

bcn checkpoint

HIV-AIDS ▪ STI ▪ SEXUALITY ▪ MEN ▪ HEALTH

BCN Checkpoint: Peer Education, Health Promotion, VCT & Beyond

Michael Meulbroek / Ferran Pujol

Projecte dels NOMS-Hispanosida ▪ www.bcncheckpoint.com

II International Conference on HIV infection among Hidden Groups, namely Men who have sex with Men (MSM) and Commercial Sex Workers (CSW)

Lisbon, 26 March 2013

Acknowledgements

Jorge Saz

Héctor Taboada

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Background

- Significant MSM community in Barcelona
- High HIV prevalence and incidence in MSM
- High Community Viral Load
- The important role of acute HIV infections
- Group traditionally oppressed and marginalized
- Denial of sex education
- Lack of adequate health care
- Early detection of HIV (individual & collective impact)
- Peer counseling for MSM



Number & incidence rates in 2008

Group of transmission*	Number of new infections	Incidence rate / 100,000 py
Heterosexual		
French women	810	4
French men	1 140	6
Foreign women	940	54
Foreign men	660	35
IDUs	70	91
MSM	3 320	1 006
All	6 940	17

* Sources for 18-69 years population sizes: Insee (National census) ; Inserm, Ined (Population-based behavioral study) ; OFDT (National behavioral study)

**SHOCKING?
FOR WHO?**



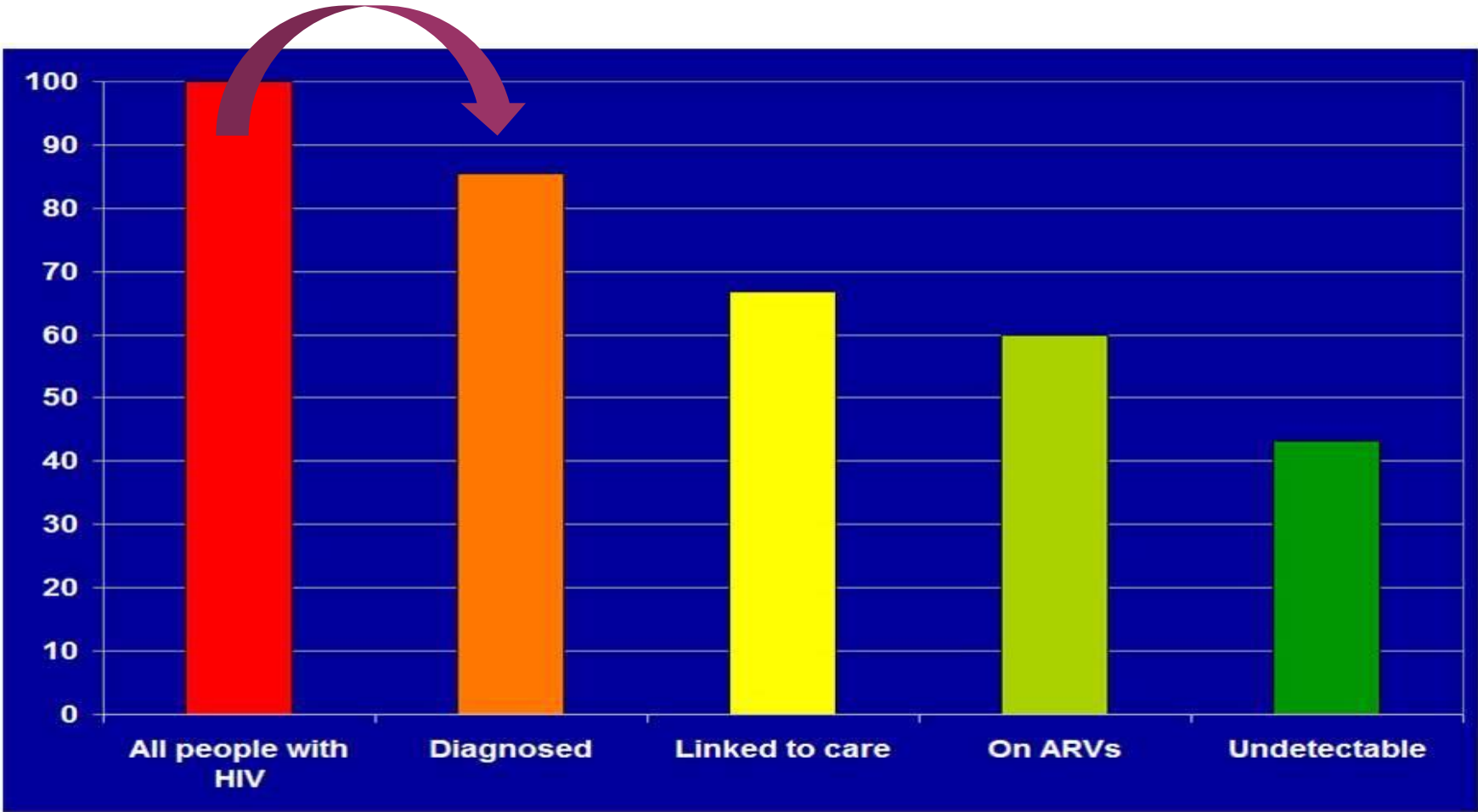
International Day
Against Homophobia
May 17th

HOMOPHOBIA

The first barrier for prevention, diagnosis and medical attention in HIV

Homosexuality is seen in over 450 animal species. Homophobia is seen in only one.

Treatment Cascade



History

- Hispanosida established in 2004 the 20th of October as the **National HIV Testing Day** in Spain
- **BCN Checkpoint** was created in 2006 by Hispanosida
- BCN Checkpoint introduced the use of HIV rapid tests in **Community Based Centres** for the first time in Spain
- BCN Checkpoint started to promote **regular testing** for MSM





Services

- HIV and Syphilis rapid testing
- Peer counseling
- Referral to Public Health Centres (HIV hospital units or STI Clinics)
- Hepatitis A and B vaccination
- Complete STIs screening for MSM (higher risk within a study: HIV, syphilis, chlamydia, gonorrhea, HAV, HBV, HCV, HPV, anal cytology)

Methods

HIV Negative:

- Counseling for risk perception and reduction
- Education to avoid discriminatory attitudes towards HIV positive men within the MSM community
- Invitation to repeat the test at least every 12 months (*and whenever necessary*)

HIV Positive:

- Western Blot test (confirmatory)
- Immediate emotional support
- Linkage to care

Methods

Linkage to care:

- Medical appointment in an HIV unit
- Catalan Health Insurance Card to be able to access the Public Health System; Legal support for obtaining residence in Spain
- Post-test peer counseling for further emotional support and treatment issues

Results

	2007	2008	2009	2010	2011	2012
1. Number of tests	1.098	1.272	2.483	3.453	3.962	5.051
2. Persons tested	951	1.162	2.197	2.896	3.198	4.049

Results

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4. % HIV positive	3,9%	6,2%	5,1%	4,4%	4,1%	3,4%

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5. Persons at first visit BCN Checkpoint	850	957	1.583	1.722	1.689	1.717

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5. Persons at first visit BCN Checkpoint	850	957	1.583	1.722	1.689	1.717
6. HIV positive at first visit	36	53	91	100	90	92
7. % HIV positive at first visit	4,2%	5,5%	5,7%	5,8%	5,3%	5,4%

Impact of BCN Checkpoint

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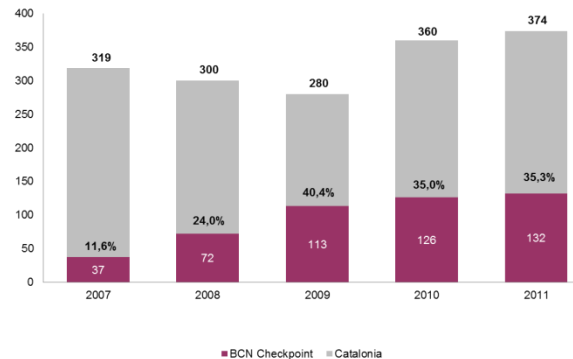
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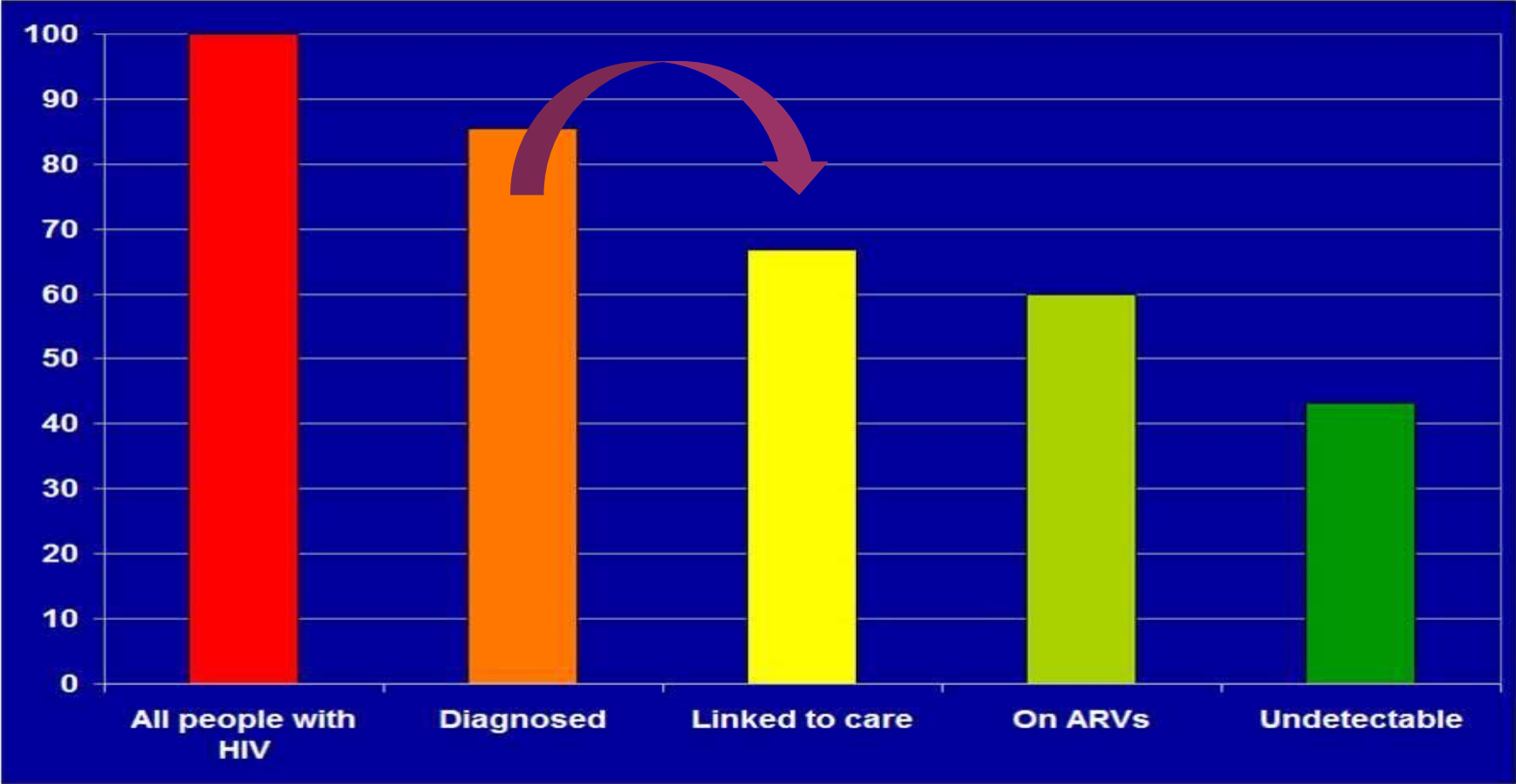
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3. HIV positive	37	72	113	126	132	138
8. Total HIV cases in MSM reported in Catalonia	319	300	280	360	374	N/A
9. % of cases detected in BCN Checkpoint	11,6%	24,0%	40,4%	35,0%	35,3%	N/A



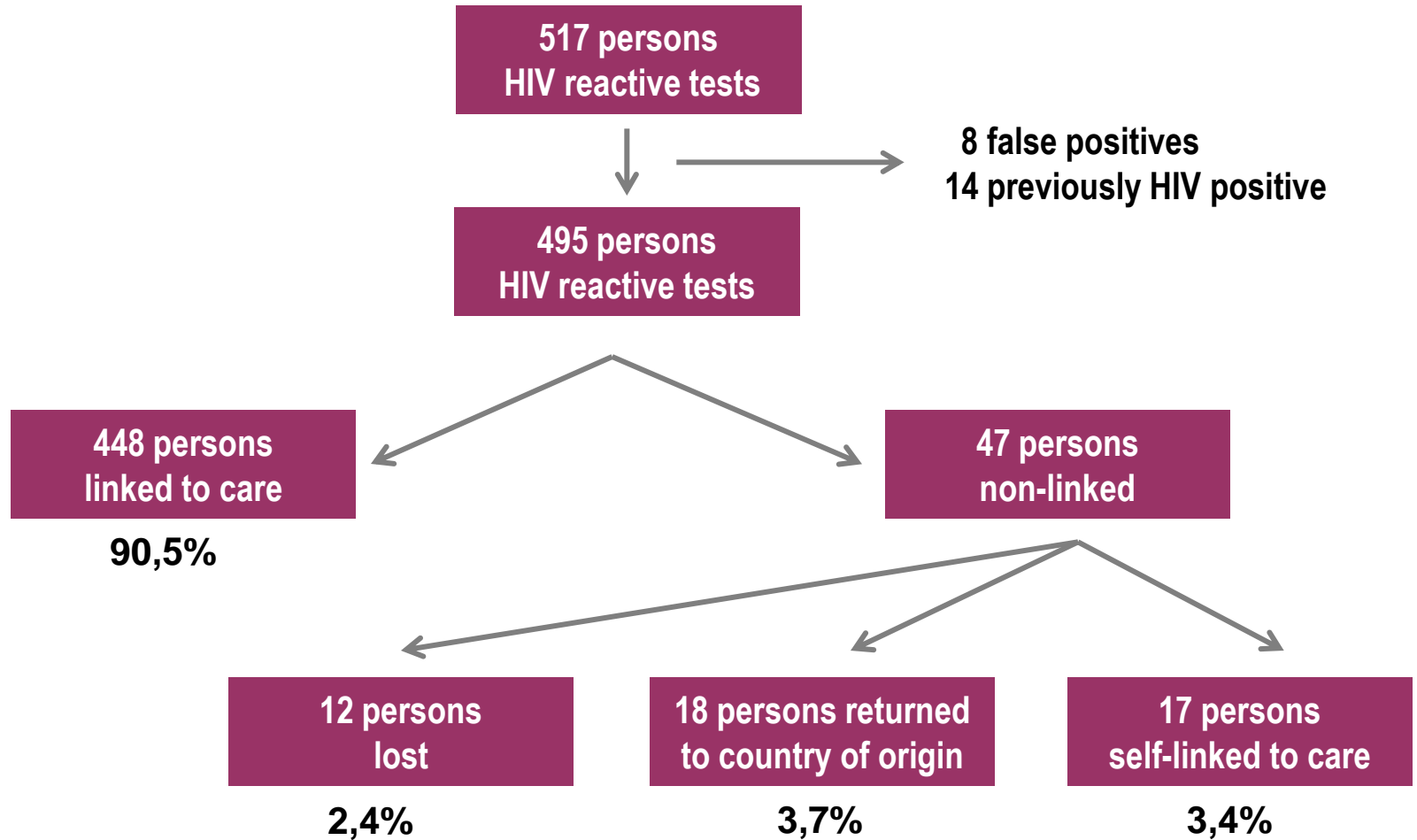
Results – Early / Late detection

HIV infection 2009-2011				
Year	HIV + cases	Cases with known previous negative test	Negative test < 1,5 year	Prevalence
2009	113	96	63	65,6%
2010	126	106	59	55,7%
2011	132	125	81	64,8%
2012	138	130	81	62,3%
Total	509	457	284	62,1%

Treatment Cascade



Linkage to HIV Unit (2009-2012)



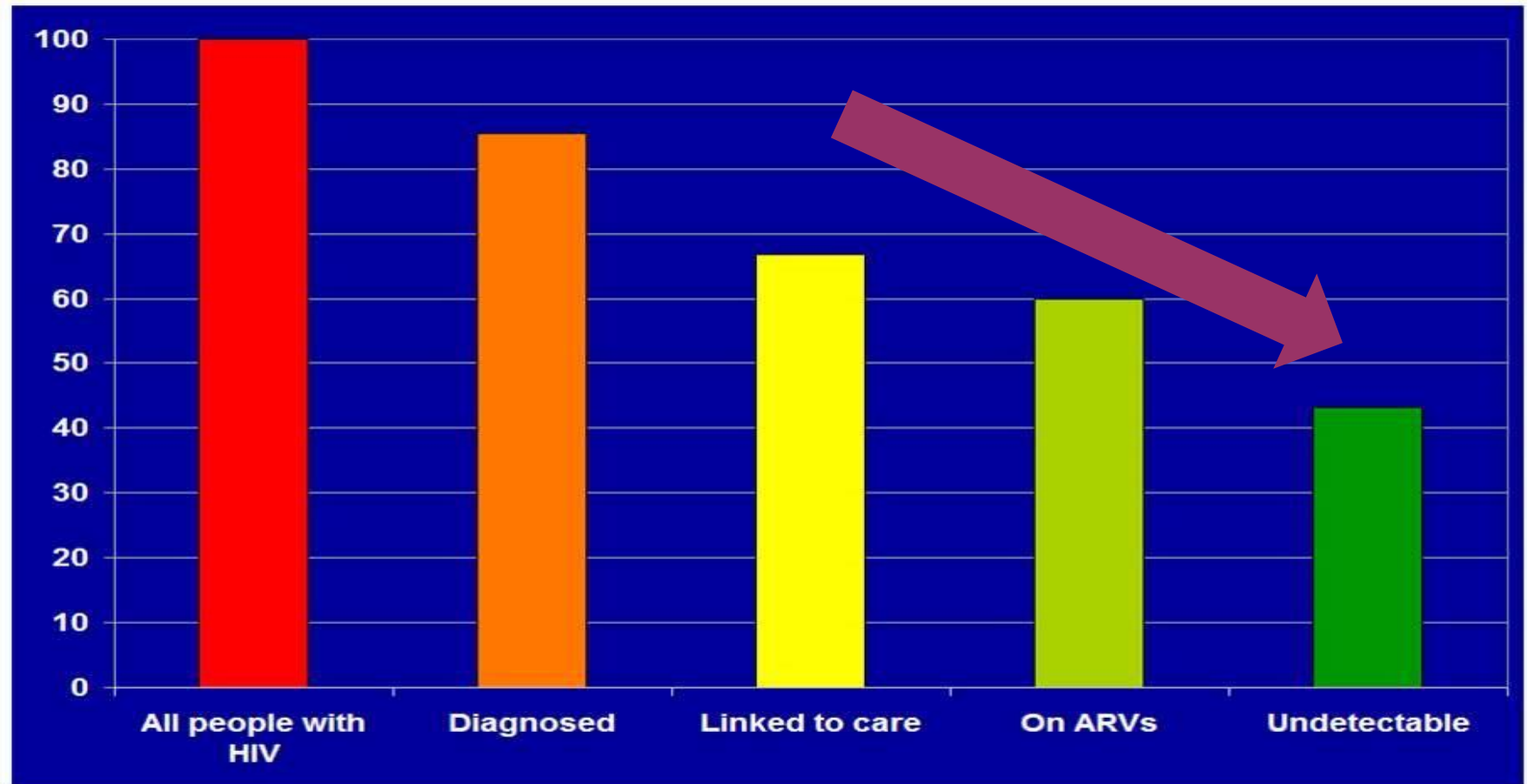
Australia, Colombia, Germany, Italy,
Mexico, Norway, Portugal, Spain,
Switzerland, Thailand, United Kingdom

Linkage to HIV unit (2011-2012)

Time from detection to linkage	%
≤ 7 days	32 %
8 – 14 days	20 %
15 – 21 days	17 %
22 – 28 days	16 %
≥ 29 days	15 %
Total: 226 cases	100%

Linkage to care of 85 % in less than **4 weeks**

Treatment Cascade



Treatment information and education

INFOTRAT

- Individual treatment counseling
- “Positive Encounters”
- Annual Seminar for PLWHIV



Community Research

- First and only HIV negative MSM cohort in Spain
- The Check-ear Study (commitment with the HIV vaccine research)

itaca

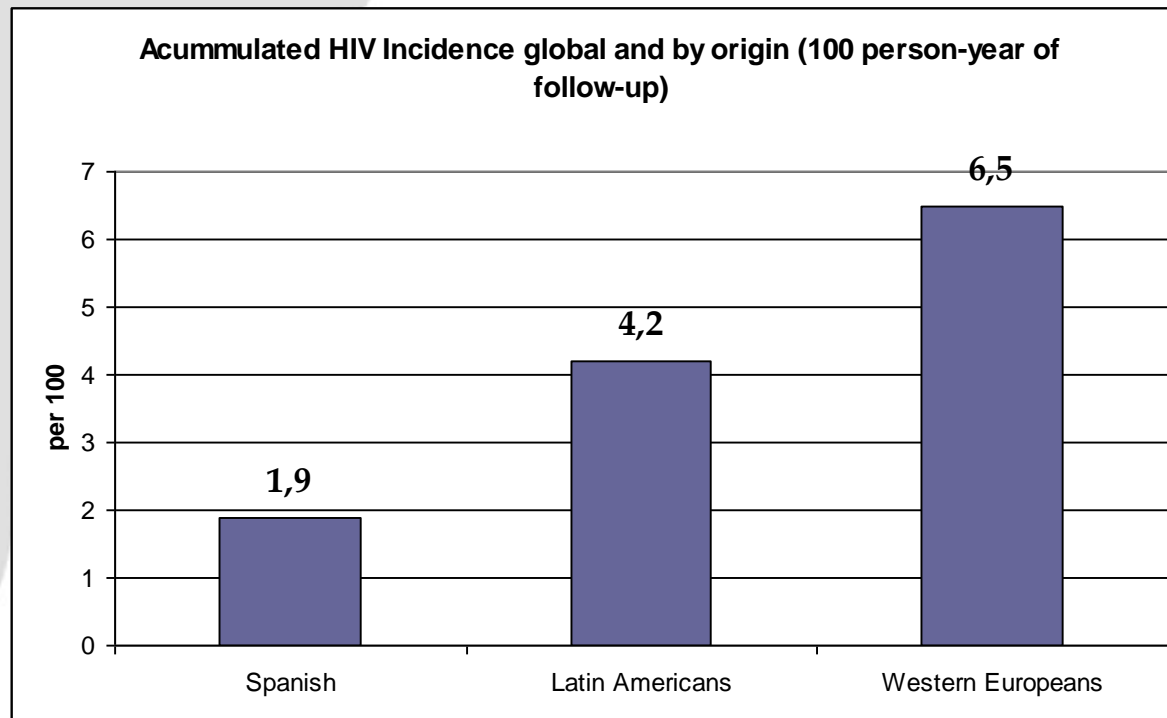
HIV NEGATIVE MSM COHORT STUDY FOR EARLY DIAGNOSIS OF HIV AND OTHER STIs AND THEIR DETERMINANTS



check-ear és un projecte que es duu a terme a **BCN Checkpoint** i que ofereix cribratges periòdics i tractament de les ITS a homes gais i altres homes que tenen relacions sexuals amb homes, amb una vida sexual intensa i amb més probabilitats d'infectar-se.
Informa't acudint personalment a **BCN Checkpoint** (Carrer Bornef 164-166, Barcelona) o trucant al telèfon **933 182 056**.
Poores beneficiar-te regularment de controls de les ITS de forma gratuïta i amb total confidencialitat.

HIV incidence rate: 3.4 x 100 person-years

N= 3.228; persons-years of follow-up: 914,57; median time of follow-up: 13 months
(27 seroconverters)



**268 individuals were recruited
between 12/2010 and 08/2012**

44 lost of follow up.

10 acute HIV infections were detected

Prevalence of STI at baseline visit:

Syphilis: 8,2%,

Chlamydia trachomatis in penis 3%, in
rectum 6,1%

Neisseria gonorrhoeae in penis 1,9%, in
rectum 5%,

HPV in anus 65,6%, in mouth 3,7%.

Cytological abnormalities were detected in
42% of individuals.

No acute hepatitis diagnosed.

check-ear

Perquè les ITS no sempre es deixen veure



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bcn checkpoint
VIHIDA-ITS-SEXUALITAT-HOMES-SALUT
bcncheckpoint.com

Generalitat de Catalunya
Departament de Salut

IrsiCaixa

RS

FUNDACIÓ
CLÍNICA

CEES
Cat

HIVACAT



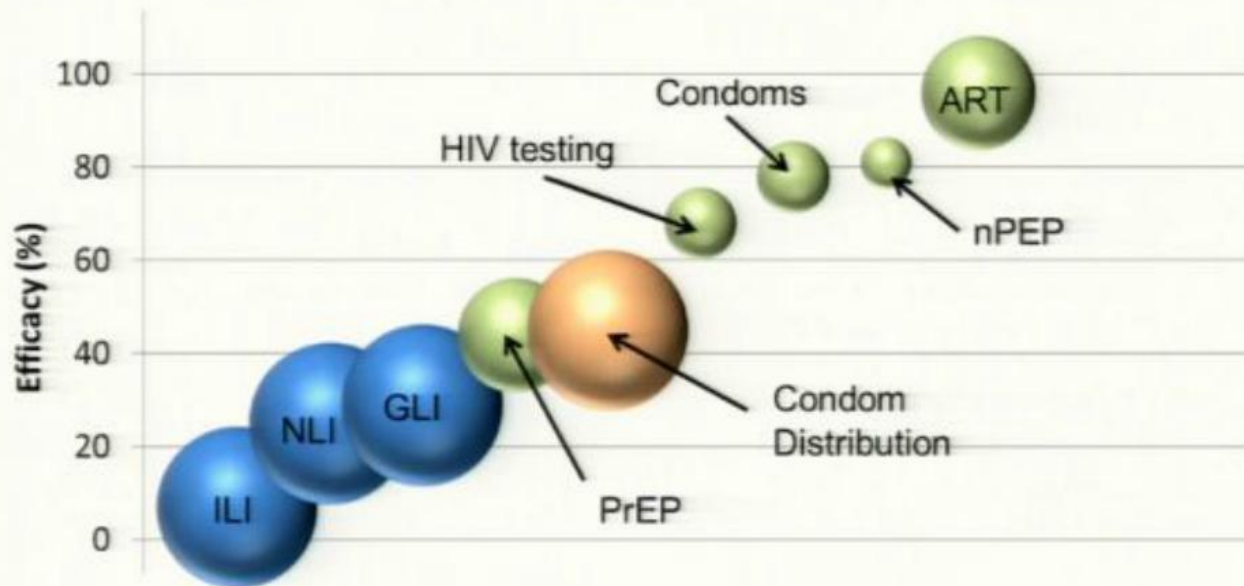
Increased HIV incidence in men who have sex with men despite high levels of ART use

Scenario	Mean incidence 2006-10 (/ 100 prs)	% difference (vs actual)	95% confidence interval	p-value
Actual	0.53	-	-	-
No ART*	0.89	+68%	+62%–+74%	p<0.0001
No condoms**	2.78	+425%	+405%–+442%	p<0.0001
ART at diagnosis***	0.36	-32%	-27%–-37%	p<0.0001
Higher test rate****	0.40	-25%	-20%–-28%	p<0.0001
Higher test rate and ART at diagnosis*****	0.20	-62%	-58%–-66%	p<0.0001

Much more frequent HIV testing and better penetration of regular testing of all MSM is likely to have significant benefits for HIV incidence

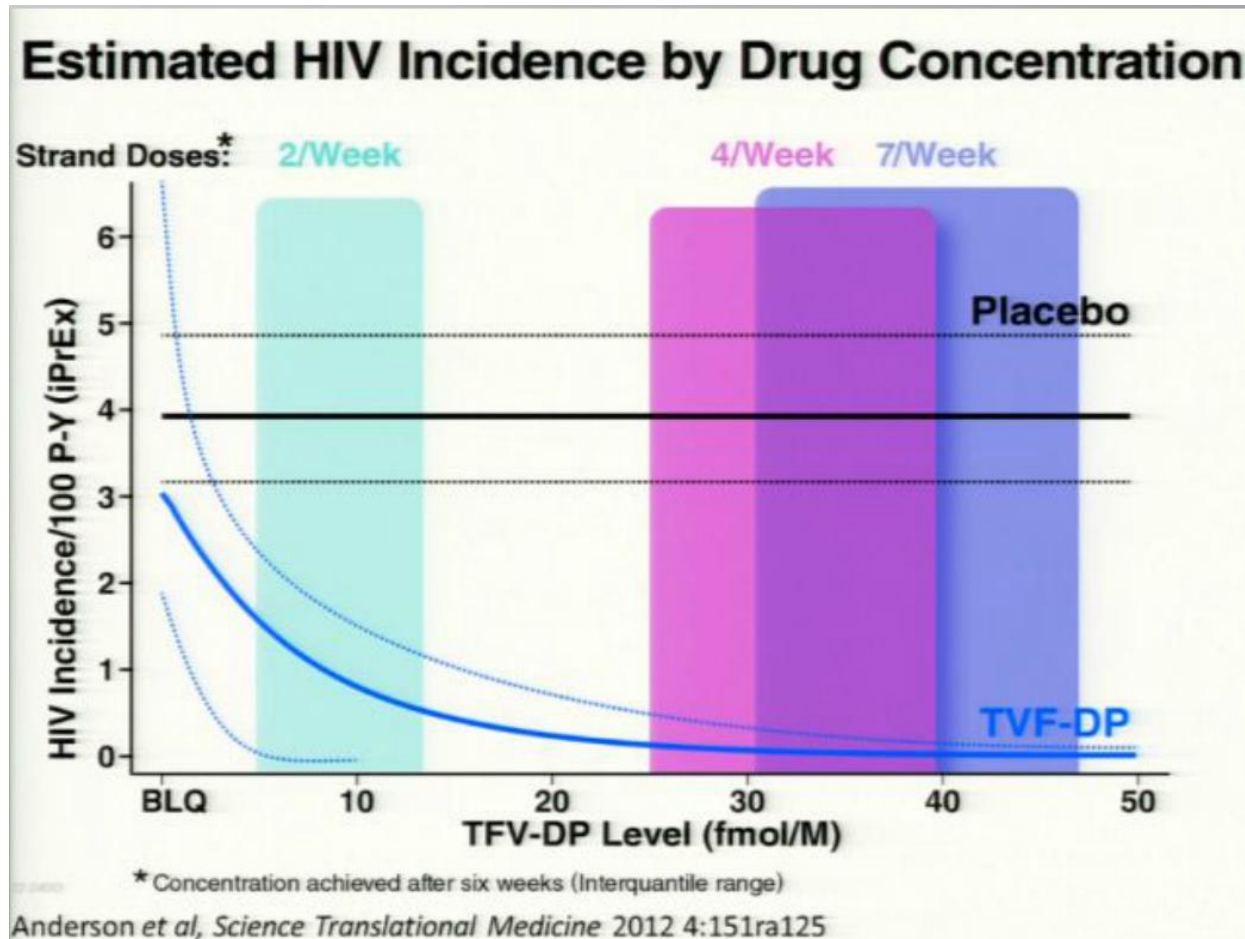
Phillips AN, Cambiano V, Nakagawa F, Brown AE, et al. (2013) Increased HIV Incidence in Men Who Have Sex with Men Despite High Levels of ART-Induced Viral Suppression: Analysis of an Extensively Documented Epidemic. PLoS ONE 8(2): e55312. doi:10.1371

Interventions, Efficacy, and Evidence



ILI: Individual-level behavior change intervention
NLI: Network-level behavior change Intervention
GLI: Group level Behavior change intervention
Size of bubble is proportional to strength of evidence
Blue: Behavior change; Green: Biomedical
Orange: Structural

PrEP: The next step for Community Centres



Study/Phase	Investigation	Study Site(s)
IPERGAY Phase III	Efficacy of intermittent "on demand" TDF/FTC PREP for MSM	France, Quebec
HPTN 069 Next PREP, Phase II	Safety and Tolerability of Maraviroc, Maraviroc + FTC, Maraviroc + TDF or TDF/FTC PREP in At-Risk MSM	USA
HPTN 067 The ADAPT Study, Phase II	Intermittent Oral Truvada PREP in MSM and TGW	USA, Thailand, RSA
HPTN 073	PrEP Initiation and Adherence among Black MSM	Three U.S. Cities
Proud Study Phase II	Immediate vs deferred oral Truvada PREP	UK, multiple cities
MTN 017 Phase II	Expanded Safety and Acceptability of Oral Truvada, Rectally-Applied Tenofovir Reduced-Glycerin 1% Gel.	USA, Thailand, RSA, PR
HVTN 505 Phase IIb	Safety and effectiveness of HIV-1 DNA plasmid and HIV-1 r-ADV vaccine in MSM and Transgender	USA

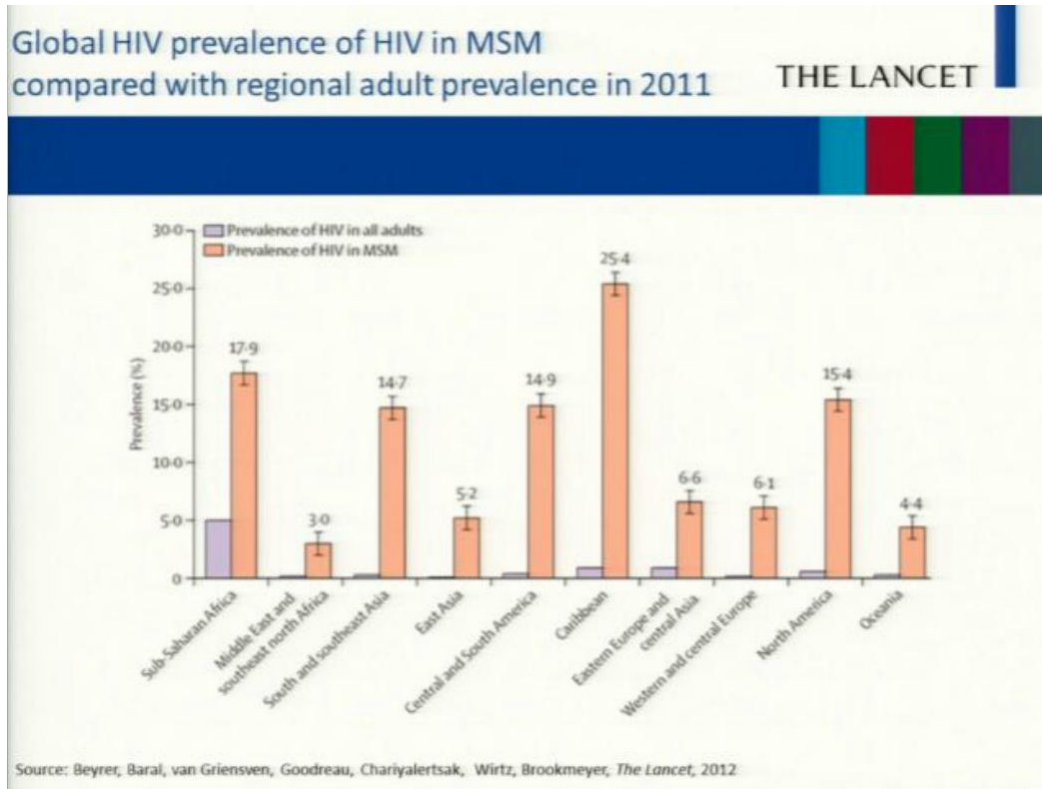
Days of Desperation

- **No medications**
- **Smuggling drugs**
- **Guerilla trials**
- **Manufacturing drugs**
- **“Buyer’s Clubs”**

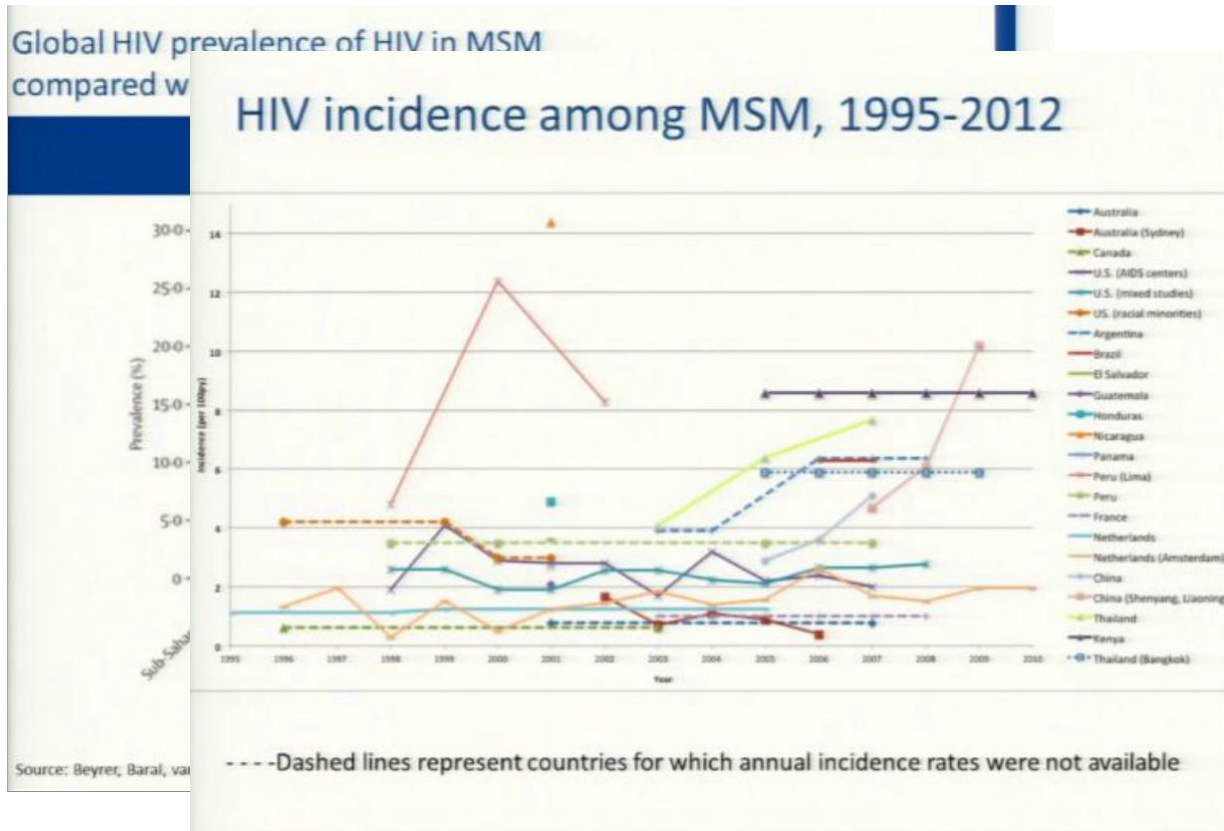


Lynda Dee, AIDS Action Baltimore, AIDS Treatment Activists Coalition.
Martin Delaney Lecture: Community Involvement in AIDS Research: Past, Present, and Future
Session 1 – CROI 2010. San Francisco, 16 February 2010.

Why do MSM have to bear with the HIV burden?



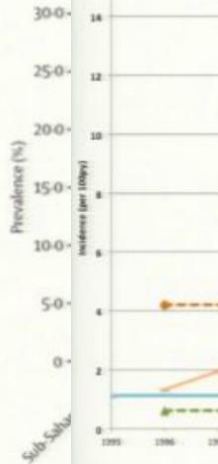
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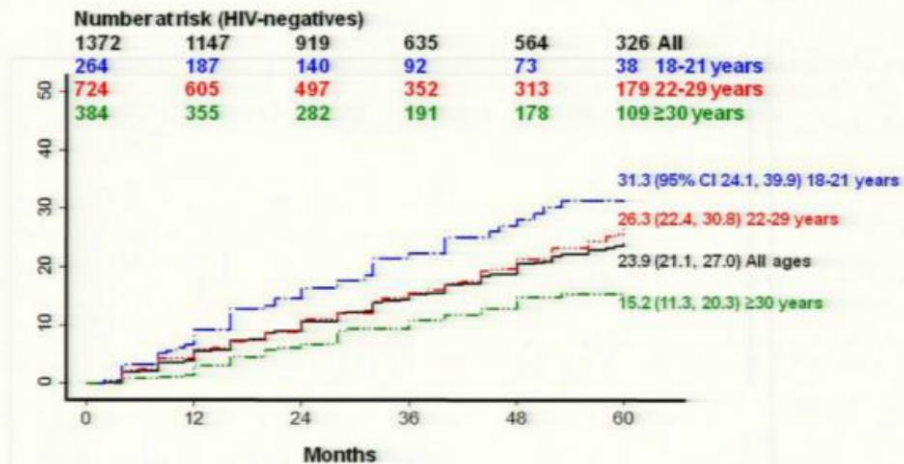
Global HIV prevalence of HIV in MSM compared w

HIV incidence among MSM, 1995-2012



Source: Beyrer, Baral, van Griensven et al. *AIDS* 2012;26:1501-1514

Sixty months cumulative HIV incidence in a cohort of men who have sex with men, Bangkok, Thailand, 2006–2012, by age group



Source: van Griensven et al. *AIDS* 2013 doi: 10.1097/QAD.0b013e32835c546e

UN SG Ban Ki-moon

Human Rights Day, Dec. 11, 2012.



The very first article of the Universal Declaration of Human Rights proclaims that, 'All human beings are born free and equal in dignity and rights.' All human beings – not some, not most, but all. No one gets to decide who is entitled to human rights and who is not.

Let me say this loud and clear: lesbian, gay, bisexual, and transgender people are entitled to the same rights as everyone else. They, too, are born free and equal.