



**ECDC programme on HIV, STI and hepatitis B and C**

# **Estimating HIV prevalence in European countries**

Ard van Sighem, PhD

Stichting HIV Monitoring on behalf of the HIV modelling project team

Copenhagen, 19 March 2012

# HIV in 2010



34 million living with HIV  
2.7 million new infections

Source: UNAIDS

# HIV in Europe

- Ca. 1 million people living with HIV/AIDS in Europe.
- Infection with HIV does not always produce symptoms that lead to diagnosis around the time of infection.
- Many people with HIV are not aware of their infection.
- Accurate estimates of the number of people with HIV for all countries in the region are necessary for a full response to the HIV epidemic.

# Estimating number of HIV infections

Three approaches:

- based on prevalence surveys
- based on reconstructing HIV incidence curves
- based on relationship between CD4 count and AIDS



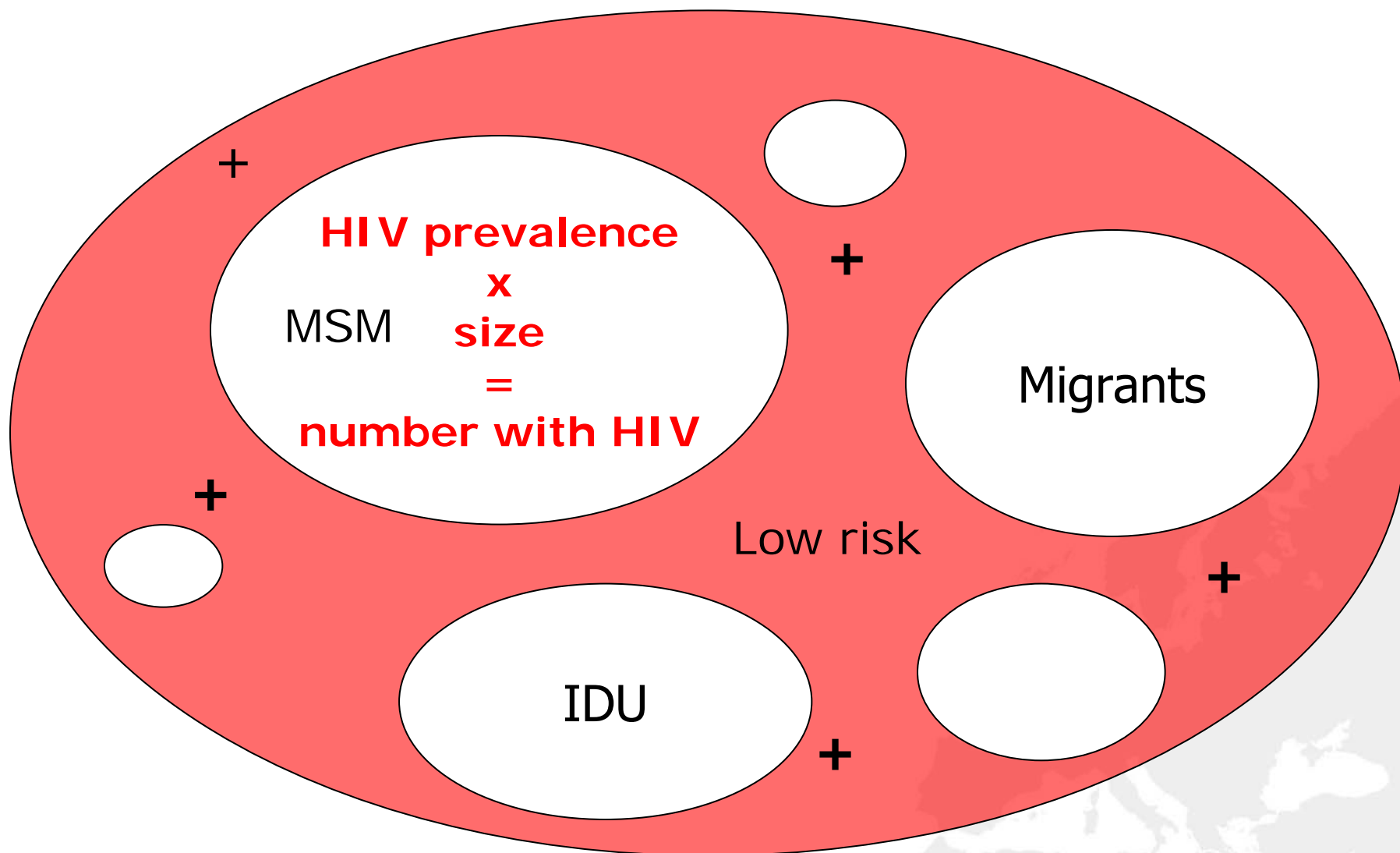
# Estimating number of HIV infections

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# Prevalence and risk group size



# Limitations and issues

- Matching prevalence and risk group size:
  - same population.
  - same time period.
- Difficult to measure prevalence and risk group size.
- What risk groups to divide the population into?
- No or sparse information for certain risk groups.



# Estimating number of HIV infections

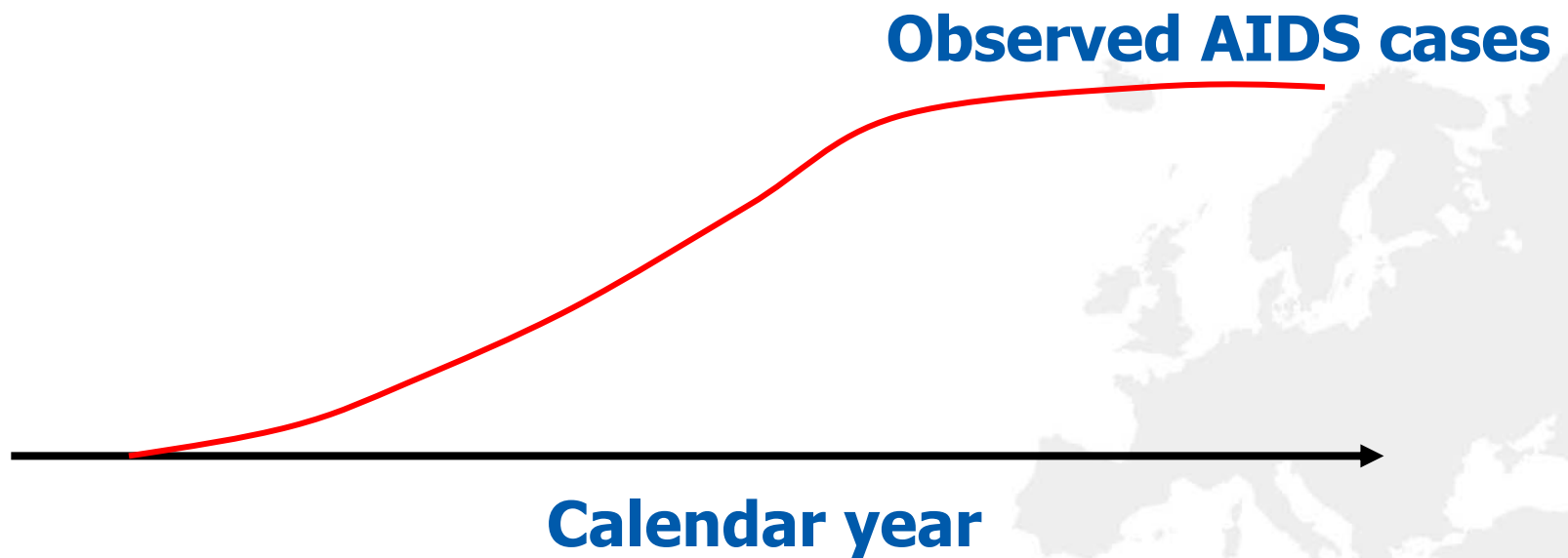
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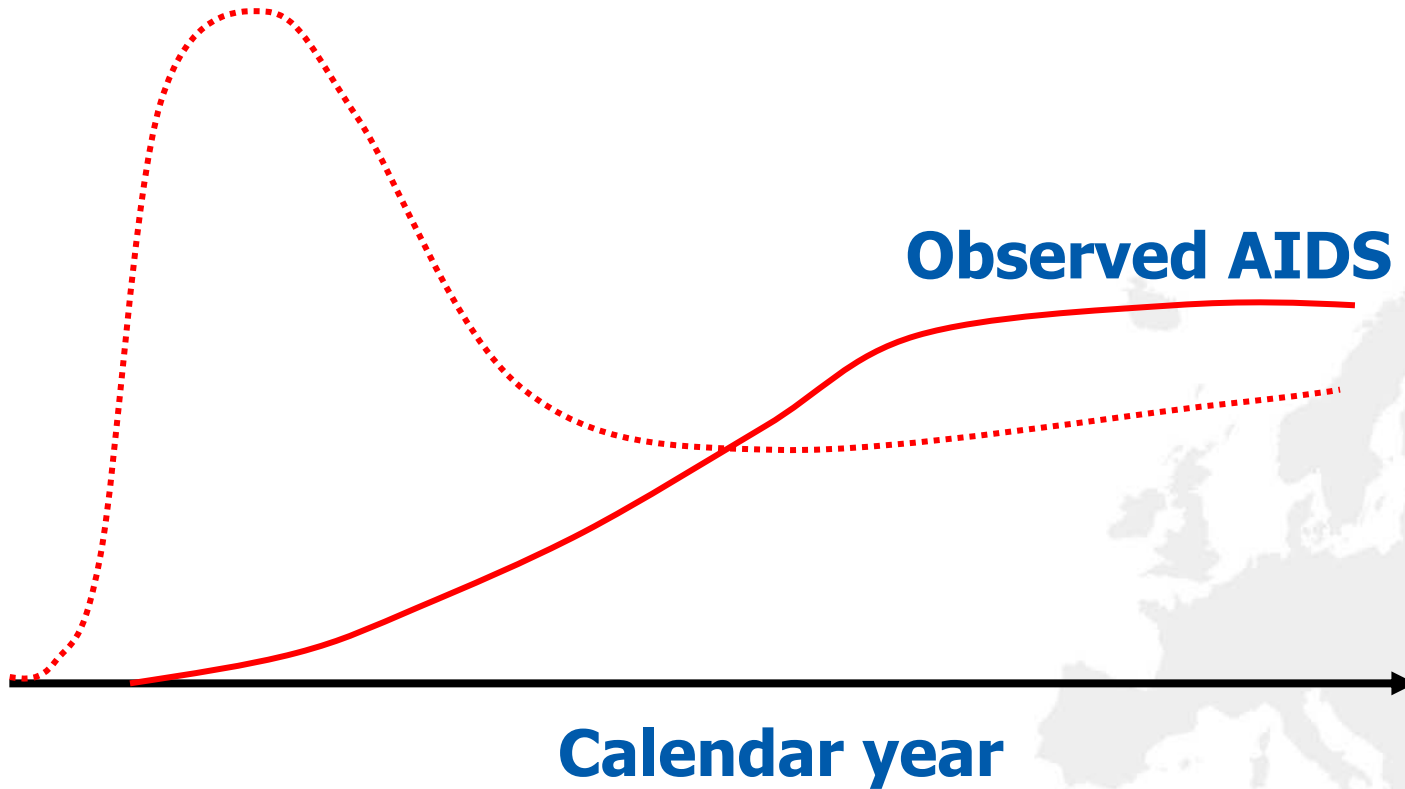
# Original back-calculation: AIDS → HIV



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**HIV infections**

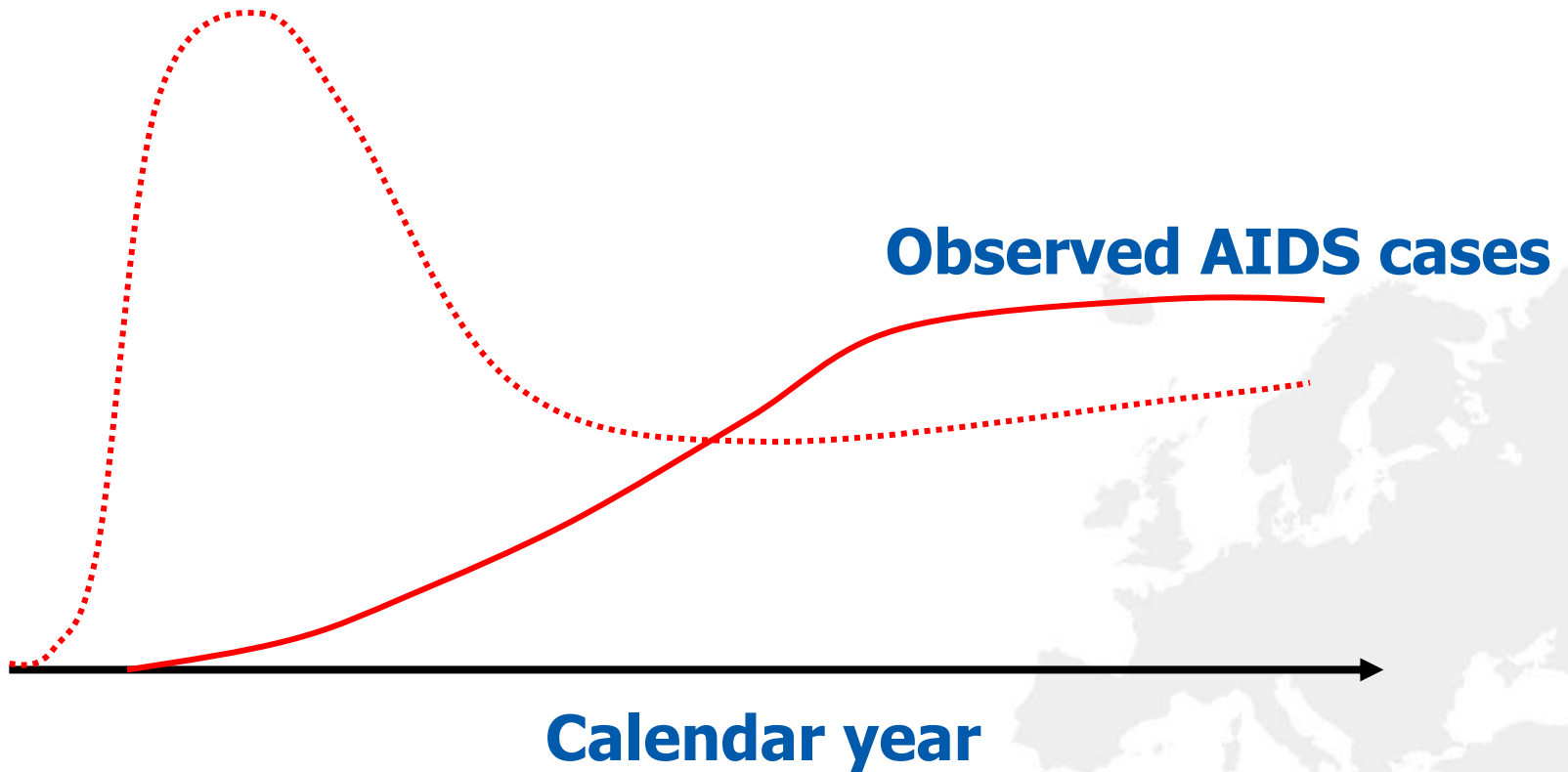
**Observed AIDS cases**



# Original back-calculation: AIDS → HIV

HIV population: number of infections – number of deaths

## HIV infections

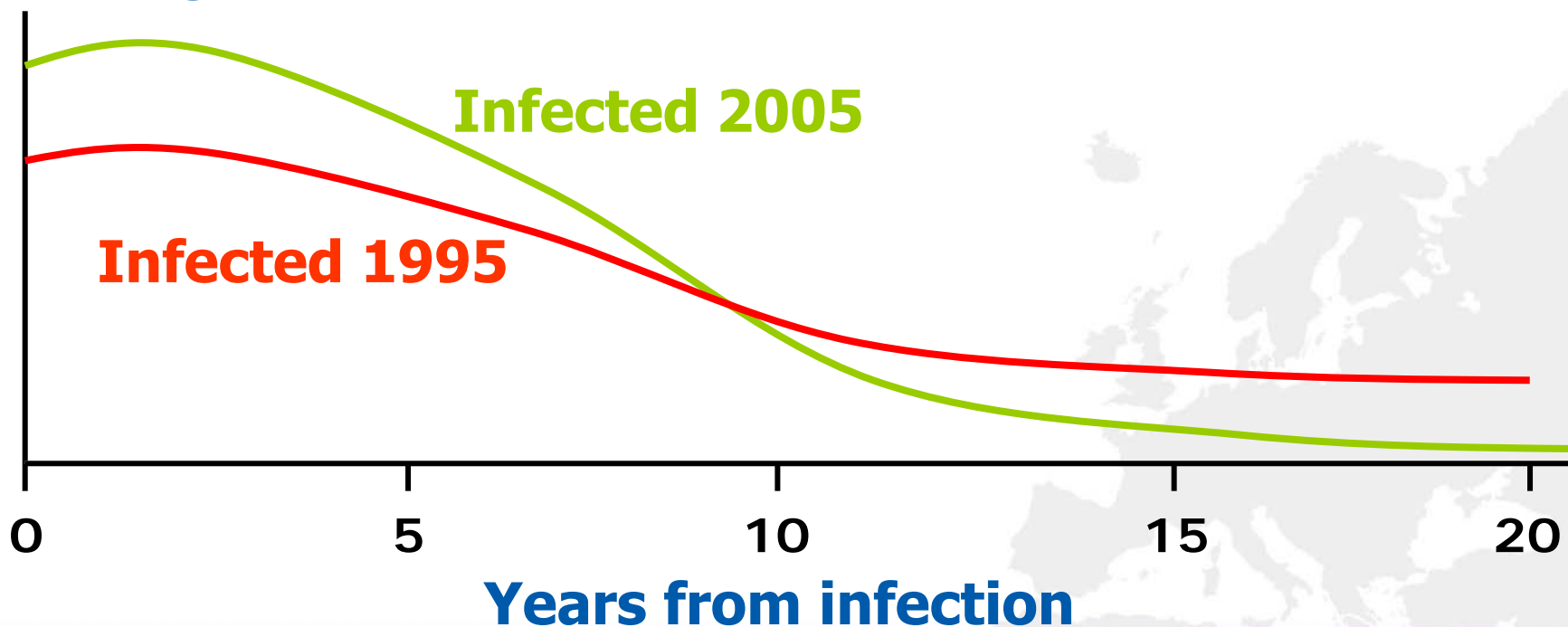


# Curve linking infection and diagnosis

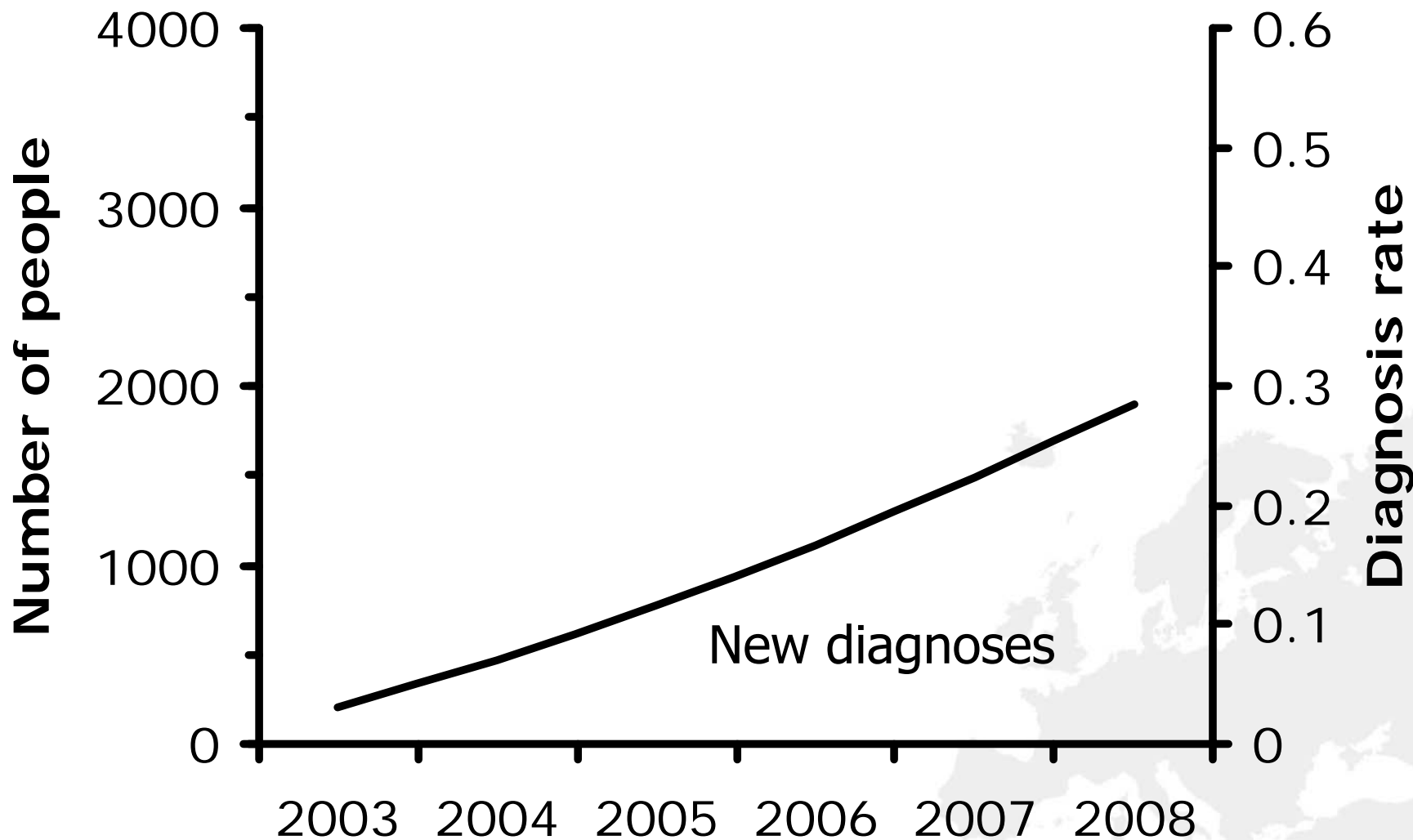
Complications:

- curve is unknown
- curve may change over time

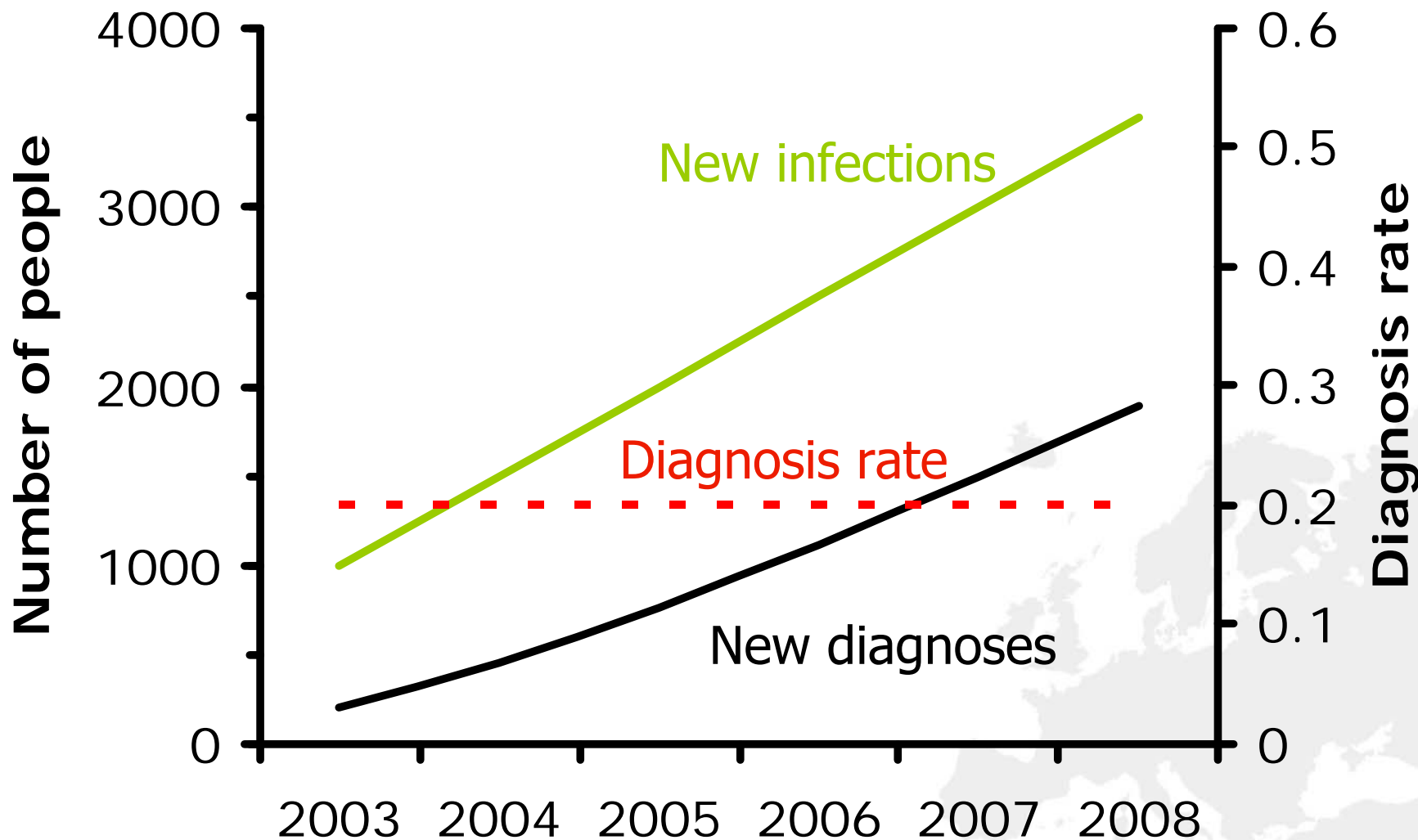
## HIV diagnoses



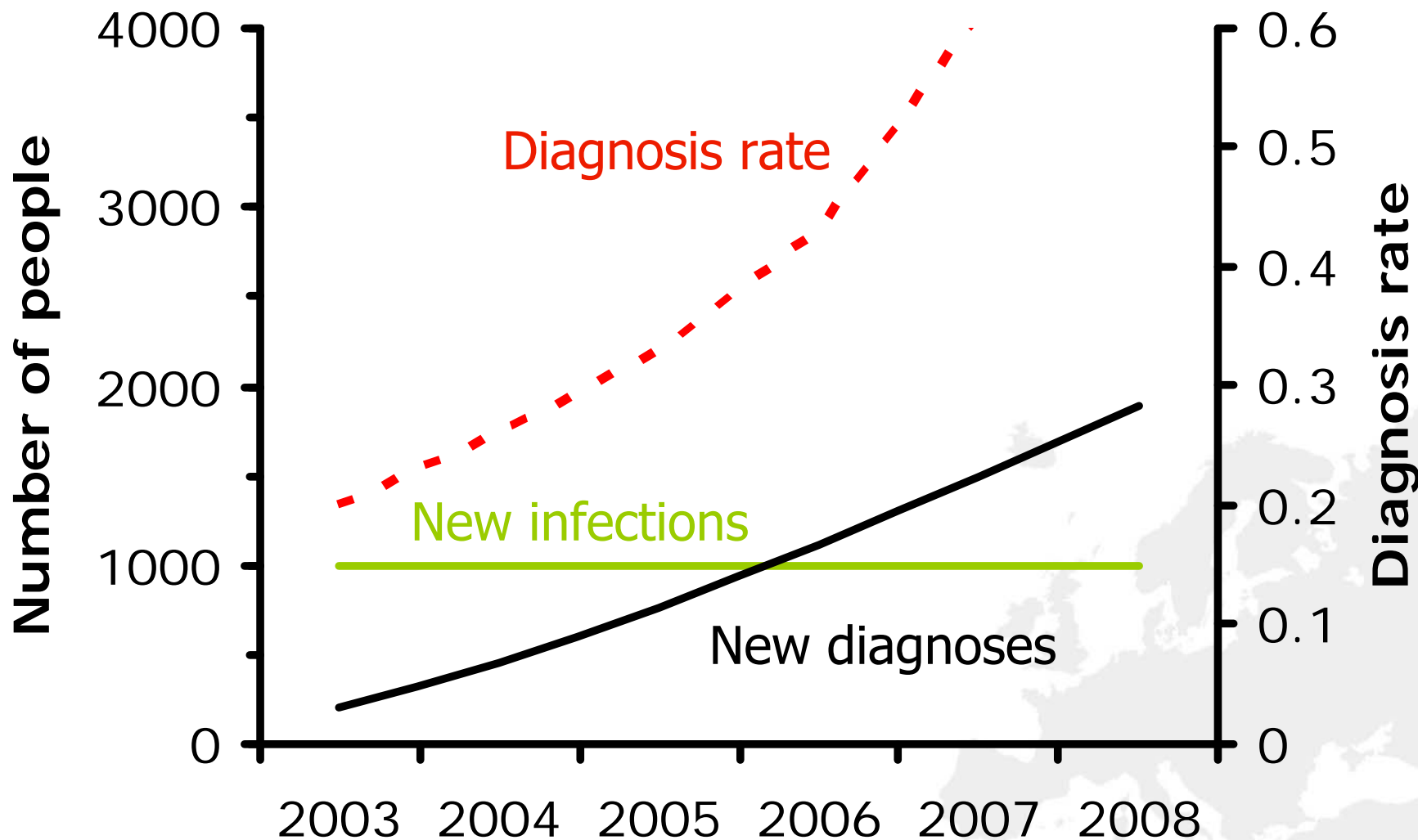
# New infections and diagnosis rate



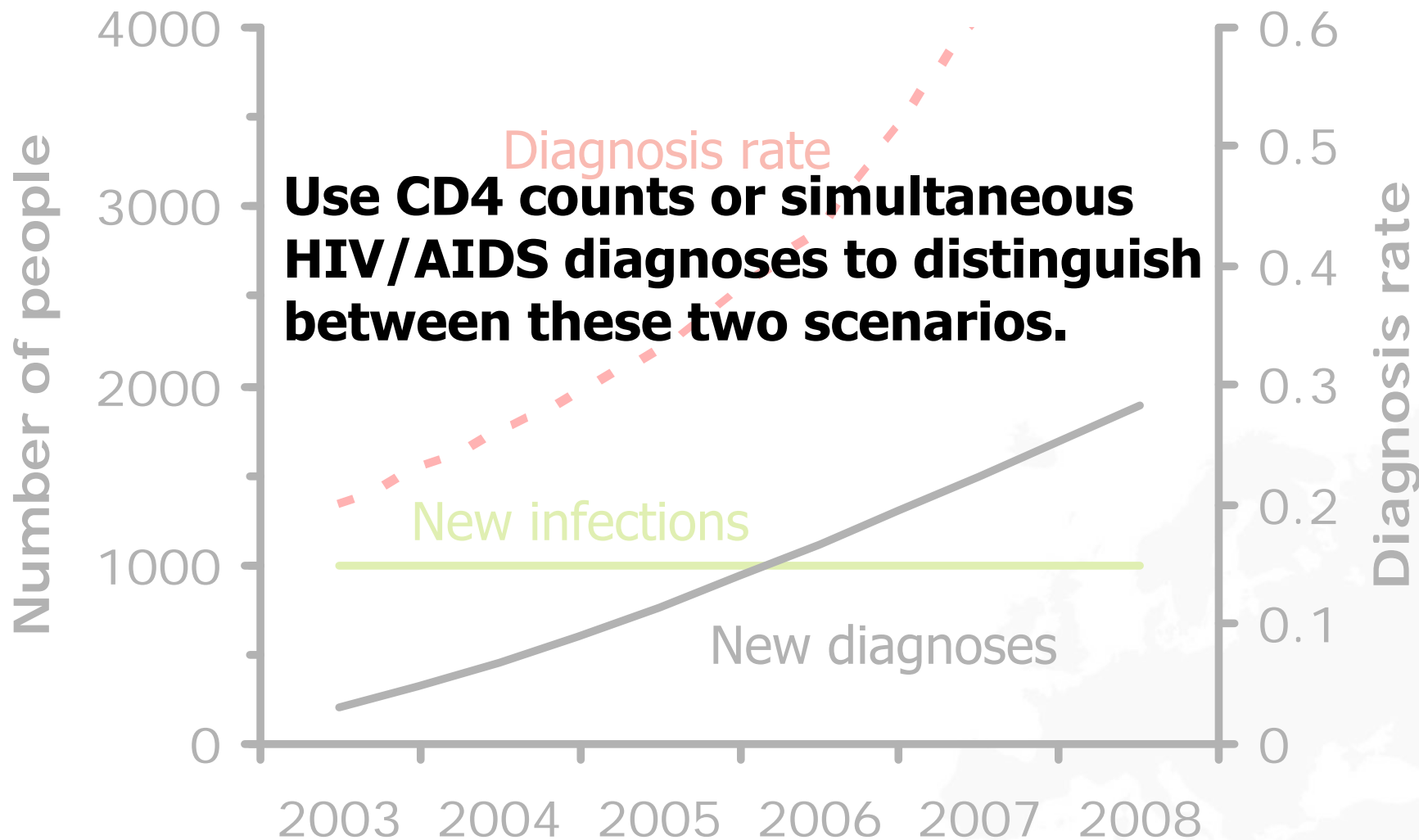
# New infections and diagnosis rate



# New infections and diagnosis rate



# New infections and diagnosis rate





# Existing methods



## Bayesian back-calculation using a multi-state model with application to HIV

Michael J. Sweeting<sup>1,\*†</sup>, Daniela De Angelis<sup>1,2,‡</sup> and Odd O. Aalen

STATISTICS IN MEDICINE  
*Statist. Med.* 2005; **24**:3991–4007

## A resurgent HIV-1 epidemic among men who have sex with men in the era of potent antiretroviral therapy

Daniela Bezemer<sup>a</sup>, Frank de Wolf<sup>a,b</sup>, Maarten C. Boerlijst<sup>c</sup>,  
Ard van Sighem<sup>a</sup>, T. Deirdre Hollingsworth<sup>b</sup>, Maria Prins<sup>d,e</sup>,  
Ronald B. Geskus<sup>d,f</sup>, Luuk Gras<sup>a</sup>, Roel A. Coutinho<sup>g,h</sup>  
and Christophe Fraser<sup>b</sup>

*AIDS* 2008, **22**:1071–1077

## Estimation of HIV Incidence in the United States

H. Irene Hall, PhD

Ruiguang Song, PhD

Philip Rhodes, PhD

Joseph Prejean, PhD

Qian An, MS

**Context** Incidence of human immunodeficiency virus (HIV) in the United States has not been directly measured. New assays that differentiate recent vs long infections allow improved estimation of HIV incidence.

**Objective** To estimate HIV incidence in the United States.

**Design, Setting, and Patients** Remnant diagnostic serum specimens

*JAMA.* 2008;300(5):520-529

## New method for estimating HIV incidence and time from infection to diagnosis using HIV surveillance data

Jacques D.A. Ndawinza<sup>a,b</sup>, Dominique Costagliola<sup>a,b,c</sup>  
and Virginie Supervie<sup>a,b</sup>

*AIDS* 2011, **25**:1905–1913

## A multistate approach for estimating the incidence of human immunodeficiency virus by using HIV and AIDS French surveillance data

Cécile Sommen<sup>1,2,\*†</sup>, Ahmadou Alioum<sup>1,2</sup> and Daniel Commenges<sup>1,2</sup>

<sup>1</sup>INSERM U897, Epidemiology and Biostatistics Research Center, Bordeaux, F-33076, France

<sup>2</sup>University of Bordeaux 2, Bordeaux, F-33076, France

STATISTICS IN MEDICINE  
*Statist. Med.* 2009; **28**:1554–1568

## Increasing HIV transmission through male homosexual and heterosexual contact in Australia: results from an extended back-projection approach

H Wand,<sup>1</sup> P Yan,<sup>2</sup> D Wilson,<sup>1</sup> A McDonald,<sup>1</sup> M Middleton,<sup>1</sup> J Kaldor<sup>1</sup> and M Law<sup>1</sup>

<sup>1</sup>National Centre in HIV Epidemiology and Clinical Research, Sydney, Australia and <sup>2</sup>Center for Infectious Disease Prevention and Control Population and Public Health Branch, Ottawa, Canada

*HIV Medicine* (2010)

# Data needed

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	1	2	3	4	5	6
HIV diagnoses	■	■	■	■	■	■
AIDS diagnoses			■	■	■	
HIV/AIDS diagnoses	■	■	■	■		■
HIV-related symptoms						■
CD4 counts	■					
Recent infections					■	■
Country of infection			■			

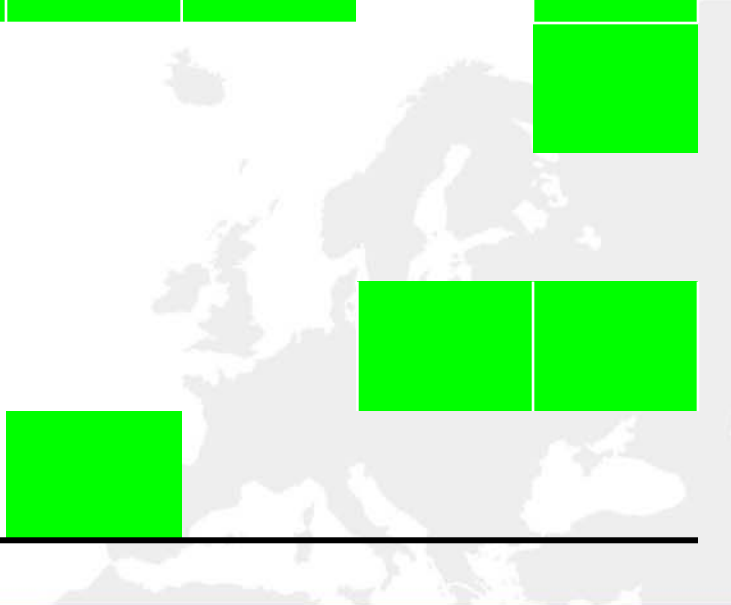
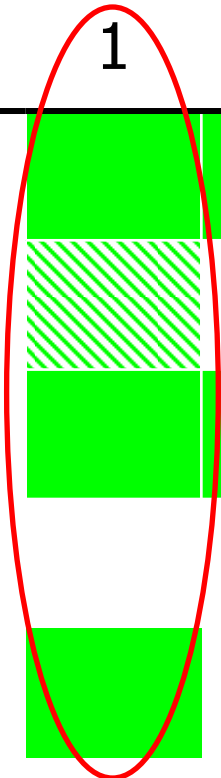
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# Data needed

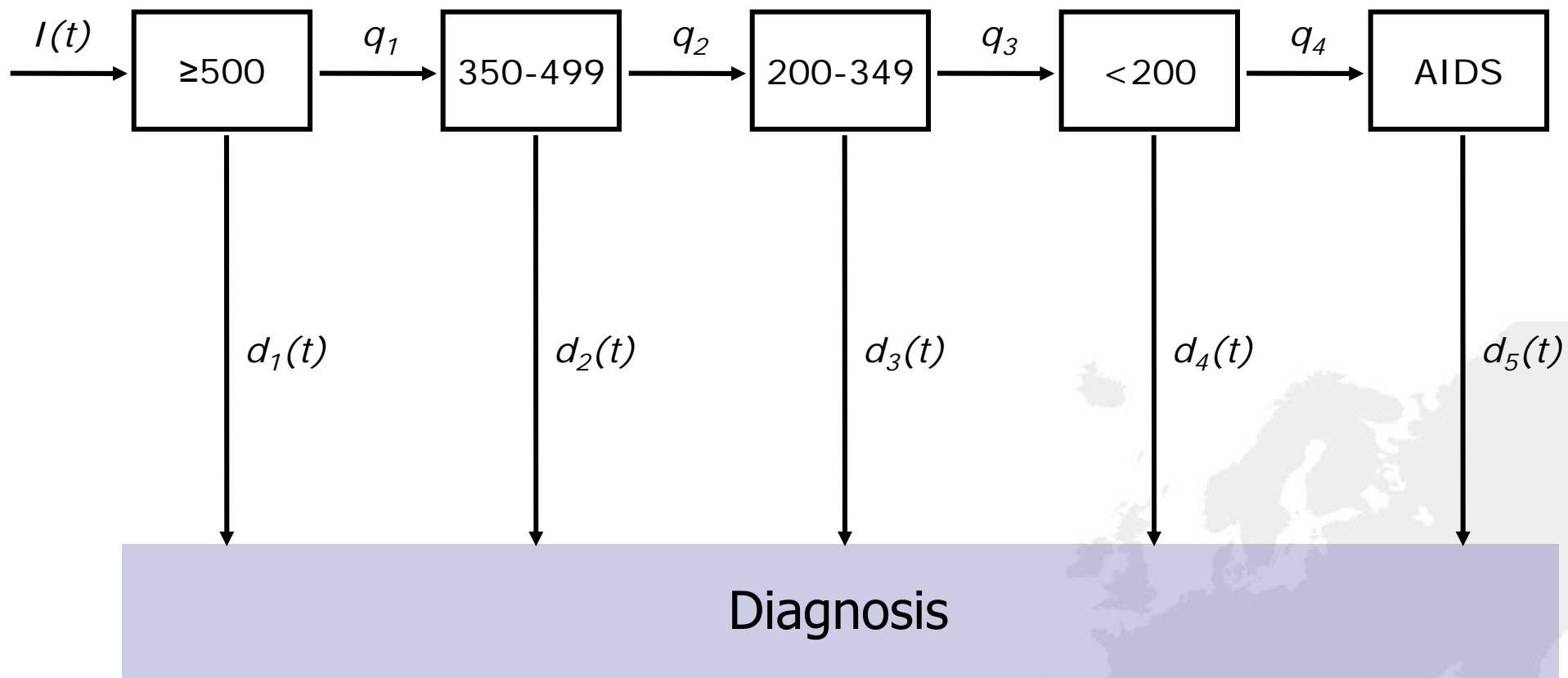
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	1	2	3	4	5	6
HIV diagnoses	■	■	■	■	■	■
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HIV/AIDS diagnoses	■	■	■	■	□	■
HIV-related symptoms	□	□	□	□	□	■
CD4 counts	■	□	□	□	□	□
Recent infections	□	□	□	□	■	■
Country of infection	□	□	■	□	□	□

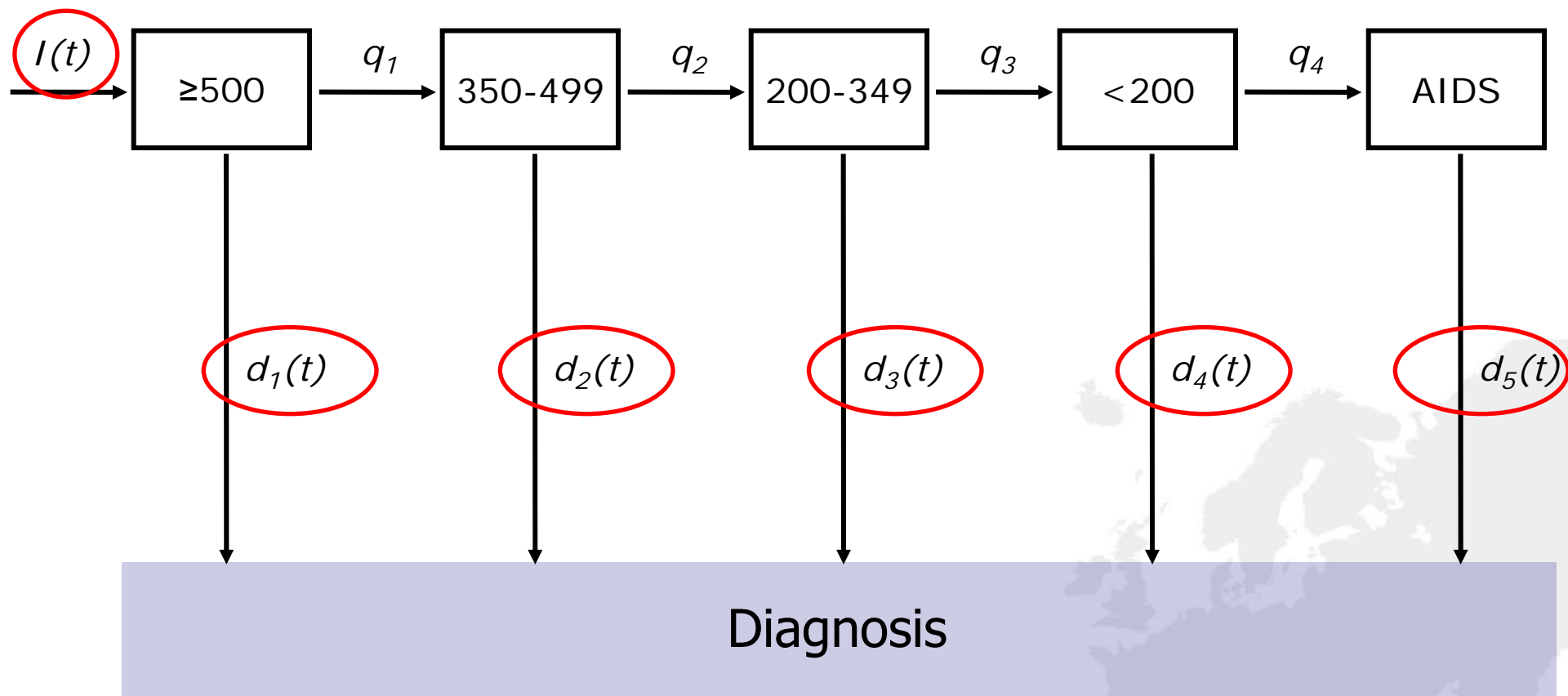
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# Underlying model



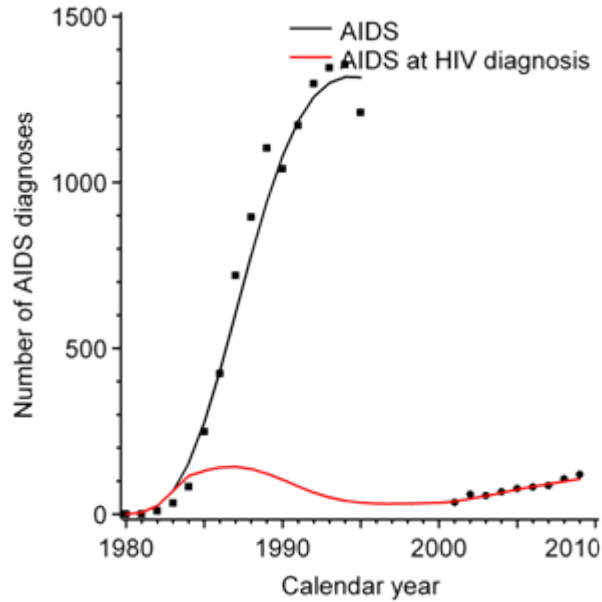
# Underlying model



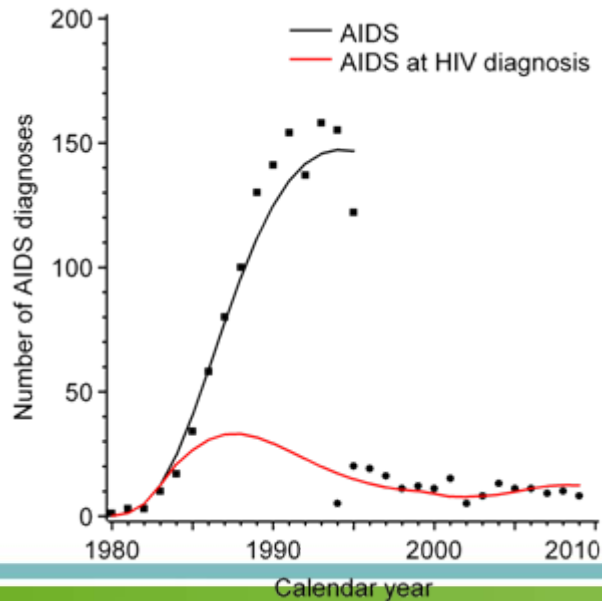
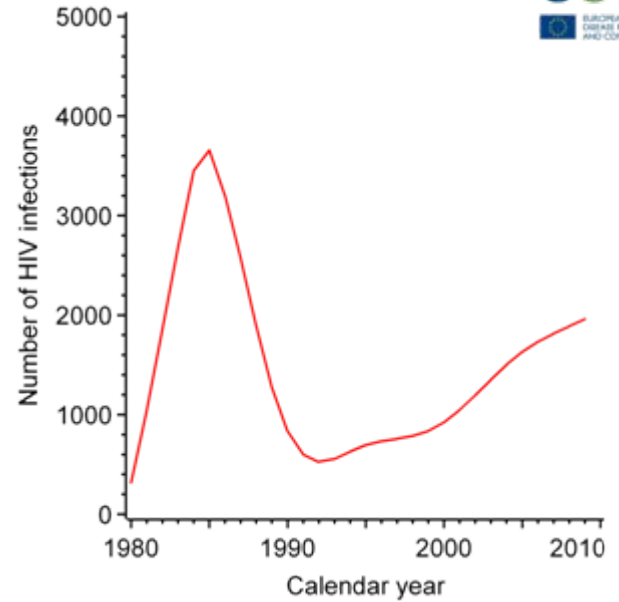
# Pilot countries



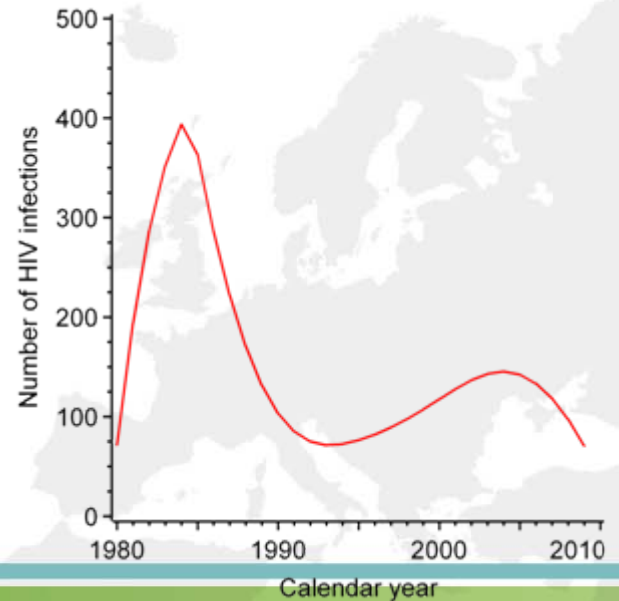
# Results – MSM Germany and Denmark



Germany



Denmark



# Estimating number of HIV infections

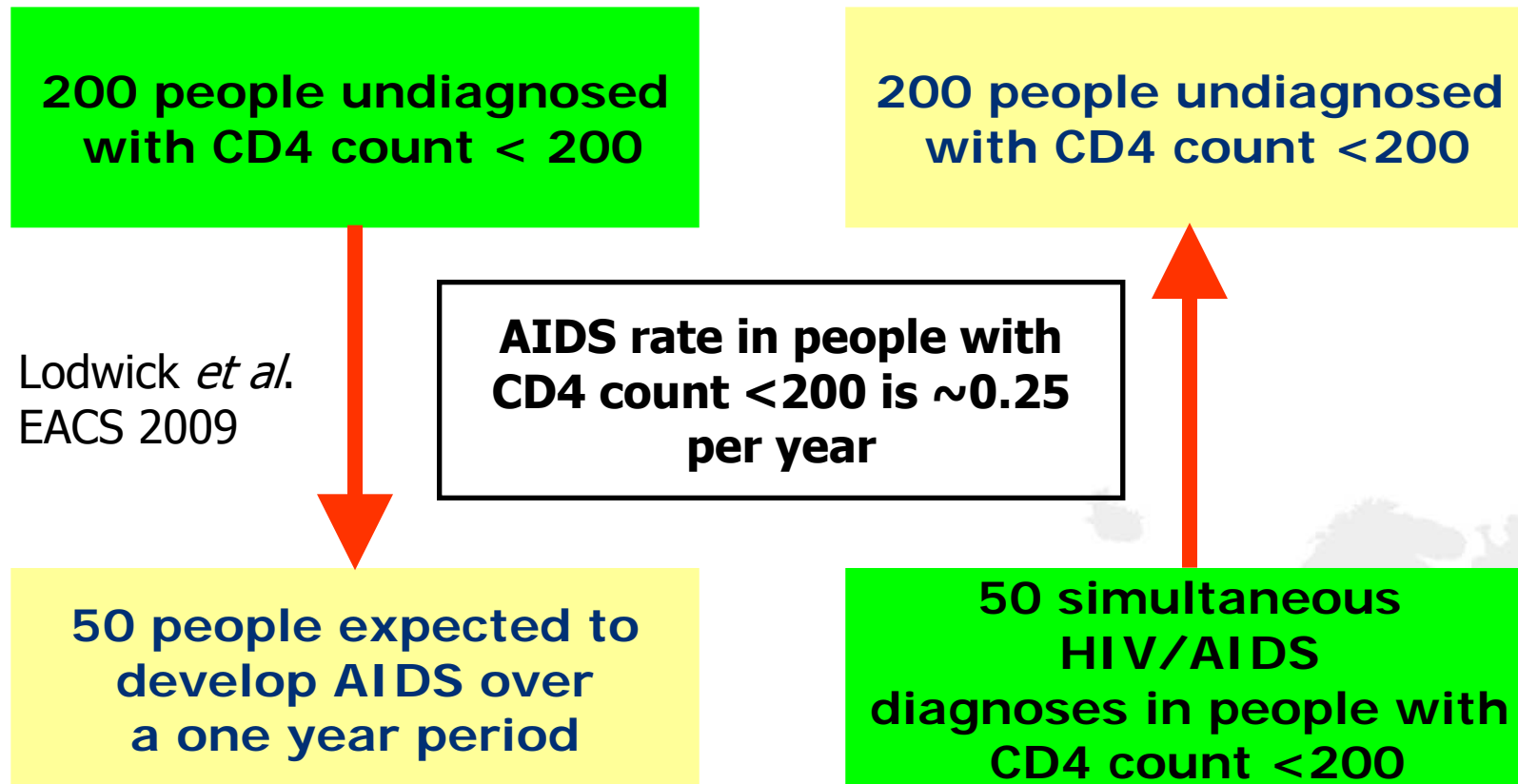
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# Relationship CD4 count and AIDS



Can be done on one year's data collection!

# Complications - data

- Underreporting.
- Double counting.
- Delayed reporting to national surveillance system.
- Incomplete information.
- Implicit assumption: everyone will be diagnosed eventually.
- Mortality in HIV-infected individuals.
- More data appear to be available outside TESSy.

# Complications - methods

- Choosing parameters
  - infection curve
  - time intervals
- CD4 – AIDS model underestimates undiagnosed population:
  - people sometimes test due to pre-AIDS symptoms.
  - need to include also cases of HIV-related symptoms at diagnosis.
- Need estimates of uncertainty.

# Summary and conclusions

- Three methods to estimate HIV prevalence.
- Reconstruction of the infection curve looks promising.
- CD4 – AIDS method needs further testing on country data.
- Understanding of the data is crucial!



# Consortium



## University College, London, UK

Andrew Phillips  
Rebecca Lodwick  
Fumiyo Nakagawa



## Imperial College, London, UK

Christophe Fraser  
Geoff Garnett



## University of Bern, Bern, CH

Olivia Keiser  
Matthias Egger

Imperial College  
London

## Stichting HIV Monitoring, Amsterdam, NL

Frank de Wolf

## European Centre for Disease Prevention and Control

Marita van de Laar  
Giedrius Likatavičius

$u^b$

<sup>b</sup>  
UNIVERSITÄT  
BERN

