



COBATEST
NETWORK

COBATEST NETWORK:
Community-Based Voluntary
Counselling and Testing in Europe
2017 Report



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The report was finalised 30 April 2018.

The COBATEST Network is coordinated by Centre d'Estudis Epidemiològics sobre les ITS i la Sida de Catalunya (CEEISCAT) and AIDS Action Europe



The COBATEST Network was originally funded by the Consumer, Health and Food Executive Agency through the HIV-COBATEST and Euro HIV-EDAT projects. The Network receives funding from the Public Health Agency of Catalonia and a Gilead grant.



Many thanks to all our members for their continued collaboration with the COBATEST Network

Members who contributed data for this report



Centre Jove d'Anticoncepció i Sexualitat "CJAS"
Spain



Associació Ciutadana Anti-SIDA de Catalunya "ACASC"
Spain



Àmbit Prevenció
Spain



STOP-SIDA
Spain



CAS/ARD
Lluís Companys
Spain



Asociación ADHARA, Sevilla
Spain



ACAS Girona
Spain



Actua Vallès
Spain



AIDS Fondet
Denmark



DEMETRA
Lithuania



Lila Milano ONLUS
Italy



Creu Roja Tarragona
Spain



Asociación GADES, Cádiz
Spain



ACCAS, Asociación Ciudadana Cántabra Anti Sida
Spain



Aids Hilfe Wien
Austria



Health without Borders Bulgaria
Bulgaria



Associació Ciutadana d'Alacant pel VIH, ACAVIH
Spain



Gais Positius
Spain



Comité Anti-Sida Asturias (CCASIPA)
Spain



Asociación Valenciana de VIH, SIDA y Hepatitis "AVACOS-H"
Spain



OMSIDA Spain
Asociacija Duga Serbia
Lambda, col·lectiu de lesbians, gais, transsexuals i bisexuals de Valencia Spain
GENDERDOC-M Moldova



Associació Anti-SIDA de Lleida Spain
CASDA - Asociación Ciudadana Contra el SIDA Spain
HERA Macedonia
Checkpoint Zurich Switzerland

Data submission of all Swiss Checkpoints was coordinated by the Federal Office of Public Health Switzerland



Checkpoint Vaud Switzerland
Checkpoint Basel Switzerland
Checkpoint Genève Switzerland
Checkpoint Bern Switzerland



BaltHIV Latvia
Assexora'TGN Spain
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AIDES France

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Members whose data could not be included in this report



Alliance Global Ukraine
Iskorak Croatia
AIDS Solidarity Movement Cyprus
CIBE Maritim del Comité Ciudadano Antisida de la Comunidad Valenciana Spain



Asociacion SOMOS LGBT+ de Aragón Spain
Hatter Society Hungary
Deutsche AIDS-Hilfe Germany
Anonymous AIDS Association Hungary



Siloé Spain
Comité Ciudadano AntiSIDA Campo de Gibraltar Spain
Cruz Roja Cordoba Spain
IEMAKAIE Spain



Proyecto Hombre Spain
Concordia Spain

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COBATEST NETWORK

Under the scope of the HIV-COBATEST Project, the CBVCT service network established and created:

- A code of good practice in the implementation of CBVCT programmes and services.
- A list of a core group of indicators to monitor HIV diagnosis at CBVCT sites.
- A standardised protocol for data collection, in order to share data collection instruments and procedures to promote HIV testing and counselling, early diagnosis and care for hard-to-reach groups.

Once the HIV-COBATEST Project was finalized in 2017, the COBATEST Network continued with the aim of standardising the data collection in CBVCT services across Europe in order to improve services and diagnose key populations.

The COBATEST Network has a number of associated projects which work in parallel to achieve the aforementioned objectives. To assure the Network's data is of high quality, an ECDC-commissioned study was carried out and published in 2017. To improve testing services for MSM, the seven COBATEST members participate in COBA-Cohort which provides longitudinal data on MSM being tested. The Network promotes investigation of new technologies; in 2018 four members will participate in a study commissioned by WHO which investigates the feasibility of using dual HIV/syphilis tests in CBVCTs. The COBATEST Network has also investigated how cost effectiveness can be compared between CBVCTs and we continue to collect this data from some members.

The launch of the new website in 2017 gives the Network an online presence and space to disseminate publications and news. Based on the feedback of COBATEST Network members, the database interface has been adapted. Its strengthened organisational structure has improved the COBATEST Network's standing as a point of reference for services offering CBVCT and of data collection at the European level.

Going forward we are reducing the number of indicators for HIV testing to seven, plus number needed to test to diagnose one person with HIV (NNT). We will no longer collect data on pre- and post-test counselling as COBATEST Network members report that the definition of counselling is unclear and members build pre- and post- discussion into the consultation by default. The majority of members offer rapid testing, so it is assumed all clients receive the results of their test and we no longer report this indicator.

We have launched a new website which from May 2018 will incorporate the updated data collection tool. Members will now be able to access the tool via mobile or tablet when connected to Wi-Fi. As before members can see summaries of their centre's activity in report format and now also in simple graphs. Members can export data in Excel format but now with the option to add date limits.

COBATEST NETWORK OBJECTIVES

The overall objective of the COBATEST Network is to standardise the collection of high-quality CBVCT data across Europe to support programming and improve services for CBVCT clients. To achieve this, there are objectives at the organisational, national and European level.

Organisational

Encourage CBVCTs to collect quality data that allow them to perform self-evaluations and improve/adapt the service for their clients. The COBATEST online tool is a free and efficient way for members to do this.

National

Encourage incorporation of CBVCT data into national surveillance systems to ensure that the CBVCT services contributions to the HIV prevention strategy are acknowledged. Monitoring the COBATEST indicators allows countries to understand how CBVCTs are closing gaps in the care cascade, to improve diagnosis and care for people living with HIV.

European

Collect quality, standardized CBVCT data across Europe so that CBVCT activity can be evaluated and compared between countries to improve integration of CBVCTs into countries' HIV strategy.

BARRIERS TO DATA COLLECTION IN 2017

Four notable issues in 2017 disrupted members' services and their data collection.

Countries' legal context

COBATEST member Association of HIV-Affected Women and their Families Demetra was forced to stop activity for seven months in 2017 due to the Lithuanian Ministry of Health's crackdown on CBVCT services. Testing resumed after strong advocacy efforts from Demetra, but testing by non-medical staff is still not permitted in Lithuania.

Lack of resources

Alliance Global, an organisation who has been participating in the Network since the HIV-Edat project, could not submit data in 2017 citing lack of funds and human resources. Recent improvements to the tool (now being available online on mobiles and tablets) will make completing the forms less labour intensive helping to ensure that lack of funds and human resources will not be a barrier to data collection.

Conflicting data collection requirements

CBVCTs that are required to submit data to national and regional bodies alongside COBATEST face conflicting reporting demands. Andalucía has launched a regional data collection tool for CBVCTs and as a result many members did not submit data to the COBATEST Network in 2017. In the next year we hope to include data from Andalucía through aggregated data submission as they no longer use the COBATEST tool.

New members beginning to implement COBATEST data collection

We are very pleased to members newly joining the COBATEST Network this year. Several new members have not been able to prepare the data in time for this report but we look forward to including their data in the future. Some members have been able to share the burden of data collection and analysis by collaborating with public health bodies and universities in their countries. AIDS Solidarity Movement Cyprus will work with a local university to prepare the data. Deutsch AIDES Hilfe has a historic cooperation with the Robert Koch Institute which prepares and analyses data from their Checkpoints.

COBATEST NETWORK DATA SUBMISSION

There are three ways for members to submit data; corresponding instructions for each can be found on the COBATEST website. This standardised data collection ensures data is comparable and can be analysed together.

COBATEST Online Data Collection Tool

Our free online tool is a data collection solution for members who want to store and analyse data in a secure and user-friendly way. For each consultation, a corresponding questionnaire is completed online. This builds a database for each centre which can be consulted or extracted in Excel format at any time. The tool also offers the possibility to create ready-made graphs and reports with the centre's data, making it ideal for centres with time constraints or low capacity.

Disaggregated data submission

Members that already have a data collection system in place can submit data in disaggregated format via email. The data should be prepared according to the document "Guidelines for Disaggregated Data Submission" and submitted as an Excel via email. .

Aggregated data collection

Members that cannot prepare data in disaggregated form can submit a summary of the COBATEST core indicators via email. The data should be prepared according to the document "Guidelines for Aggregated Data Submission" and submitted as an Excel via email.

Core indicators

The core indicators are available in the document "Core indicators". Previously, the core indicators for aggregated and disaggregated data were limited to HIV but the COBATEST network is reducing the number of indicators and expanding the reach of the tools to collect data on all HIV/STI tests performed in the CBVCT.

COBATEST NETWORK
DATA ANALYSIS 2017

Methods

As explained in the section “COBATEST Network Data Submission”, there are three ways of submitting data to the COBATEST Network. The flowchart of data submission can be seen in Figure 1.

For all centres that submitted disaggregated data, clients’ unique identifiers were used to count number of persons tested. In the case that someone was tested more than once during the year, their most recent questionnaire was considered.

Centres submitting aggregated data were asked to report number of persons tested, not number of tests. Three COBATEST Network members who account for a large share of tests do not use a unique identifier, meaning they could only report total number of tests. The indicators in this report present the total number of persons tested (From 35 centres) combined with the total number of tests for the three centres previously mentioned. Throughout the report this is referred to as persons tested, but it is likely an overestimate of the number of persons tested (assuming some people in the three centres have been tested more than once during the year).

The report presents the seven core CBVCT indicators for HIV testing and a summary of tests and reactive results for HCV and syphilis testing. Each indicator is shown by age, sex and key population. We instruct members to report clients in more than one key population when appropriate. Two members did not assign a client to more than one key population (n=8,373). Each indicator is presented with the formula explaining how it is calculated.

Information on transgender people was not previously collected in the aggregated data form but will be introduced going forward. Information on transgender people that have sex with men are reported in the

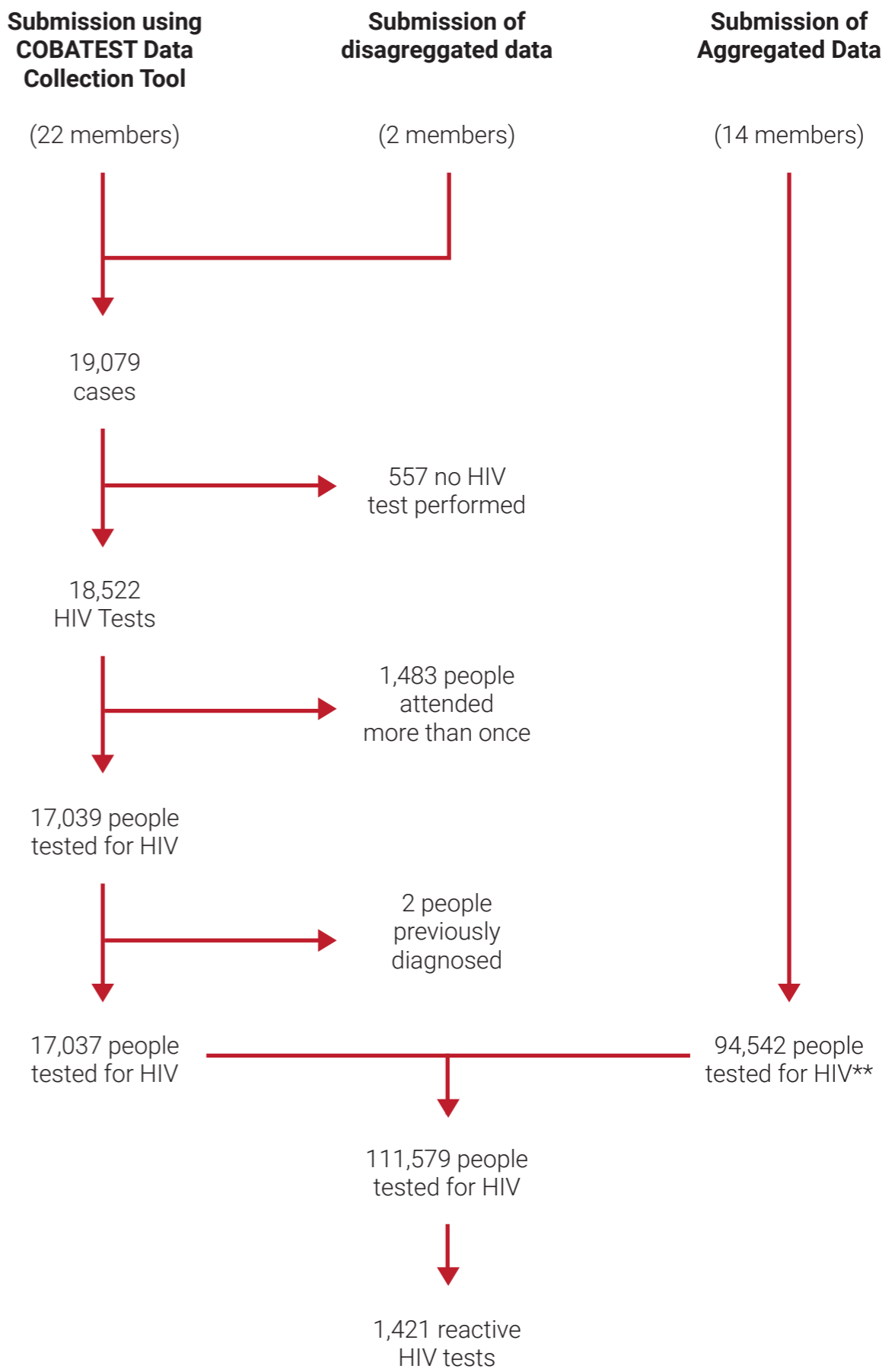
MSM category but, for members those that submit data using the tool, it is more accurately considered MSM/ transgender people who have sex with men, because the COBATEST form does not record if the transgender person is a man or woman.

False positives (n=112) are included in the number of reactive tests (CBVCT5) and not included in number of confirmed positive results (CBVCT 7). Of all false positives, 103 were reported from the Poland CBVCT Network where they perform confirmatory testing in-house. Of the reactive tests, 389 did not report having a confirmatory test. Of the confirmatory tests, 61 did not report a result.

Inconsistencies in reporting were resolved through communication with the respective COBATEST members. Cases which reported previous diagnosis for HIV were referred back to the CBVCT and then excluded. The exception to this was five migrants who were tested and linked to care for the first time in the respective country by CBVCTs and thus considered newly diagnosed.

On the advice of Public Health Switzerland, this year we are incorporating a new indicator: Number Needed to Test (NNT) to find one HIV infection. This indicator will help CBVCTs to efficiently use limited resources and target services.

Figure 1.
Flowchart of Data Submission to the COBATEST Network



Results

Data received by the COBATEST Network for 2017 were submitted by 38 members from 16 European countries (Austria, Bulgaria, Croatia, Denmark, France, Italy, Latvia, Lithuania, Poland, Portugal, Serbia, Slovenia, Spain, Switzerland, Macedonia and Moldova), in the first three months of 2018.

Table 1 shows the participating 38 CBVCT services/networks together with the country where they operate and format of submitted data. The list also includes COBATEST Network associated members who were not able to submit data for 2017 or whose data has not yet been incorporated because it was submitted after March 2018.

Submission Method	CBVCT name	Country	People Tested for HIV
COBATEST Data Collection Online Tool	1. Centre Jove d'Anticoncepció i Sexualitat "CJAS"	Spain	565
	2. CAS/ARD Lluís Companys	Spain	61
	3. Associació Ciutadana Anti-SIDA de Catalunya "ACASC	Spain	834
	4. Actua Vall ès	Spain	361
	5. Àmbit Prevenció	Spain	182
	6. ACAS Girona	Spain	108
	7. Gais Positius	Spain	427
	8. Creu Roja Tarragona	Spain	27
	9. Assexora'TGN	Spain	130
	10. STOP-SIDA	Spain	1,096
	11. Associació Anti-SIDA de Lleida	Spain	543
	12. ACCAS, Asociación Ciudadana Cántabra Anti Sida	Spain	235
	13. Comité Anti-Sida Asturias (CCASiPA)	Spain	331
	14. Lambda, col•lectiu de lesbians, gais, transsexuals i bisexuals de Valencia	Spain	264
	15. Asociación Valenciana de VIH, SIDA y Hepatitis "AVACOS-H"	Spain	385
	16. CASDA - Asociación Ciudadana Contra el SIDA	Spain	200
	17. OMSIDA	Spain	451
	18. Associació Ciutadana d'Alacant pel VIH, ACAVIH	Spain	50
	19. Asociación GADES, Cádiz	Spain	119
	20. AIDS Fondet	Denmark	2,376
	21. Lila Milano ONLUS	Italy	785
	22. DEMETRA	Lithuania	77
Disaggregated Data	23. Aids Hilfe Wien	Austria	6,322
Aggregated Data	24. Asociación ADHARA, Sevilla	Spain	1,088
	25. Health without Borders Bulgaria	Bulgaria	1,858
	26. Asociacija Duga	Serbia	573
	27. GenderDoc-M	Moldova	411

Submission Method	CBVCT name	Country	People Tested for HIV
Aggregated Data	28. CBVCT network Poland	Poland	34,289*
	29. BaltHIV Association	Latvia	934
	30. Checkpoint LX	Portugal	3,965
	31. IN-Mouraria	Portugal	728
	32. Espaço Intendente	Portugal	1,569
	33. Move-se	Portugal	5,306
	34. Association AIDES	France	32,720*
	35. Legebitra	Slovenia	786
	36. Checkpoint Zagreb	Croatia	914
	37. Checkpoints network Switzerland	Switzerland	7,962*
Members that could not submit data for this Report	38. HERA	Macedonia	2,527
	39. ISKORAK	Croatia	
	40. Alliance Global	Ukraine	
	41. Deutsch AIDS-Hilfe	Germany	
	42. AIDS Solidarity Movement	Cyprus	
	43. Hatter	Hungary	
	44. Anonymous AIDS Association	Hungary	
	45. ARAS- Asociata Romana Anti-SIDA	Romania	
	46. Czech AIDS Help Societ	Czech Rep.	
	47. Asociacion SOMOS LGBT+ de Aragón	Spain	
	48. CIBE Maritim del Comité Ciudadano antisida de la Comunidad Valenciana	Spain	
	49. Asociación Jerezana de Ayuda a Afectados de VIH/SIDA "SILOÉ"	Spain	
	50. Comité Ciudadano Antisida del Campo de Gibraltar "CASCG"	Spain	
	51. IEMAKAIE	Spain	
	52. Cruz Roja Córdoba	Spain	
	53. Proyecto Hombre	Spain	
	54. Concordia Marbella	Spain	

*Centres that reported total number of tests, not persons

In 2017, 24 members reported data in disaggregated format on 17,037 people tested, 11 members reported aggregated data on 19,571 people tested while three members who do not use unique identifiers reported aggregated data on 74,971 tests (not people tested). Figure 1 shows the cases that were not included in the analysis. In the rest of the report, the total of people tested refers to 36,608 people tested combined with 74,971 tests from the three centres that do not use a unique identifier.

CBVCT 1: **Number of clients tested for HIV with a screening test**

The largest key population is men who have sex with men (MSM)/ transgender people who have sex with men followed by migrants, sex workers (SW) and people who inject drugs (PWID) (CBVCT 1).

More than twice as many males were tested than females. Around half of all males tested were MSM. The majority of females tested were not reported in any key population.

One centre (n=6,322) did not collect data on date of birth and this constitutes a large proportion of persons with missing data on age. The number of transgender people tested is likely to be underestimated, as 10/38 members did not report this information.

	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	40,540	40,373		167	9,021	28,915
SW	4,023	1,352	2,340	203	1,126	2,863
PWID	2,988	2,456	521	1	526	2,448
Migrants	21,464	14,280	6,860	194	4,755	16,078
All	111,579	79,440	31,462	251	27,227	77,186

CBVCT 2: **Proportion of clients who reported to have been previously tested for HIV**

Three fifths of persons tested for HIV reported having had a previous test (CBVCT 2, 2/38 members did not report). A higher proportion of men reported having a previous test than women. In key populations, transgender people have the highest proportion of previous testing. All key populations have a higher proportion of previous testing than the general population.

Number of clients who reported to have been previously tested for HIV

Number of clients tested for HIV with a screening test

X 100

	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	80.3%	80.3%			66.2%	85.5%
SW	75.7%	76.1%	73.3%	88.2%	76.5%	75.5%
PWID	72.8%	74.0%	66.6%	100.0%	59.5%	75.7%
Migrants	67.7%	66.9%	68.5%	90.7%	52.4%	73.1%
All	60.8%	65.8%	48.3%	85.3%	44.9%	66.8%

CBVCT 3:

Proportion of clients who reported to have been tested for HIV during preceding 12 months

Over a fifth of persons tested for HIV reported having had a previous test in the last 12 months (CBVCT 3, 3/38 members did not report). The majority of the key populations being tested in the COBATEST network are not meeting WHO recommendations that MSM, SW, PWID and transgender people be tested at least every 12 months, showing regular testing has not been incorporated into their health routine. People who inject drugs are less likely than the general population to have been tested in the last 12 months.

Number of clients who reported to have been tested for HIV in previous 12 months

Number of clients tested for HIV with a screening test

X 100

	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	36.9%	36.8%		64.1%	31.3%	41.4%
SW	44.1%	47.2%	39.7%	58.1%	40.6%	45.4%
PWID	20.9%	21.6%	16.5%	100.0%	12.9%	22.6%
Migrants	32.9%	33.8%	29.9%	57.2%	30.2%	34.8%
All	21.6%	24.9%	12.6%	54.6%	18.3%	24.4%

CBVCT 4:

Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months

Higher proportions of key populations return to the same CBVCT within 12 months for a test compared to the average proportion amongst all testers (CBVCT 4, 4/38 members did not report). This demonstrates that CBVCTs are successfully building relations with key populations and the message of routine testing is being communicated.

Number of clients who reported to have been tested for HIV in previous 12 months in same CBVCT facility

Number of clients tested for HIV with a screening test

X 100

	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	13.9%	13.8%		26.9%	12.0%	15.3%
SW	20.2%	18.3%	19.6%	22.2%	20.1%	20.3%
PWID	9.2%	9.7%	5.4%		4.2%	10.3%
Migrants	13.2%	13.6%	11.6%	22.7%	11.1%	14.2%
All	8.1%	9.3%	4.6%	21.9%	6.4%	9.0%

CBVCT 5: Proportion of clients with reactive screening HIV test result

The highest proportion of reactive tests is among MSM, SW and transgender people (CBVCT 5, all centres reported). The alarmingly high proportion of reactive tests among transgender people and the small number of tests reported, reinforces the need to improve data collection so there is more reliable data to inform testing strategies in this population.

Figure 2 graphs the number of tests and proportion of reactive tests in each centre. Centres with the highest proportion of reactive tests include Genderdoc-M and Association Rainbow, both based in Eastern Europe. Genderdoc-M is based in Moldova which has a high rate of HIV amongst MSM. Rapid testing was made widely available, increasing the number of HIV tests and diagnoses. CAS/ARD Lluís Companys also has a notably high proportion of reactive tests; around 75% of people tested are PWID.

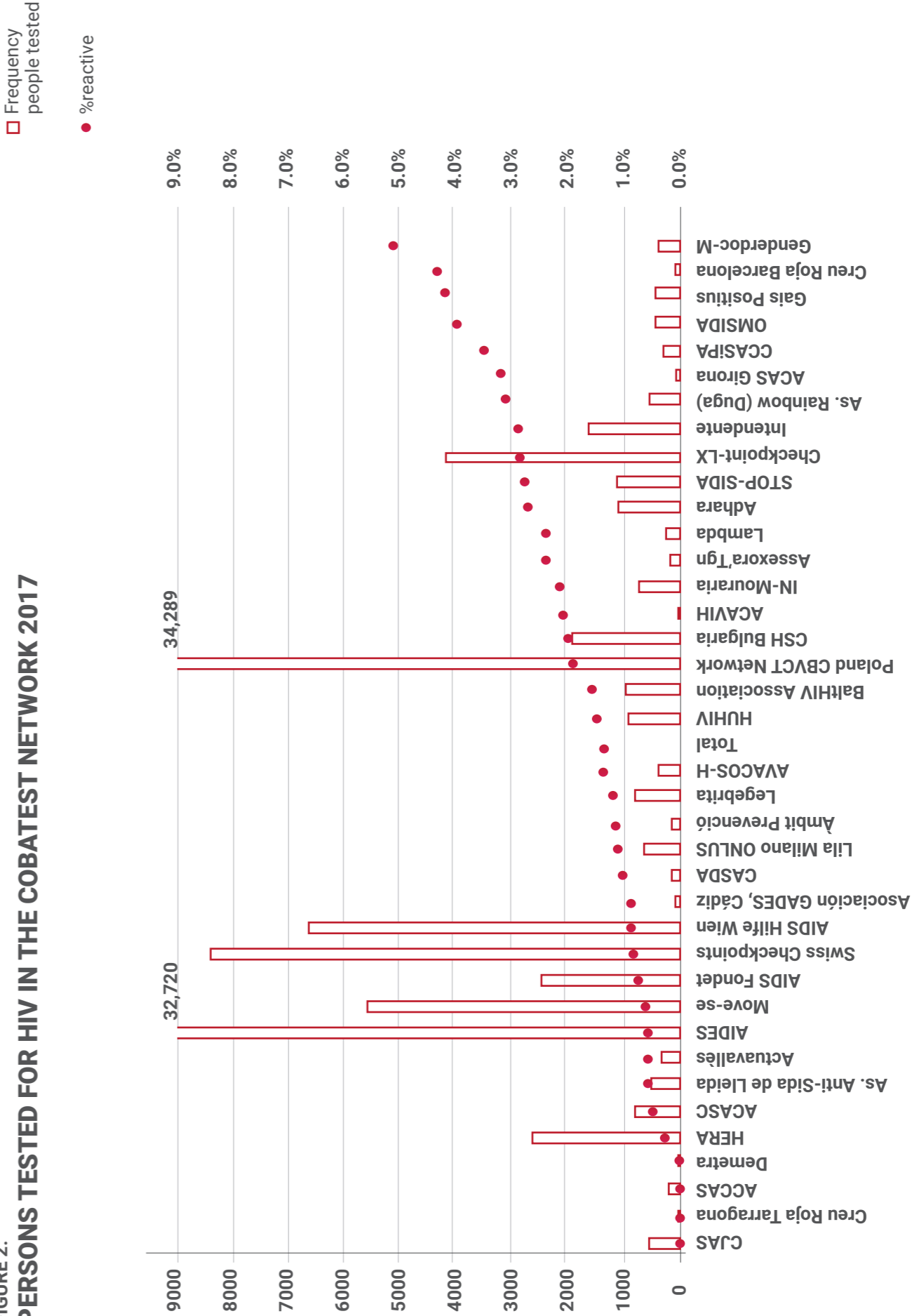
Number of clients who reported to have been tested for HIV in previous 12 months

Number of clients tested for HIV with a screening test

X 100

	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	2.2% n=903	2.2% n=888		9.0% n=15	1.7% n=153	2.3% n=675
SW	2.0% n=81	2.7% n=37	0.7% n=17	8.4% n=17	1.7% n=19	2.2% n=62
PWID	1.5% n=46	1.6% n=39	1.3% n=7	0.0% n=0	0.6% n=3	1.7% n=42
Migrants	1.5% n=318	1.5% n=220	1.0% n=71	8.8% n=17	0.9% n=44	1.7% n=266
All	1.3% n=1421	1.5% n=1221	0.5% n=170	7.2% n=18	0.8% n=207	1.4% n=1115

FIGURE 2: PERSONS TESTED FOR HIV IN THE COBATEST NETWORK 2017



CBVCT 6: Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test

This indicator should be interpreted with caution as a low percentage could indicate a problem with reporting rather than few people having a confirmatory test. The proportion is likely to be higher in reality as the denominator is all reactive tests, not just reactive tests from those members who report CBVCT 6. The definition of this variable may differ between services, also affecting the reliability (i.e. in some cases it is recorded when the client reports having a confirmatory test and in others the confirmatory test is performed in the centre). Six centres did not report this indicator because they either do not perform or do not report follow-up (CBVCT 6). The majority of the transgender people were tested in centres which have services directed at this population (Ambit Prevenció, StopSIDA, Espaco Intendente), which may explain the more comprehensive reporting of confirmatory testing of transgender people.

Number of clients with reactive screening test
who were tested withconfirmatory HIV test

Number of clients with a reactive HIV screening test

X 100

	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	72.4%	72.2%		86.7%	78.4%	71.9%
SW	56.8%	54.1%	47.1%	88.2%	57.9%	56.5%
PWID	63.0%	61.5%	71.4%		100.0%	59.5%
Migrants	42.8%	40.0%	43.7%	88.2%	45.5%	41.4%
All	73.3%	74.7%	64.7%	88.9%	78.3%	73.1%

CBVCT 7: Proportion of clients with positive confirmatory HIV test result

As in CBVCT6, the percentage of confirmatory HIV test results is likely to be underreported (CBVCT 7, seven centres did not report). To understand what groups of clients are not accessing confirmatory testing following a reactive screening result, further investigation is needed into how CBVCTs report confirmatory testing and false positives.

Number of clients with positive confirmatory HIV test

Number of clients tested for HIV with a screening test"

X 100

	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	1.4%	1.4%		7.8%	1.2%	1.5%
SW	1.1%	1.5%	0.3%	7.4%	1.0%	1.2%
PWID	0.9%	0.9%	0.8%	0.0%	0.6%	0.8%
Migrants	0.6%	0.6%	0.4%	7.7%	0.4%	0.6%
All	0.8%	1.0%	0.2%	6.4%	0.5%	0.9%

Number of clients needed to test to find a positive HIV result

Number of clients needed to test (NTT), shows screening amongst transgender people is very effective in diagnosing HIV, as is testing amongst MSM and MSW. The most effective female key population to screen is women who inject drugs. NTT allows members to prioritise screening strategies to produce the largest benefit.

Summary of People Tested for HIV and Reactive Tests
All COBATEST Network 2017

This year the COBATEST Network collected data on 111,579 people, more than any year in the Network’s history. Of these, 1.3% had reactive tests. Over 25s had a higher proportion of reactive tests than under 25s. Males and transgender people had a higher proportion of reactive tests than the population average. Female sex workers have a higher proportion of reactive tests than all females, but lower than the total population. Male sex workers and transgender sex workers have a notably high proportion of reactive tests. More than half (60.8%) of people tested had previously been tested for HIV, 21.6% had been tested in the last 12 months and 8.1% had been tested in the last 12 months in the same CBVCT. This shows that a significant proportion of people have regular testing built into their routine healthcare and are returning to CBVCT services.

Of all people tested, 0.01% were reported to have received a false positive result. This may be an underestimate, given that many CBVCTs do not offer confirmatory testing on-site and follow-up of confirmatory test results is not always performed/reported.

<div>Number of clients tested</div> <div>Number of clients with positive confirmatory HIV test</div> <div>X 100</div>						
	All	Males	Females	Transgender	<25 years old	≥25 years old
MSM	70.5	71.8		12.8	82.8	68.4
SW	89.4	67.6	334.3	13.5	102.4	84.2
PWID	110.7	106.8	130.3		175.3	122.4
Migrants	173.1	180.8	245.0	12.9	264.2	157.6
All	130.0	102.6	484.0	15.7	209.4	113.5

TABLE 1:
DESCRIPTIVE OF PEOPLE TESTED FOR HIV AND REACTIVE TESTS

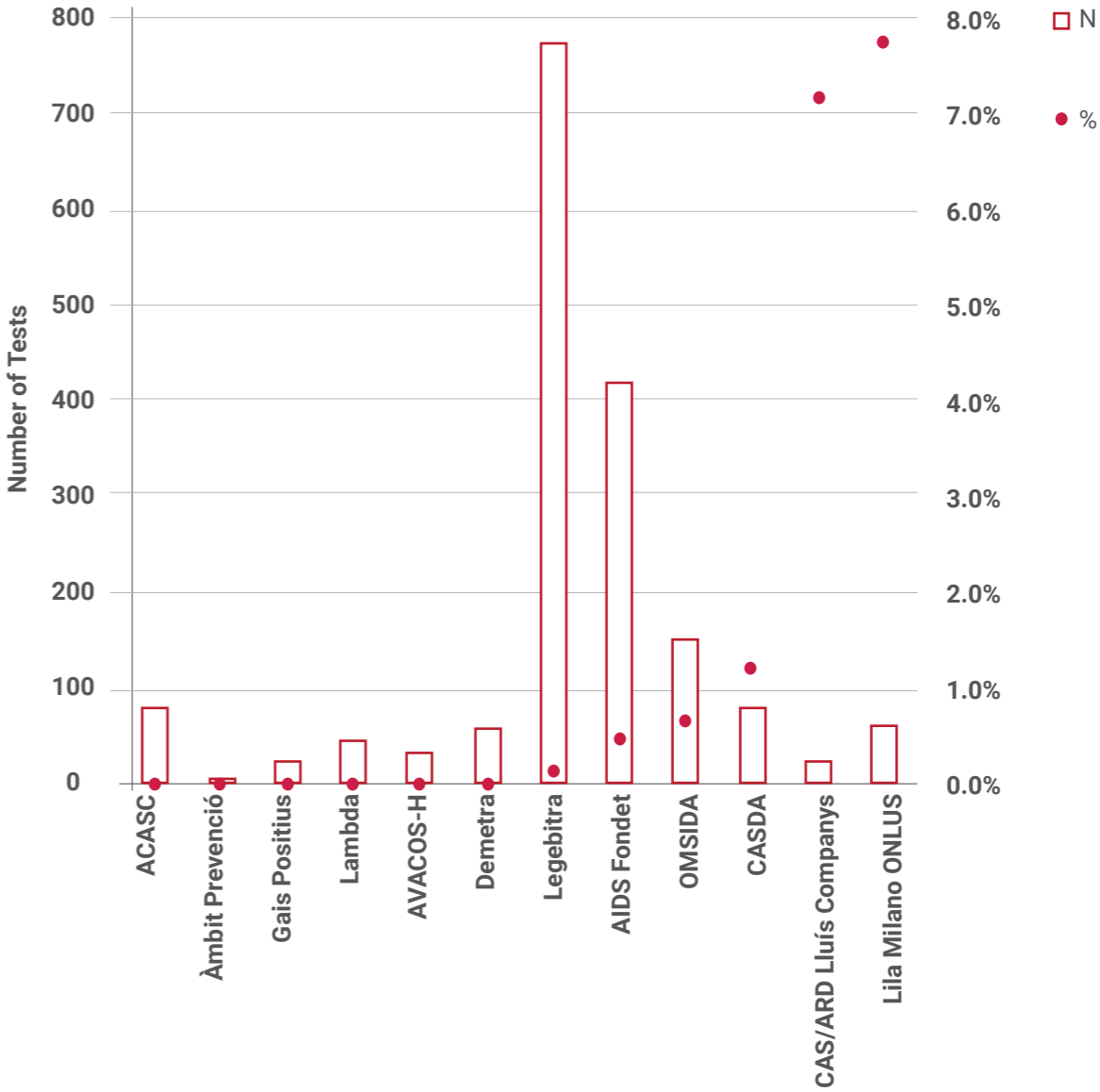
		Total N	Reactive N	Reactive %
Number of persons tested		111,579	1,421	1.3%
Age Group	<25	27,227	207	0.8%
	≥25	77,186	1,114	1.4%
	Missing	6,601	61	0.9%
Gender	Male	79,440	1,221	1.5%
	Female	31,462	170	0.5%
	Transgender	251	18	7.2%
	Missing	10	0	0.0%
Migrant	Yes	21,464	318	1.5%
	Missing	6,127	51	0.8%
At-risk group**	PWID	2,988	46	1.5%
	MSW	1,352	37	2.7%
	FSW	2,340	17	0.7%
	TSW	203	17	8.4%
	MSM/TSM	40,540	903	2.2%
Previous HIV test Test Last 12Months Test in 12 months in this CBVCT		67,888	0	0.0%
		24,046	0	0.0%
		9,003	0	0.0%
False positive			112	
Confirmatory HIV test Confirmatory HIV test result positive			1,032 859	

*Three members counted only tests, not people
**People can be counted in zero or one key population,
except two members who count clients in only one key population

HCV Screening

Figure 3 shows members who use the COBATEST online data collection (plus Legebitra) and offer HCV tests. Many more members are offering HCV testing and it is a priority to adapt the aggregated data collection form to better capture this data. Similarly to the HIV screening, CAS/ARD Lluís Companys (whose service is aimed at PWID) has a small number of HCV tests and a high proportion of reactive results.

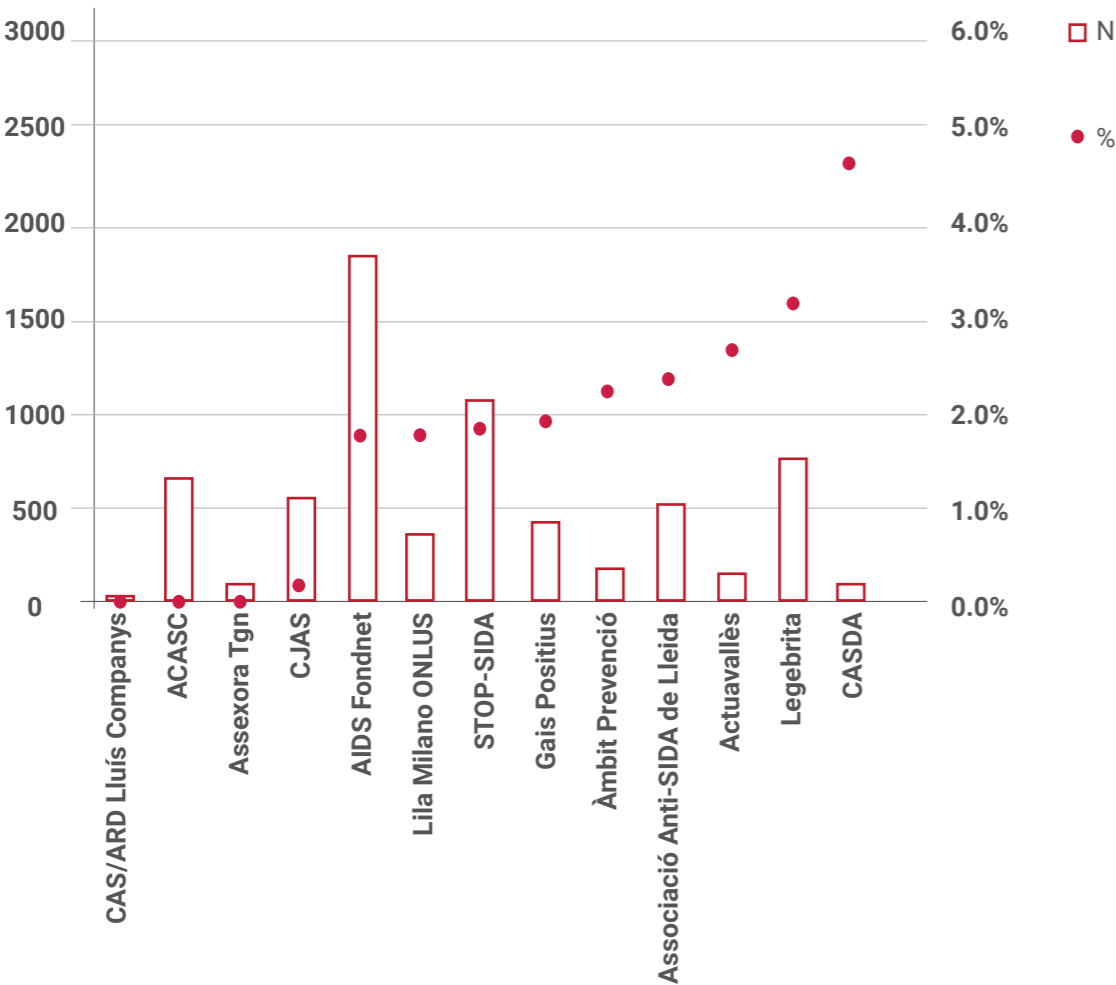
FIGURE 3:
HCV Screening (N) and Reactive Tests (%) by Services Using COBATEST Tool 2017



Syphilis Screening

Figure 4 shows centres members who use the COBATEST online data collection (plus Legebitra) and offer syphilis tests. Many more members are offering syphilis testing and it is a priority to adapt the aggregated data collection form to better capture this data. The highest proportion of reactive tests was found in CASDA (3 of those 4 cases were MSM) and Legebitra whose services target MSM.

FIGURE 4:
Syphilis Screening (N) and Reactive Tests (%) by Services Using COBATEST Tool 2017



CONCLUSIONS

Activity in the COBATEST Network has increased since the Euro HIV EDAT Work Package 4 final report. In 2017 we counted 111,579 clients tested for HIV in 38 CBVCT services, while in 2016, 38 CBVCT services submitted data on 72,916 clients tested.

The percentage of reactive tests among members varied from 0.0% to 4.9%, with a mean of 1.3% and median of 1.4%. The variable “confirmatory test performed” and “confirmatory test result” continue to be problematic with six members failing to report this variable. From the report “Quality of HIV testing data in the community setting - COBATEST Network”, it is understood that the reporting of confirmatory tests depends on the service pathways in the CBVCT. CBVCTs that are able to immediately refer clients for a confirmatory test and perform follow-up are more likely to record the variable.

COBATEST reporting should reflect the increasing availability of syphilis and HCV testing in the CBVCTs. Members who are using the COBATEST online data collection tool have reported good quality data on HCV and syphilis testing but COBATEST aggregated data reporting forms failed to capture this. By streamlining our indicators and adapting the data collection forms, this can be reported in the next annual report.

The data collected through the COBATEST Network is of high quality and useful in informing decisions within the organisation, at the national and the European level. The COBATEST network as a source of CBVCT data is not being utilised by the national surveillance systems of most countries.

The results demonstrate the importance of testing key populations. COBATEST Network data still has gaps in key populations, especially data on transgender people. This should be improved to better understand testing/diagnosis in this group and so that CBVCTs can better tailor services for these clients.

RECOMMENDATIONS

Incorporation of COBATEST indicators into national surveillance systems would improve understanding of how CBVCT activity is contributing to HIV/HCV/syphilis diagnosis. Incorporation would allow countries to adapt their testing strategies to improve testing uptake, particularly among key populations.

The completeness and quality of data can be improved by implementing the recommendations in the report “Quality of HIV testing data in the community setting - COBATEST Network”. Data on confirmatory tests and linkage to care is vital to understanding the care cascade. Data from clients that report these variables should be complemented by explanation of the referral pathways they have in place for clients with reactive tests.

In addition to the previous requirements for aggregated data submission, COBATEST members will now be requested to submit data on HCV and syphilis testing as well as more complete information on gender (female, male, transgender woman, transgender man).

Better adherence to the instruction to submit data and standardisation of data collected would improve data quality. We ask that members collect data on all key populations (even if they may have a service targeting only one key population) and that they record clients that belong to more than one key population.

Given more than half of the data submitted to the COBATEST Network comes from three centres who do not use a unique identifier, there is a need to adjust the data collection to better incorporate these centres. One possibility is to have a parallel form for those who collect aggregated data to submit data on persons tested and on total number of tests. Then it would be possible to analyse the data of all tests performed, and perform a reduced analysis for those centres which have information on number of people tested.

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

	C-JAS			CAS/ARD Lluís Companys			STOP-SIDA			Associació Anti-SIDA de Lleida		
	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %
Number of tests Persons tested	584 565	0	0.0%	61	3	4.9%	1190 1096	29	2.6%	573 543	3	0.6%
Age Group												
Gender												
Foreign national												
At-risk group												
Previous HIV test Test Last 12 Months Test in 12 months in this CBVCT												
False positive												
Confirmatory HIV test Confirmatory HIV test result positive												

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

ACASC				Actuavallès				Àmbit Prevenció				ACAS Girona			
Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	
901 834	3	0.4%	380 361	2	0.6%	1199 182	2	1.1%	108 99	3	3.0%				
Age Group	1	0.7%	127	1	0.8%	41	0	0.0%	29	1	3.4%				
	638	0.3%	227	1	0.4%	133	2	1.5%	70	2	2.9%				
	45	0.0%	7	0	0.0%	8	0	0.0%	0	0	0.0%				
Gender	3	0.5%	200	0	0.0%	10	1	10.0%	53	3	5.7%				
	281	0.0%	157	1	0.6%	131	0	0.0%	42	0	0.0%				
	3	0.0%	4	1	25.0%	41	1	2.4%	4	0	0.0%				
Foreign national	0		0	0		0	0		0	0					
	457	0.4%	238	0	0.0%	10	0	0.0%	66	2	3.0%				
	325	0.3%	114	2	1.8%	172	2	1.2%	33	1	3.0%				
At-risk group	0	0.0%	2	0	0.0%	0	0	0.0%	0	0	0.0%				
	52	0.0%	7	0	0.0%	0	0	0.0%	0	0	0.0%				
	1	0.0%	0	0	0.0%	0	0	0.0%	1	0	0.0%				
Previous HIV test TestLast12Months Test in 12 months in this CBVCT	19	0.0%	11	0	0.0%	10	1	10.0%	6	1	16.7%				
	3	0.0%	64	0	0.0%	125	0	0.0%	14	0	0.0%				
	1	0.0%	2	1	50.0%	40	1	2.5%	3	0	0.0%				
False positive	269	1.1%	108	1	0.9%	50	2	4.0%	32	3	9.4%				
	531		227	0		154	1		54	3					
	249		110	0		112	1		29	1					
Confirmatory HIV test Confirmatory HIV test result positive	120		65	0		97	0		17	0					
			1												
Confirmatory HIV test Confirmatory HIV test result positive	2			2			0			2			2		
	2			1			0			0			2		

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

Gais Positius				Creu Roja Tarragona				AssexoraTgn				ACCAS, Asociación Ciudadana Cán- tabra Anti Sida			
Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	
484 427	17	4.0%	29 27	0	0.0%	142 130	3	2.3%	255 235	0	0.0%				
Age Group	1	1.1%	4	0	0.0%	42	0	0.0%	75	0	0.0%				
	326	4.9%	23	0	0.0%	84	3	3.6%	160	0	0.0%				
	7	0.0%	0	0		4	0	0.0%	0	0	0.0%				
Gender	17	4.5%	15	0	0.0%	94	2	2.1%	120	0	0.0%				
	44	0.0%	12	0	0.0%	35	0	0.0%	106	0	0.0%				
	3	0.0%	0	0		1	1	100.0%	9	0	0.0%				
Foreign national	0		0	0		0	0		0	0					
	285	0.7%	15	0	0.0%	93	2	2.2%	158	0	0.0%				
	141	10.6%	10	0	0.0%	37	1	2.7%	74	0	0.0%				
At-risk group	0	0.0%	2	0	0.0%	0	0		0	0					
	0		0	0		0	0		0	0					
	1		0	0		0	0		3	0					
Previous HIV test TestLast12Months Test in 12 months in this CBVCT	0		0	0		0	0		1	0					
	7	14.3%	1	0	0.0%	5	0	0.0%	11	0	0.0%				
	0		6	0	0.0%	8	0	0.0%	38	0	0.0%				
False positive	2	0.0%	0	0	0.0%	1	1	100.0%	9	0	0.0%				
	329	4.9%	9	0	0.0%	72	3	4.2%	77	0	0.0%				
Confirmatory HIV test Confirmatory HIV test result positive	15		21	0		87	2		131	0					
	10		13	0		51	1		68	0					
	2		5	0		26	0		31	0					
Confirmatory HIV test Confirmatory HIV test result positive															
Confirmatory HIV test Confirmatory HIV test result positive	12			0			2			0			0		
	12			0			2			0			0		

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

AIDS Fondet				Lambda, col·lectiu de lesbians, gais, transsexuals i bisexuals de Valencia				Asociación Valenciana de VIH, SIDA y Hepatitis “AVACOS-H”				Association of HIV affected women and their families “Demetra”			
Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %	
2791 2376	17	0.7%		272 264	6	2.3%		394 385	5	1.3%		77	0	0.0%	
526 1772 78	1 15 1	0.2% 0.8% 1.3%		79 139 46	2 2 2	2.5% 1.4% 4.3%		98 285 2	0 5 0	0.0% 1.8% 0.0%		21 56 0	0 0 0	0.0% 0.0% 0.0%	
2098 259 10 9	16 1 0 0	0.8% 0.4% 0.0% 0.0%		251 12 1 0	6 0 0 0	2.4% 0.0% 0.0%		268 117 0 0	5 0 0 0	1.9% 0.0%		72 5 0 0	0 0 0 0	0.0% 0.0%	
1214 969 1 192	9 8 0 0	0.7% 0.8% 0.0% 0.0%		212 49 0 3	2 4 0 0	.9% 8.2% 0.0% 0.0%		290 93 0 2	3 2 0 0	1.0% 2.2% 0.0%		73 4 0 0	0 0 0 0	0.0% 0.0%	
21 86 1 2 1567	1 0 0 0 13	4.8% 0.0% 0.0% 0.0% 0.8%		1 1 0 1 246	0 0 0 0 5	0.0% 0.0% 0.0% 0.0% 2.0%		1 3 0 0 97	0 0 0 0 3	0.0% 0.0%		0 2 0 0 64	0 0 0 0 0	0.0%	
1747 968 585	15 9 4			193 99 23	4 3 0			196 51 17	2 0 0			42 22 8	0 0 0		
1															
	16 11				6 4				5 5				0 0		

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

Lila Milano ONLUS				Asociación GADES, Cádiz (Mujer Gades)				OMSIDA				ACAVIH			
Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %	
808	7	0.9%		124	1	.8%		469	17	3.8%		52	1	2.0%	
785				119				451				50			
147	0	0.0%		30	0	.0%		107	2	1.9%		21	0	0.0%	
638	7	1.1%		87	1	1.1%		341	15	4.4%		29	1	3.4%	
0	0	0.0%		2	0	.0%		3	0	0.0%		0	0		
576	7	1.2%		24	0	.0%		303	13	4.3%		36	1	2.8%	
207	0	0.0%		95	1	1.1%		144	2	1.4%		14	0	0.0%	
1	0	0.0%		0	0			4	2	50.0%		0	0		
1	0	0.0%		0	0			0	0			0	0		
611	7	1.1%		44	1	2.3%		330	6	1.8%		36	1	2.8%	
174	0	0.0%		73	0	.0%		119	11	9.2%		9	0	0.0%	
0	0			0	0			0	0			0	0		
0	0			2	0	.0%		2	0	0.0%		5	0	0.0%	
14	0	0.0%		0	0			2	0	0.0%		0	0		
10	0	0.0%		1	0	.0%		38	3	7.9%		0	0		
5	0	0.0%		72	0	.0%		45	1	2.2%		0	0		
0	0	0.0%		0	0			3	1	33.3%		0	0		
359	6	1.7%		12	0	.0%		173	10	5.8%		14	0	0.0%	
543	6			76	0			259	12			14	0		
236	2			32	0			117	8			1	0		
69	0			10	0			68	2			0	0		
	6				0				17				1		
	6				0				17				1		

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

CASDA				Comité Anti-Sida Asturias (CCASIPA)				Adhara			AIDS Hilfe Wien		
Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive %
200 200	2	1.0%	338 331	12	3.3%	1262 1088	29	2.7%	6702 6322	56	.8%		
Age Group	<25												
	≥25	0.0%	97	1	1.0%	280	7	0.7%	0	0	0.0%		
	Missing	1.3%	222	9	3.6%	794	22	3.4%	0	0	0.0%		
Gender	Male	0.0%	12	2	16.7%	14	0	0.0%	6322	56	.8%		
	Female	1.4%	185	7	3.8%	927	21	2.9%	4277	48	1.1%		
	Transgender	0.0%	139	4	2.9%	149	0	0.7%	2041	8	0.4%		
Foreign national	Missing	0	7	1	14.3%	12	8	8.3%	4	0	0.0%		
	No	0	0	0		0	0		0	0			
	Yes	1	253	6	2.4%	939	5	2.4%	0	0	0.0%		
At-risk group	Don't know	1	75	6	6.7%	148	24	4.1%	479	5	1.0%		
	Missing	0	0	0	0.0%	0	0	0.0%	0	0	0.0%		
	PWID	0	3	0	0.0%	1	0	0.0%	5843	51	.8%		
	MSW	2	20	2	10.0%	1	0	0.0%	10	0	0.0%		
	FSW	4	10	1	10.0%	22	6	0.0%	0	0	0.0%		
Previous HIV test TestLast12Months Test in 12 months in this CBVCT	TSW	2	29	0	0.0%	29	0	3.4%	4	0	0.0%		
	MSM/TSM	0	5	1	20.0%	11	8	9.1%	0	0	0.0%		
		81	89	6	6.7%	791	28	3.2%	2074	41	1.9%		
		113	169	7		742	26		3903	41			
		46	63	1		244	14		1309	12			
False positive		15	19	0		96	2		1309	12			
			2						3				
Confirmatory HIV test Confirmatory HIV test result positive		0		10						41			
		0		8						30			

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

Health Without Borders Bulgaria				Association Rainbow				Swiss Checkpoints				Genderdoc-M			
Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N
1858	35	1.9%	573	17	3.0%	7962	64	0.8%	411	20.0	4.9%				
Age Group	<25														
	≥25	3	250	11	4.4%	1130	7	0.6%							
	Missing	31	323	6	1.9%	6832	57	0.8%							
Gender	Male														
	Female	34	538	17	3.2%	7409	63	0.9%	375	20	5.3%				
	Transgender	1	35	0	0.0%	442	0	0.0%	36	0	0.0%				
Foreign national	Missing					111	1	0.9%							
	No					7536	62	0.8%							
	Yes					426	2	0.5%							
At-risk group	Don't know														
	Missing														
	PWID	1	8	0	0.0%	56	2	3.6%							
	MSW	0	11	0	0.0%	171	3	1.8%							
	FSW	0	33	0	0.0%	47	0	0.0%							
Previous HIV test TestLast12Months Test in 12 months in this CBVCT	TSW	34	521	17	3.3%	6155	54	0.9%	375	20	5.3%				
	MSM/TSM														
			224			6974			101						
			132			4020			101						
			97												
False positive															
Confirmatory HIV test Confirmatory HIV test result positive															
		34		17			64			15					
		34		17			57			15					

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

IN-Mouraria				Checkpoint LX			Move-se			Intendente		
Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %		Total N	Reactive N	Reactive %		
728	15	2.1%		3965	107	2.7%		5306	33	0.6%		
162	2	1.2%		1016	19	1.9%		857	3	0.4%		
563	13	2.3%		2948	88	3.0%		4351	28	0.6%		
3		0.0%		1	0	0.0%		98	2	2.0%		
483	9	1.9%		3949	107	2.7%		2739	22	0.8%		
241	6	2.5%		0	0			2490	10	0.4%		
				16	0	0.0%		7	0	0.0%		
4		0.0%		0	0			70	1	1.4%		
354	7	2.0%		1144	52	4.5%		2616	21	0.8%		
81	4	4.9%		29	1	3.4%		116	1	0.9%		
29	0	0.0%		32	2	6.3%		46	0	0.0%		
15	0	0.0%		0	0			93	1	1.1%		
				3	0	0.0%		4	0	0.0%		
65	2	3.1%		3949	107	2.7%		160	3	1.9%		
418				3434				2479				
121				2254				555				
33				1229				161				
	</											

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

ANNEX 1: DESCRIPTIVE OF PEOPLE TESTED FOR HIV AND REACTIVE TESTS BY MEMBER				HUHIV			HERA			BaltHIV			AIDES France		
	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %
Persons tested	914	13	1.4%	2527	7	0.3%	934	14	1.5%	32720	195	0.6%			
Age Group	<25	1	0.4%	852	1	0.1%	331	6	1.8%	9694	29	0.3%			
	≥25 Missing	12	1.7%	1675	6	0.4%	603	8	1.3%	23026	166	0.7%			
Gender	Male	13	2.0%	2017	7	0.3%	520	14	2.7%	23902	142	0.6%			
	Female Transgender Missing	0 0	0.0%	510	0	0.0%	413	0	0.0%	8596 222	43	0.5%			
Foreign national	No	5	0.0%	0	0		92			11900	112	0.9%			
	Yes Don't know Missing	0													
At-risk group	PWID	14	0.0%	803	0	0.0%	17	1	5.9%	1117	6	0.5%			
	MSW	0		77	0	0.0%	1	1	100.0%	594	13	2.2%			
	FSW	5	0.0%	419	0	0.0%	3	0	0.0%	1026	9	0.9%			
	TSW MSM/TSM	12	2.6%	1228	7	0.6%	337	12	3.6%	10356	110	1.1%			
Previous HIV test TestLast12Months Test in 12 months in this CBVCT	447 255 135			1767			433 296 107			23754 12188 5467					
False positive															
Confirmatory HIV test Confirmatory HIV test result positive		13 13			7 7						79 73				

ANNEX 1:
DESCRIPTIVE OF PEOPLE
TESTED FOR HIV
AND REACTIVE TESTS
BY MEMBER

ANNEX 1: DESCRIPTIVE OF PEOPLE TESTED FOR HIV AND REACTIVE TESTS BY MEMBER		Poland CBVCT Network				Legebitra		
		Total N	Reactive N	Reactive %	Total N	Reactive N	Reactive %	
Number of tests Persons tested		34289	630	1.8%	786	9	1.1%	
Age Group	<25 ≥25 Missing	8912 25377	103 527	1.2% 2.1%	220 566	2 7	0.9% 1.2%	
Gender	Male Female Transgender Missing	22050 12239	561 69	2.5% 0.6%	786	9	1.1%	
Foreign national	No Yes Don't know Missing							
At-risk group	PWID MSW FSW TSW MSM/TSM	588 7613	23 339	3.9% 4.5%	 786	9	1.1%	
Previous HIV test TestLast12Months Test in 12 months in this CBVCT		15489			648 434 278			
False positive			103/35**			2		
Confirmatory HIV test Confirmatory HIV test result positive			630 492					

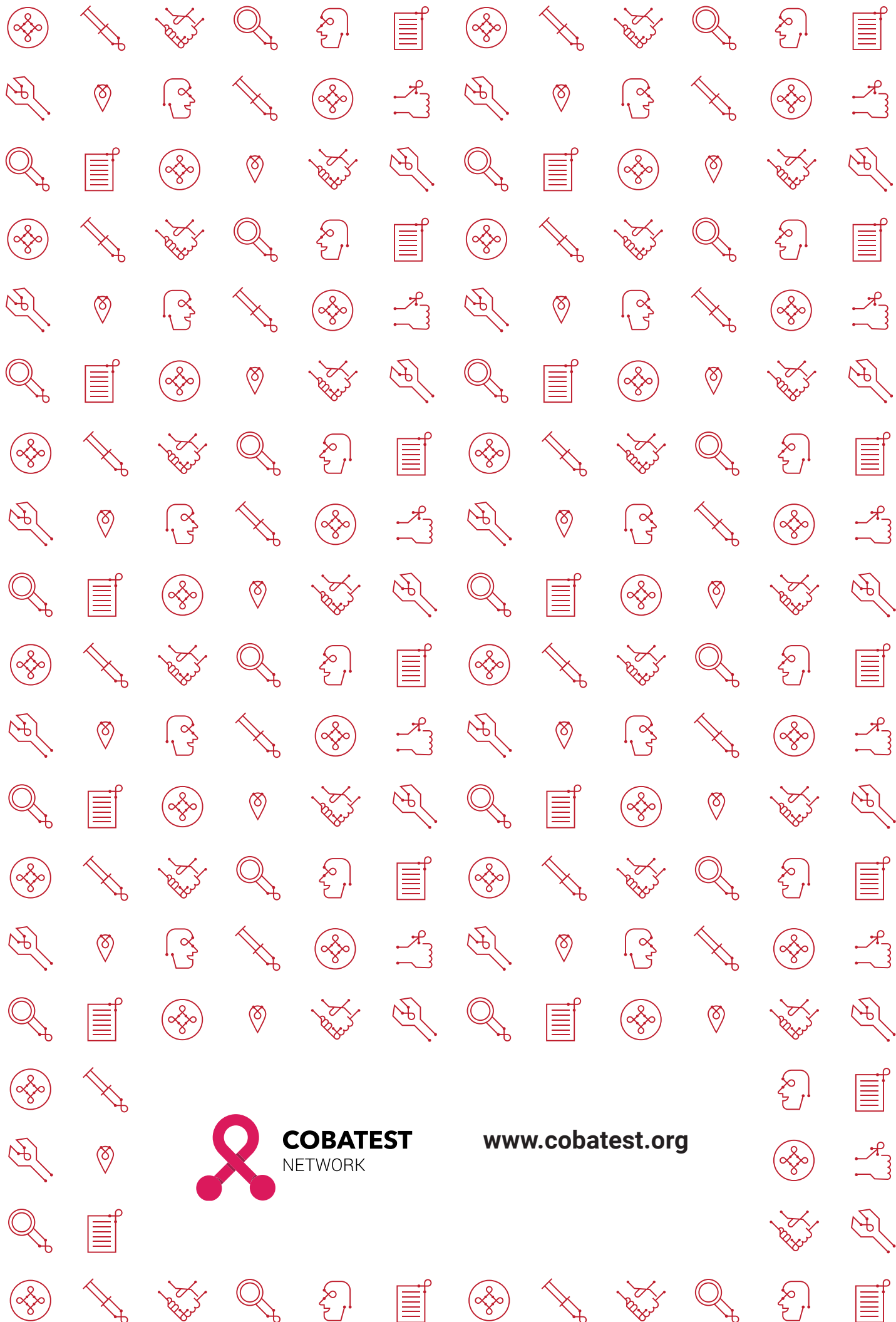
**103 false positive, 35 undetermined

ANNEX 2:
PEOPLE TESTED FOR SYPHILIS AND REACTIVE
TESTS BY MEMBERS USING THE COBATEST
TOOL 2017

	Total N	Reactive n	Reactive %
CAS/ARD Lluís Companys	49	0	0.0%
ACASC	663	0	0.0%
AssexoraTgn	90	0	0.0%
CJAS	549	1	0.2%
AIDS Fondet	1841	32	1.7%
Lila Milano ONLUS	290	5	1.7%
STOP-SIDA	1066	19	1.8%
Gais Positius	417	8	1.9%
Àmbit Prevenció	180	4	2.2%
Associació Anti-SIDA de Lleida	518	12	2.3%
Actuavallès	150	4	2.7%
Legebitra	743	23	3.1%
CASDA	87	4	4.6%

ANNEX 3:
PEOPLE TESTED FOR HCV AND REACTIVE
TESTS BY MEMBERS USING THE COBATEST
TOOL 2017

	Total N	Reactive n	Reactive %
ACASC	82	0	0.0%
Àmbit Prevenció	6	0	0.0%
Gais Positius	26	0	0.0%
Lambda	49	0	0.0%
AVACOS-H	35	0	0.0%
Demetra	62	0	0.0%
Legebitra	775	1	0.1%
AIDS Fondet	419	2	0.5%
OMSIDA	152	1	0.7%
CASDA	82	1	1.2%
CAS/ARD Lluís Companys	28	2	7.1%
Lila Milano ONLUS	65	5	7.7%



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