

ECDC DIRECTOR'S PRESENTATION

Epidemiological situation of HIV and tuberculosis and most affected populations in the Northern Dimension countries

NDPHS Conference on 'Combating HIV and TB through a joint action' Helsinki, 21 Nov. 2013

Ladies and gentlemen, dear colleagues,

I am pleased to have been invited to this important conference here in Helsinki today on '*combating HIV and TB through a joint action*'.

During the last decade, the Northern Dimension Partnership on Public Health and Social Wellbeing has been an important platform for collaboration and cooperation on public health in the region.

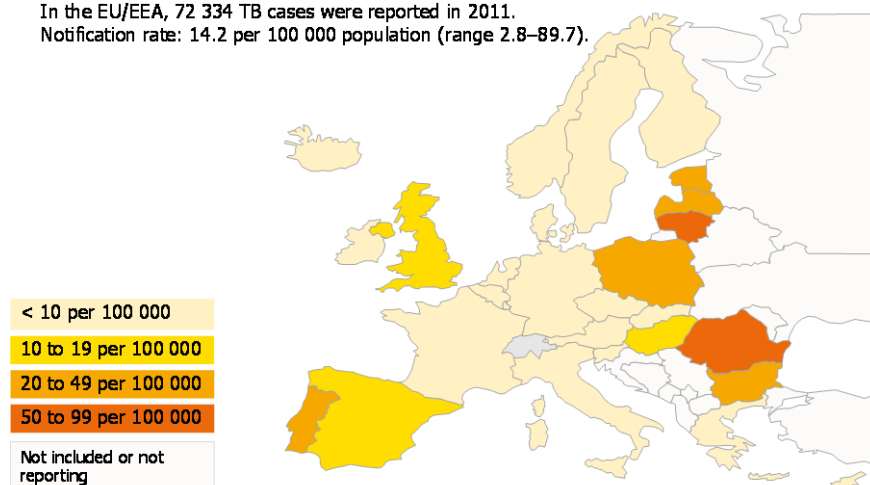
For the next 15 minutes, I will be talking about the epidemiological situation for tuberculosis and for HIV in the EU and EEA countries and Russia, present the most affected populations, and talk about what measures need to be taken to prevent and control further transmission of these two diseases.

Let's start with the situation of TB in the EU.

TB notification rates, EU/EEA, 2011



In the EU/EEA, 72 334 TB cases were reported in 2011.
Notification rate: 14.2 per 100 000 population (range 2.8–89.7).



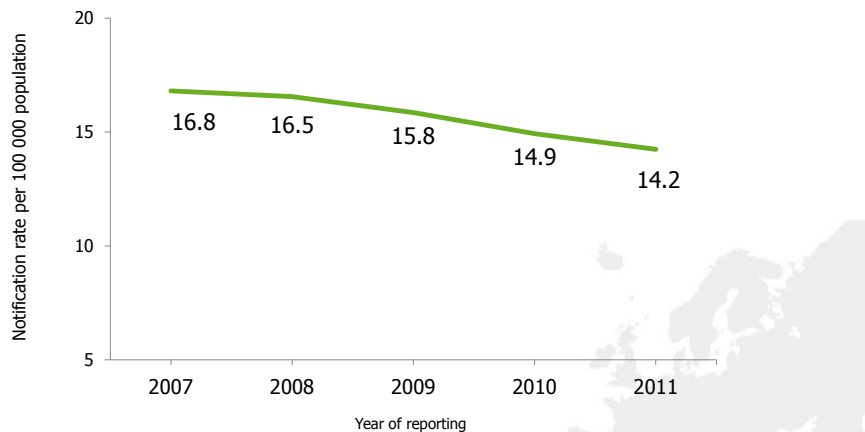
In 2011, 72 334 TB cases were reported in the EU. The notification rate was 14.2 per 100 000 population.

What we also see on the map on the previous page are the substantial differences between the countries. The notification rates range from just under 3 to almost 90 per 100 000 population in the different countries.

So the TB situation in the EU is diverse.

Now the good news is that, in the past years, TB notification rates indicate a moderate declining trend.

TB notification rates, EU/EEA, 2007–2011



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In 2011, 19 countries had a notification rate of less than 10 per 100 000.

So the EU countries seem to be steadily progressing towards TB elimination.

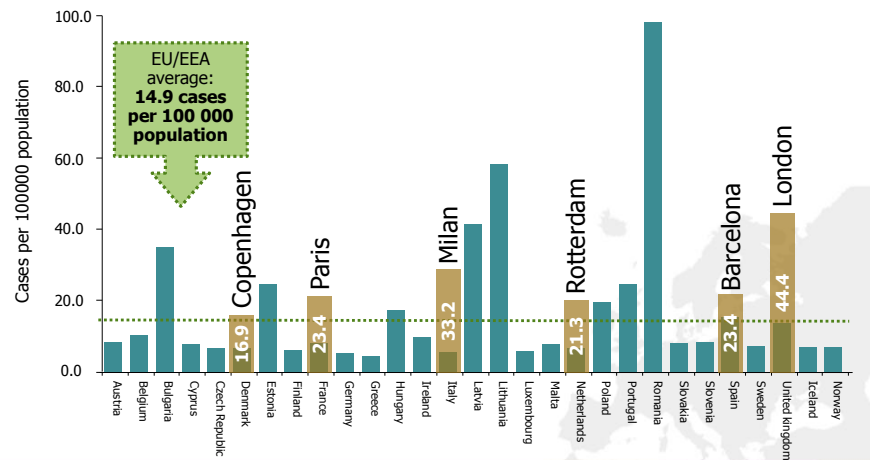
However, when we compare the country data, we tend to overlook that TB can still be a problem also in the low-incidence countries.

Even in countries with an incidence of TB well below the EU average (*which was 14.9 cases per 100 000 population in 2010*), we find a disproportionate incidence of TB cases in major cities as you will see on the next slide.

In the EU, the epidemiological pattern of TB is heterogeneous



Figure 1: TB notification rates in a selection of countries (2010) and selected major cities (2009) in the EU/EEA



Source: ECDC surveillance report, TB surveillance in Europe 2012 (2010 data). City data is from the working group on urban TB control and not collected by ECDC. 5

UK media even sometimes calls London the 'Capital of TB'.

So TB in major European cities in typically low incidence countries is of course less good news.

What is also less good, are the increasing cases of multidrug-resistant TB in the EU. In 2011, 58 000 new TB cases were notified.

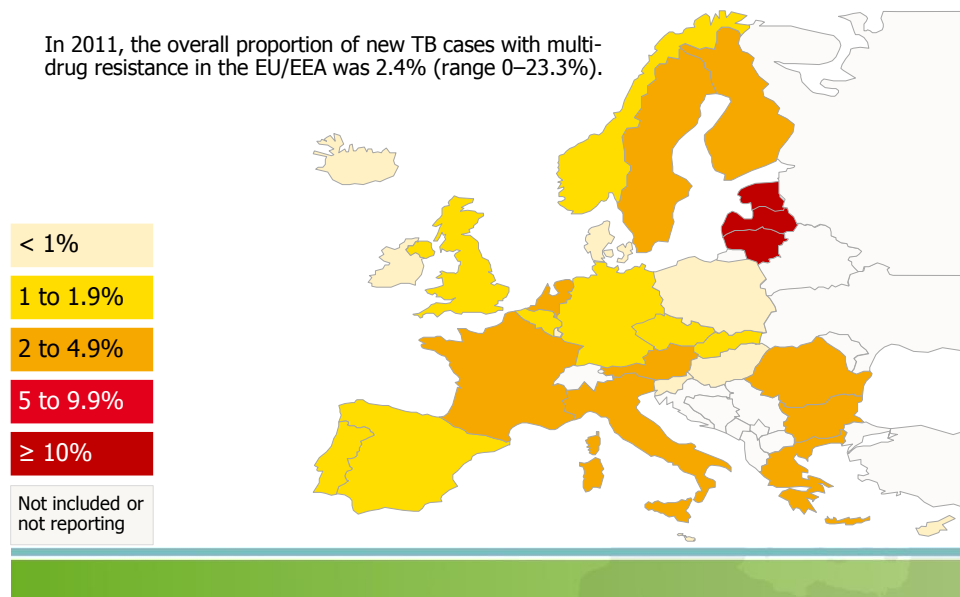
About half of these were tested for resistance to isoniazid and rifampicin, and of those, 2.4% had MDR TB.

Especially the Baltic States report a high percentage of MDR TB among new TB cases.

Proportion of notified new TB cases with multidrug resistance, EU/EEA, 2011



In 2011, the overall proportion of new TB cases with multidrug resistance in the EU/EEA was 2.4% (range 0–23.3%).



On the previous slide we looked at the new cases of TB.

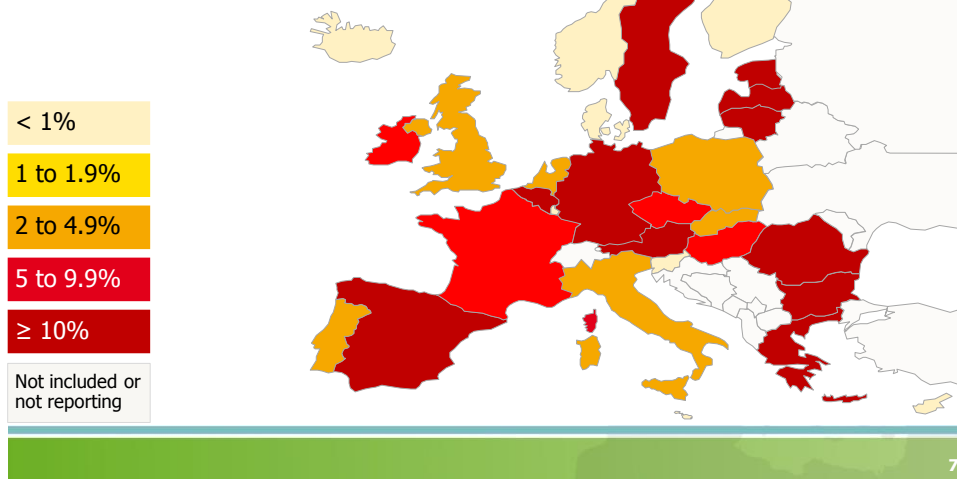
However, if we now look at previously treated TB cases, we see that several countries are reporting an alarmingly high percentage of MDR TB.

Almost 17% of previously treated TB cases have developed multidrug resistant TB.

Proportion of notified previously treated TB cases with multidrug resistance, EU/EEA, 2011



In 2011, the overall proportion of previously treated TB cases with multidrug resistance in the EU/EEA was 16.8% (range 0–57.7%).

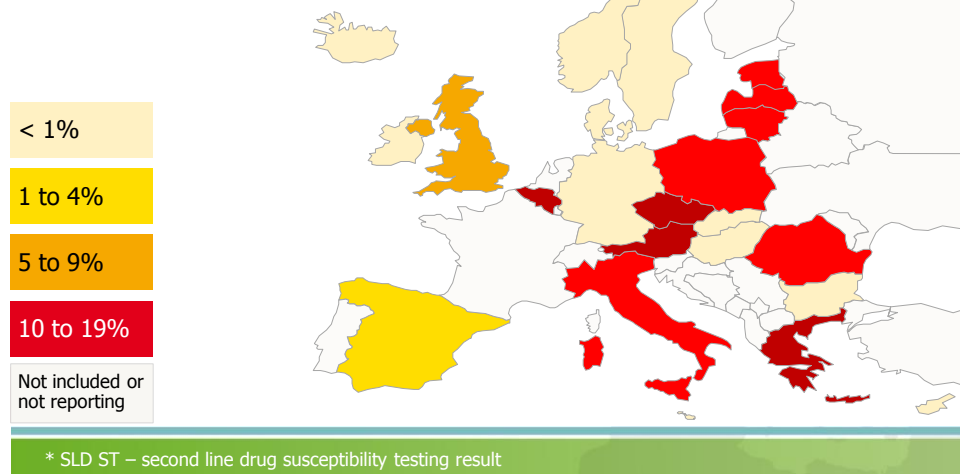


I would finally like us to look at what the data tells us on extensively drug-resistant TB, XDR TB.

Proportion of TB cases with extensive drug resistance among MDR-TB cases with SLD ST*, EU/EEA, 2011



In 2011, the proportion of extensive drug resistant cases among cases with multidrug resistance in EU/EEA was 13.4% (range 0–40.0%).



Unfortunately, the data on XDR TB are sketchy as data is not available for all Member States, and the coverage of drug susceptibility testing for second line drugs is suboptimal in some countries.

This is an important problem, as we need to know the drug susceptibility pattern in order to give these cases the right treatment.

Treatment for regular TB treatment takes half a year with up to 4 different drugs at a time.

For MDR and XDR-TB treatment is much longer, with more side effects and higher costs.

In 2011, there were 136 XDR TB cases, which is 13% of the MDR TB cases tested for resistance to second-line drugs.

What I have presented to you so far, is the TB situation for the EU countries only.

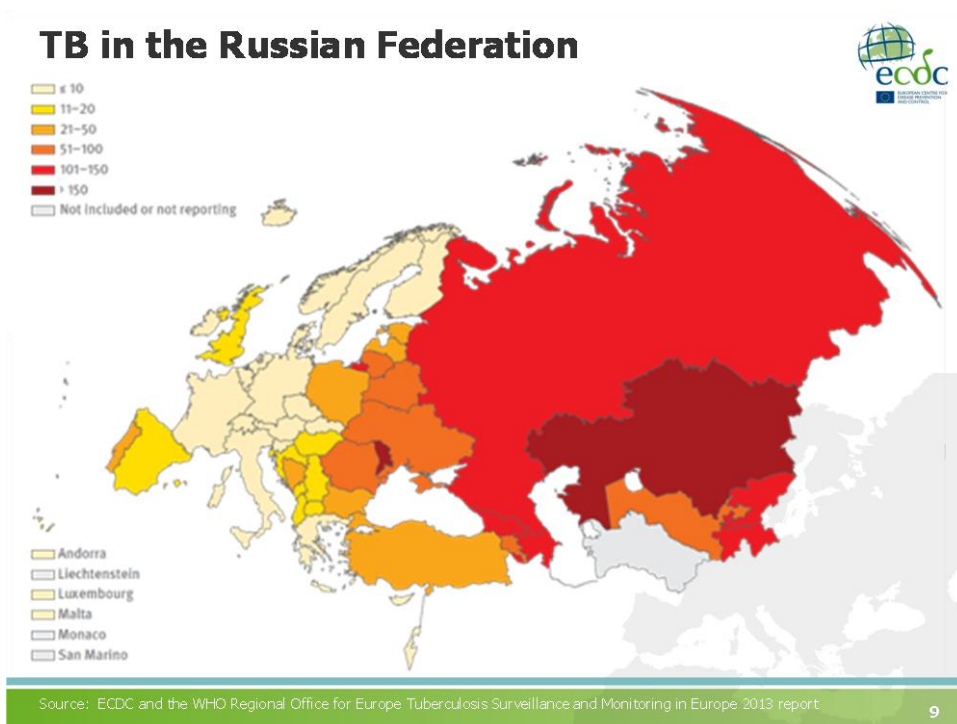
So what is the situation of TB in Russia?

Russia does not report their TB surveillance data to ECDC but to the WHO European Regional Office.

In 2011, 159 479 TB cases were reported in Russia with a notification rate of 111.7 per 100 000 population.

Russia contributed with more than 40% of the TB cases reported in 2011 in the WHO European Region.

In relation to this, Russia contributes to about 15% of the European Region's population (143 million).



Not shown on this map is the number of MDR TB cases, which were 13 785 in 2011.

And among new cases, almost 20% (19.4%) of the tested cases have MDR TB and among previously treated cases more than 50% (52.8%) have MDR TB!

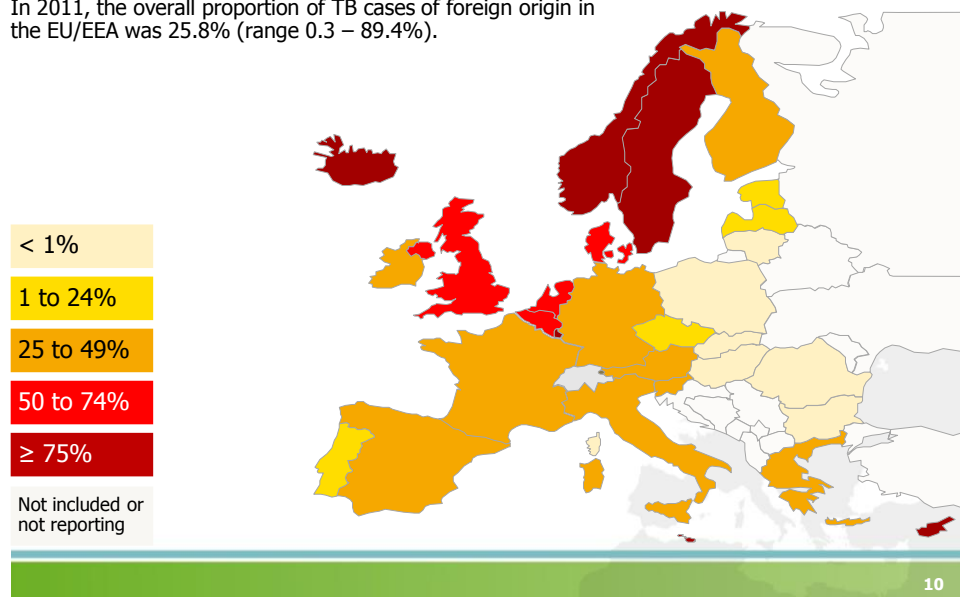
So by including data for Russia, the TB situation in the Northern Dimension countries looks quite alarming...

So who are the ones affected by TB in the Northern Dimension countries?

Who are the ones affected by TB in the Northern Dimension countries?



In 2011, the overall proportion of TB cases of foreign origin in the EU/EEA was 25.8% (range 0.3 – 89.4%).



What our available data tells us about risk groups, is that in the low-incidence countries, migrants account for a large proportion of the TB cases.

Migrants are, therefore, part of an important group for targeted interventions, where focus should be on:

- early diagnosis,
- contact tracing
- and provision of adequate treatment to avoid further onward transmission.

Screening for latent TB infection, in combination with preventive treatment, could also be considered in low-incidence countries that are in the elimination phase.

In the high incidence countries, where most cases are among native cases, TB is more commonly found in the general population, but concentrated in the so-called vulnerable groups.

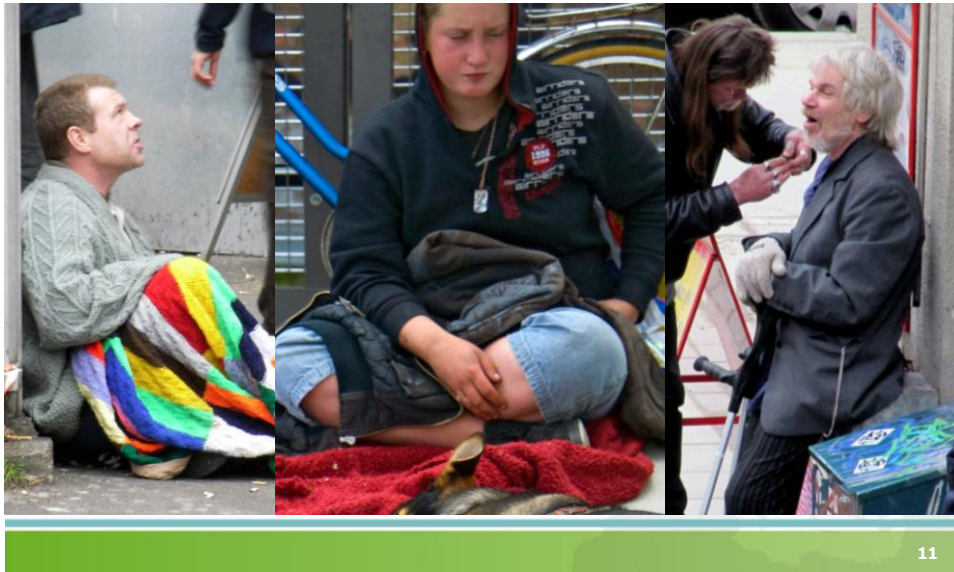
Typical vulnerable groups are the homeless people, alcoholics, drug users and people with a history of imprisonment.

But also children and the elderly are important groups not to forget about.

Who are the ones affected by TB in the Northern Dimensions countries?



Photo: ECDC



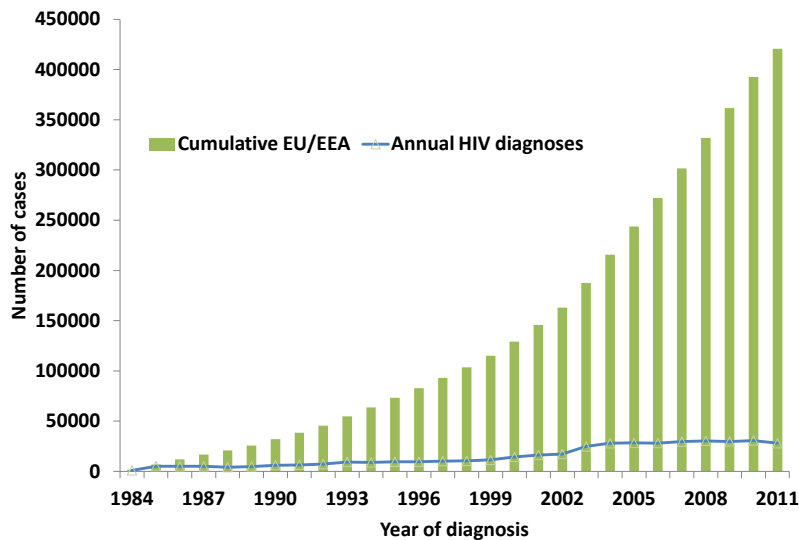
I should add that TB accumulates among these vulnerable groups also in the lower incidence countries.

This is especially true for urban TB which we saw on one of my previous slides.

Turning now to HIV and to the current epidemiological situation. I will again start with presenting data from the EU/EEA countries.

HIV infections diagnosed 1984–2011, EU/EEA

Cumulative and annual number



Source: ECDC/WHO, HIV/AIDS Surveillance in Europe, 2011

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We see that over the past 30 years, there has been an upward trend for newly diagnosed HIV infections each year.

The cumulative numbers of HIV cases are also presented for the same period in the green columns. And what we see is that hundreds of thousands of persons in the region have been affected by this disease.

Next week, ECDC and WHO will publish their annual HIV report with the latest data from 2012.

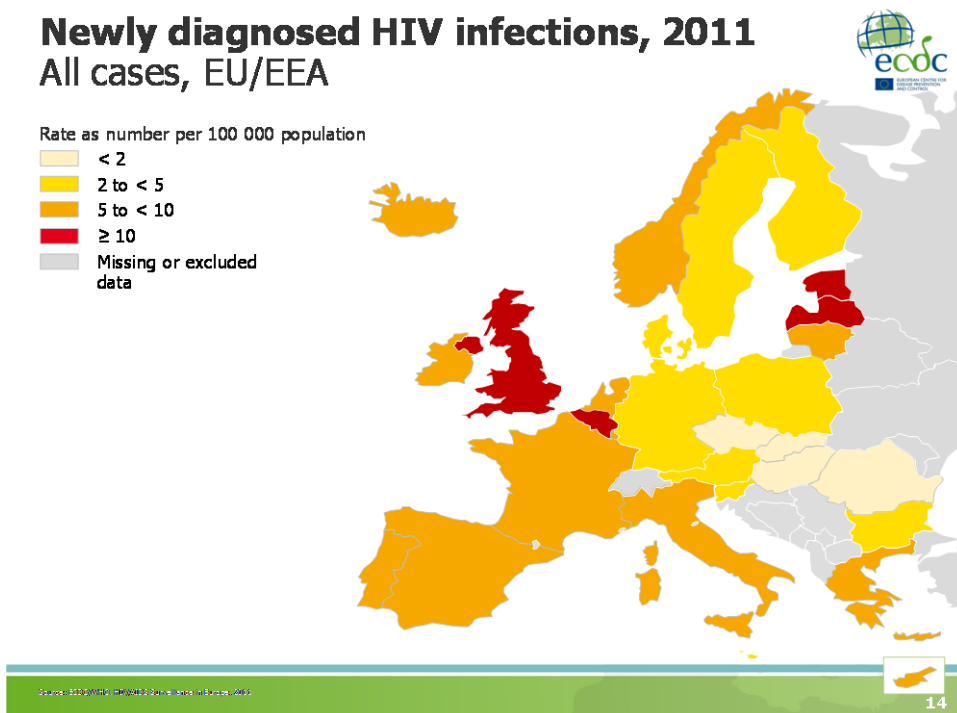
I can already now tell you that the numbers of reported cases does not appear to be decreasing.

And in some countries, we see increases among key risk groups such as injecting drugs users and men who have sex with men.

Here we see the 2011 data on newly diagnosed HIV infections in the EU countries.

In some EU countries we see low rates of HIV case reports, while in other countries, including some in the Northern Dimension region, rates are much higher.

In the Western parts of the EU, Belgium and the UK had the highest overall rates in 2011.



Men who have sex with men and migrants from countries with high HIV incidence account for a large proportion of reported cases in the western part of the EU.

In the Eastern part of the EU, Latvia and Estonia had the highest overall rates in 2011.

Here, injecting drug users and their sexual partners account for a large proportion of reported cases

In the European region, HIV disproportionately affects some segments of the population which tend to be more vulnerable.

HIV infections diagnosed in 2011



Characteristics of cases	EU/EEA
Number of HIV diagnoses	28 038
Diagnoses per 100 000 population	5.7
Percentage aged 15–24 years	11.0%
Male-to-female ratio	3.0
Transmission mode (percentage)	
Men who have sex with men	38.7%
Heterosexual*	22.7%
Injecting drug use	5.4%
Unknown	18.7%

No data from Liechtenstein.

* Excludes individuals (13%) originating from sub-Saharan countries

Increase in all regions.

Increase in the east; western countries among migrants from generalised epidemics.

Increase in the east and select other countries.

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Transmission among men who have sex with men is predominant in many countries in the West – and this is increasing.

However, transmission among MSM is also on the increase in central and eastern Europe.

In the Eastern part of the region, injecting drug users are increasingly affected by HIV.

In addition, heterosexual transmission between people who inject drugs and their sexual partners is also on the rise.

In western and central Europe, transmission among people who inject drugs are low, but Greece and Romania reported rapid increases in outbreaks in 2011, which are still on-going.

So HIV tends to disproportionately affect some key population groups and they are more likely to suffer from stigma and social marginalisation which makes the delivery of prevention programmes a challenge.

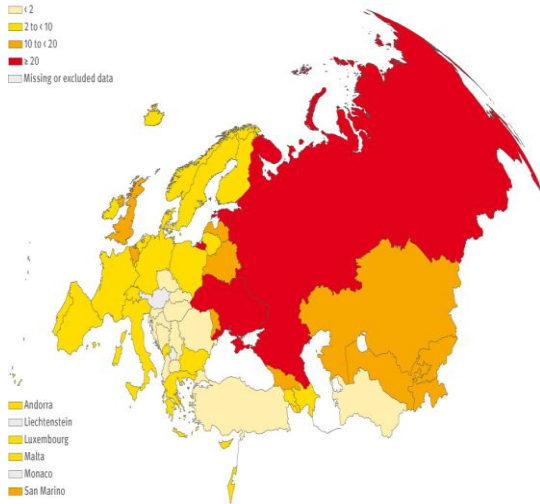
Now because this is a conference about the Northern Dimension countries, I would also like to say something about the region.

The slide on the next page shows newly diagnosed HIV infections in 2010, the last year for which Russia reported data to the European Surveillance system.

Newly diagnosed HIV infections in 2010 per 100 000 population: all cases



■ < 2
■ 2 to < 10
■ 10 to < 20
■ ≥ 20
■ Missing or excluded data



	Reported HIV cases	Rate per 100,000
Russia	62,581	44.1
Ukraine	16,643	36,4
Estonia	372	27.8

Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2010. Stockholm: European Centre for Disease Prevention and Control; 2011.

We see that the rates of HIV are very high, and that there is at least a 20-fold higher rate of new HIV cases reported across some of the Northern Dimension countries, compared to many other of the countries in the wider region.

The countries with the highest rates of HIV in 2010 were:

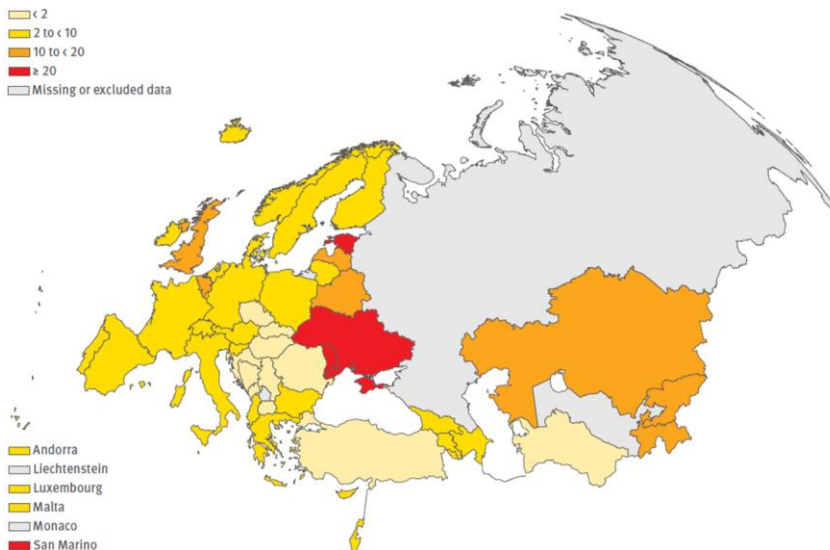
- **Russia**, with a rate of 44.1 per 100,000, followed by
- **Ukraine**, with a rate of 36.4 per 100,000, and
- **Estonia**, with a rate of 27.8 per 100,000, followed by

What you see here below are the newly diagnosed HIV infections for 2011.

Newly diagnosed HIV infections in 2011 per 100 000 population: all cases



■ < 2
■ 2 to < 10
■ 10 to < 20
■ ≥ 20
■ Missing or excluded data



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2011. Stockholm: European Centre for Disease Prevention and Control; 2012.

One of the major challenges in describing the epidemiological situation of HIV in the wider European region is indeed the lack of reported data from Russia.

In 2010, Russia alone accounted for more reported HIV cases than all the other countries combined.

If more than half of the reported HIV cases are unavailable, as they are for 2011, any meaningful analysis of the HIV trends across the whole WHO European region is difficult.

In order to improve the surveillance and analysis of HIV in the wider WHO region, it is imperative that we work closely with our Russian counterparts to ensure that data is reported to The European Surveillance system.

ECDC is committed to ensuring that future surveillance reports include all the available data across countries of Europe and central Asia.

Late HIV diagnosis is a critical issue in Europe and Central Asia. Almost half (46%) of those tested positive for HIV in Europe are diagnosed late.

Late diagnosis is a critical issue in Europe and Central Asia



Based on data from 38 countries reported to ECDC in 2012 Dublin Declaration reporting. Late diagnosis is classified as CD4 cell count < 350

This means that a substantial number of people across Europe who need ART are NOT receiving it

From a public health perspective, it is crucial that EVERYONE who needs treatment SHOULD receive treatment.

WHY is early diagnosis and treatment important?

- Those who are diagnosed with HIV early are more likely to respond well to treatment;
- Early diagnosis and treatment can reduce the likelihood of onward transmission to others;

- Those who are diagnosed later are more likely to suffer health complications and premature death.

As HIV infection may show no symptoms for many years, HIV testing is the only way to achieve early diagnosis.

This is why ECDC is very supportive of the efforts led by 'HIV in Europe' to organise the European HIV testing week.

The first European HIV testing weeks starts tomorrow on 22 November.

Talk HIV. Test HIV.



22-29
NOVEMBER
EUROPEAN
HIV
TESTING
WEEK
2013
www.hivtestingweek.eu

22-29
НОЯБРЯ
ЕВРОПЕЙСКАЯ
НЕДЕЛЯ
ТЕСТИРОВАНИЯ
НА ВИЧ
2013
www.hivtestingweek.eu

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Hundreds of government and non-governmental organisations across Europe- including all the countries of the Northern Dimension- have signed on to encourage people throughout Europe to learn about and test for HIV during the coming week.

As most of you know, ECDC has issued guidance on HIV testing. The guidance provides key information on why, where, how and when to test for HIV.

In order to better target prevention programmes, we need to focus our efforts to those groups most at-risk for HIV.

It is essential that we identify what is most effective to prevent HIV and TB.

In order to recommend approaches regarding people who inject drugs, ECDC produced an evidence-based guidance document together with EMCDDA in Lisbon.

Fighting the vulnerability and marginalization of populations at higher risk of HIV



"Prevention and control of infectious diseases among people who inject drugs"

Профилактика и контроль за инфекционными заболеваниями среди потребителей инъекционных наркотиков



Available from: <http://www.emcdda.europa.eu/publications/ecdc-emcdda-guidance>

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This document provides recommended evidence-based actions to prevent HIV, hepatitis, TB and other infections among people who inject drugs.

This guidance was translated into many languages, including Latvian, Lithuanian, Polish, and by colleagues here in Finland at THL into Finnish, and by colleagues in Estonia into Estonian and Russian!

In the guidance we recommend these 7 key interventions to be available to prevent infections among people who inject drugs.

Seven key interventions to prevent HIV transmission



- INJECTION EQUIPMENT
- VACCINATION
- DRUG DEPENDENCE TREATMENT
- TESTING
- INFECTIOUS DISEASE TREATMENT
- HEALTH PROMOTION
- TARGETED DELIVERY OF SERVICES

COMBINE THESE KEY INTERVENTIONS TO ENHANCE PREVENTION SYNERGY AND EFFECTIVENESS

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While many countries, such as for example Finland, are making progress in scaling up needle and syringe programmes and opiate substitution treatment, we see very low coverage in many countries throughout the European region.

Further progress would prevent many infections.

Again, in order to have the biggest impact on curbing the HIV epidemic, we NEED to focus on those interventions proven to work.

We also need to involve all partners, governments and NGOs, and to focus the resources available for prevention on the populations most at-risk for infections.

And it cannot be repeated often enough, behind every number there is a human story.

We are not talking about statistics, we are talking about people – people who need help and treatment.

Behind the data, there is a human story



The Northern Dimension Statement which will be discussed here today focuses on support to comprehensive multilateral and national actions.

These actions combine primary health and social care to improve all aspects of treatment and care for HIV and TB.

Continued collaboration on HIV and TB in the context of the *Nordic Dimension joint policy between the EU, Russia, Norway and Iceland* is key.

I am confident that today's conference is a major step in the right direction.

And I want you all to know that ECDC fully supports the activities of the Northern Dimension on Public Health and Social Wellbeing.

Thank you for your attention.