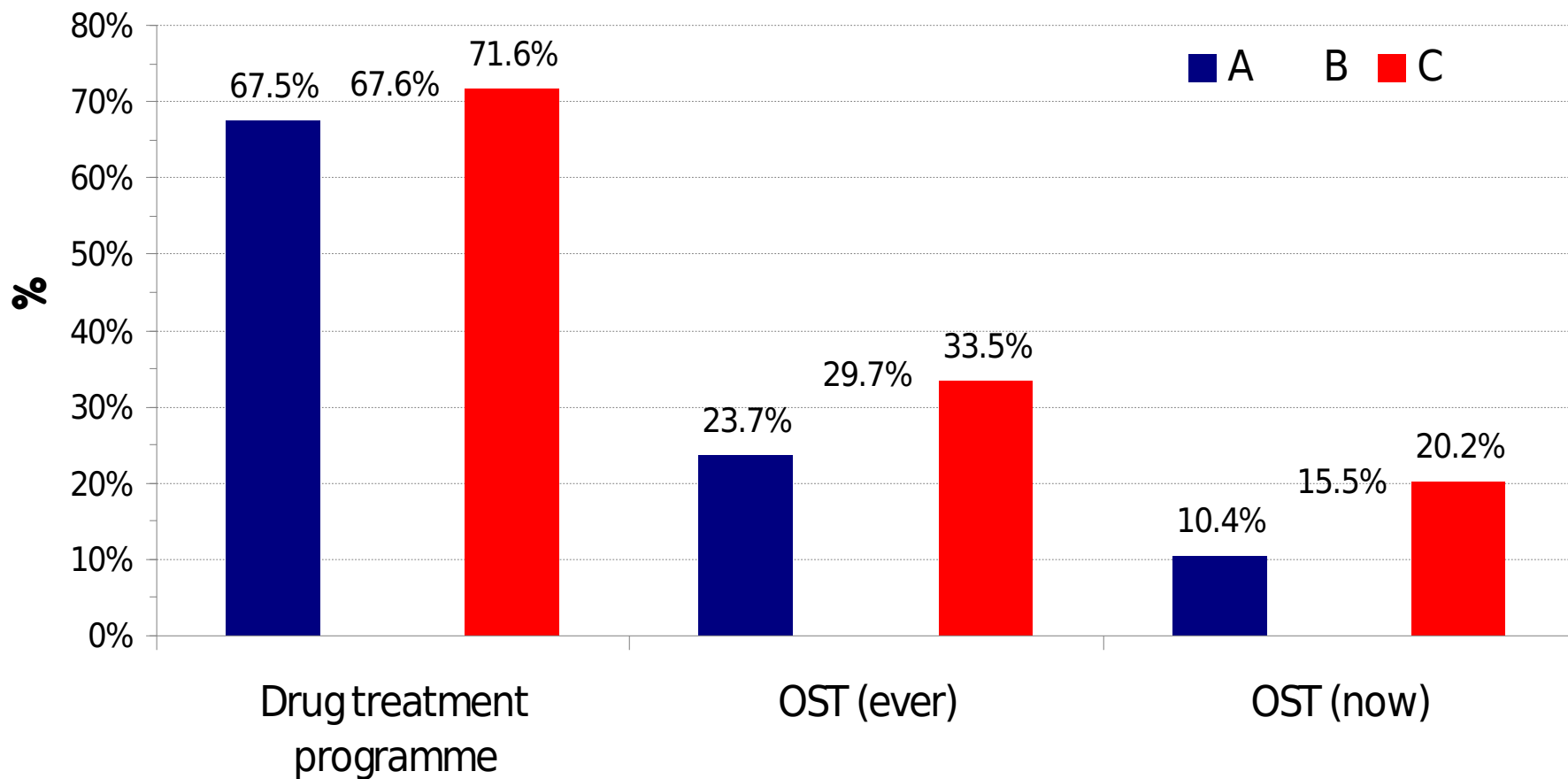


Injecting drug use

	Round A (N=1404)	Round B (N=1438)	Round C (N=1429)
Duration of injecting drug use Median (25th, 75th)	12 (7, 18)	13 (7, 19)	13 (7, 19)
Injecting drug use at least once per day in the past 12 months, %	54.0%	29.3%	25.5%
If more than once per day, how many times per day on an average day, median(25th, 75th)	3 (2, 4)	3 (2, 4)	3 (2, 4)
Sharing syringes in the past 12 months “about half of times or more”, %	11.1%	5.2%	4.7%
Shared syringes (the last time they injected), %	19.5%	18.2%	16.5%

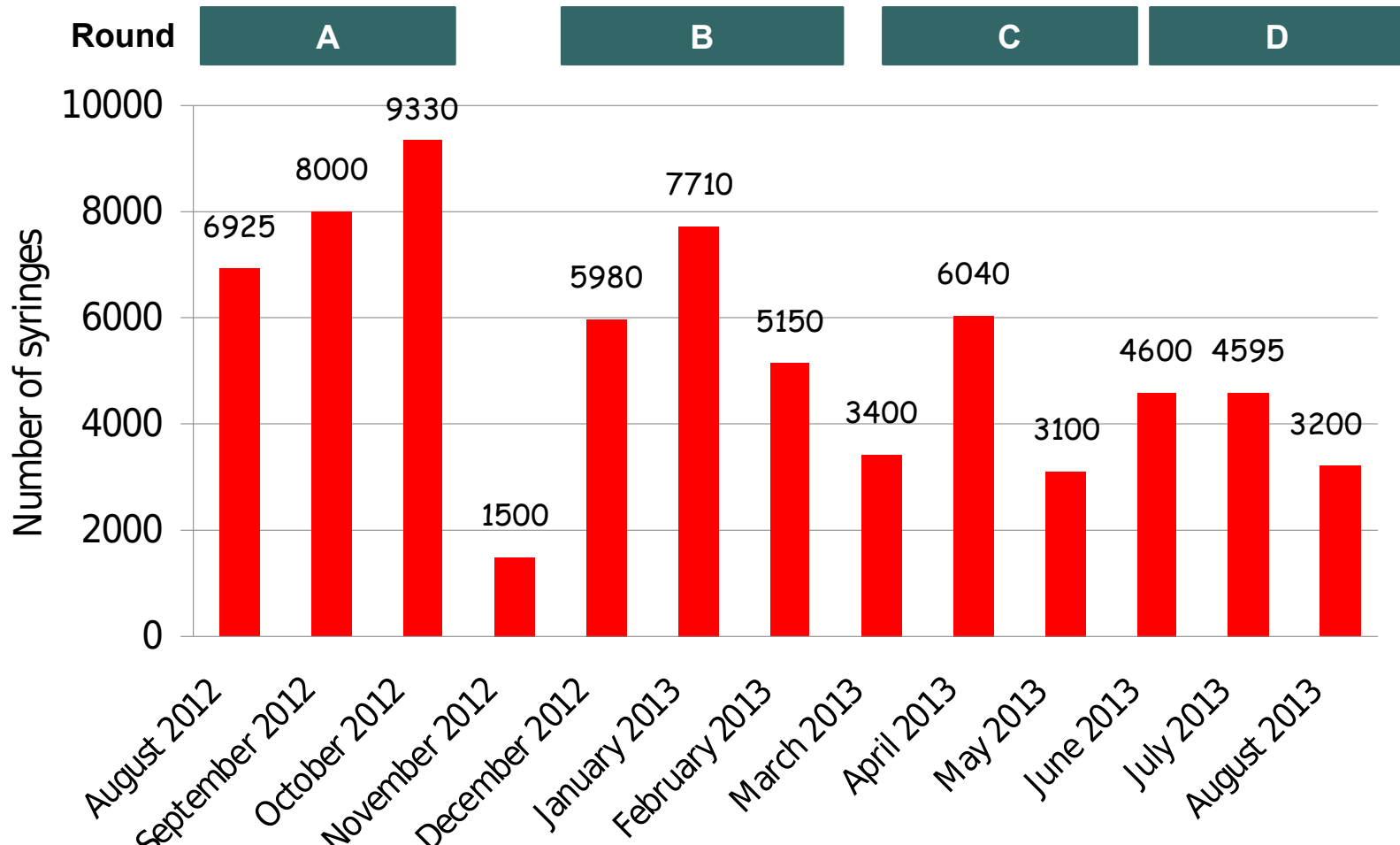
Access to treatment and prevention programmes

Participation to:



Syringes distributed to the participants of the programme (Aug 2012- Aug 2013)

In total, 69,530 syringes were distributed



Factors associated with increased risk of HIV infection

- From round A, the following variables were independently associated with increased risk of HIV infection:
 - Homelessness
(OR vs. not being homeless: 2.3, $p < 0.001$)
 - Cocaine as main substance of use
(OR vs. heroin : 2.6, $p < 0.001$)
 - Injecting drug use at least daily (past 12 months)
(OR vs. < 1 per day: 2.1, $p < 0.001$)
 - Sharing syringes (“almost always”, “always”)
(OR vs. never in the past year: 2.2, $p = 0.041$)

Linkage to ARV treatment

- Out of 411 IDUs who were found to be seropositive within the first 3 rounds of the programmes :
 - 219 (53%) were diagnosed for the first time through Aristotle
 - The remaining 192 (47%) had been diagnosed in the past
 - 92 had been linked to an infectious disease unit in the past- 100 not linked



Out of 319 persons (unlinked) →
118 (37%) were linked after their participation
to Aristotle

Evaluation of the programme by the participants (data from round D)

No

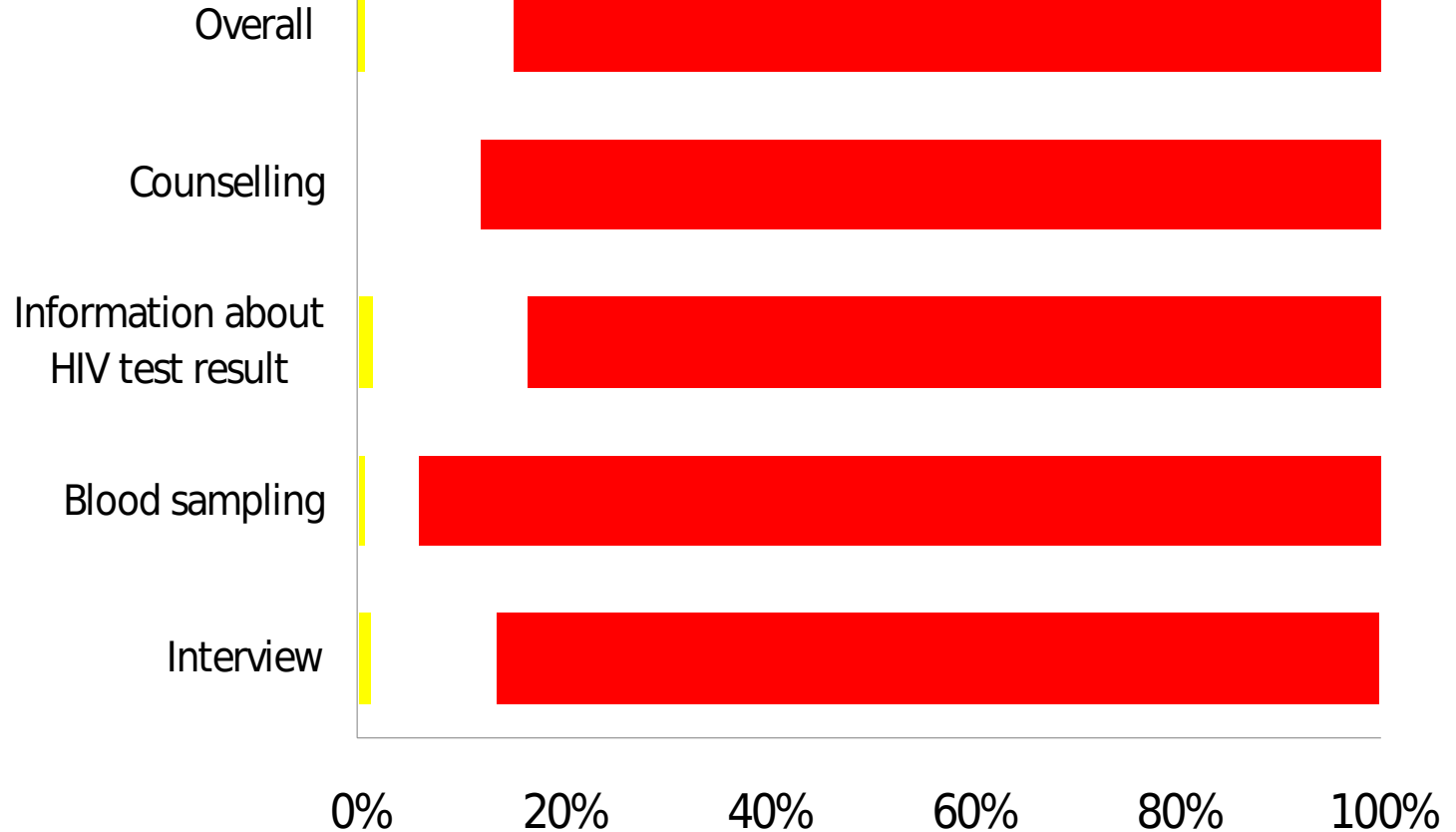
Low

Medium

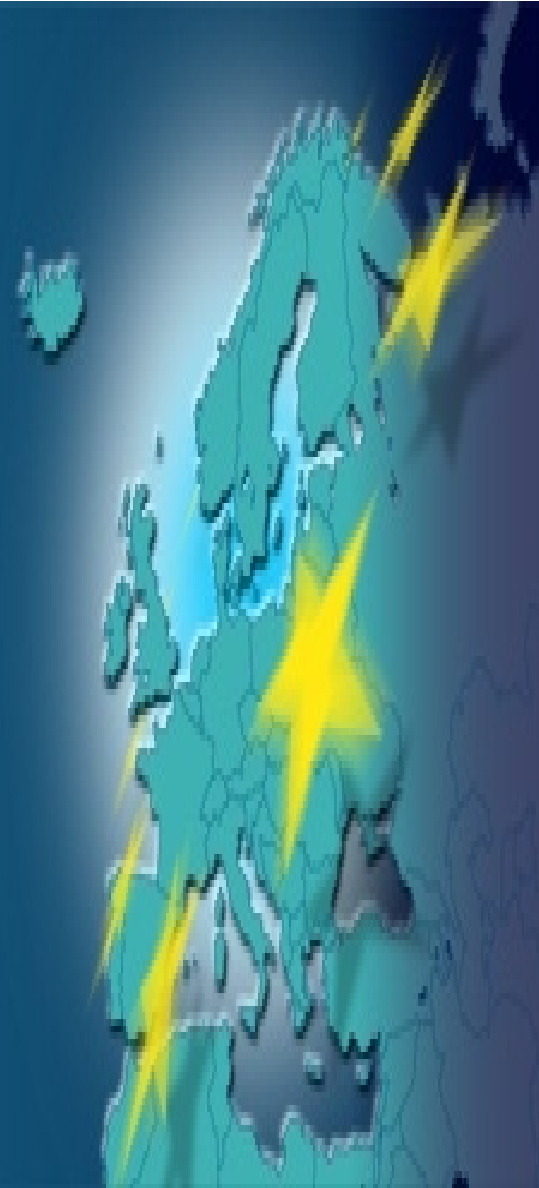
High

Very high

Level of satisfaction:

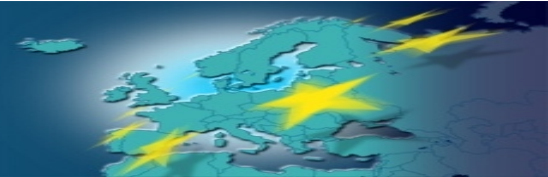


Hepatitis B and C Public Policy Association



Aims

1. To contribute and advocate to the development of a European strategy against HBV and HCV.
2. To monitor and support the implementation of this strategy at European and national level.
3. To promote the WHO global strategy for prevention and control of hepatitis.
4. To contribute to the communication and actions of hepatitis stakeholders.



European Strategy on HBV and HCV

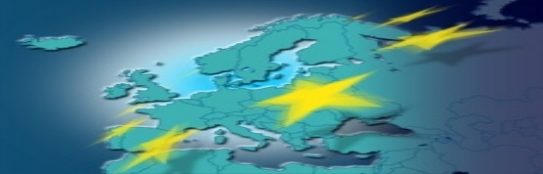
Main targets:

- Surveillance
- Prevention
- Early Diagnosis
- Access to Care

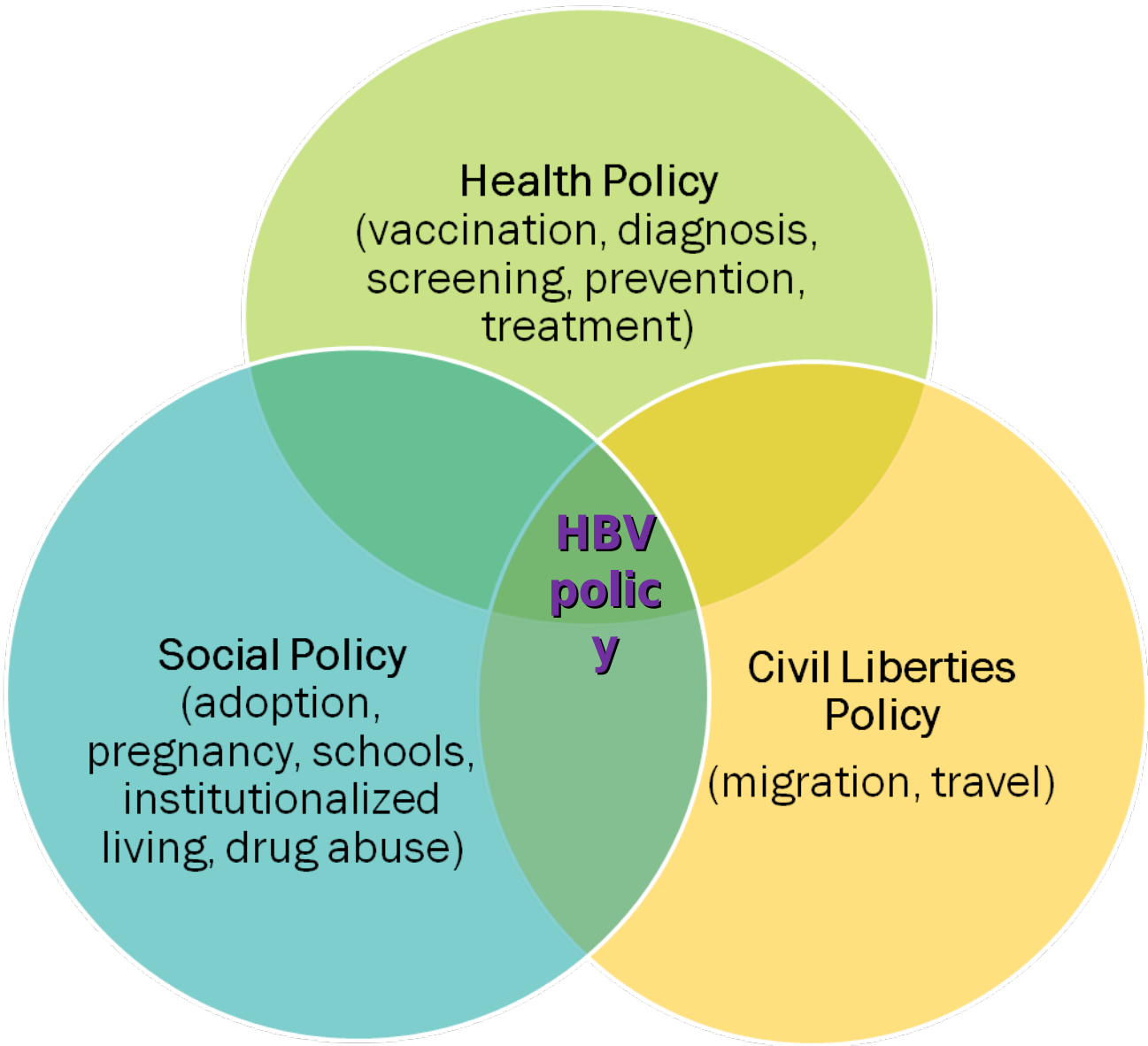
Should involve:

- European Leadership
- Public Health Networks
- Advocacy Groups
- Prioritized HBV, HCV Research

*T. Ulmer and Hepatitis B Expert Group,
2007*



HBV involves several Policy Areas

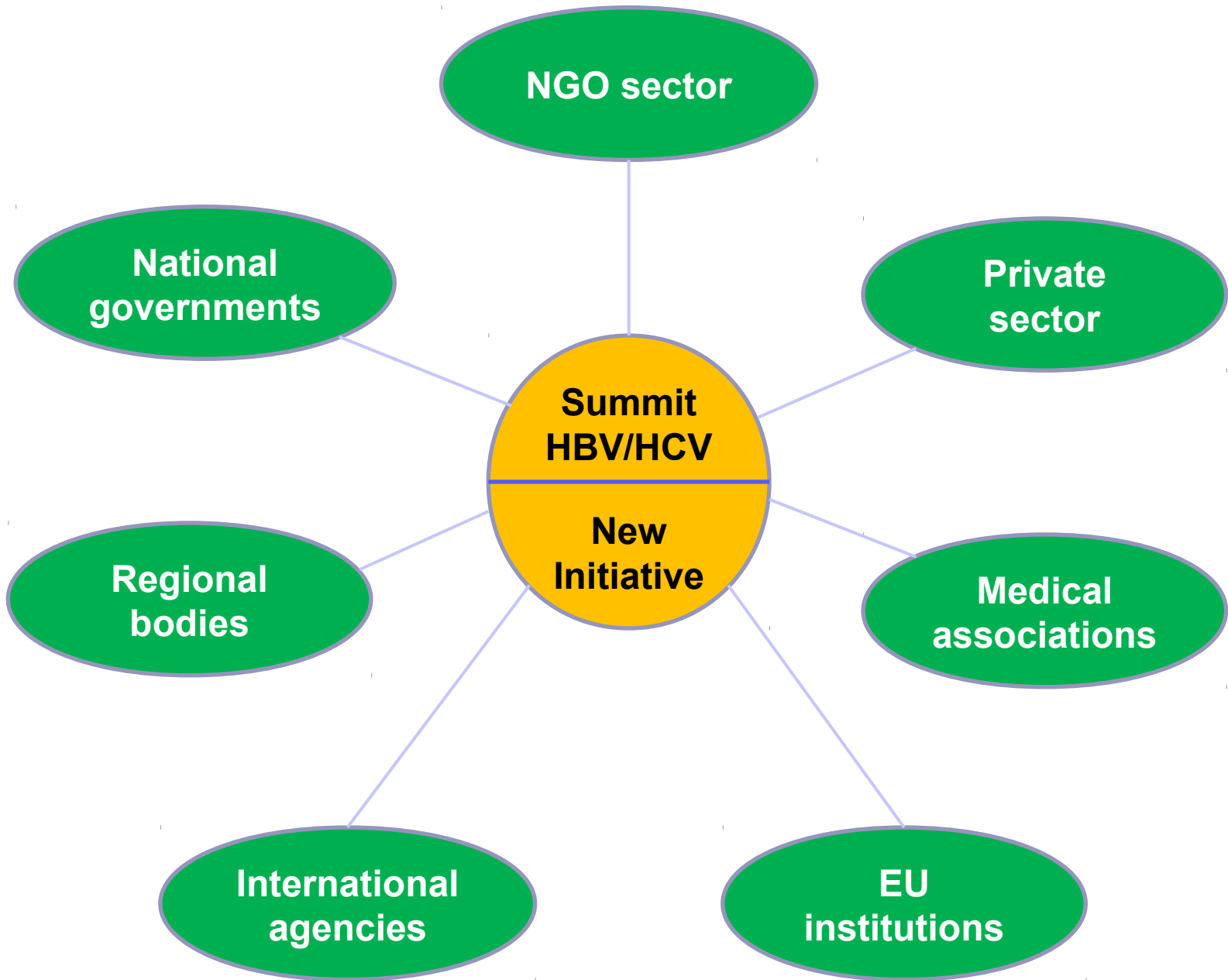


Health Policy
(vaccination, diagnosis,
screening, prevention,
treatment)

Social Policy
(adoption,
pregnancy, schools,
institutionalized
living, drug abuse)

**Civil Liberties
Policy**
(migration, travel)

**HBV
policy**

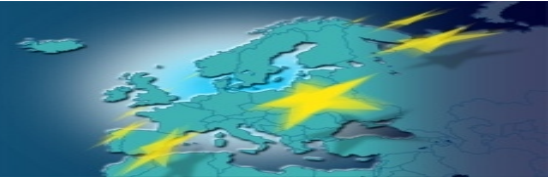


Directors

- Prof. Angelos Hatzakis, Co-Chair, Athens University Medical School (Greece)
- Prof. Massimo Colombo, Co-Chair, University of Milan (Italy)
- Charles Gore, Co-Chair, World Hepatitis Alliance (UK)
- Prof. Rafael Esteban, Treasurer, Vall d'Hebron University (Spain)

Members

- Prof. Maria Buti, Vall d'Hebron University Hospital (Spain)
- Dr. Manuel Carballo, International Centre for Migration and Health (ICMH)
- Prof. Antonio Craxi, University of Palermo (Italy)
- Prof. Pierre van Damme, Viral Hepatitis Prevention Board & University of Antwerp (Belgium)
- Prof. Harry Janssen, Rotterdam Erasmus University Medical Center (Netherlands)

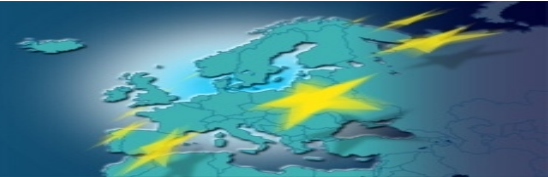


Members *(continued)*

- Achim Kautz, European Liver Patients Association (ELPA) (Germany)
- Prof. Patrick Marcellin, University of Paris (France)
- Prof. George Papatheodoridis, Athens University Medical School (Greece)
- Nadine Piorkowsky, immediate past President (ELPA)
- Prof. Thomas Howard, Imperial College (UK)
- Nurdan Tozun, Acibadem University (Turkey)
- Heiner Wedemeyer, Hannover Medical School (Germany)

Corporate Secretary

- Marilyn Clark



The state of hepatitis B and C in Europe: report from the hepatitis B and C summit conference*

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The State of Hepatitis B and C in the Mediterranean and Balkan Countries: Report from a Summit Conference

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Conference for Hepatitis B and C in the Mediterranean and Balkan Countries: Call to Action

The Steering Group of the Conference on Hepatitis B and Hepatitis C in Mediterranean and Balkan Countries, together with its partner associations, calls on the countries of these regions to create national viral hepatitis strategies and action plans and, in particular, to:

1. Involve all sectors of society in the fight against hepatitis B and C
2. Place the fight against hepatitis B and C within a Right to Health framework
3. Actively participate in World Hepatitis Day
4. Improve awareness of the health and economic impact of hepatitis B and C
5. Strengthen surveillance of hepatitis B and C
6. Build inter-country research capacities dedicated to hepatitis B and C
7. Make prevention and control of hepatitis B and C a key part of public health action
8. Invest in better case detection and treatment programmes in primary health care
9. Develop outreach programmes to ensure more voluntary counselling and testing
10. Explore innovative ways of reaching all vulnerable groups, including migrants
11. Ensure universal access to treatment
12. Create community-based programmes to support people living with viral hepatitis

<http://www.hepbcppa.org>

