



**COORDINATED AND INTEGRATED
APPROACH TO COMBAT HIV/AIDS**

Enhance the development of epidemiological surveillance of HIV/AIDS

***HIV/AIDS THINK TANK MEETING,
BRUSSELS 20 JAN. 2005***

**DG SANCO
PUBLIC HEALTH AND RISK ASSESSMENT
Health Threats Unit**

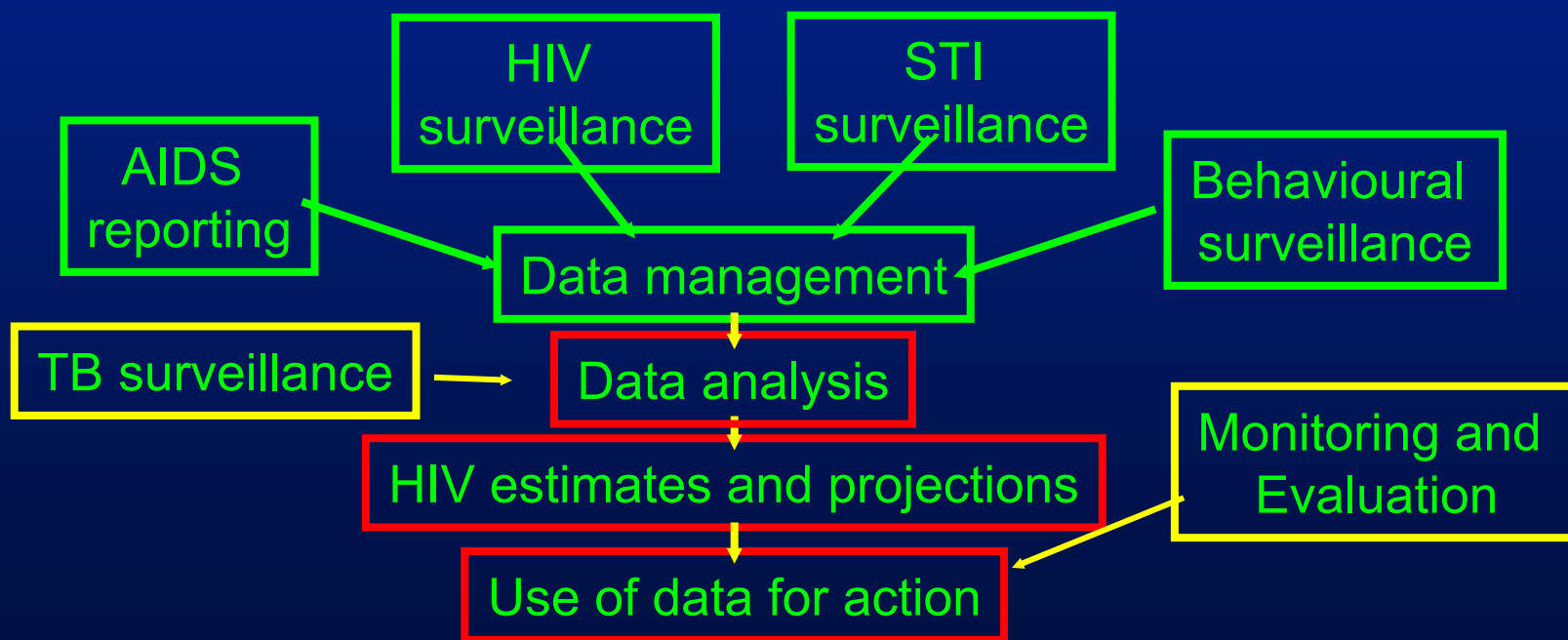


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Development of HIV/AIDS surveillance

SEG 24 November 2004

UNAIDS, WHO Euro/ Second Generation Surveillance



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EuroHIV data:

- HIV newly diagnosed and rates by country and year

- HIV newly diagnosed in transmission groups (homo/bisexual men, IDU, heterosexual contact or mother- to-child) by sex, country and year, age of diagnosis

- AIDS cases and incidence rates by country and year

- AIDS cases in transmission groups (homo/bisexual men, IDU, heterosexual contact or mother- to-child) by sex, country and year, age of diagnosis



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EuroHIV data:

AIDS indicative diseases by sex, in children, by geogr. area

Deaths among AIDS cases by country, geographic area,
transmission group and year,

Total number of HIV tests performed, (excluding unlinked
anonymous testing and blood donation testing) and rate by country/year

HIV prevalence studies and diagnostic testing among IDU,
by country in 3 geographical areas and in the selected
countries, regions and cities.

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EUROSTAT data: <http://europa.eu.int/comm/eurostat>
newly reported AIDS deaths, numbers and rates by sex,
age, transmission category
AIDS opportunistic infections, numbers of new cases and
percentage of total per year

European HIV infection Data Set (EHIDS)

The European Core Health Interview Survey (ECHIS)

European Special Health Interview Surveys (ESHIS)

European Health Examination Survey (EHES)

Eurobarometer survey

Specific European Surveys (e.g. ERHS)

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DISCUSSION:

- fill the gaps of missing national data
- to provide data in regional breakdowns
- second generation surveillance approach
- integration of HIV, STI, TB, Hepatitis C surveillance systems and „triangulation” of the results
- compilation of HIV prevalence data in risk groups
- value of HIV/AIDS estimates (WHO/UNAIDS)



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DISCUSSION:

- possible collection of behavioural and socio-economic data through the ECHIS and the ESHIS
- development of process indicators
- detecting recent infections with new lab test methods
- development of the EU best practice for HIV testing
- improvement of the surveillance coordination
- surveillance capacity development



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OTHER PROPOSALS NOT DISCUSSED:

- improving the quality of Code Of Death data
- improve EUROSTAT data presentation
- surveillance among hard to reach population
- defining target groups for prevention with data on socio-economical situation and educational level
- development and implementation of standardised protocols

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OTHER PROPOSALS NOT DISCUSSED:

BEHAVIOURAL DATA:

- monitoring high risk injecting practices among IDU:
*shared needles, syringes or other injecting equipment
(ever, past month, last time)*
- monitoring high risk sexual practices among
populations
of high risk of HIV infection, like: IDU, men who have
sex with men, sex workers, migrants, prisoners.

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PLAN of SEG activities

- first meeting of SEG on 24 November 2004
- short report to ESCON (07.12.2004) and Think Tank; meeting (19.01.2005) with possible presentation of the list of proposals;
- collection of opinions on the proposed actions and continuation of work by e-mail;
- second SEG meeting in January/February 2005;
- Think Tank and ESCON consultation
- adopted changes will be proposed to the MS and neighbours.

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Syphilis Case Reporting Data availability last 20 years
(WHO data)

Data by subregion		
	No of countries	Average
1 West E.	23	50.4%
2 Central E.	5	93.3%
3 South East E.	9	63.9%
4 Baltics	3	100.0%
5 Caucasus	3	76.4%
6 Central Asia	5	74.2%
7 NIS	4	71.9%



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Weak sides of the existing surveillance systems:

- gaps in national data
- dependance of HIV incidence on testing and reporting pattern
- underreporting and underdiagnosis (0 – 25 %)
- lack of common approach toward socio-economic and behavioural data



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QUESTIONS TO BE ANSWERRED:

WHAT DATA WE NEED FOR MAKING DECISIONS?

WHAT DATA ARE STILL MISSING?

WHAT BEHAVIOURAL DATA WE NEED / CAN COLLECT?



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THANK YOU

FOR YOUR ATTENTION

DIRECTORATE GENERAL
HEALTH AND CONSUMER PROTECTION