



Integration of services for key populations in Germany and recent epidemiological developments

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Integration of services for HIV, hepatitis virus infections, STI prevention and treatment, TB, reproduction (1)

- Free choice of health care provider: HIV care provider can also diagnose and treat hepatitis, STI, TB. HIV care is provided mainly by specialized practices. Opioid substitution treatment is usually not in the portfolio of these practices, and vice versa.
- Reproductive services are provided for women by gynecologists. During pregnancy, testing for HIV, HBV, Syphilis, Chlamydia, and Gonorrhea is recommended. HIV- and hepatitis treatment would be done by specialized practices. STI treatment (Gonorrhea, Chlamydia, Syphilis) would usually be done by the gynecologist directly. Testing for HIV is still not universal (estimated coverage ~90%).
- Opioid substitution treatment would be provided by substitution practices. They are able to screen for HIV and hepatitis, but experience shows that infectious disease prevention is often neglected (low HBV vaccination coverage).



Integration of services for HIV, hepatitis virus infections, STI prevention and treatment, TB, reproduction (2)

- Provider-initiated HIV-, hepatitis and STI-testing is likely to be infrequent outside of HIV specialized practices and practices serving predominantly MSM or IDU clients.
- Indicator-disease-triggered testing for HIV and HCV is infrequent.
- STI screening: currently the reimbursement system provides **financial disincentives** to screen asymptomatic HIV-negative patients for non-reportable STI (Gonorrhoea, Chlamydia). No clear syphilis screening policy for MSM.
- The reimbursement situation is different for HIV positive patients.
- HIV and STI screening (free or for a fee) and prevention counselling is partly available in local public health offices in larger cities and in Community-based testing sites for MSM. For treatment, clients often have to be referred to respective practices.

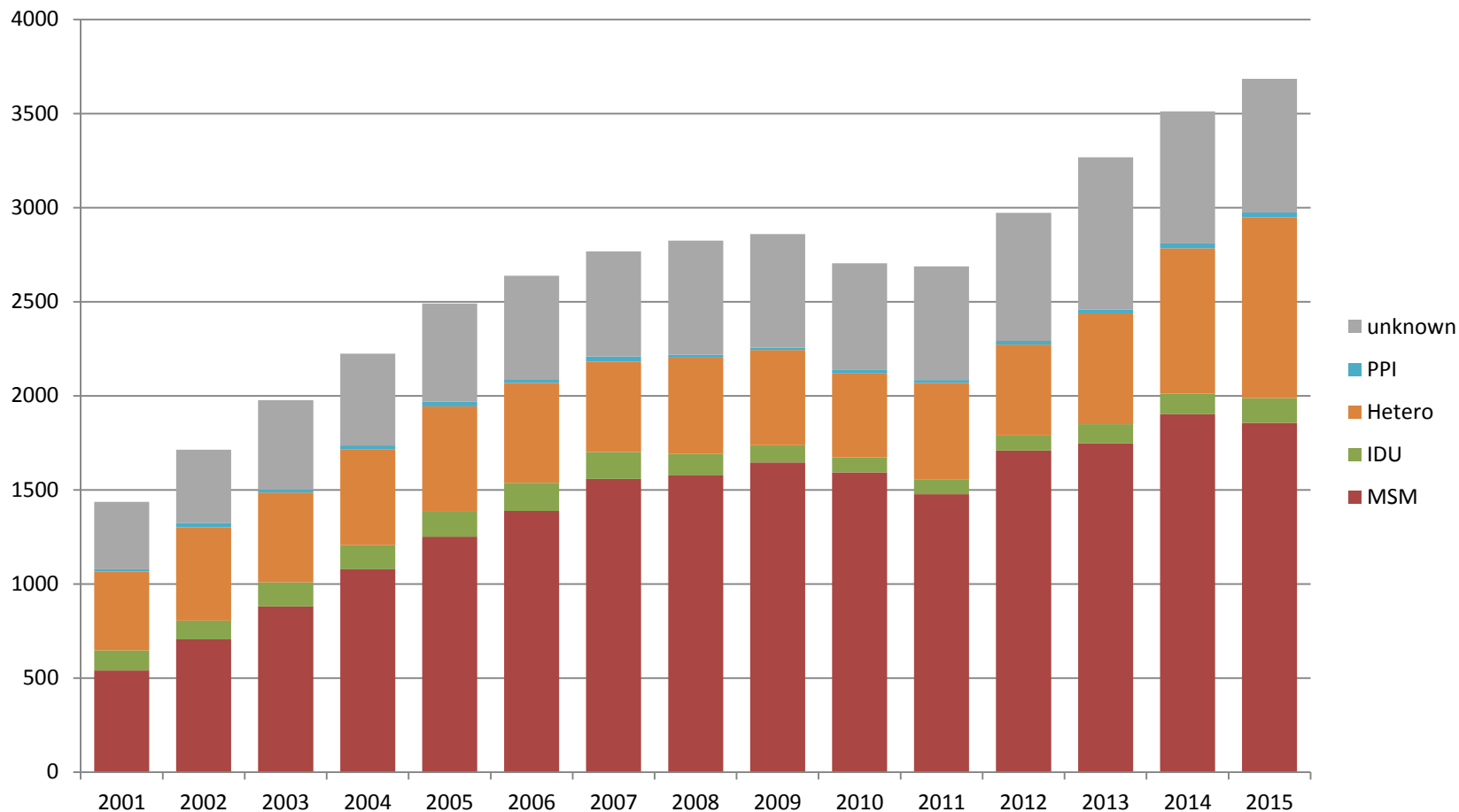


Integration of services for HIV, hepatitis virus infections, STI prevention and treatment, TB, reproduction (3)

- HIV-PEP is available in HIV-specialized practices and in emergency departments of larger hospitals. Competence in evaluating potential exposures is often lacking in Emergency departments. Accessibility is low outside of the largest cities and knowledge about PEP is low in potential target groups. No legal or semi-legal access to affordable PrEP.
- Asylum seekers face different mandatory screening policies in different federal states. Access to health care is regulated differently in different federal states. Residency restrictions can impact access to specialist treatment.
- Undocumented migrants and people without valid health insurance have no legal access to expensive treatments (HIV, HCV).

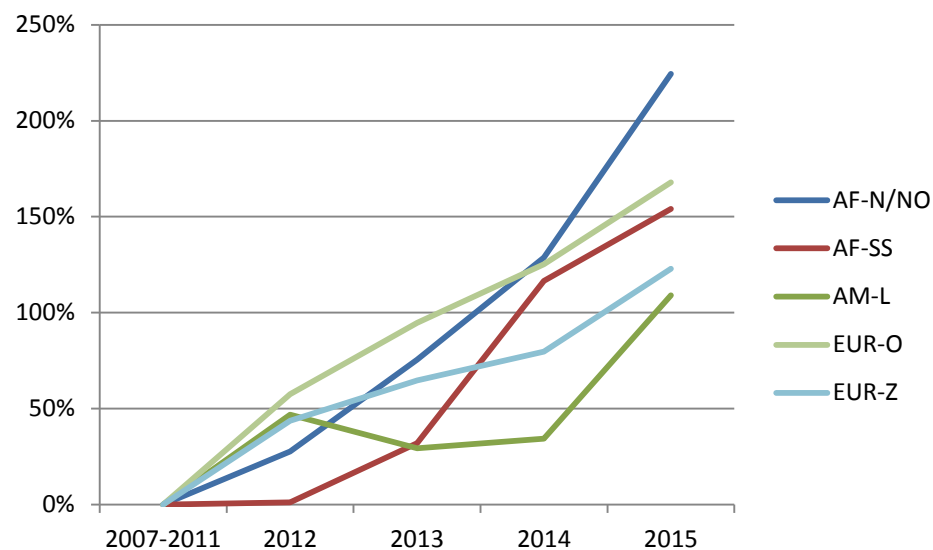
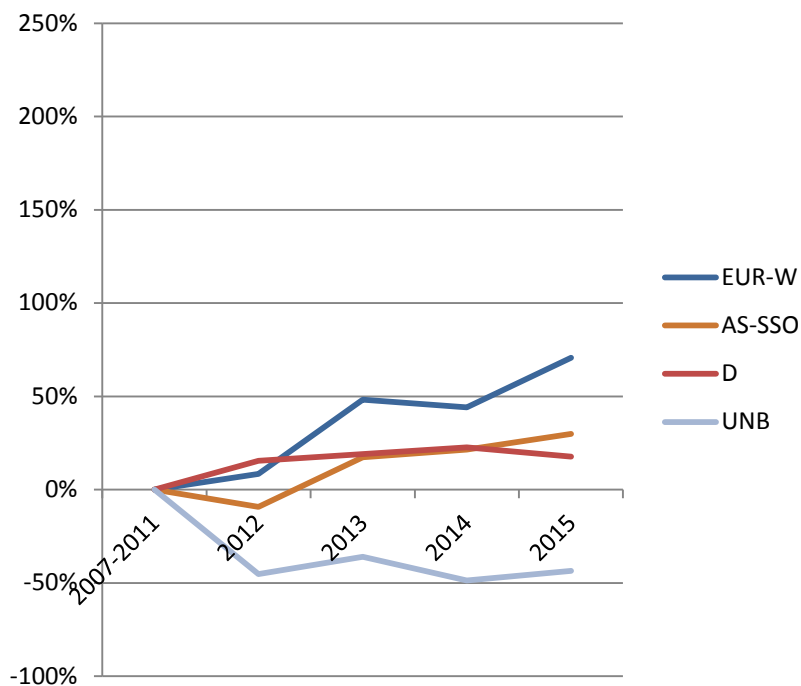


Newly diagnosed HIV infections by route of transmission



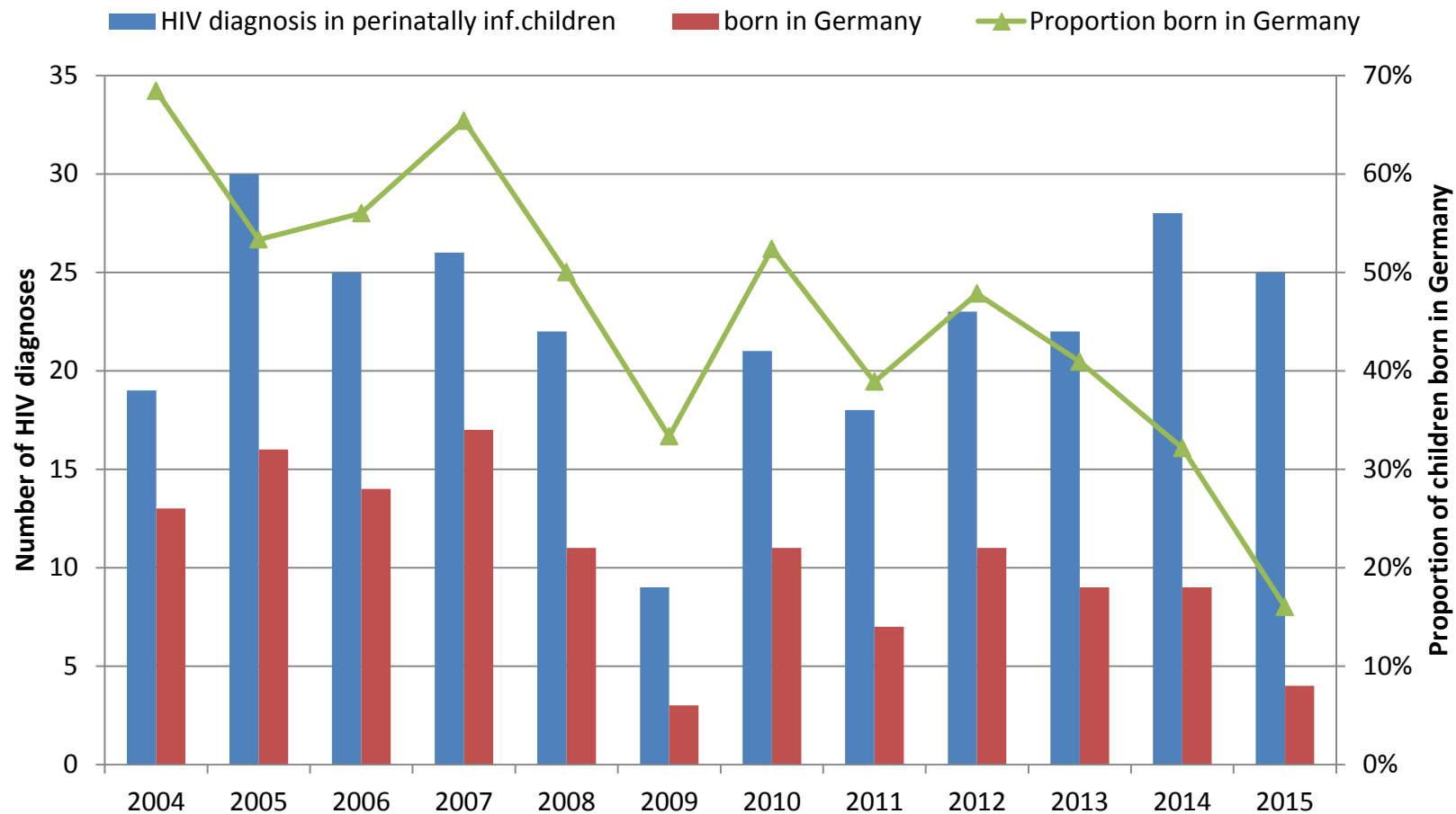


HIV - Proportional change since 2011 by region of origin



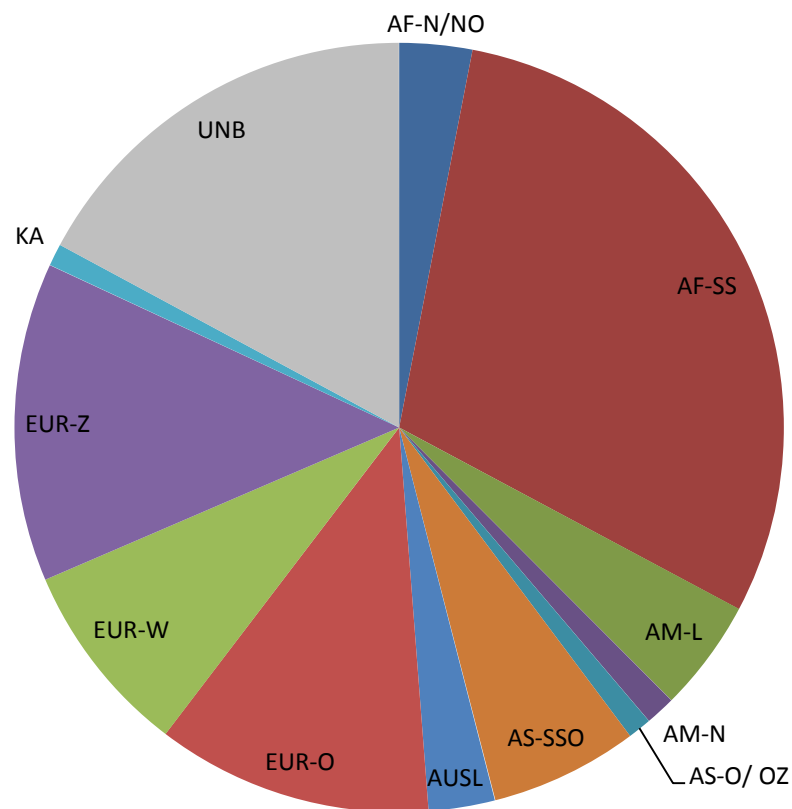


HIV in newborns



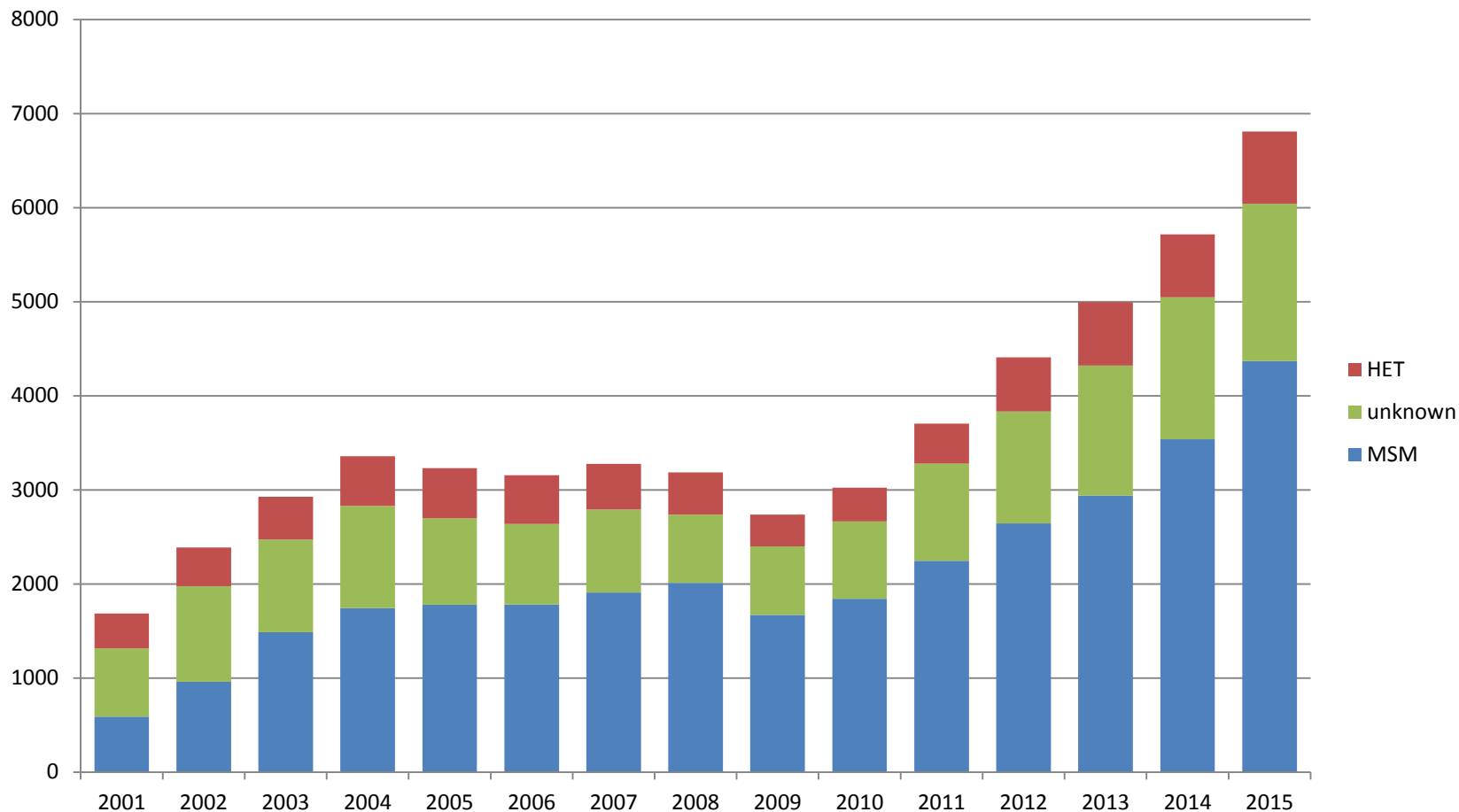


Relative proportions of HIV diagnoses 2012-2015 in people of non-German origin (39% of all diagnoses)



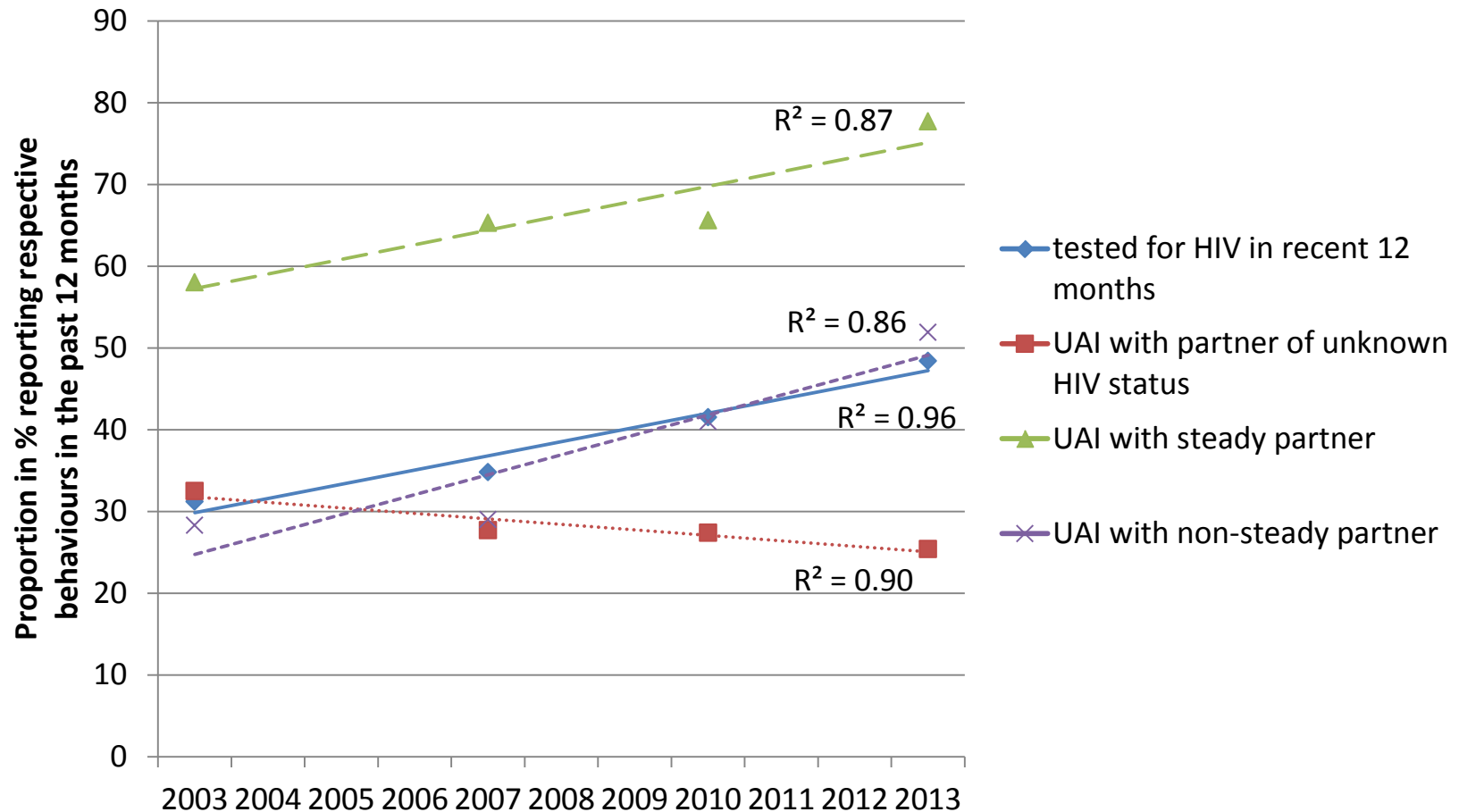


Newly diagnosed Syphilis by route of transmission



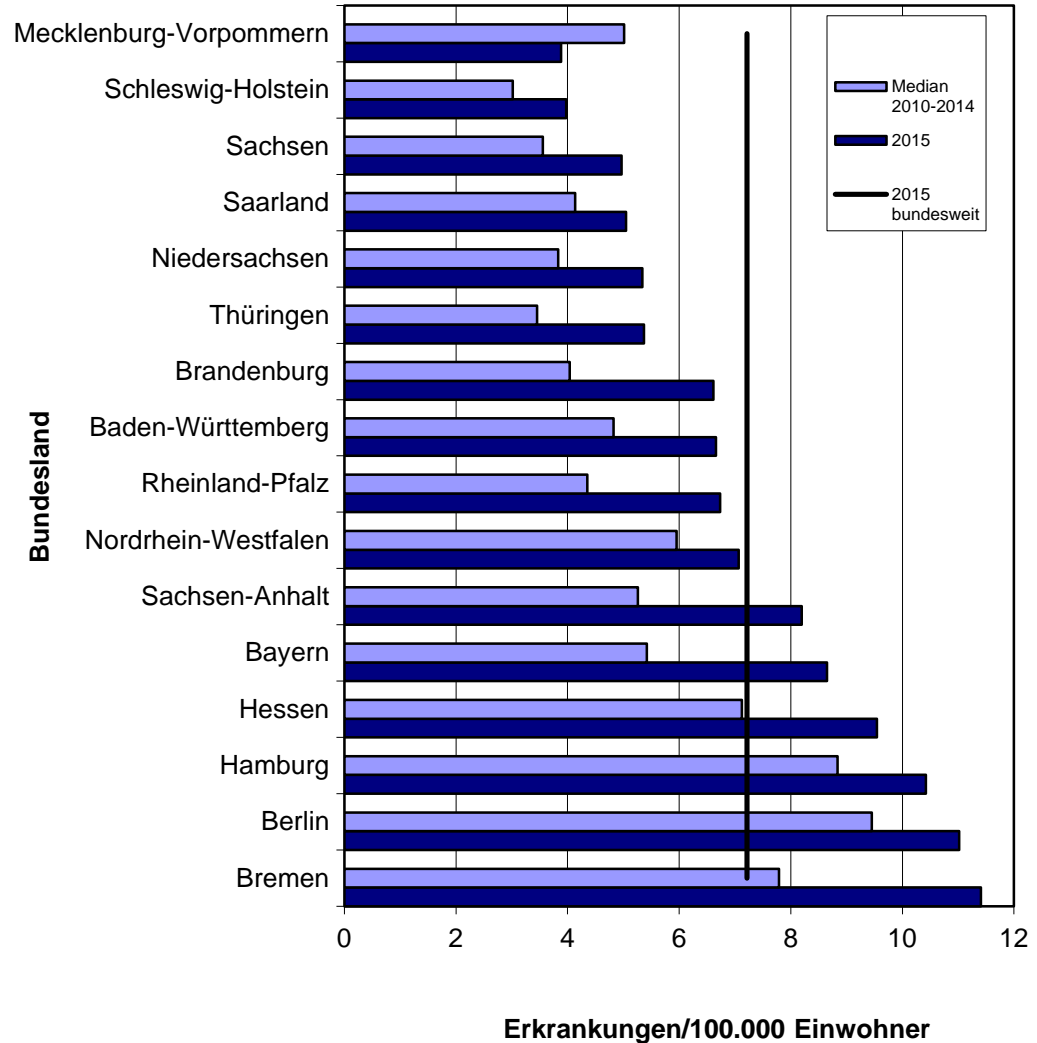
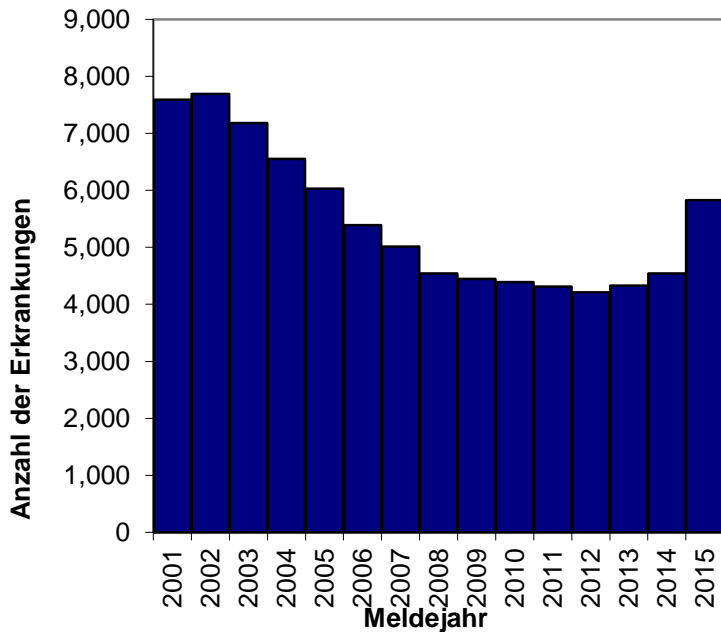


MSM behavioural surveillance: Trends regarding HIV testing frequency and condom use for anal intercourse with different types of partners, Germany, 2003-2013, subgroup MSM 30-44y, cities >500,000, self-identified gay



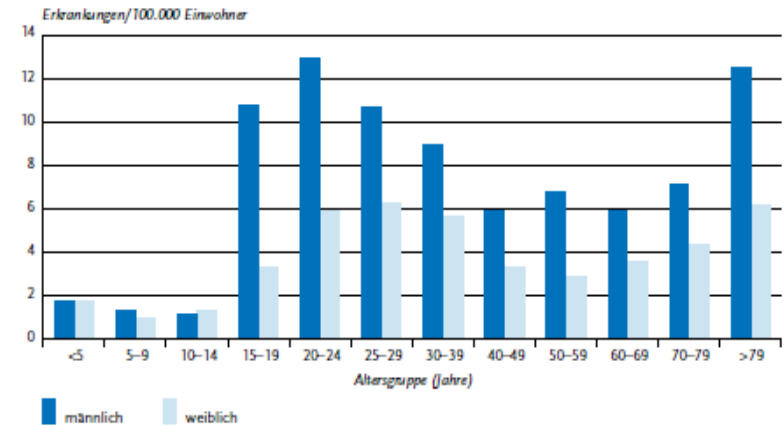
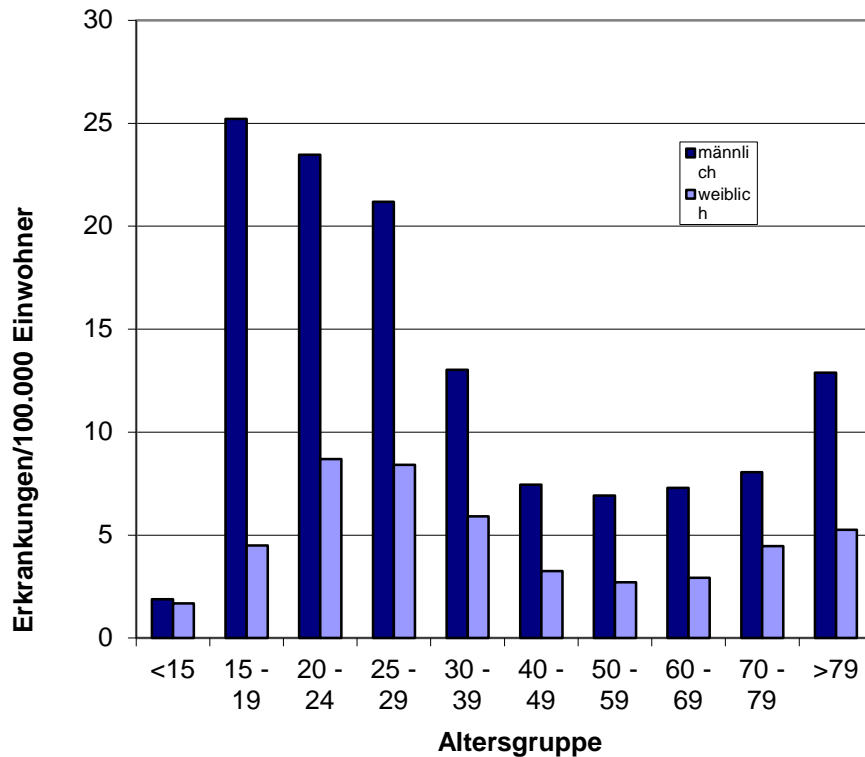


Reported new TB cases



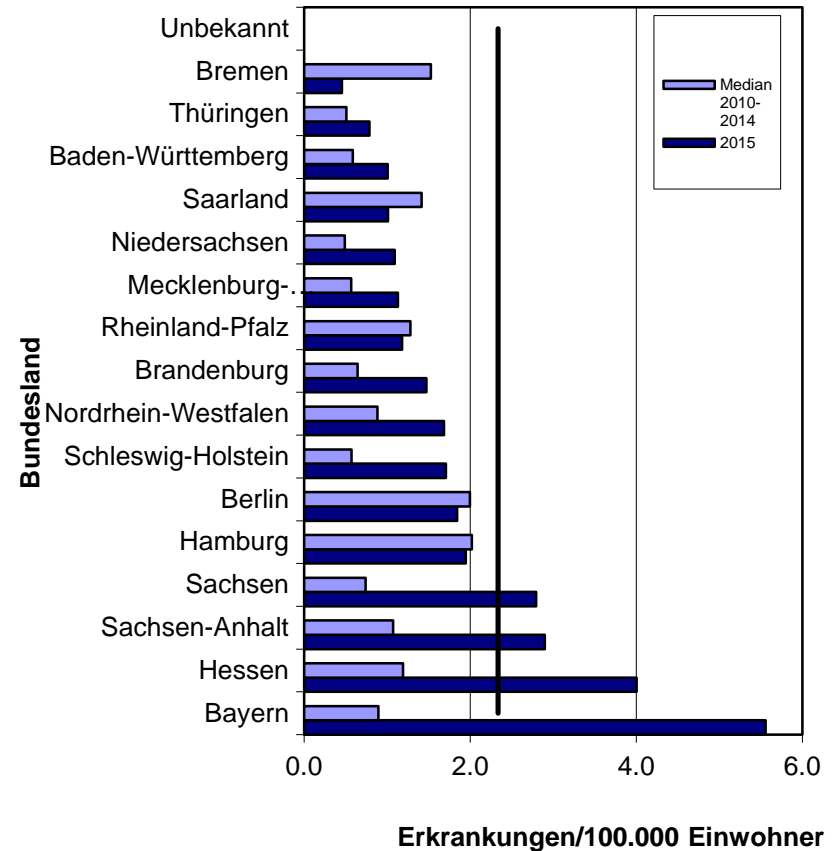
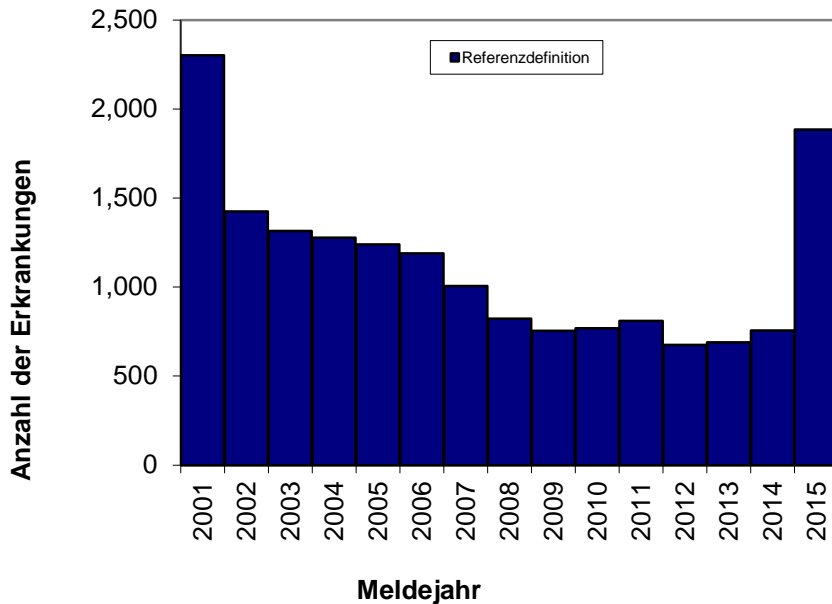


Newly diagnosed TB cases by age and gender 2015 (2014)



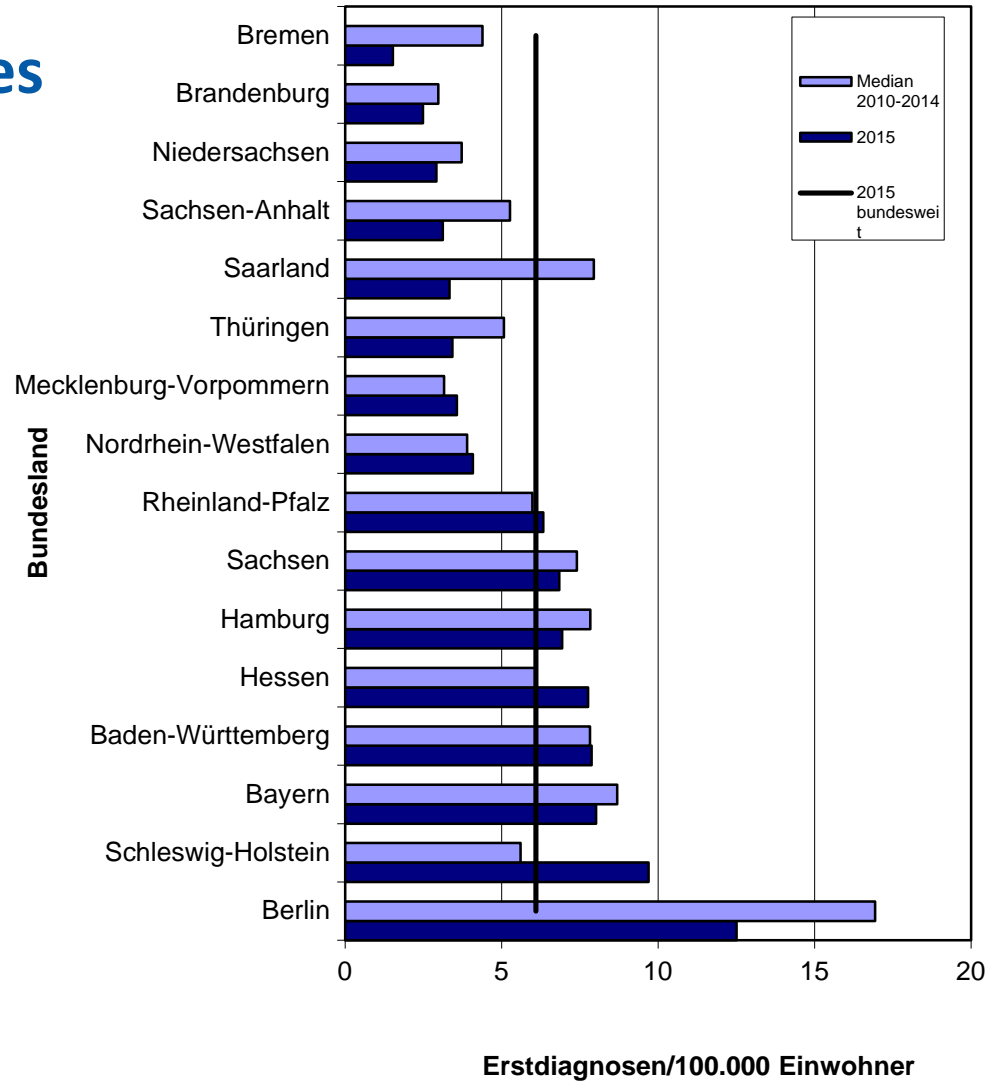
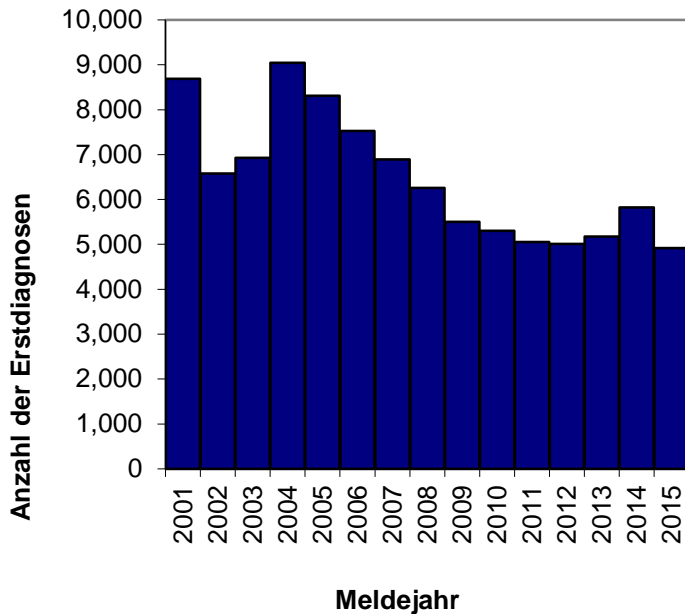


Reported acute HBV infections



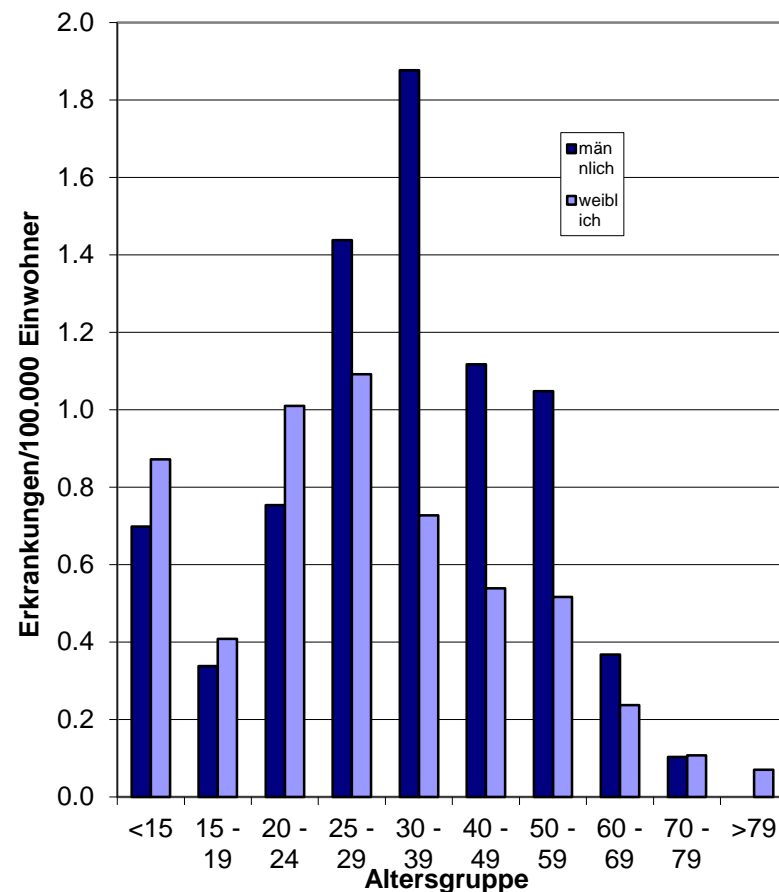
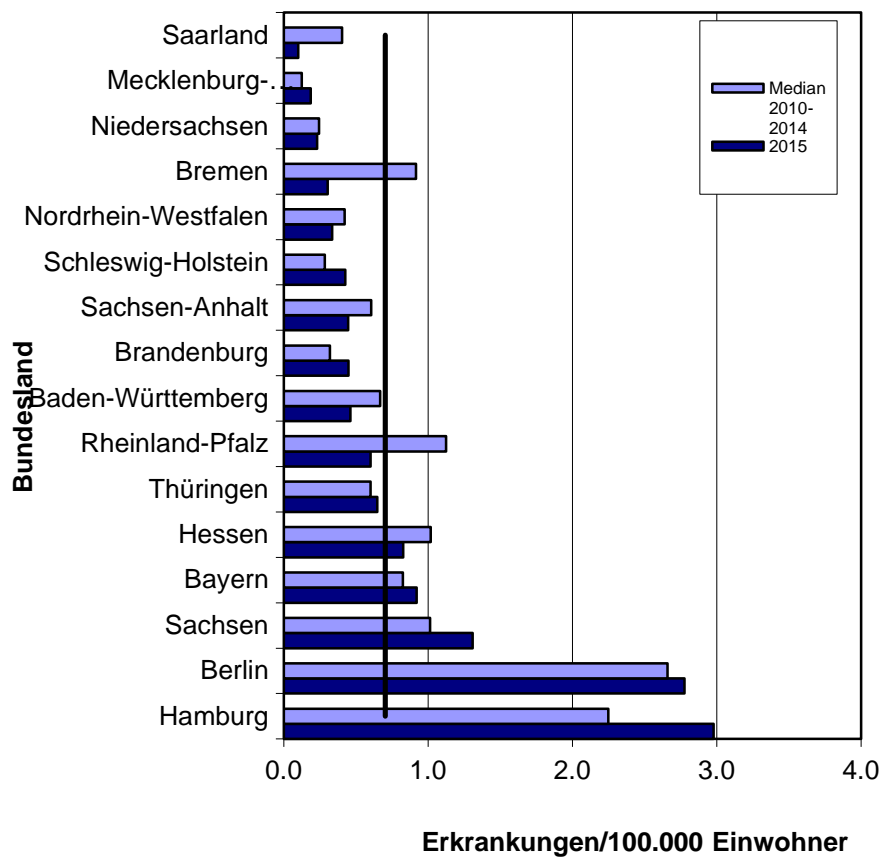


Reported new HCV diagnoses





Newly diagnosed Shigella-infections





Summary of epidemiological trends, Germany 2015

- Increase of HIV, TB, and HBV notifications mainly due to increased immigration. Geographical distribution by federal state biased by differing testing policies. Reporting artefacts (HBV) possible.
- HCV situation remains largely unchanged
- Continuing increase of syphilis notifications, mainly in MSM. Strongest increases in age groups 40+. Probably due to increased HIV serosorting.
- Continuing Shigella outbreak among MSM in Berlin and Hamburg