

Profile and prevention trajectory of recently infected HIV patients in Belgium

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Background

- Despite wide availability of prevention and treatment services, including continued roll-out of pre-exposure prophylaxis (PrEP), only slight declines in the number of new HIV diagnoses has been observed in recent years.
- There is a need to improve case detection and early diagnosis.

AIMS:

- obtain good insight on the drivers of ongoing HIV transmission in Belgium and on the patient population most prone to either receiving or transmitting the virus in the near future
- define missed opportunities for HIV prevention

Methods

PARTICIPATING REFERENCE CENTRES AND LABORATORIES



MEASURES

- Phylogenetic cluster analysis
- Timing of HIV infection (Sedia HIV Lag-Avidity test): diagnosis <4 months of presumed infection
- Behaviour questionnaire (online/paper version): Questions on HIV-testing, STI-diagnoses, preventive HIV-therapies, sex partners, alcohol- and substance use, depression and partner notification

PERIOD

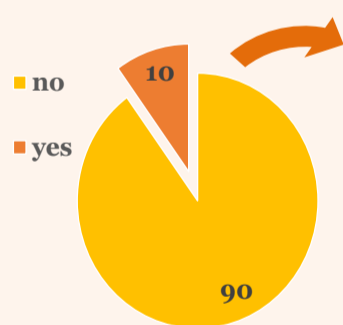
- Between May 2018 and February 2021

Results

PROFILE OF THE RESPONDENTS (N=77)

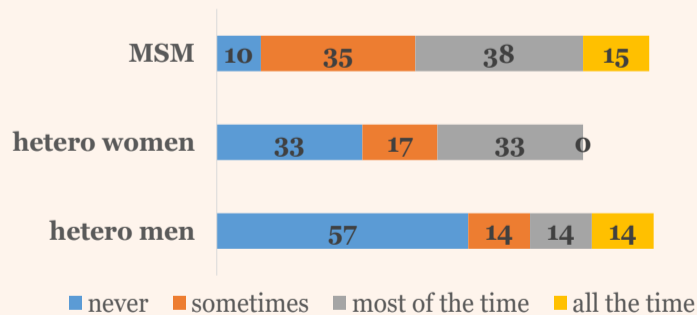
- Mean age = 37,8 years
- 71,4% MSM, 15,6% hetero women, 13% hetero men
- Frequent HIV testing: 64,1% tested at least once a year

10% PrEP USED BEFORE HIV INFECTION

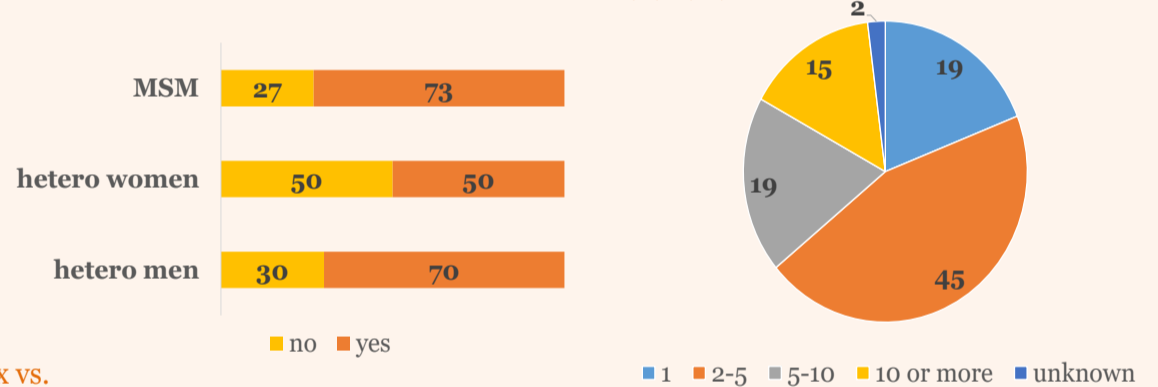


- All MSM, 50% had no Belgian nationality
- High substance use (75%) before/during sex vs. 65% in no PrEP users before HIV infection
- 87,5% reported one or more STIs in the past vs. 58% in no PrEP users before HIV infection
- 50% did not notify sexual partner(s) vs. 22% in no PrEP users before HIV infection

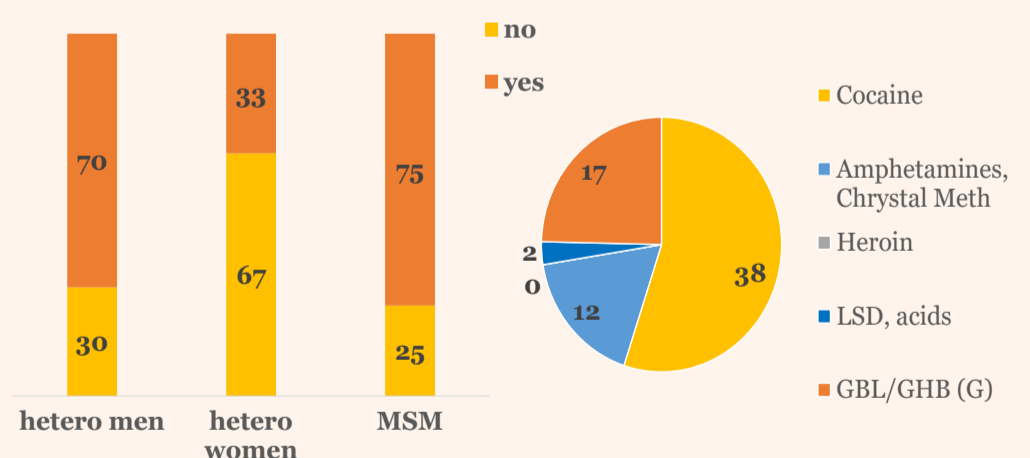
CONDOM USE WITH CASUAL SEX PARTNER(S) (%)



HAVING CASUAL SEX PARTNER(S) (%)



SUBSTANCE USE (%)



CLUSTERS

- 49% (N=38) part of local transmission cluster
- No differences in behaviour between clustered and isolated/paired individuals

Discussion

- The majority of individuals diagnosed in Belgium early after HIV infection show characteristics corresponding to the known high-at-risk population and are aware of the risk
- Findings complement the already existing evidence on transmission clusters
- The results show that PrEP should be promoted in this population with a high risk profile, as the use and knowledge of PrEP were rather limited. Moreover, it should be investigated why people at high HIV risk who once used PrEP stopped doing so even though high-risk behaviour was still present, as they eventually became infected