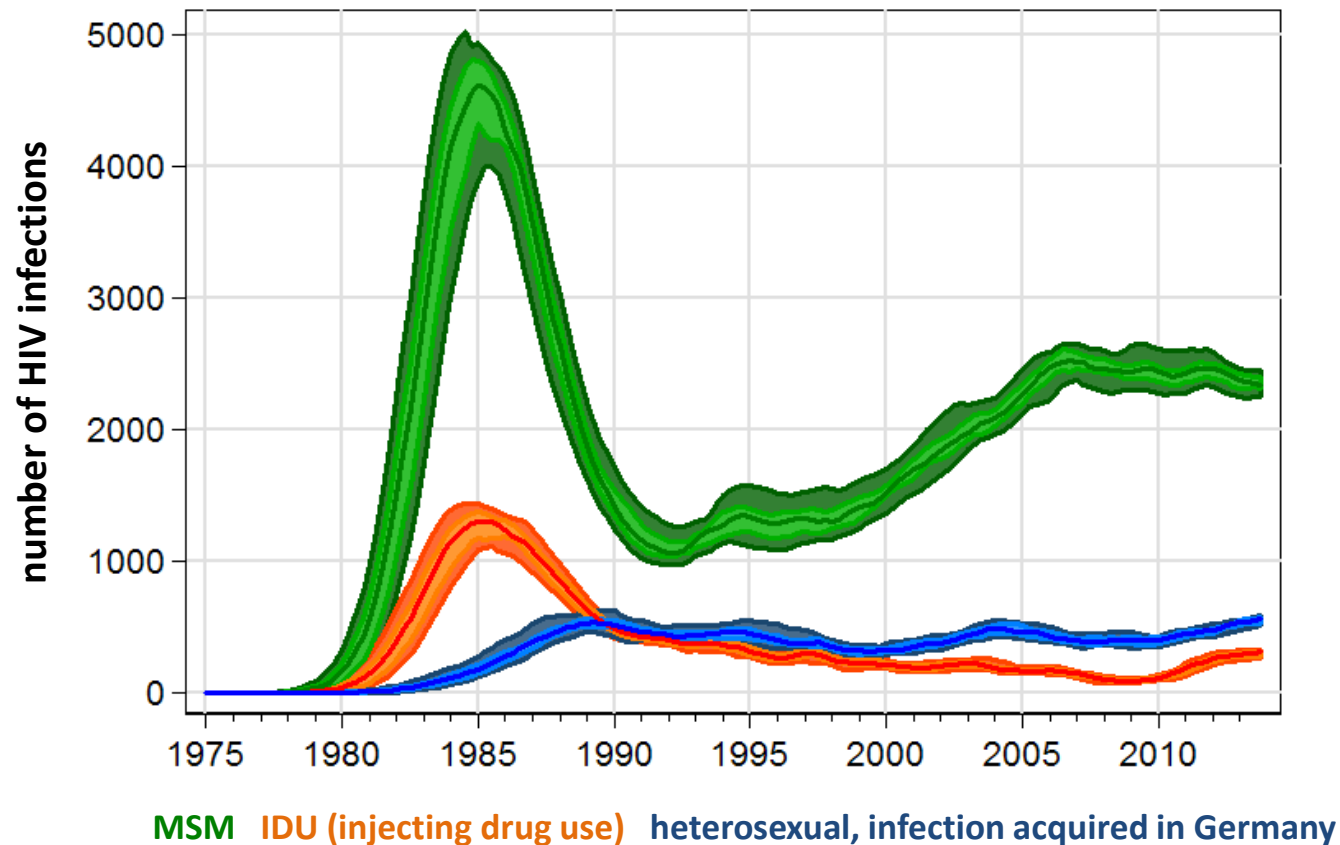


Increasing Incidence of HIV and HCV among MSM across Europe

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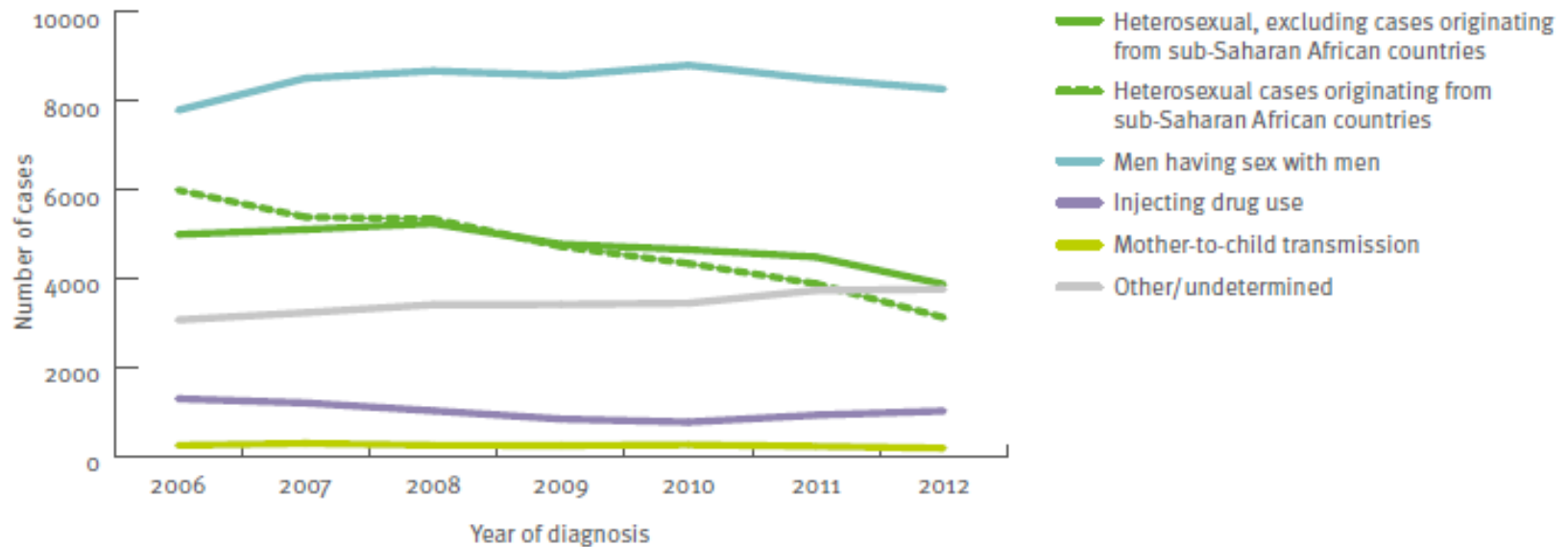
Modelled course of the HIV epidemic in Germany by transmission groups



RKI 2014, HIV incidence and prevalence estimates for Germany, based on a back calculation model

Trends of reported HIV infections by transmission mode and year of diagnosis

WHO region Western Europe (2006-2012)



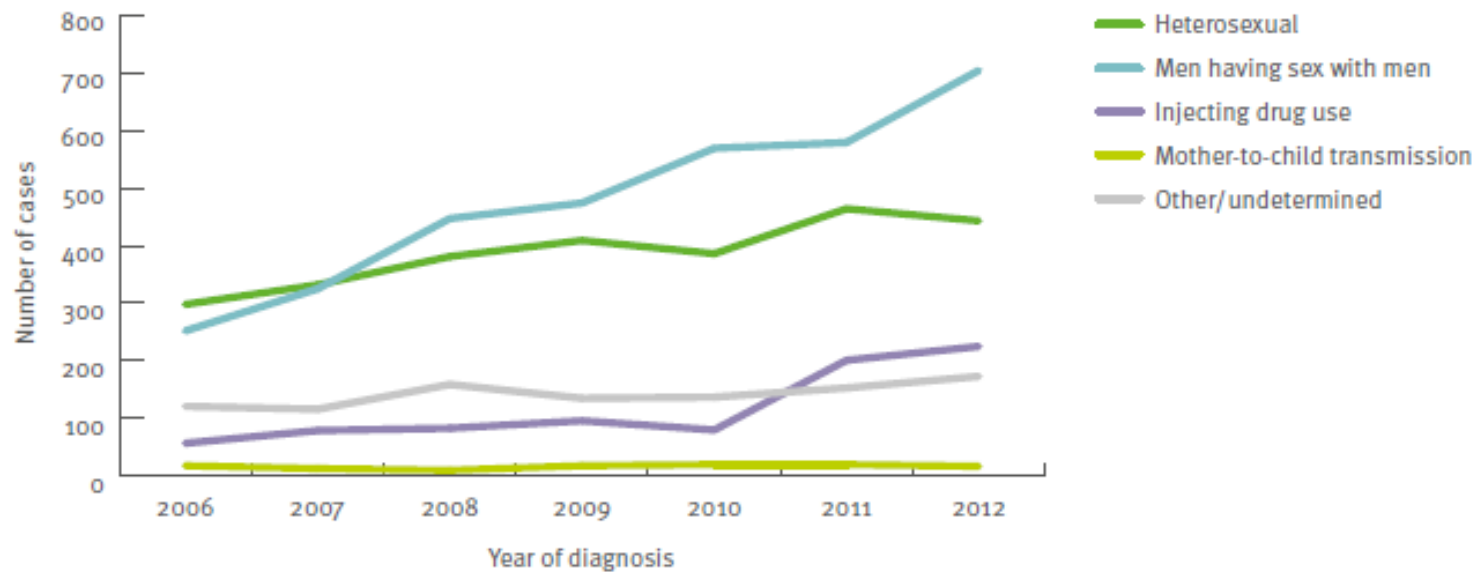
Data from Italy and Spain not included.

„HIV/AIDS surveillance in Europe, 2012“

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Trends of reported HIV infections by transmission mode and year of diagnosis

WHO region Central Europe (2006-2012)

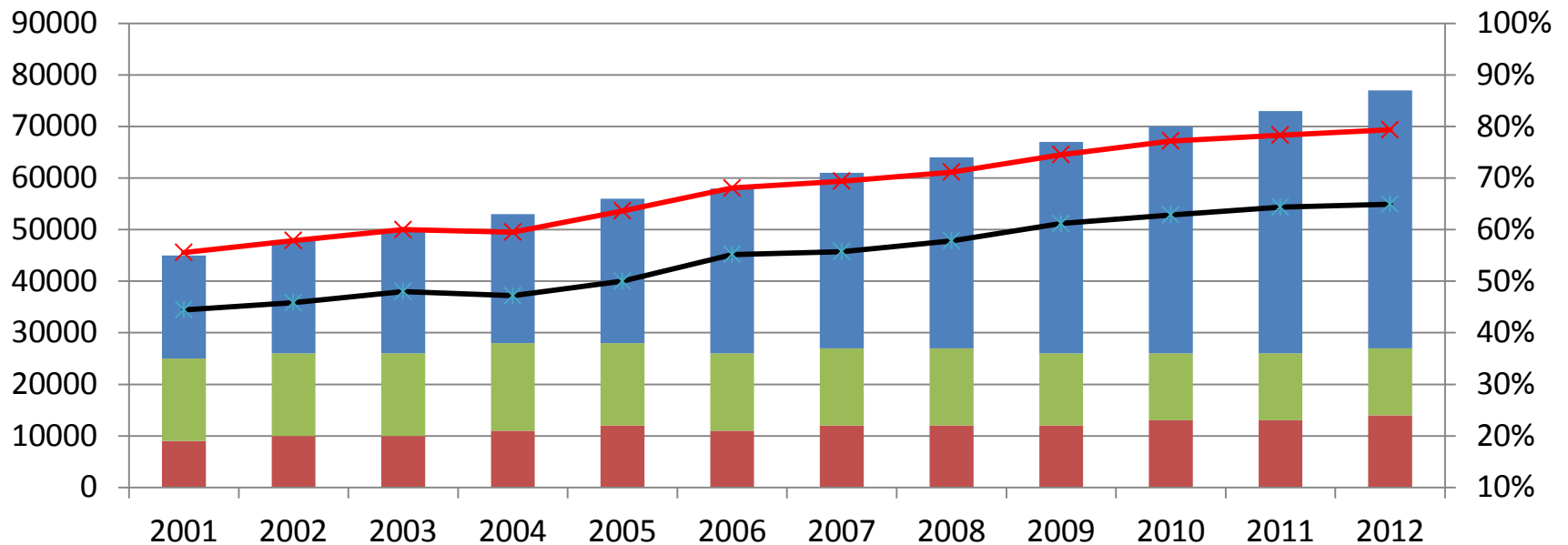


Data from Poland and Turkey not included.

„HIV/AIDS surveillance in Europe, 2012“

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No decline in the number of undiagnosed/untreated PLWHIV

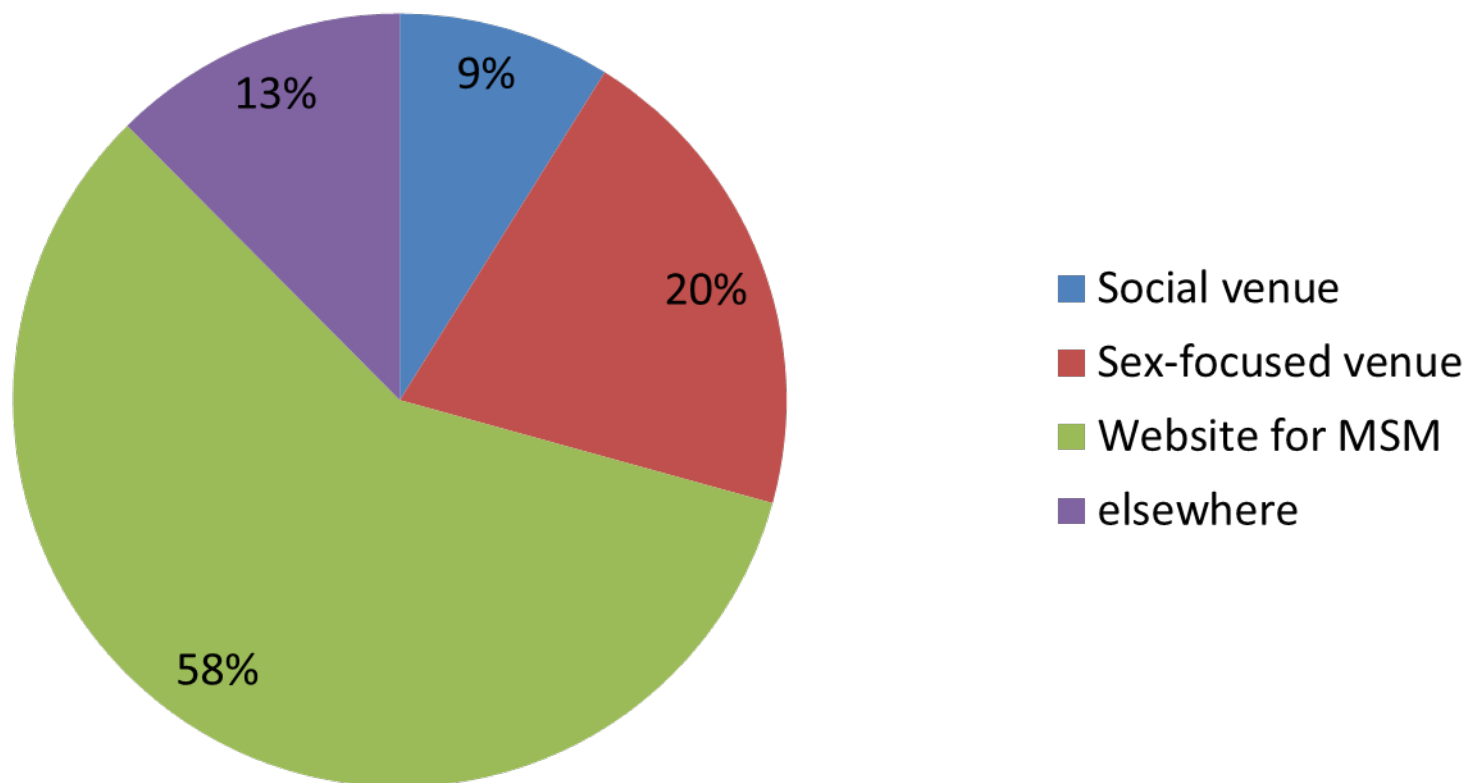


- diagnosed, treated
- diagnosed, untreated
- estimated undiagnosed infections
- ✕ proportion of diagnosed under treatment

Possible explanations for the increase in HIV incidence in the early 2000s

- Massive changes in the way MSM find new partners
 - Internet
 - Smartphone apps (since 2009)
 - Expansion of the sexually connected MSM population
- Increasing risk behaviour
 - Higher number of partners
 - Less condom use due to increase of serostatus communication and serosorting
- Increasing prevalence of other STI (HIV co-factors)

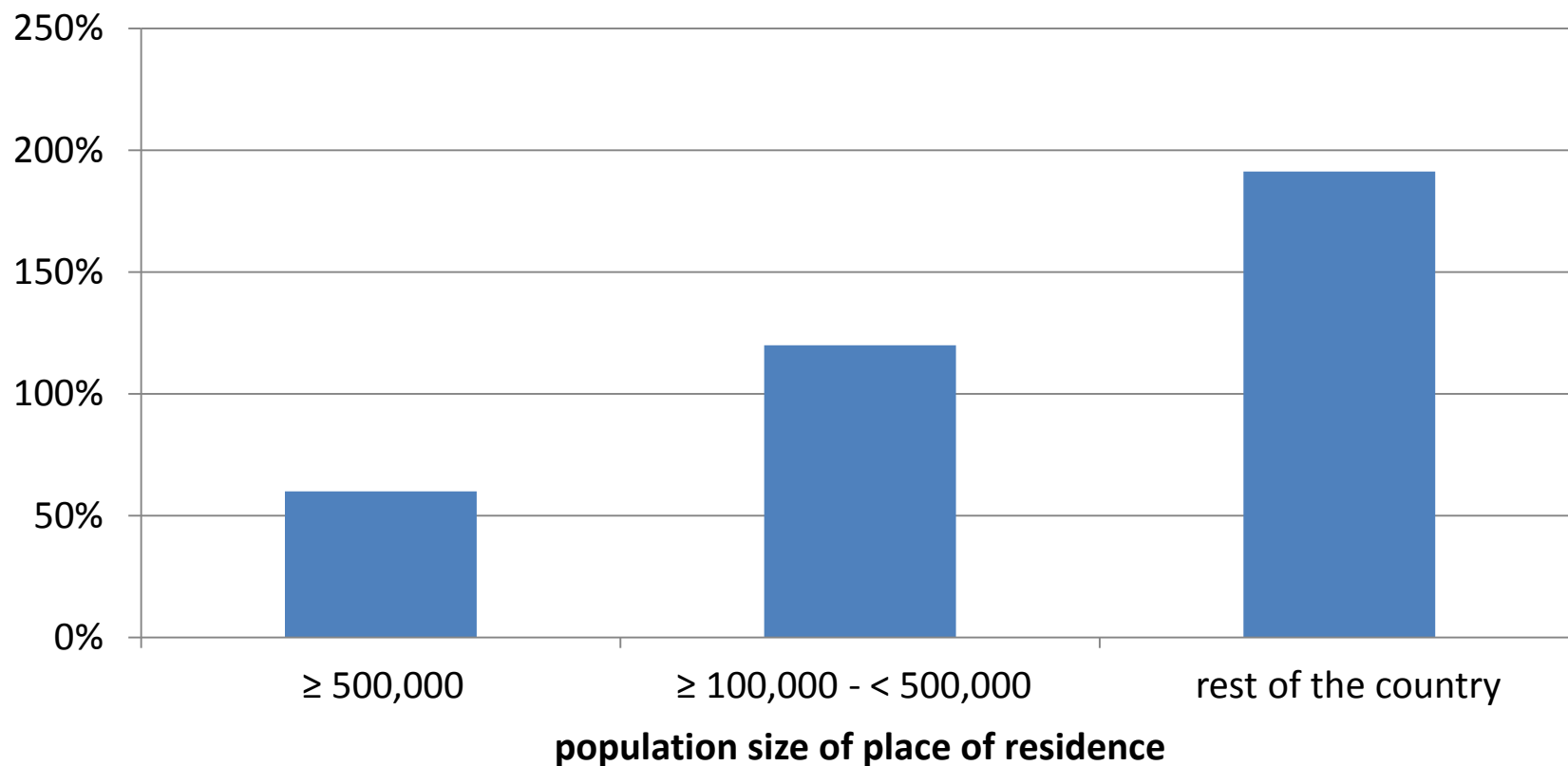
Setting where EMIS-respondents met their last non-steady partner



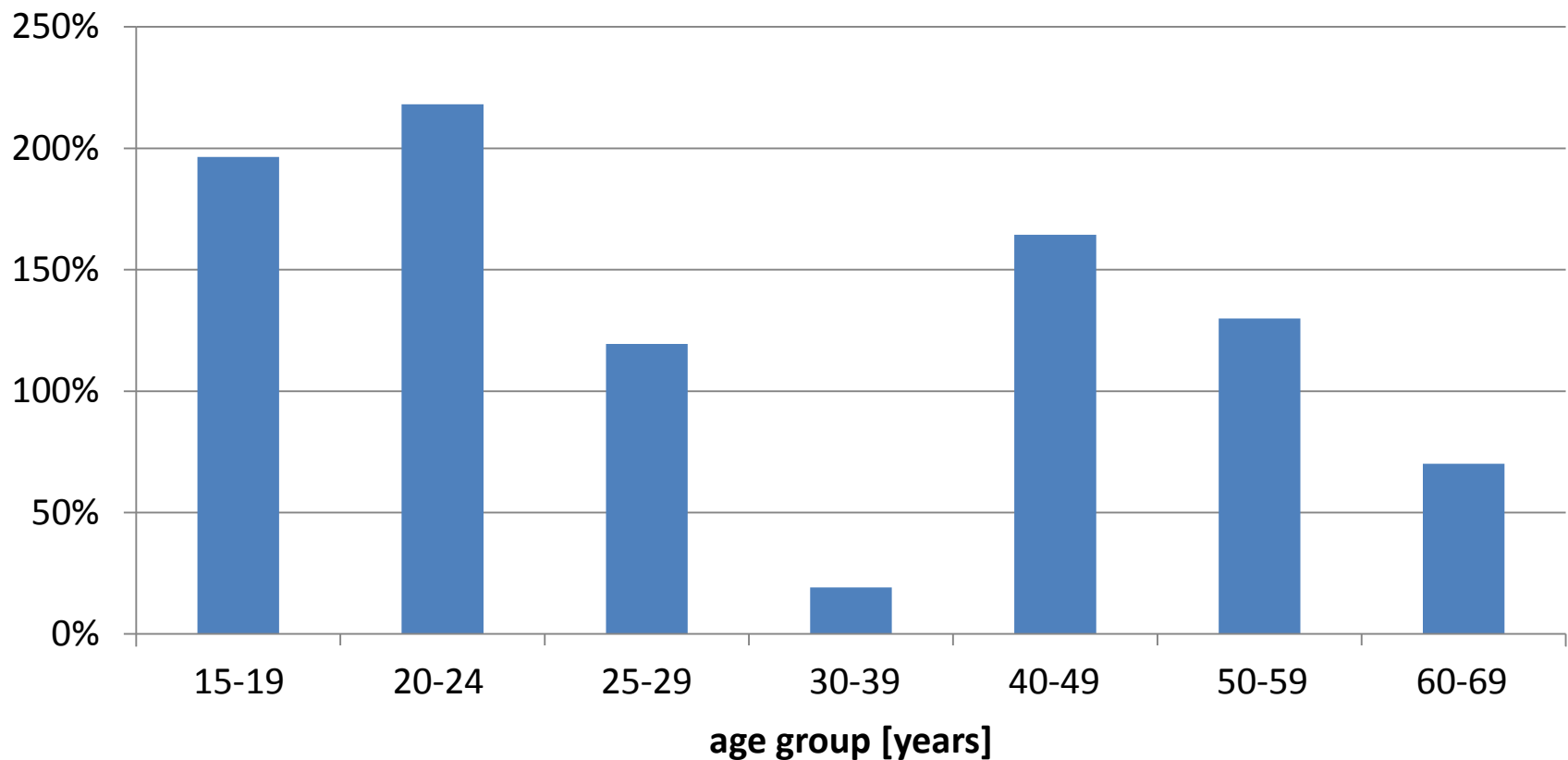
“EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries.”

© The EMIS Network; published by European Centre for Disease Prevention and Control.

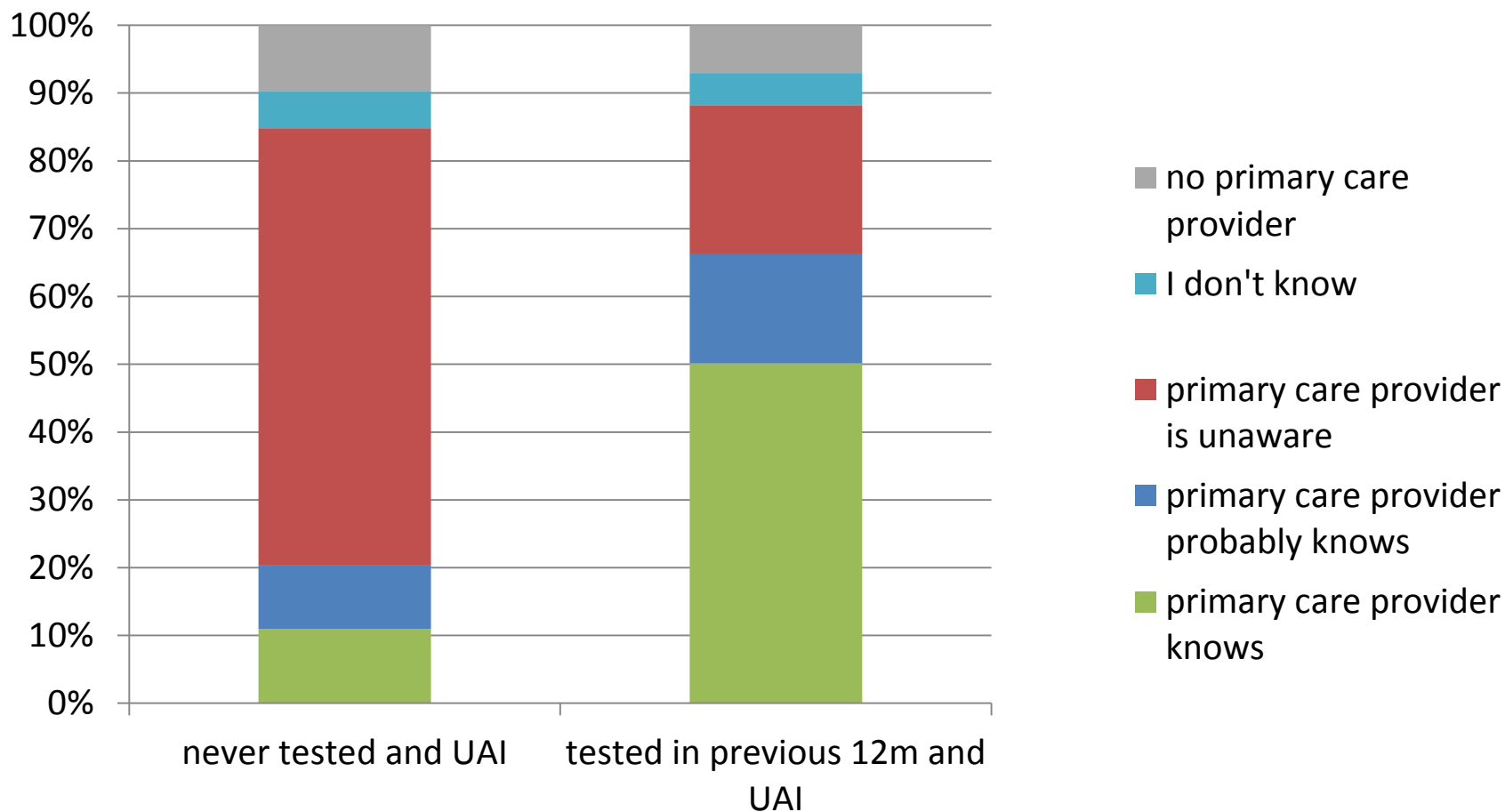
Proportional increase of newly diagnosed HIV infections among MSM in Germany from 2001-2003 to 2010-2012 by settlement size



Proportional increase of newly diagnosed HIV infections in MSM in Germany from 2001-2003 to 2010-2012 by age group

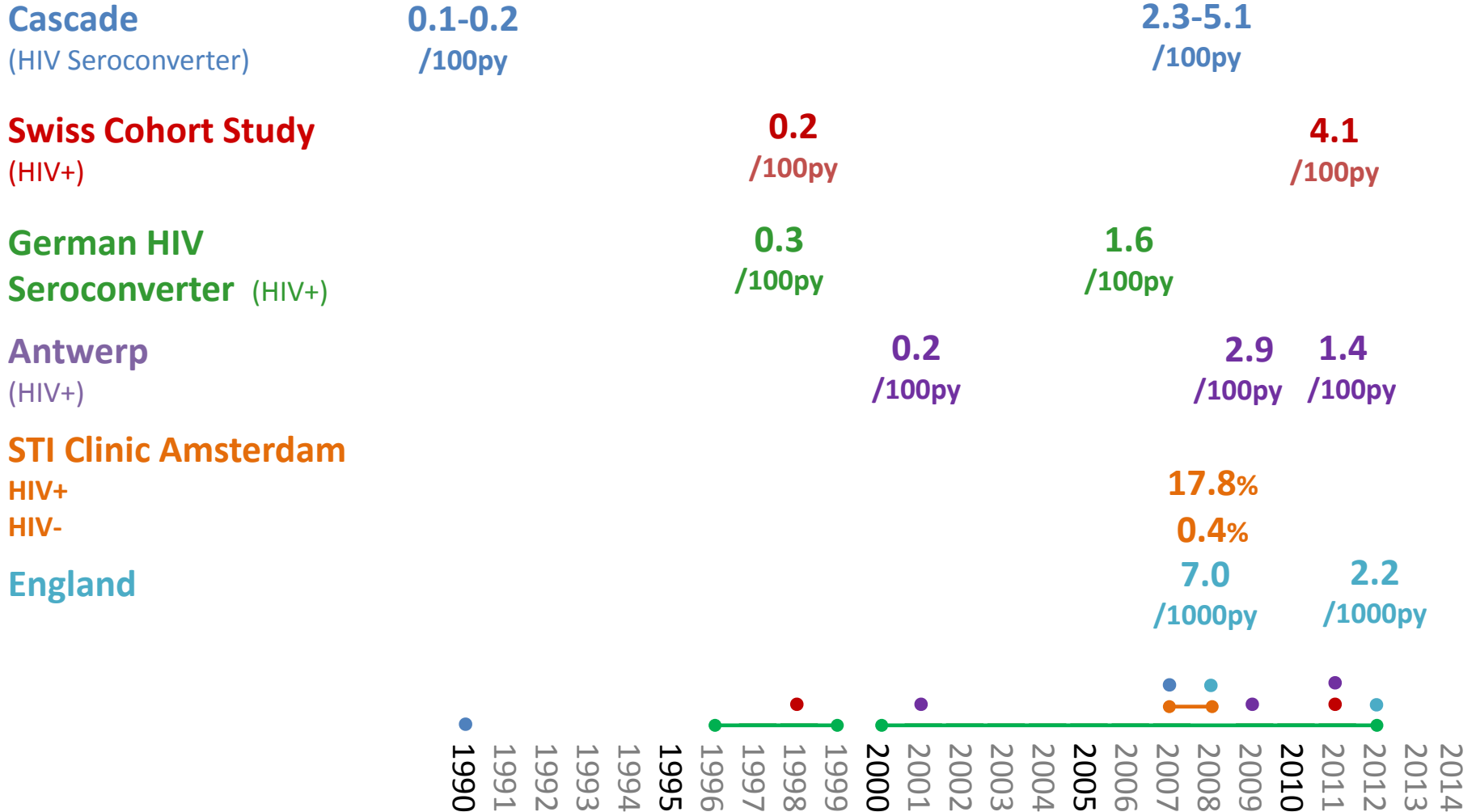


Effect of outness towards primary care provider on HIV testing in previous 12 months



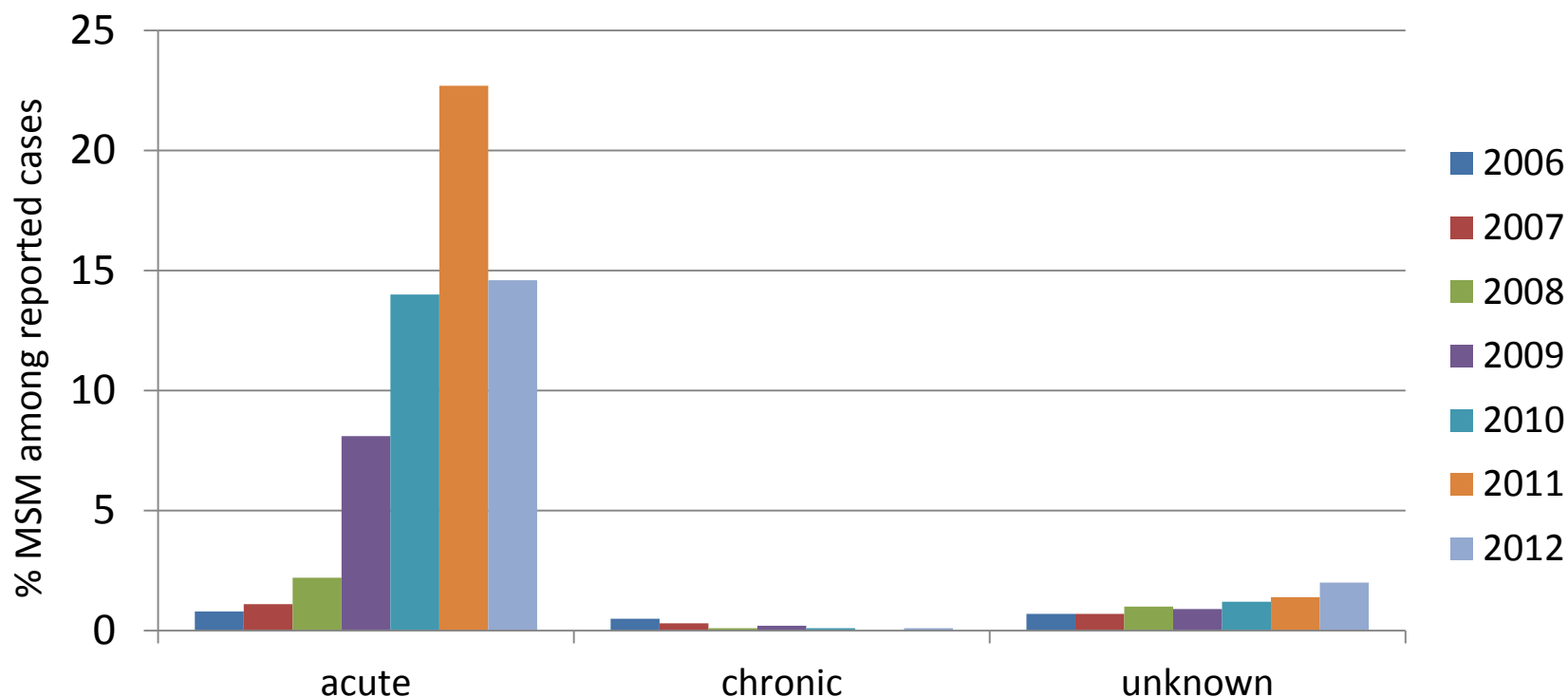
Published data on

HCV incidence among MSM in Europe



Van der Helm et al. (CASCADE) AIDS 2011, 25:1083–1091./ Wandeler et al. (SHCS) CID 2012;55:1408–16./ Jansen et al. (unpublished)./ Apers et al. Hematology 2013, 68:421-426./ Urbanus et al. AIDS 2009, 23:F1-F7./ Public Health England: Hepatitis C in the UK, 2014 report

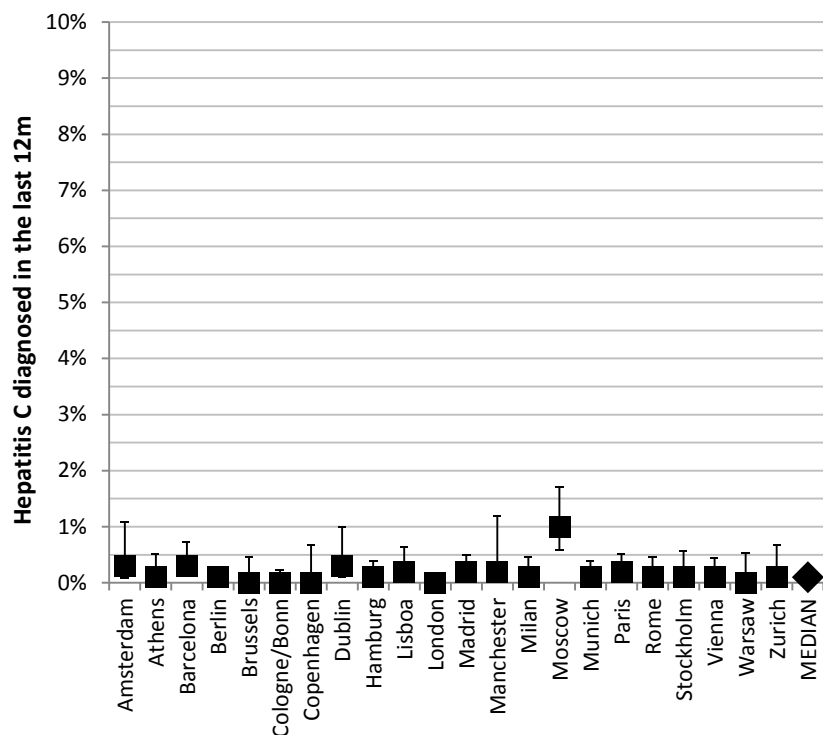
Proportion of MSM among all HCV diagnoses reported to ECDC (2006-2012)



Countries included: Czech Republic, Denmark, Estonia, Finland, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Sweden, United Kingdom

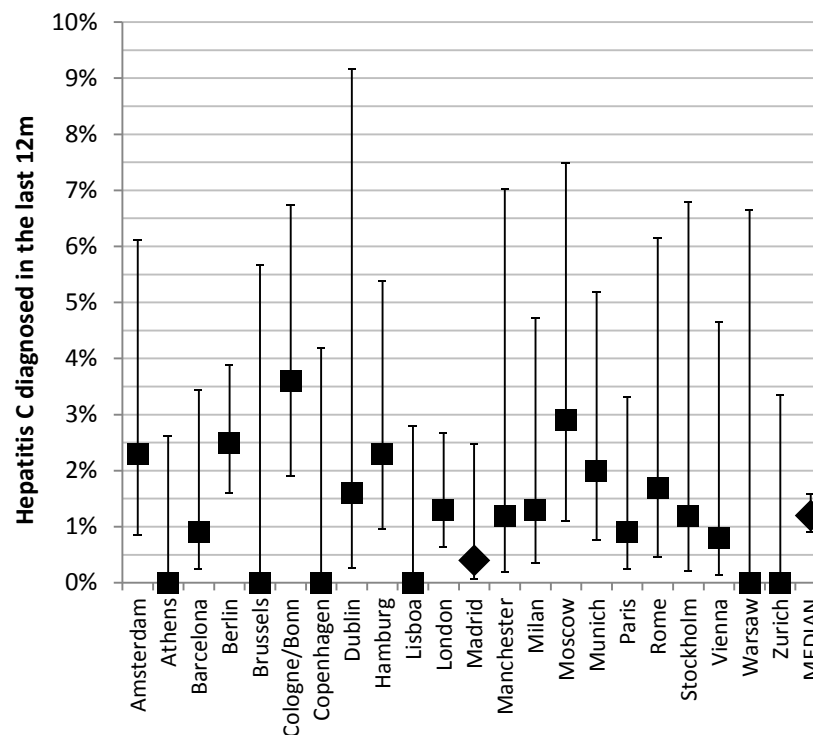
Self-reported HCV diagnosis among non-injecting European MSM, EMIS 2010

HCV diagnosis in previous 12 months among HIV-negative/untested MSM



Median for non-injecting untested or self-reportedly HIV-negative MSM is 0.1%

HCV diagnosis in previous 12 months among HIV-positive MSM

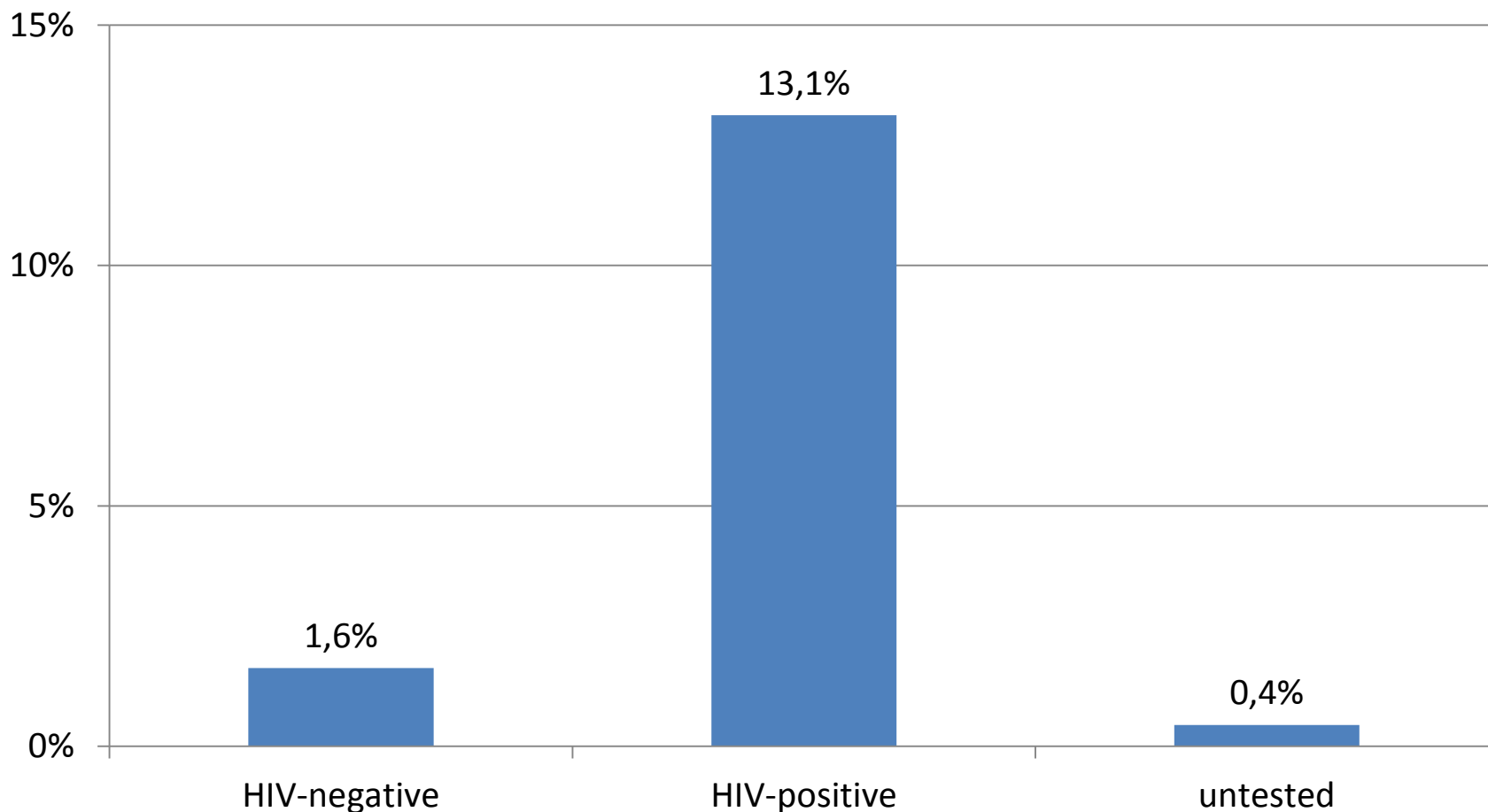


Median for non-injecting MSM with diagnosed HIV is 1.2%

“EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey.”

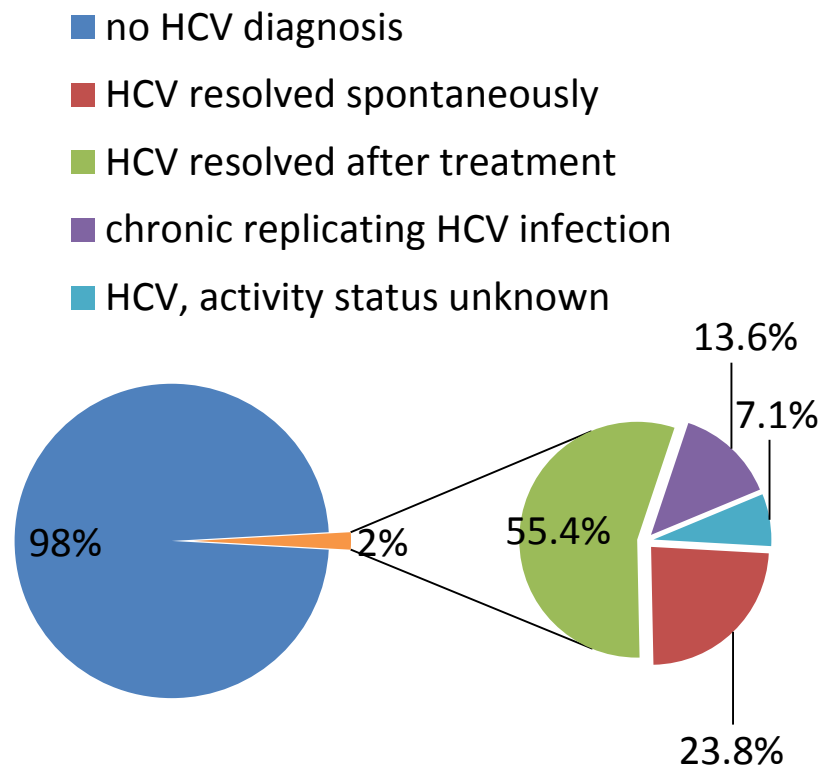
Unpublished findings. © The EMIS Network

HCV (antibody) prevalence among MSM by HIV status in Germany, SMA 2013

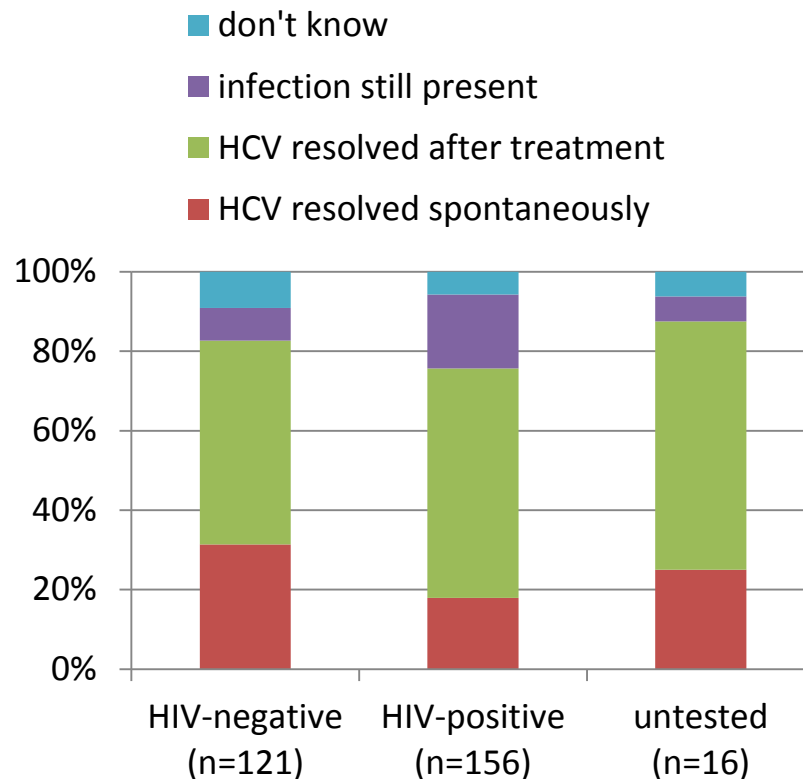


Self-reported HCV status among MSM ever diagnosed with HCV, SMA 2013

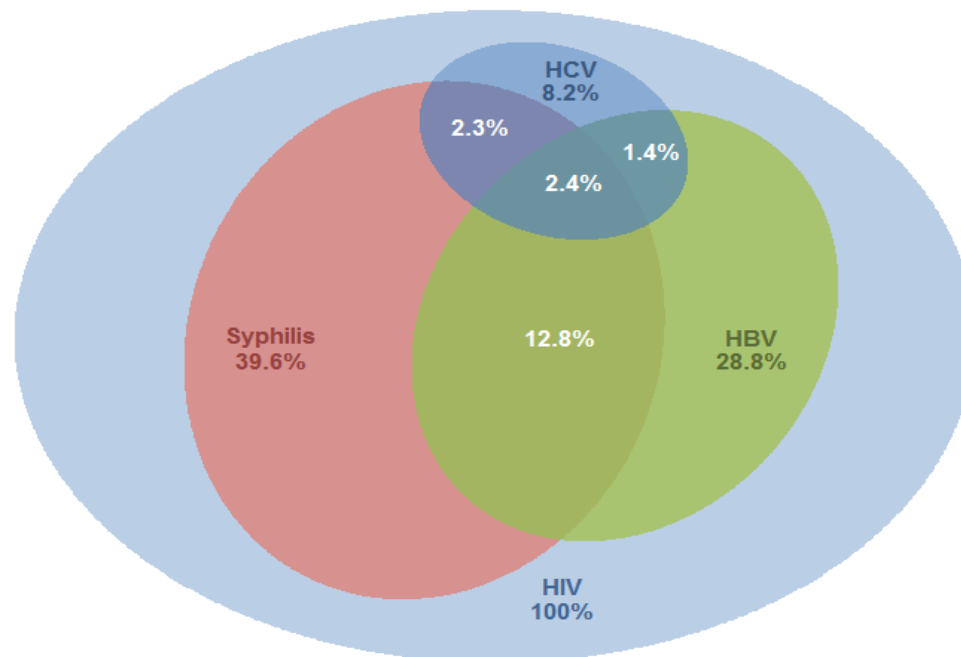
HCV among MSM in Germany



HCV status stratified by HIV status, n=294



Coinfections with Hepatitis B (HBV), Hepatitis C (HCV) and Syphilis in the German HIV seroconverter cohort



HCV transmission risk factors among MSM

- HIV infection
- rectal trauma with bleeding (including rectal surgery, e.g. for anal warts)
- rectal STI (syphilis, LGV)
- receptive fisting, group sex
- injecting drugs, nasal drugs
- association with specific gay sub-cultures (leather, rubber/lycra, chemsex)

NEAT recommendations on HCV screening among HIV-positive MSM, 2011

- antiHCV screening
 - at first presentation after HIV diagnosis
 - HIV+ MSM at risk
 - every 6 months ALT
 - every 12 months antiHCV
 - after newly diagnosed STI
 - 3 months after last potential exposure
- ➔ in combination with risk reduction counselling

Conclusions

- HIV incidence has increased among MSM in the early 2000s, since
 - incidence is largely stable in Western Europe
 - incidence is still rising in Central Europe
 - ➔ Most likely reason for the increase is the expansion of sexually connected MSM population facilitated by new means of communication (internet).
 - HCV incidence has increased primarily among MSM diagnosed with HIV after 2000
 - ➔ Preliminary evidence suggests that the HCV incidence among MSM diagnosed with HIV may have peaked already and may be declining (in Western Europe?).
 - Sexual transmission seems associated with specific sexual practices, drug use, STIs, STI treatments, specific gay sub-cultures.
 - HIV testing is hampered by gay and HIV-related stigma.
 - ➔ The expanded MSM population is not reached adequately by current testing sites.
- ➔ Adequate screening strategies facilitate early HCV diagnosis in HIV-positive MSM under clinical care. With improving therapeutic options a successful implementation of a „Test and Treat“ strategy appears possible.

Acknowledgements

- **SMA 2013** Drewes J, Kruspe M; Free University Berlin, Public Health
- **EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey.** © The EMIS Network
- **German HIV Seroconverter study** Jansen K, et al. (unpublished data)

Thank you for your attention!!

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