

**NOTE TO THINK TANK  
ON SURVEILLANCE GROUP MEETING OF 24 NOV.2005**

**Think Tank Meeting  
19 - 20 January 2005,  
14h00 – 18h00 and 09h00 - 13h00  
Brussels, Borchette Centre, Salle 3A**

**POINT 2 . e. Development of surveillance systems with the consideration of behavioural data. What are the needs for HIV / AIDS prevention and other activities.**

*For discussion*

To make the valuable decision on the prevention (primary, secondary or tertiary) of the HIV/ AIDS epidemic, the public health policy makers need reliable information, describing the epidemics and its dynamics in the most comprehensive and realistic way.

We need the reliable and comparable data on the number of HIV infected persons, how many of them are eligible for treatment, what is the level of the treatment availability and its implementation, what is the actual dynamics of the infection spread and the ways of transmission. We have to answer the questions: what are the groups at risk, what is the most effective treatment of infected and ill patients, what is the number of retroviral resistant infections, how to minimize it, what is the effectiveness of our prevention activity and treatment application. We need the reliable and comparable data on AIDS prevalence, HIV/ AIDS mortality. For a few of those questions we do not have the reliable answer although HIV/AIDS data are collected since 1984, and the Member State possess numerous and various data sets.

There is common understanding that “reporting HIV diagnoses has become a key surveillance instrument to monitor the HIV epidemic in Europe.”

EuroHIV network is the basic and the most comprehensive HIV/AIDS surveillance system in Europe. It coordinates the surveillance of HIV/AIDS in 52 countries of WHO Euro Region since 1984. The EuroHIV co-operates with WHO, UNAIDS, EUROSTAT, Euro TB, European Surveillance of Sexually Transmitted Infections, Surveillance among IDUs, etc.

Although widely implemented in Europe, the coverage of HIV case reporting remains incomplete. The most affected countries have not yet implemented HIV reporting at national level. In countries with recently implemented HIV

reporting systems reported HIV infections may include a large, but decreasing over the time, proportion of prevalent infections diagnosed several years ago. Surveillance data on reported HIV infections should be interpreted with further caution because HIV incidence heavily depend on national testing and reporting patterns and are not yet widely comparable between the countries.

No adjustments are made for underreporting or under-diagnosis. According to information collected by EuroHIV national estimates of under-reporting for AIDS cases range from 0 to 25 percent.

The European Non Aggregated AIDS Data Set public dataset does not contain data on AIDS cases for some countries because they wish to be excluded from the public data file.

Apart the data bases mentioned above, there are numerous different data bases in the Member States, collecting different kind of data independently, with no broad European awareness. Some of them collect socio-economical or behavioural data.

They monitor high risk injecting practices among IDU, like: sharing needles, syringes or other injecting equipment (ever, past month, last time)

Among populations of high risk of HIV infection, like: IDU, men who have sex with men, sex workers, migrants, prisoners - high risk sexual practices should be monitored (examples) through collecting the data on: number of sexual partners last year, number of sexual partners non IDUs last year, condom use during last intercourse, condom use during last intercourse at risk.

Recognized value of the behavioural data in the disease prevention could be enhanced with the broad and coordinated implementation of this kind of surveillance system.

Presenting the Think Tank with this report, we would like to invite you to consider the ideas deliberated by the Surveillance Expert Group with the aim to answer the very basic questions:

What data we need for better decision making?

What data are still missing?

What behavioural data we need / can collect?