

Community-Based Voluntary Counselling and Testing for HIV, Sífilis and HCV in Europe: COBATEST Network 2019

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Objective: COBATEST Network members perform yearly standardized data collection to further demonstrate effectiveness of the services provided and to improve early diagnosis of HIV, STI and hepatitis infections.

Methods

Testing data: 50 CBVCT services in 19 countries.

Study Period: 1 January 2019 to 31 December 2019.

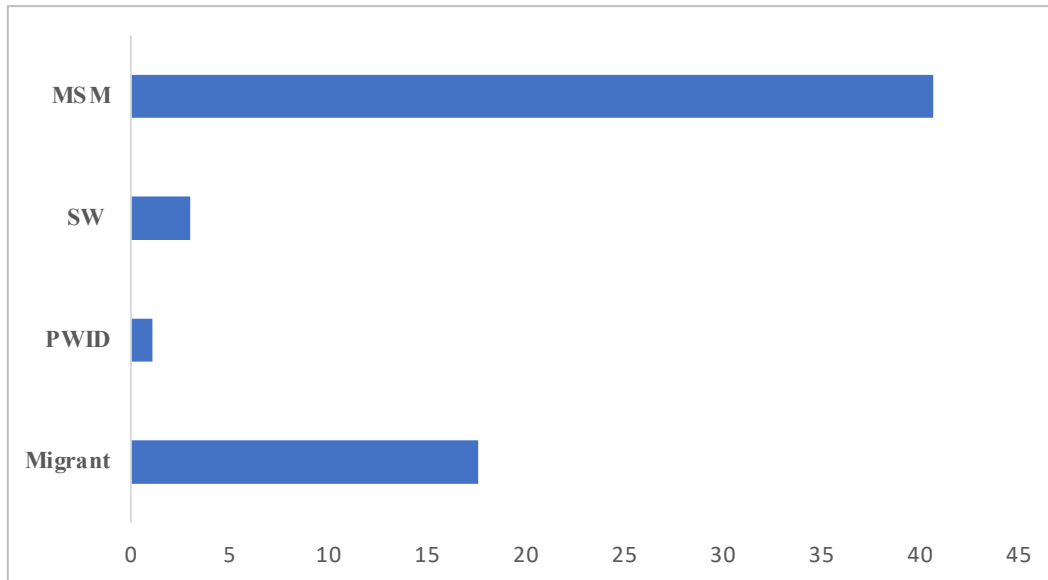
Data collection tool: COBATEST standardized data reporting tools.

Exclusion criteria: People were excluded if aged < 16, previously diagnosed (for HIV data) and if test results were not available. Only one record per client (most recent one) was kept in the final dataset.

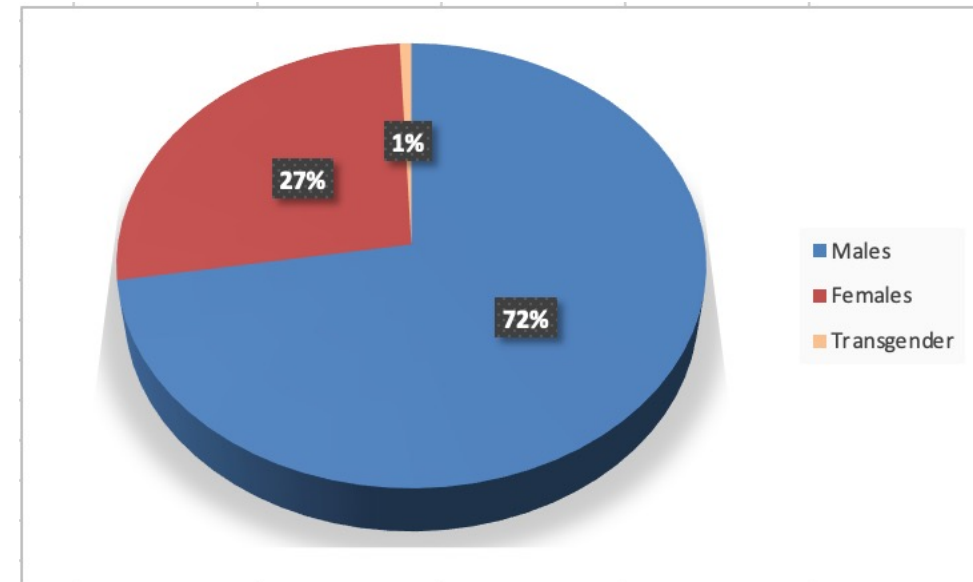
Data analysis: Descriptive analysis of the data was performed.

Results

People screened for HIV (%)



- 129,484 people tested
- Majority male (72%)
- 40.7 % MSM
- 1.1% Transgender people



Clients with reactive HIV screening test

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	%	1.64	1.61	NA	4.63	1.51	2.17
	n	865	843	NA	22	138	524
SW	%	1.87	2.73	0.51	6.37	1.61	1.86
	n	74	31	12	30	13	57
PWID	%	1.58	1.72	0.69	10	1.86	1.55
	n	23	20	2	1	4	19
Migrants	%	1.42	1.36	1.21	6.30	0.79	1.62
	n	325	211	83	30	44	267
All	%	1.09	1.28	0.49	3.64	0.69	1.31
	N	1407	1202	171	32	214	968

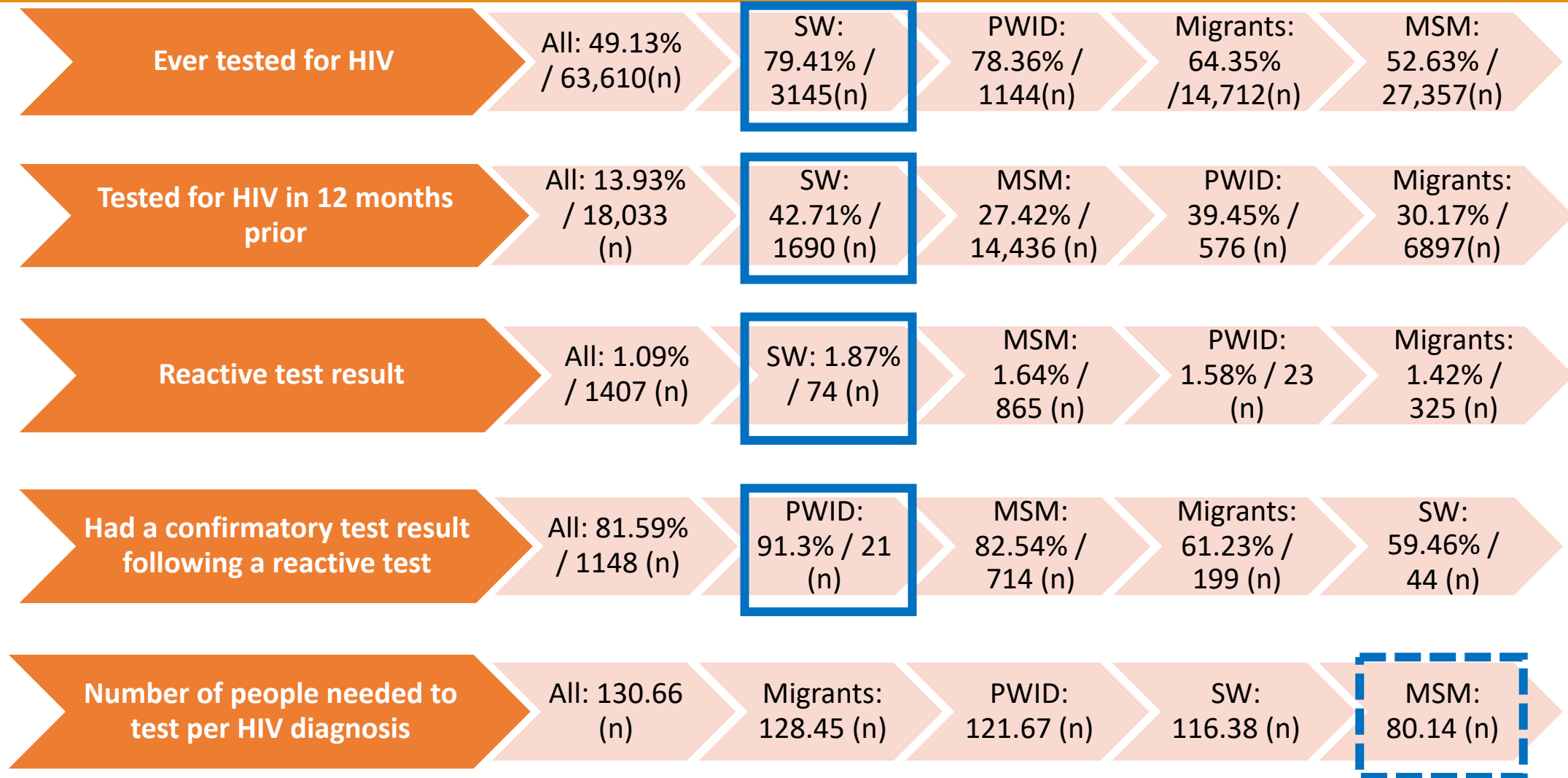
Syphilis testing

Data collected from: 32 Centers
Total number of persons tested: 28,747
Reactive test results: 1.8% (n=508)

HCV testing

Data collected from: 37 Centers
Total number of persons tested: 29,471
Reactive test results: 1.1% (n=329)

Key Findings (HIV testing)



Limitations

- Not all members have the capacity to provide information required to calculate all the indicators of the report every year or provide data using unique identifiers.
- Generalizability of the results.

Conclusions

- While high proportion of PWID's and SW have been previously tested their overall presence in total number of people tested is very low compared to MSM and Migrants, signaling need to further increase outreach and education programs towards these two risk populations.
- Taking into account that key populations for HIV infection are also at risk for STIs and HCV infections, it is important to integrate testing for those infections among services provided by CBVCT centers.