

Quels enjeux pour les 3 x 90 dans le contexte actuel ?

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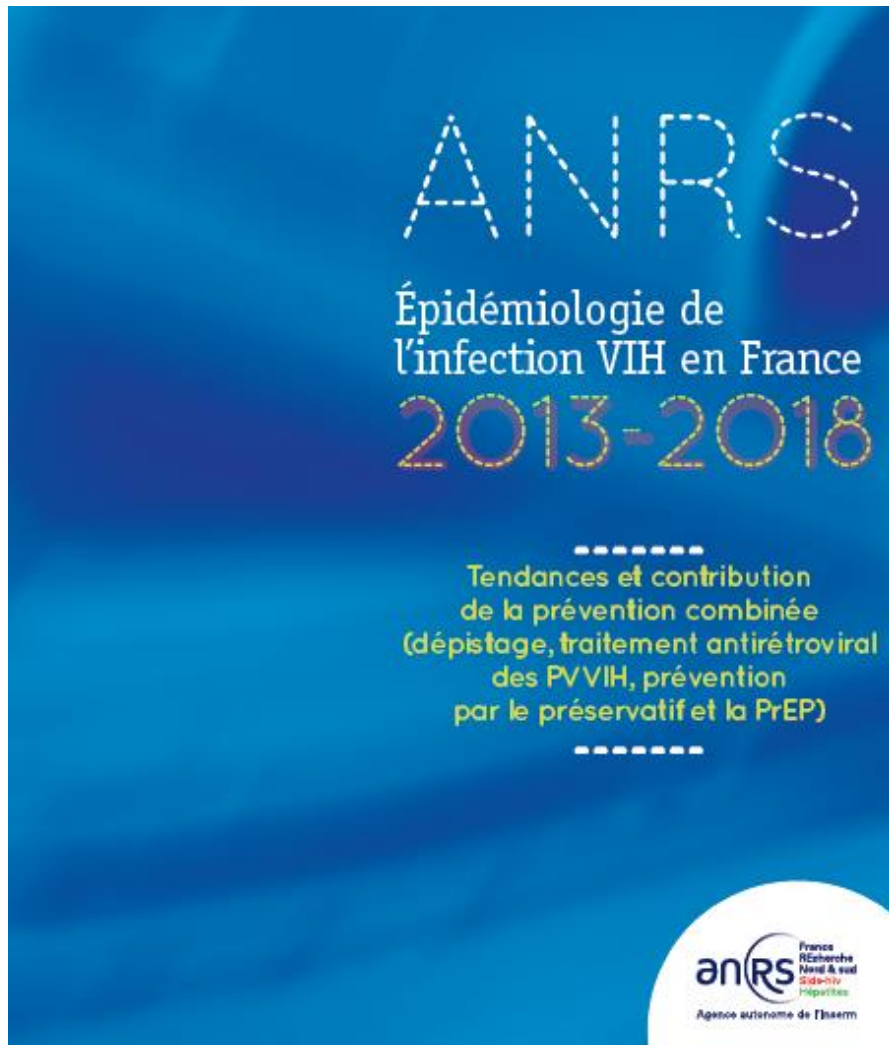


Remerciements

Dominique Costagliola

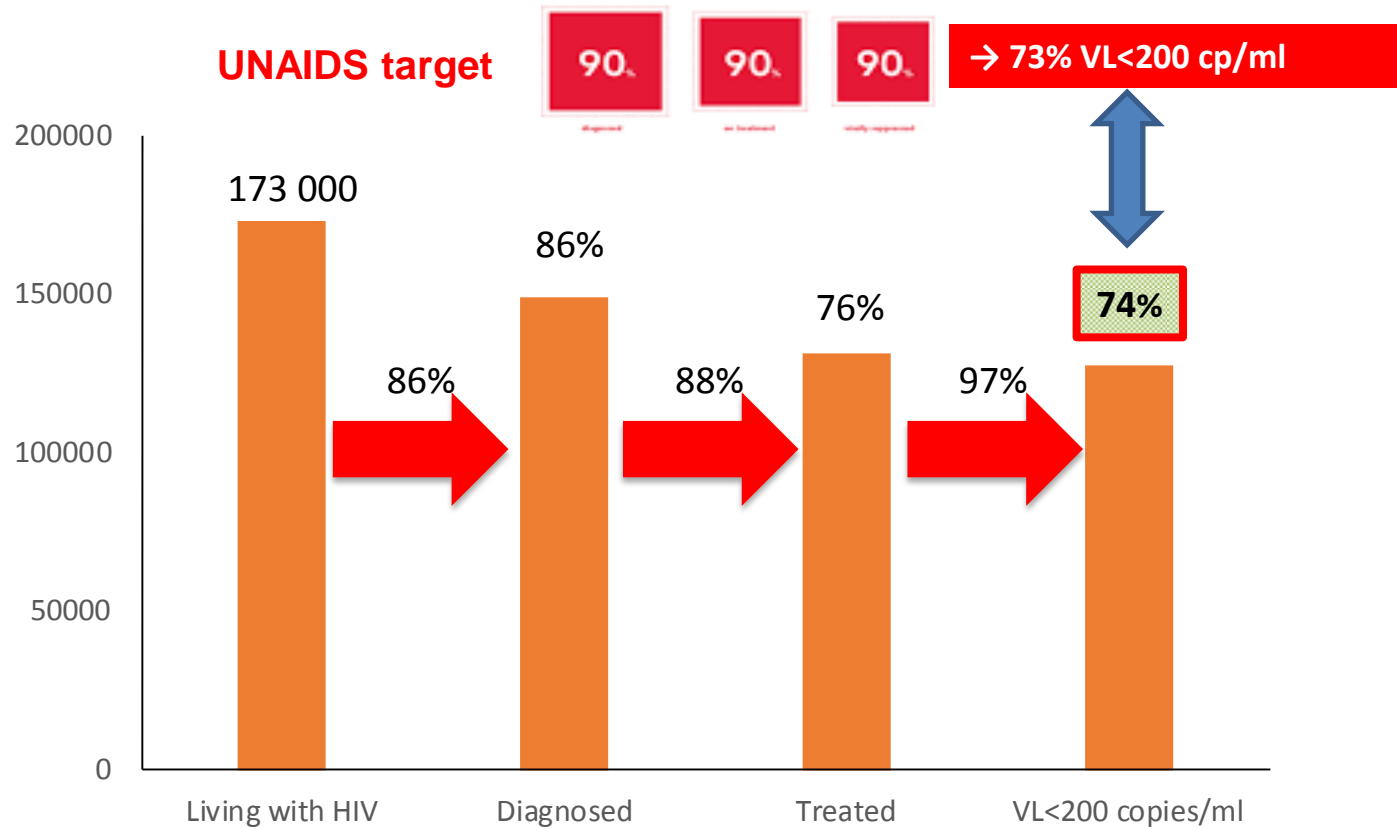
Chair, ANRS AC 47

«Dynamics and Control of HIV and Hepatitis Epidemics»



- Action Coordonnée 47 «Dynamique et contrôle des épidémies VIH et hépatites»
- Françoise Cazein, Florence Lot, Nathalie Lydié, Annie Velter (Santé publique France)
- Dominique Costagliola, Lise Marty, Virginie Supervie, (IPLESP, INSERM, Sorbonne Université)
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A good cascade of care has been achieved in France since 2016



Objectives and methods

To assess the epidemiological trends by population groups and regions in the light of the various means of combined prevention:

- Effectiveness of treatment of PLHIV
- Improvement in testing to reach the undiagnosed population
- Implementation of PrEP and trends in condom use

Analyses based on:

- Epidemiological surveillance of HIV diagnoses and statistical modelling
- Database on PLHIV in care (ANRS CO3 Aquitaine and CO4 FHDH)
- Information on testing, PrEP and condom distribution
- Behavioural surveys among MSM and Sub-Saharan and Caribbean population
- Focus on 3 regions (Ile de France, Nouvelle Aquitaine, Auvergne Rhône-Alpes)

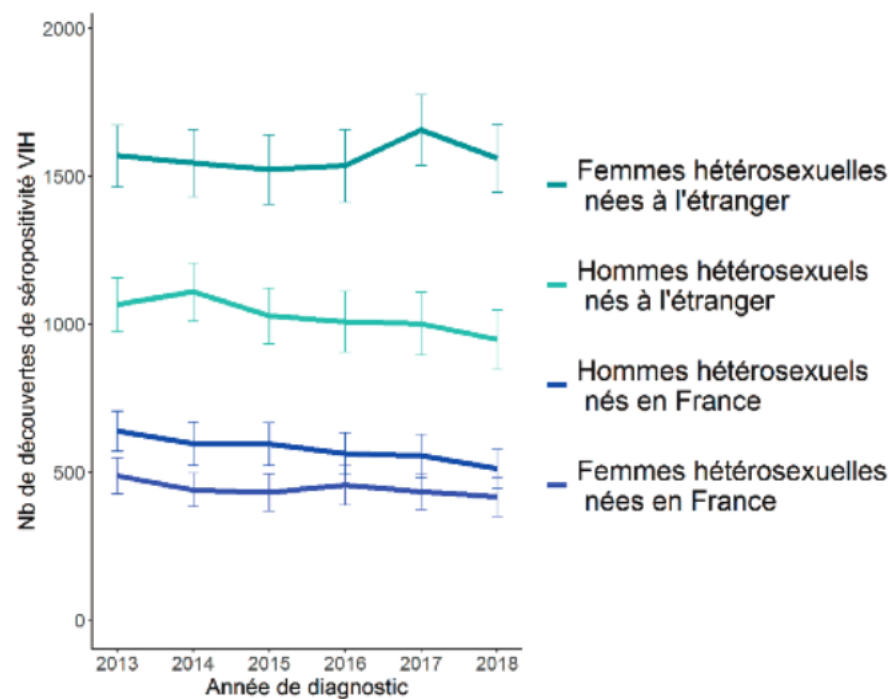
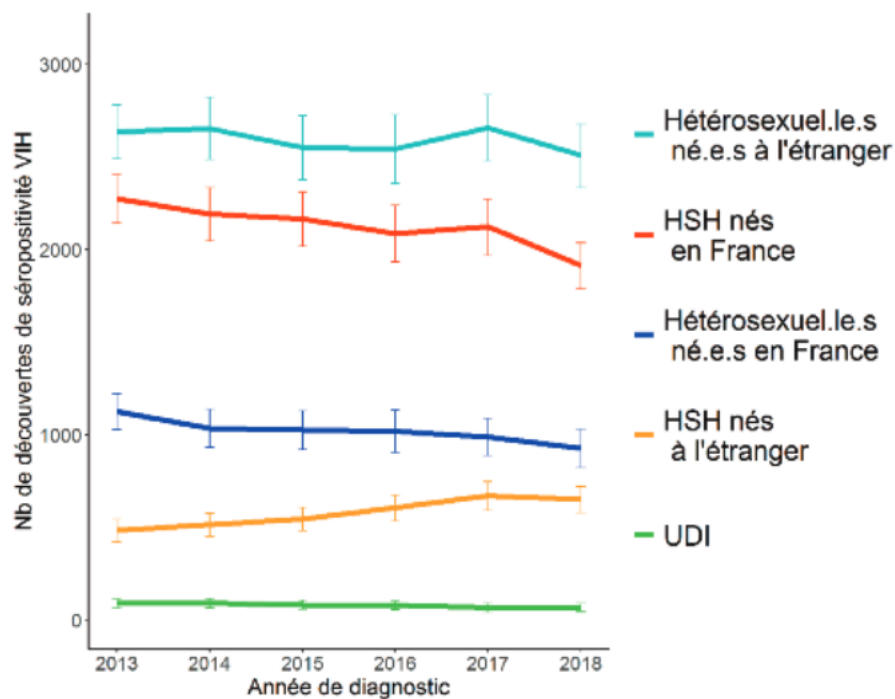
Epidemiological trends

HIV infection in France: trends and concentration

- Downward trends in reported new diagnoses
 - In 2018, 6155 new HIV diagnoses: stable over 2013-2017, then a 7% decrease in 2018/2017
 - 2013-2018: Steeper decrease in Paris(-21%) and Ile de France (-14%)
- Regional and population concentrations
 - Ile de France: 40% of new diagnoses (18% of the total population)
 - Most exposed population groups among new diagnoses:
 - MSM: 42%
 - Heterosexual population born in Sub-Saharan Africa: 33 %
 - Drug users: <1%

Trends of new HIV diagnoses based on mandatory reporting

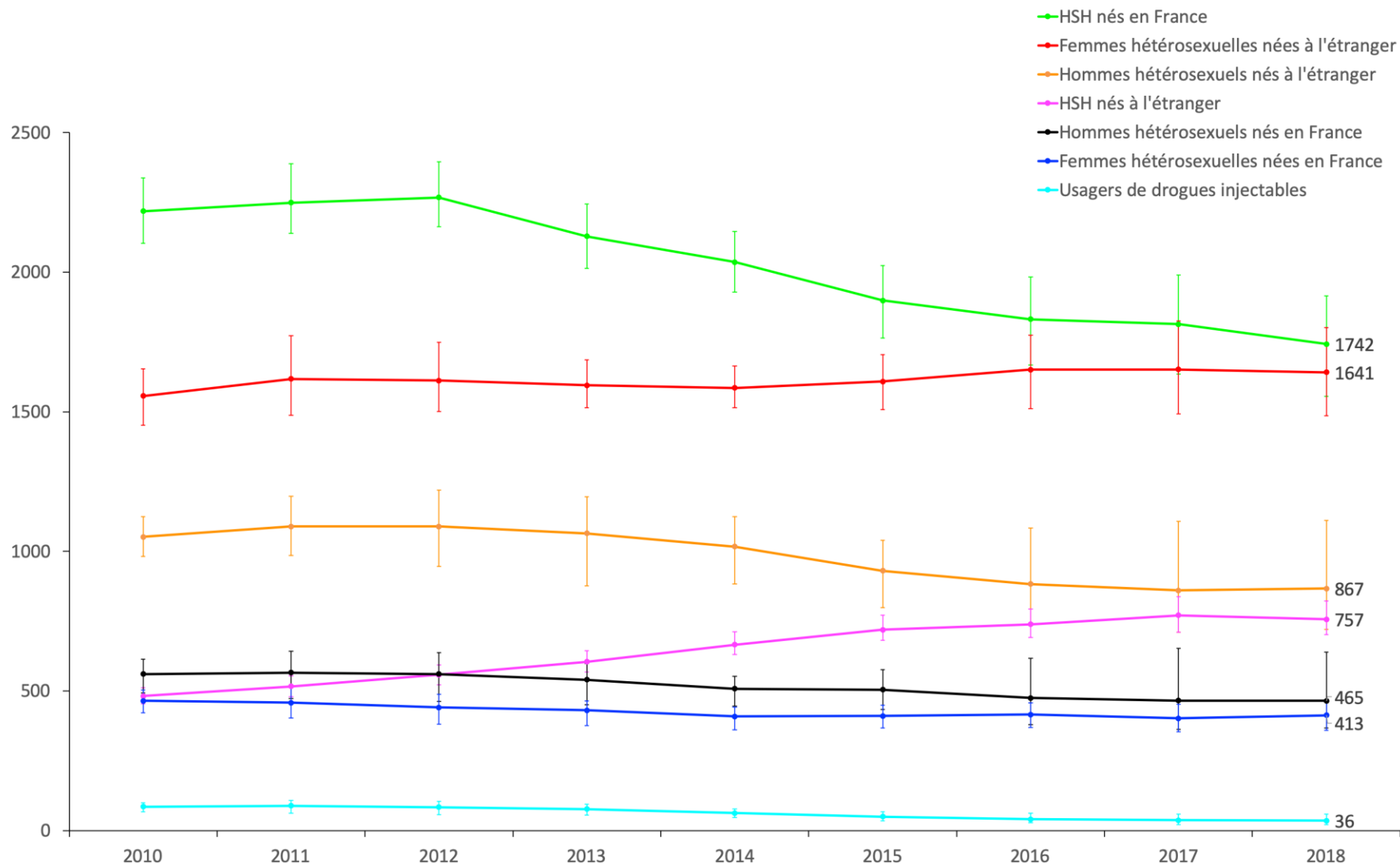
Source: Santé publique France



Source : Santé publique France, DO VIH, données corrigées au 31/03/2019

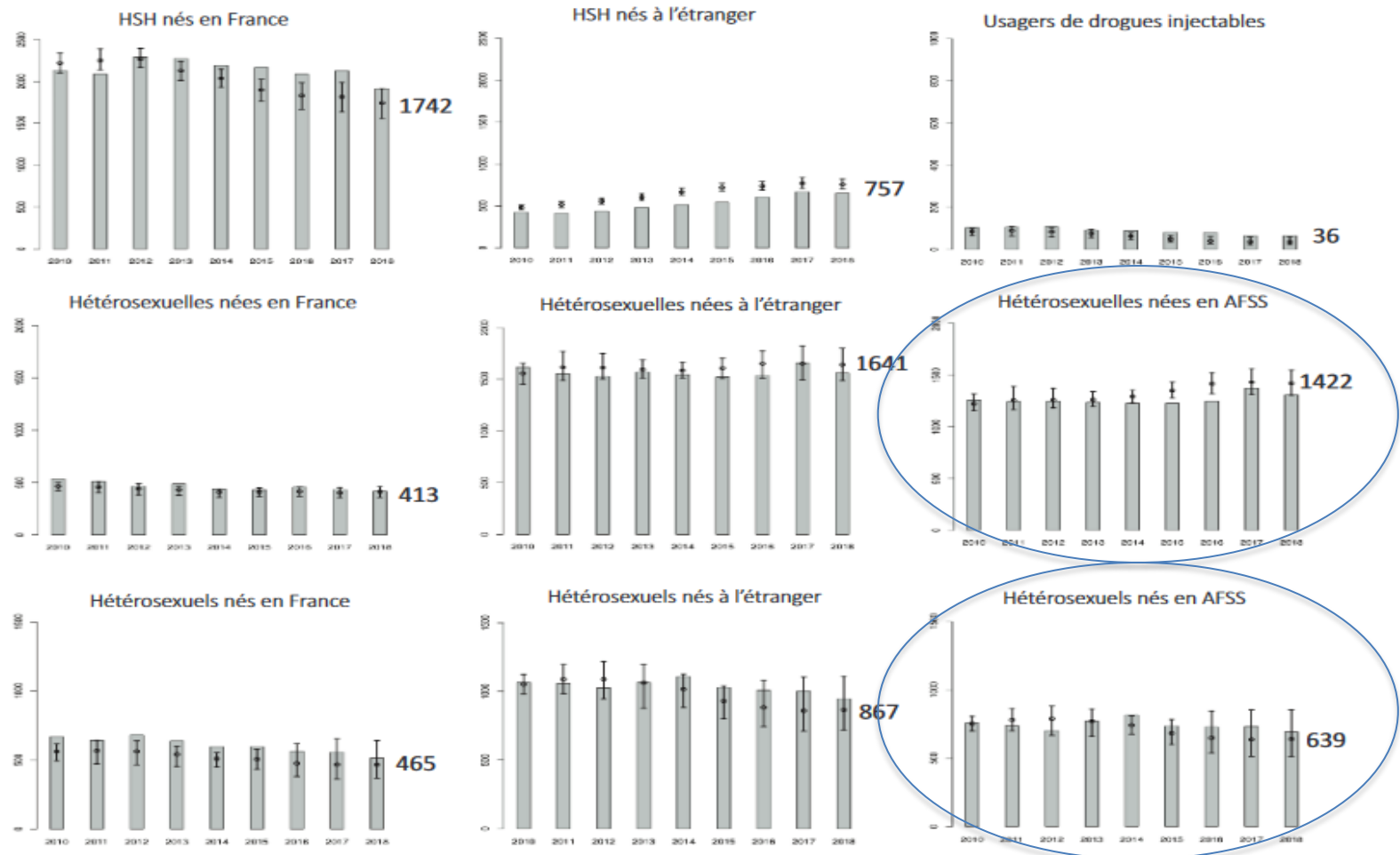
Trends of HIV incidence estimated by statistical modelling

Source: IPLESP, Sorbonne Université, INSERM, Marty et al, 2020



Trends in incident HIV infections and in new HIV diagnoses by transmission groups, 2010-2018

Source: IPLESP, Sorbonne Université, INSERM, Marty et al, 2020



Source : IPLESP, Inserm, Marty, 2020.

Estimated median time from infection to diagnosis by transmission groups, 2014-2018

Source: IPLESP, Sorbonne Université, INSERM, Marty et al, 2020

	France	Ile de France	Paris
General population	3.6 years	3.3 years	3.1 years
MSM born in France	2.8 years	2.5 years	1.9 years
MSM born abroad	2.6 years	2.5 years	2.1 years
Heterosexual men born in Sub-Saharan Africa	3.9 years	3.9 years	3.6 years
Women born in Sub-Saharan Africa	2.8 years	2.6 years	2.6 years

Conclusion on epidemiological trends

- Decrease in new diagnoses has started only in 2017 at the national level, but
 - Incidence as estimated by statistical modelling has moderately decreased in MSM and heterosexuals born in France
 - Delays from infection to diagnosis remain too long
 - Incidence and new diagnoses have not decreased in MSM born abroad and migrant women from sub-Saharan Africa
 - Entry flow of immigrants in France has strongly increased along the period and could explain the observed trends
 - Variation of epidemiological trends across regions among MSM

Treatment and its preventive effectiveness

Proportion of PLHIV on treatment and with viral load <50 or 200 copies/mL

Little variation across groups and regions

Source: ANRS CO3 Aquitaine and CO4 FHDH, 2017

	Total N.	On ARV treatment	VL <50 copies/mL	VL <200 copies/mL
France	95 558	97.3%	90.1%	94.6%
MSM	35499	97.6%	92.5%	96.3%
SS A born men and women	24255	96.9%	86.2%	92.4%
Regions				
Ile de France	38 662	97.0%	88.7%	94.0%
Nouvelle Aquitaine	6491	98.4%	91.9%	96.2%
Auvergne Rhône Alpes	8013	98.1%	92.6%	96.2%

Testing

Total number of ELISA tests in community and hospital laboratories, 2018

Source: SpF LaboVIH

	N. of tests	Positive / 1 000 tests	Tests / 1 000 inhabitants	Trend 2018 / 2013
France	5.8 million	1.9	87	↗ +11%
Ile de France	1,5 million	3.3	121	↗ +11%
Nouvelle Aquitaine	460 000	1.3	77	↗ +14 %
Auvergne Rhône Alpes	604 000	1.4	76	↗ +13 %

Provision of testing services

Laboratories, STI clinics, outreach testing programs, self-tests

France, 2018

	N. of tests	% + tests / 1 000 tests
Biology laboratories	5 800 000	1.9
STI clinics: Elisa tests	322 019	3.8
Rapid tests	50 720	4.3
Outreach testing programs	64 530	8.4
Self-tests delivered in drugstores	74 400	ND

Conclusion on testing:

From 2013 to 2018, testing has only slightly increased

- A modest increase in the total number of tests (2013-2018: +11%)
- A diversification of testing offer, mainly in Ile de France
- STI clinics offering free HIV and STI testing and treatment were not able to expand their capacities
- Outreach testing targeting mainly the most exposed groups are limited in volume and did not increase their offer
- Self-tests available from September 2015 are stable
- Ile de France, in particular Paris, offers a larger diversity and intensity of testing settings
- Among MSM, repeated testing according to recommendations has increased in the latter period, among the most exposed (not only among MSM on PrEP)

Condoms

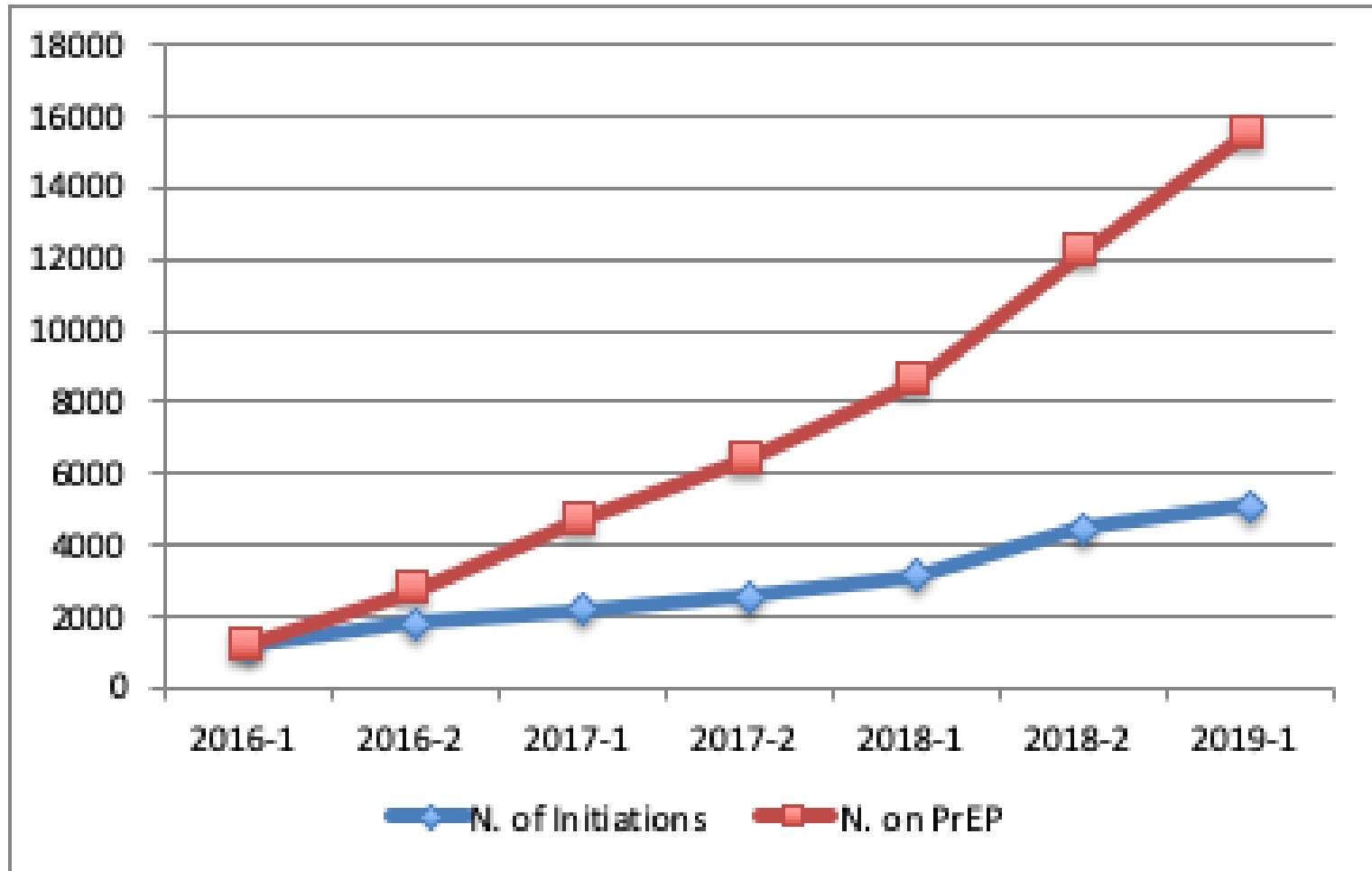
Condom distribution and use of condoms

- Stability: From 2013 to 2018, the volume of condoms, sold or distributed for free, has been stable: \pm 120 millions
- MSM condom use at last anal course with a casual partner (ERAS, 2019):
 - HIV pos. 30%
 - HIV neg. not on PrEP 54%
 - HIV neg. on PreP 23%
 - Any protection (PrEP, condom, ARV treatment) at last sex 65% (2019) vs. 60% (2017)

PreP

PrEP

Source: EPI-PHARE ANSM-CNAM



The number of PrEP initiators increased from 1 166 in 2016-1 to 5 103 in 2019-1

The number of PrEP users increased from 1 166 to 15 501, 45% in Ile de France , 29% in Paris

PrEP

Source: EPI-PHARE ANSM-CNAM

- From 2016 to 2019: earlier implementation in Ile de France, then extension to other regions and less urbanized environments
- From 2016, PrEP was first prescribed in hospital clinics then STI clinics were allowed to initiate PrEP
- In Ile de France, in 2018, STI clinics prescribed half of PrEP initiations
- In 2018 in France: 97% of people on PrEP are men, 34 years-old in median (IQR 27-44) and 8% insured by CMU (health insurance for low income people)
- MSM (ERAS, 2019): 18.4% on PrEP at last sex with a casual partner

Conclusions on prevention of sexual transmission

- Stability of condom use over the period in general population
- PrEP has been fully reimbursed by health insurance from 1/1/2016 and available for free in STI clinics for uninsured
- In Ile de France, PrEP implementation was strongly supported by the Ipergay trial and the Prevenir Study and from 2018 is rapidly expanding in other regions
- To date,
 - PrEP is mainly promoted among / and prescribed to / « highly exposed » MSM
 - No promotion campaign targeting other exposed groups (migrant women, sex workers etc.)
- It is unlikely to observe an increase in condom use
- There is a wide margin for PrEP increase in the MSM population and in other exposed population (migrants, especially recently arrived, sex workers, trans)

Take home messages

- Decrease in the number of undiagnosed individuals born in France
- Rising number of new HIV diagnoses and HIV incidence estimates among foreign-born MSM
- **Screening:** an effective prevention tool to fully utilize the preventive effect of treatment, but new offers (such as ALSO in Paris and Nice area) to be deployed to reduce the time between infection
 - *However the margin of improvement is limited*
- Promote **PrEP** and continue to expand it among the whole spectrum of the MSM population (young, migrant, living in rural area, ...) and other population groups (sex workers, migrant women, trans, ...)
 - *There is a need to change the guidelines*
- *Develop specific services for newly arrived migrants*
- *Organize the most relevant combined prevention offers at the local level to optimize its effectiveness*
- *There is a need to assess the impact of the SARS-Cov2 epidemic on all the epidemiological, testing and prevention indicators*

Prospective

- The objective of halting HIV transmission by 2030 remains valid provided that HIV programs continue, intensify and innovate
- **Corevih have a central coordination role to play in their new cycle with differentiated approaches by region and population (contribution of Fast Track Cities)**
- The ANRS supports many intervention research projects that will contribute to this



French cities members of Fast Track Cities

Paris
Bordeaux
Lyon
Montpellier
Nice
Strasbourg

“Labo sans Ordo”

St Denis La Réunion & Mayotte

Beware of Covid-19 effects on

Testing

PreP and combined prevention

STIs

Care and treatment