

# Integrated strategy on HIV and Viral Hepatitis – The German experience

**SCREENING AND  
PREVENTION**

FOR VIRAL HEPATITIS  
AND HIV IN CEE

*Common challenges  
joint solutions*

2018  
June 28-29  
SOFIA

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# Introduction

- Germany is a low prevalence country for HIV, Hepatitis B and C
- Concentrated epidemics
  - HIV: MSM, migrants (mainly Subsahara), PWID
  - HCV: PWID, migrants from HCV high prevalence regions, HIV-pos. MSM
  - HBV: Migrants from HBV high prevalence regions, PWID, vulnerable groups (MSM, sexual partners of PlwHBV)

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# Background on HIV in Germany

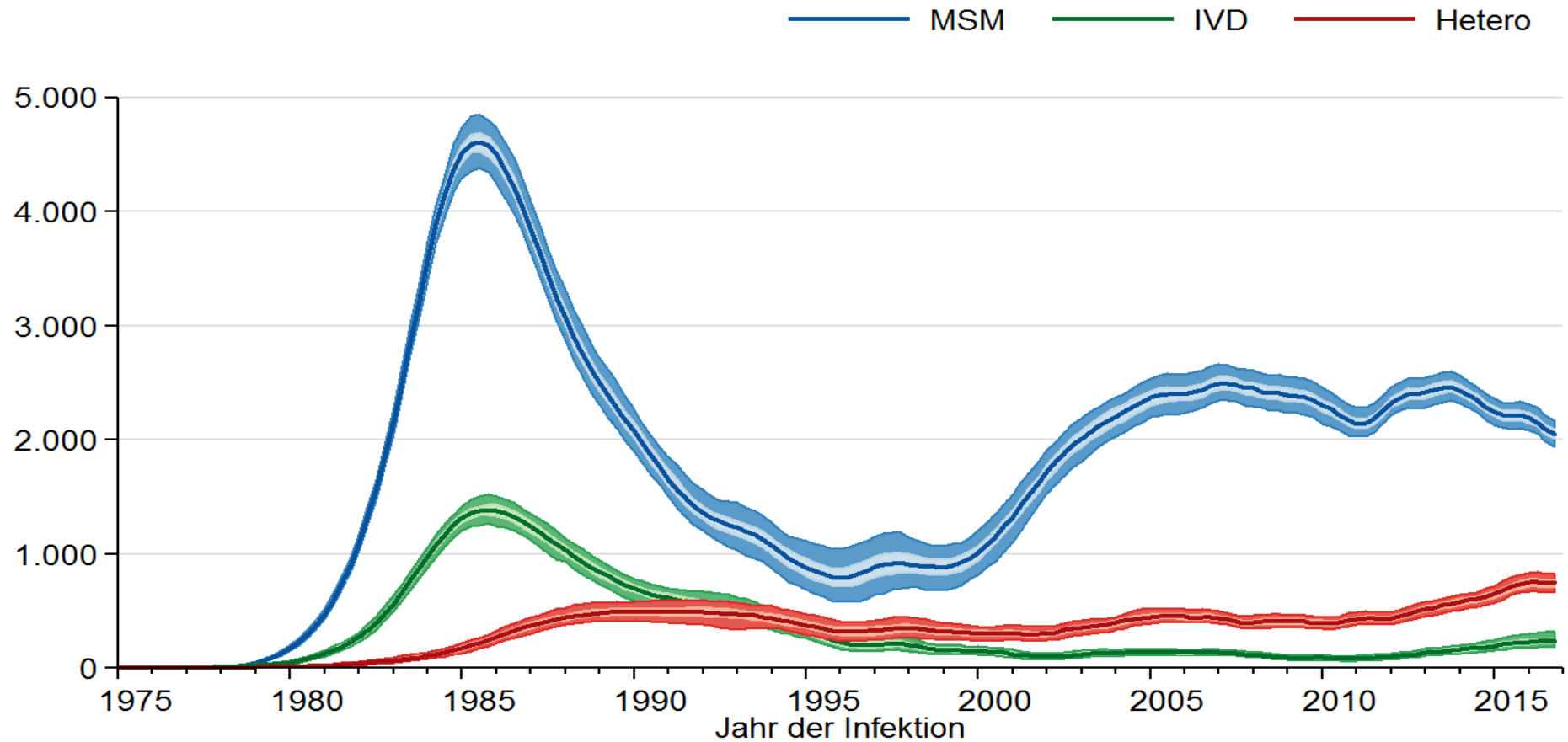
- HIV: prevalence in general population is low (~0.1%)
  - Long established MSM epidemic (since early 1980s), good collaboration between NGOs and medical system, improvements necessary to reach all (self testing, home collection testing, access to PrEP, diagnosis of asymptomatic STI co-infections...) (**HIV-prevalence among MSM ~ 10%**)
  - Migrants from high endemic countries difficult to target for diagnosis and treatment. Participatory approach (peer counselling, low threshold testing etc.) underdeveloped
  - Undocumented migrants and EU migrants without valid health insurance have no regular access to medical care
  - PWID: declining HIV incidence after introduction and expansion of harm reduction measures (needle and syringe exchange, supervised drug injection rooms, oral substitution treatment for opioid users). Limited provision of harm reduction in the prison system. Local outbreaks in subgroups with high injection frequency.

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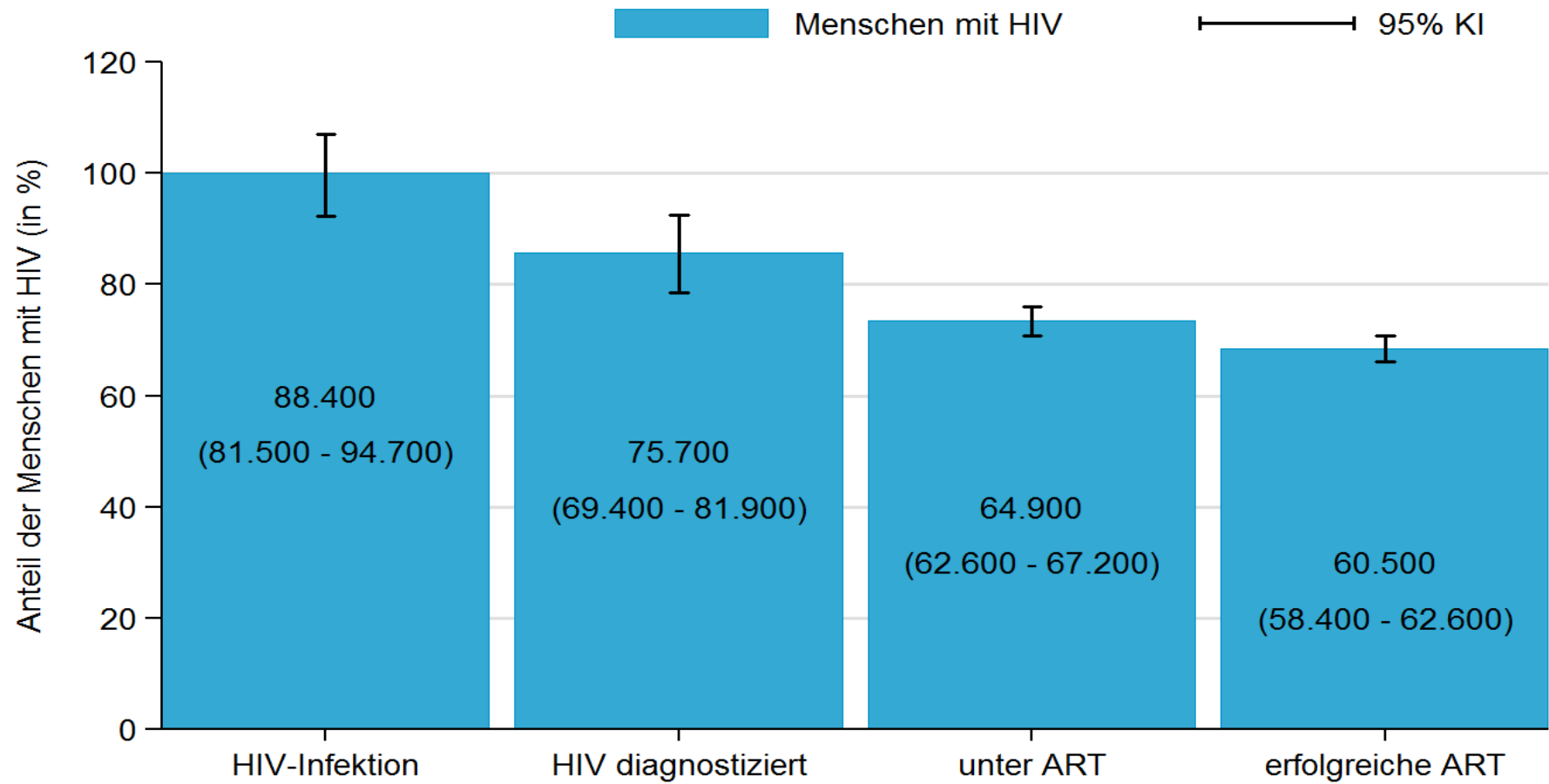


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# Estimated course of HIV epidemic in Germany



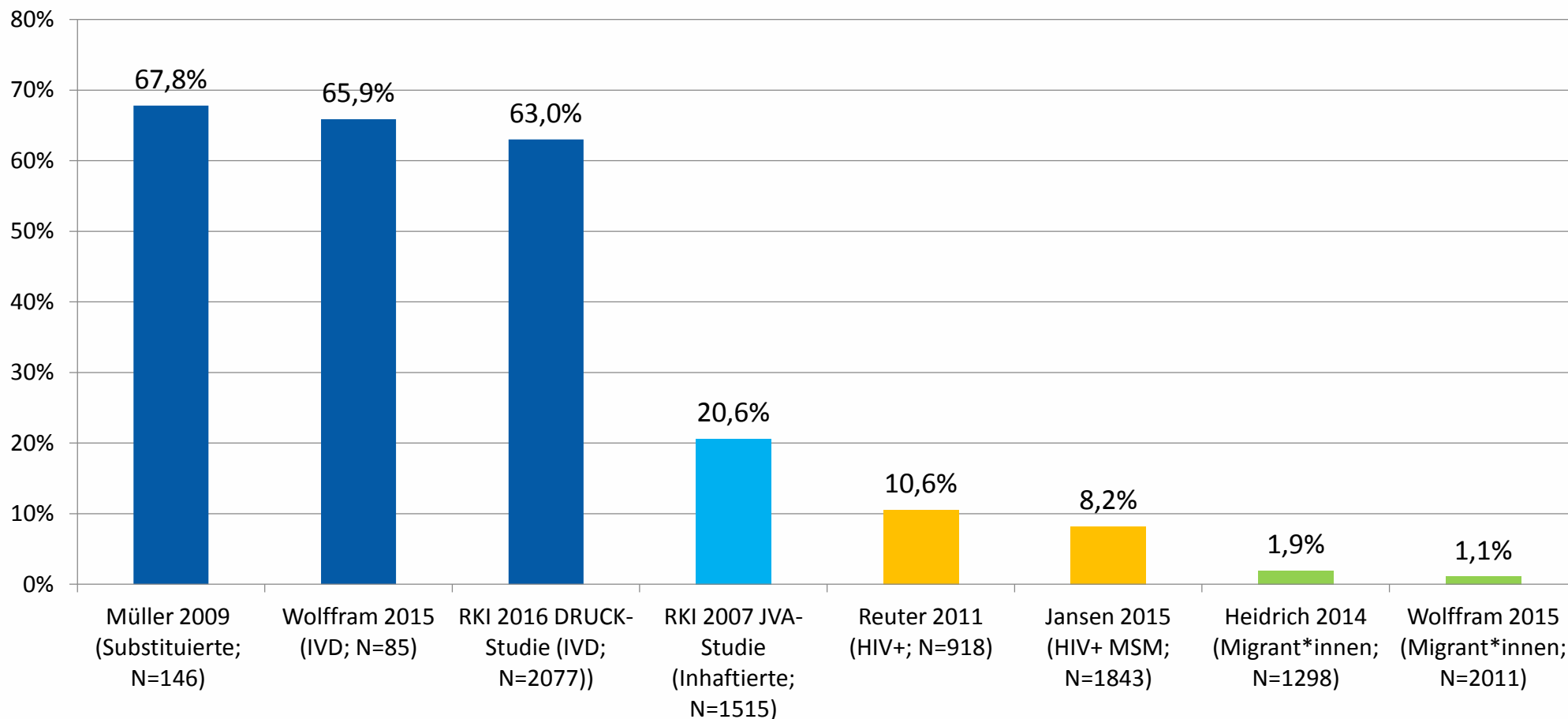
# HIV treatment cascade (90 – 90 – 90) in Germany



# Background on HCV in Germany

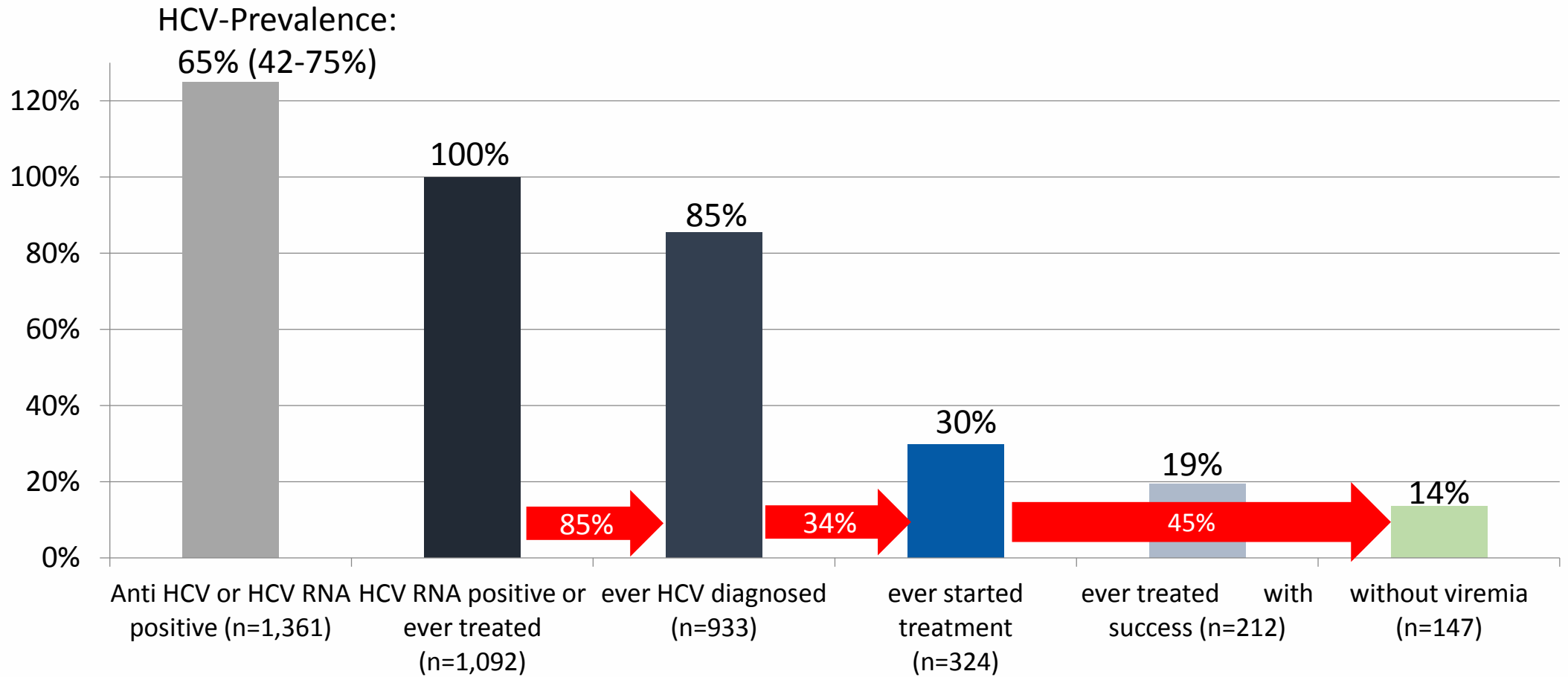
- Hep C: prevalence in general population is low (**anti-HCV-positivity ~ 0.3 – 0.4%**)
  - Transfusion-associated transmission until 1992, after implementation of diagnostic testing of all blood products not a problem any more. How to diagnose the undiagnosed nosocomial transmissions?
  - Main challenge: very high prevalence in PWID, challenge of ensuring access at all levels of treatment cascade (low threshold testing, linkage to care); challenging as well: access for people in prison (regional differences)
  - Migrants from higher endemic regions – lack of adequate epidemiological data; how to target for diagnosis and treatment?
  - Subpopulation of high-risk MSM (HIV-positive MSM, chemsex users), substantial re-infection rates, good linkage to medical care, controversial views about main transmission risks

## Anti HCV Seroprevalence in key population groups



# HCV treatment cascade in PWID

DRUCK-Study 2011-2015; total study population, N=2.077

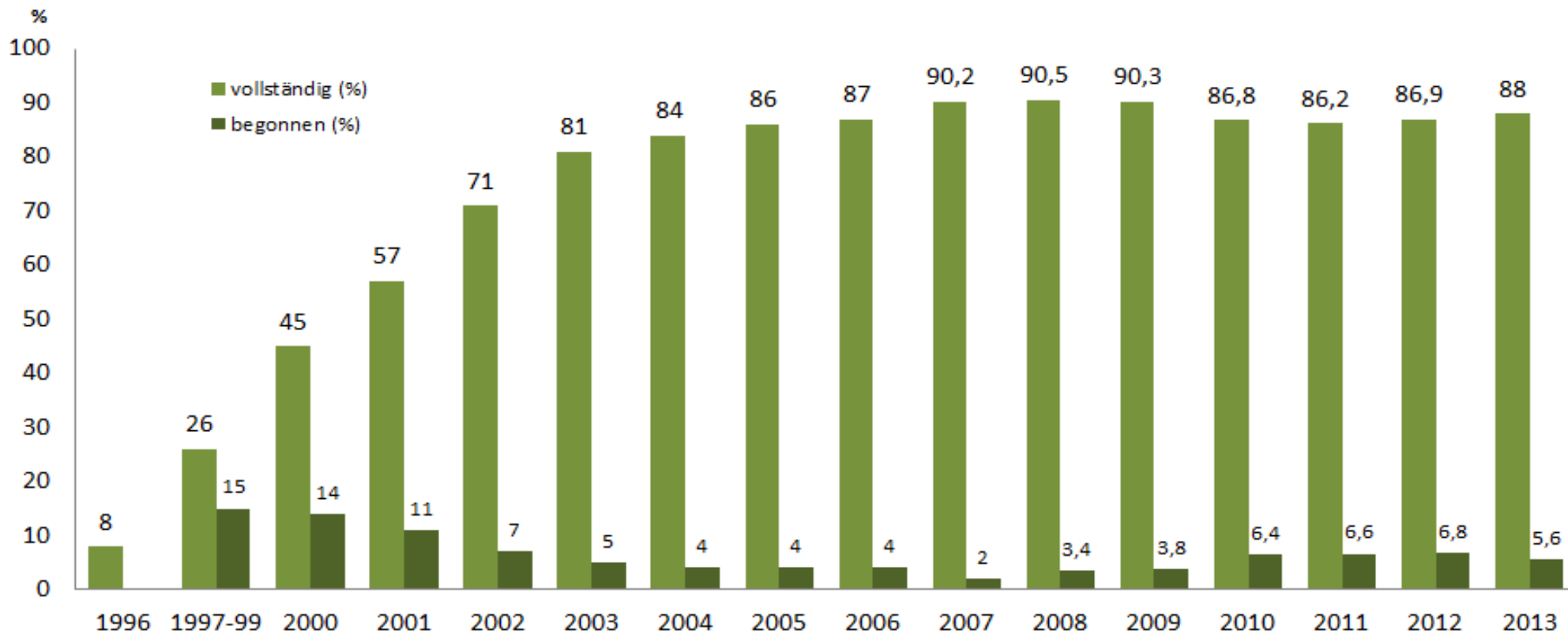




# Background on HBV in Germany

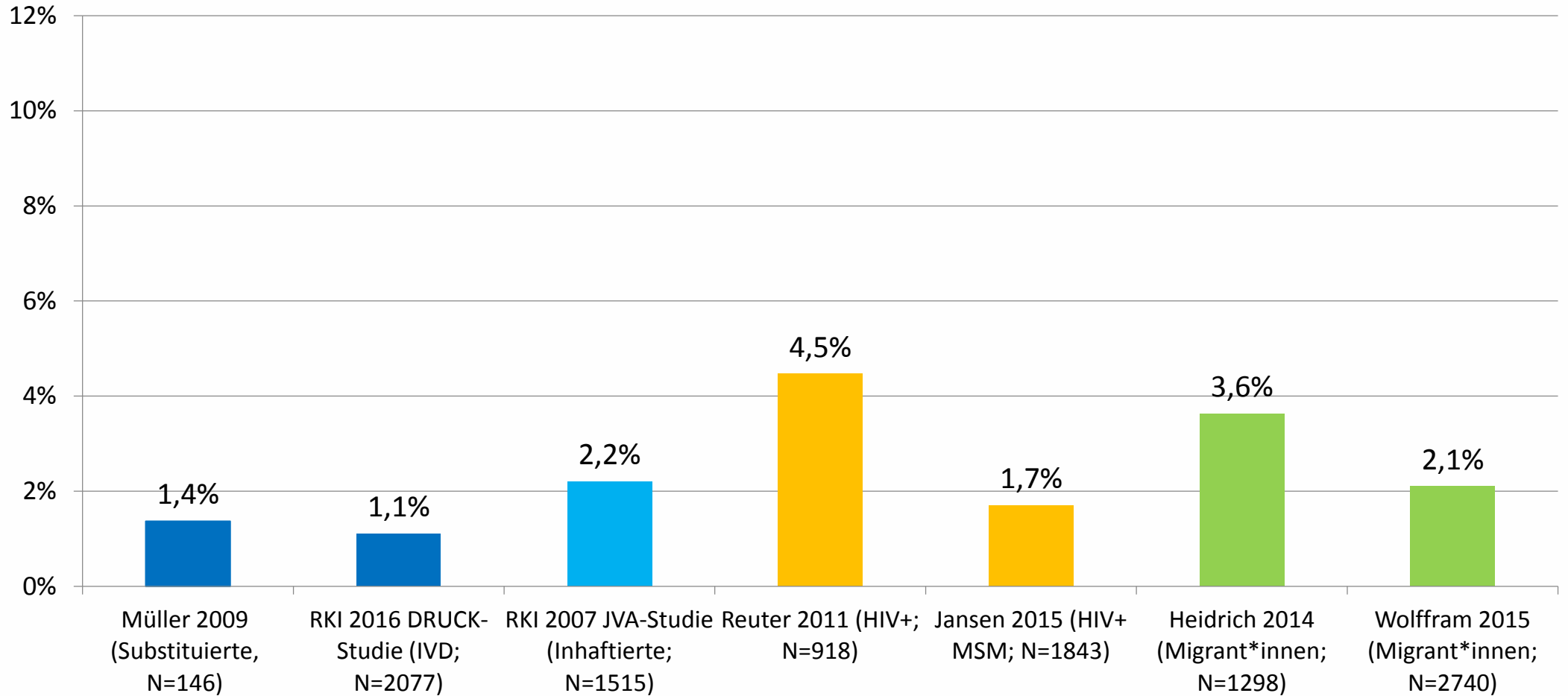
- HBV: prevalence in general population is low (**HBsAg-positivity ~ 0.3%**)
  - General (childhood) vaccination in place since 1995
  - Vaccination for groups at increased risk (e.g. Health care workers, PWID, MSM) since 1985, but proportion of vaccinated among PWID and MSM still too low
  - Influx of migrants from higher endemic regions, vaccination gaps

## Proportion of vaccinated pre-school children

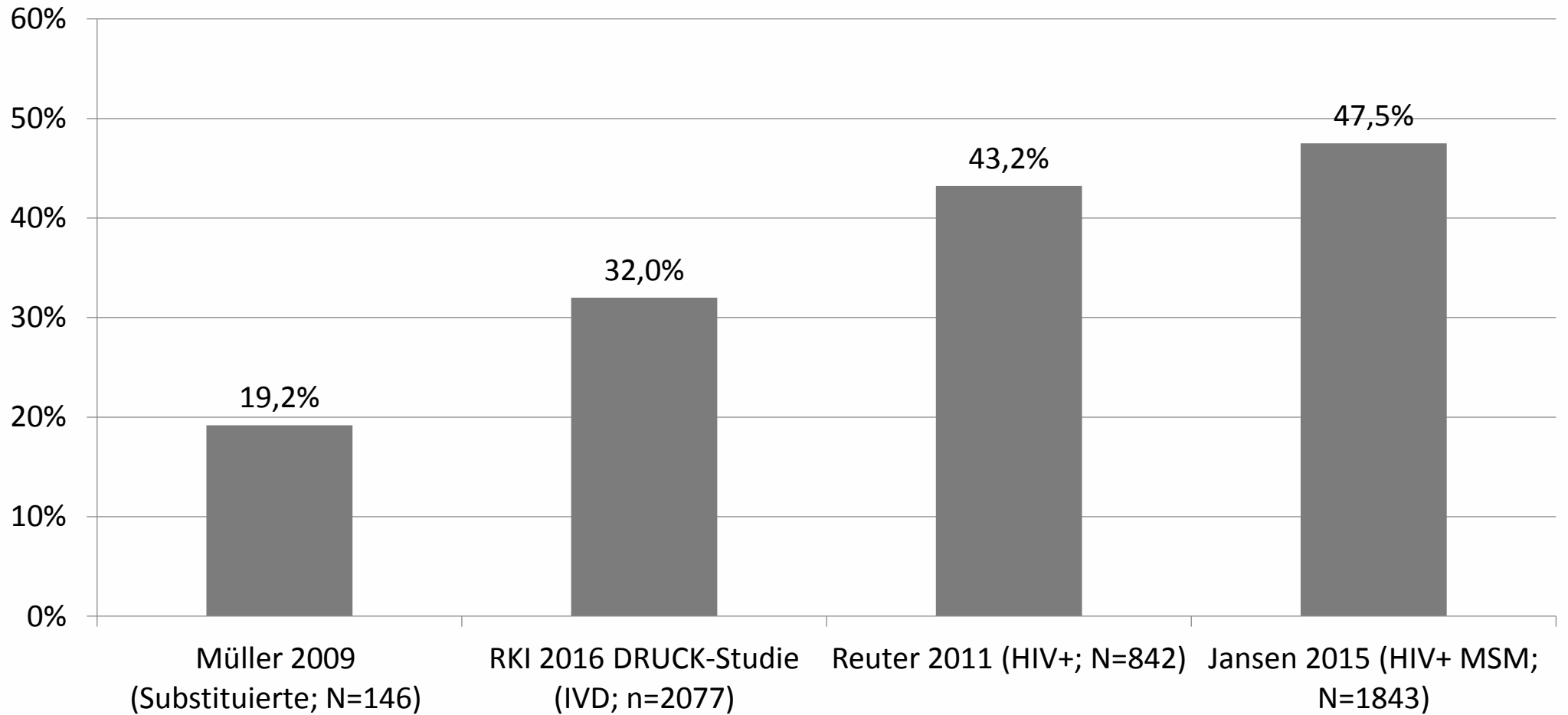


RKI 2013. *Epid Bull* 2015; 16: 131-5.

## HBsAg-Seroprevalence in key population groups



## HBV vaccination among key population groups





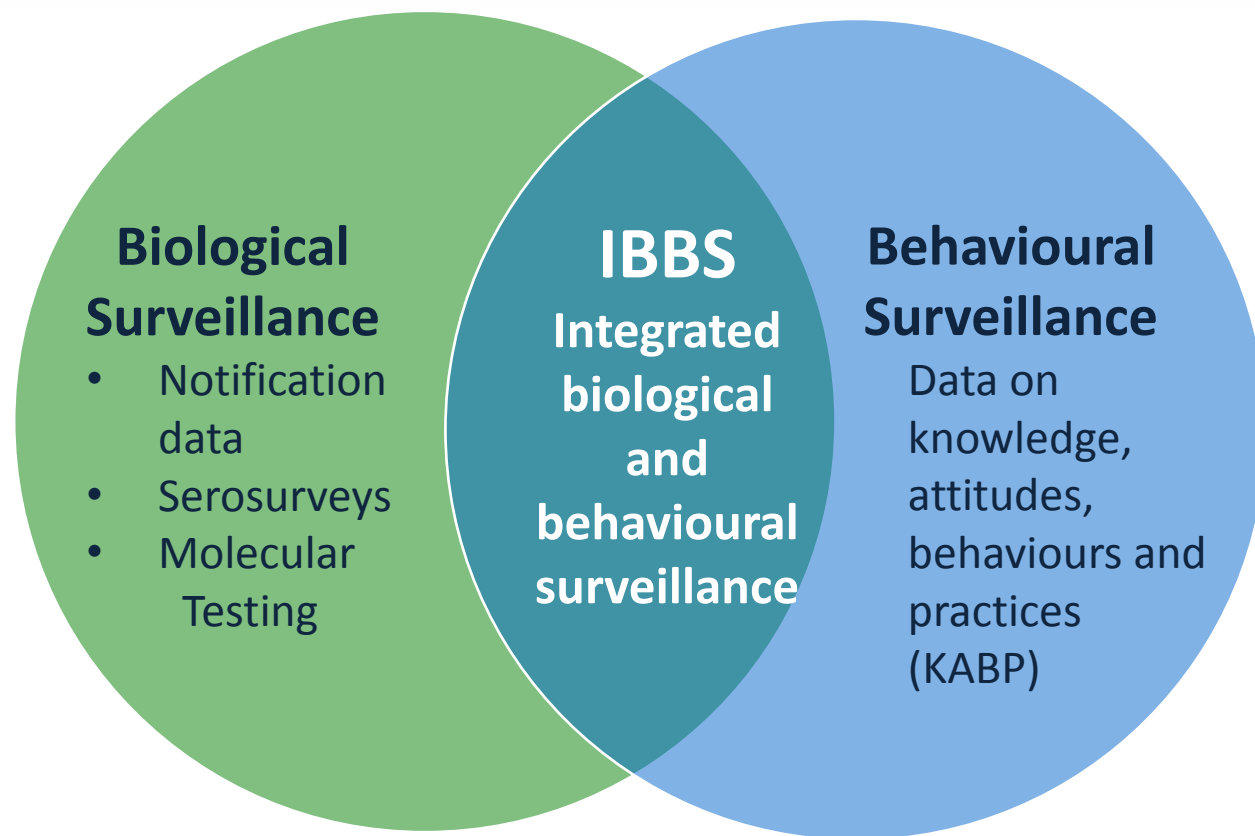
# Strategic approach

- Know your epidemic(s)
- Identify the most relevant gaps for prevention, diagnosis, treatment and care
- Develop and implement strategies to address the gaps
- Ensure political commitment
- Provide adequate resources
- Monitor your progress



## Second generation surveillance: Know your epidemic!

- to concentrate data collection in **key populations at higher risk** of HIV exposure
- to compare information **on HIV prevalence and on the behaviours** that spread the infection to build up an informative picture of changes in the epidemic **over time**
- to make the **best use of other sources of information** to increase understanding of the HIV epidemic and the behaviours that spread it.



WHO/UNAIDS 2013: Guidelines for second generation HIV surveillance: an update: know your epidemic.  
<http://www.who.int/hiv/pub/surveillance/2013package/module1/en/>

# Available medical interventions

- Early initiation of lifelong HIV therapy
- Chemoprophylaxis for populations/individuals at increased risk for infection (PrEP)
- Hepatitis B immunisation
- Lifelong suppressive antiviral treatment for Hepatitis B possible
- New curative treatments for Hepatitis C
- Availability of self-testing and home-collection testing is improving



## Gaps in prevention, testing and care

- High proportion of chronic viral infections (HIV, HBV, HCV) goes undiagnosed
- 1/3 of new HIV infections diagnosed at an advanced stage
- No funded screening strategy
- High proportion of chronic HCV and HBV infections diagnosed late
- Persons at increased risk for HIV and chronic HCV and HBV infection difficult to identify
- Linkage to care insufficient for some groups
- Need for improved counselling, testing and care services for persons at elevated risk of infection



# Challenges and facilitators

- Due to low prevalence of HIV and hepatitis little awareness for HIV and viral hepatitis in medical care system and in general population
- Key population groups difficult to identify and address in general medical care or regarded as difficult, unwelcome patient groups (PWID)
- Federal system challenging for developing an effective national strategy (responsibility for ensuring health services for population at state, not at national level)
- No centralized budget earmarked for strategy implementation and monitoring
- Good collaboration between NGOs and medical system in the field of HIV, more challenging in viral hepatitis (PWID/migrant groups too marginalized)

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## Integration of HIV and viral Hepatitis strategies in Germany - Conclusions

- HIV, other STI, HCV, HBV: Identical or similar transmission routes, vulnerability and risk factors, most affected groups; high levels of shame, stigmatisation and discrimination
- HIV, other STI, HBV, HCV: co-infections, mutually interacting, deteriorating health status
- Similar diagnosis strategies, prevention and care interventions are needed
- Pooling of resources makes sense and can prevent possible consequential costs

**An integrated strategy uses synergies and helps contain infectious diseases**



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# Thank you for your attention