
BCN
checkpoint
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BCN Checkpoint: Achievements, challenges and future plans of a community centre for MSM

Michael Meulbroek
Projecte dels NOMS-Hispanosida

HepHIV 2017 Conference
Malta, 1 February 2017

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INTRODUCTION

- BCN Checkpoint opened in January 2006
- BCN Checkpoint introduced the use of HIV rapid tests in community-based centers in Europe in 2006
- BCN Checkpoint serves 40-60 clients per day
- Services:
  - ✓ HIV, HCV and Syphilis rapid testing
  - ✓ Chlamydia and Gonorrhea
  - ✓ Peer counseling + Referral to HIV clinic
  - ✓ Hepatitis A and B vaccination
  - ✓ Community Research

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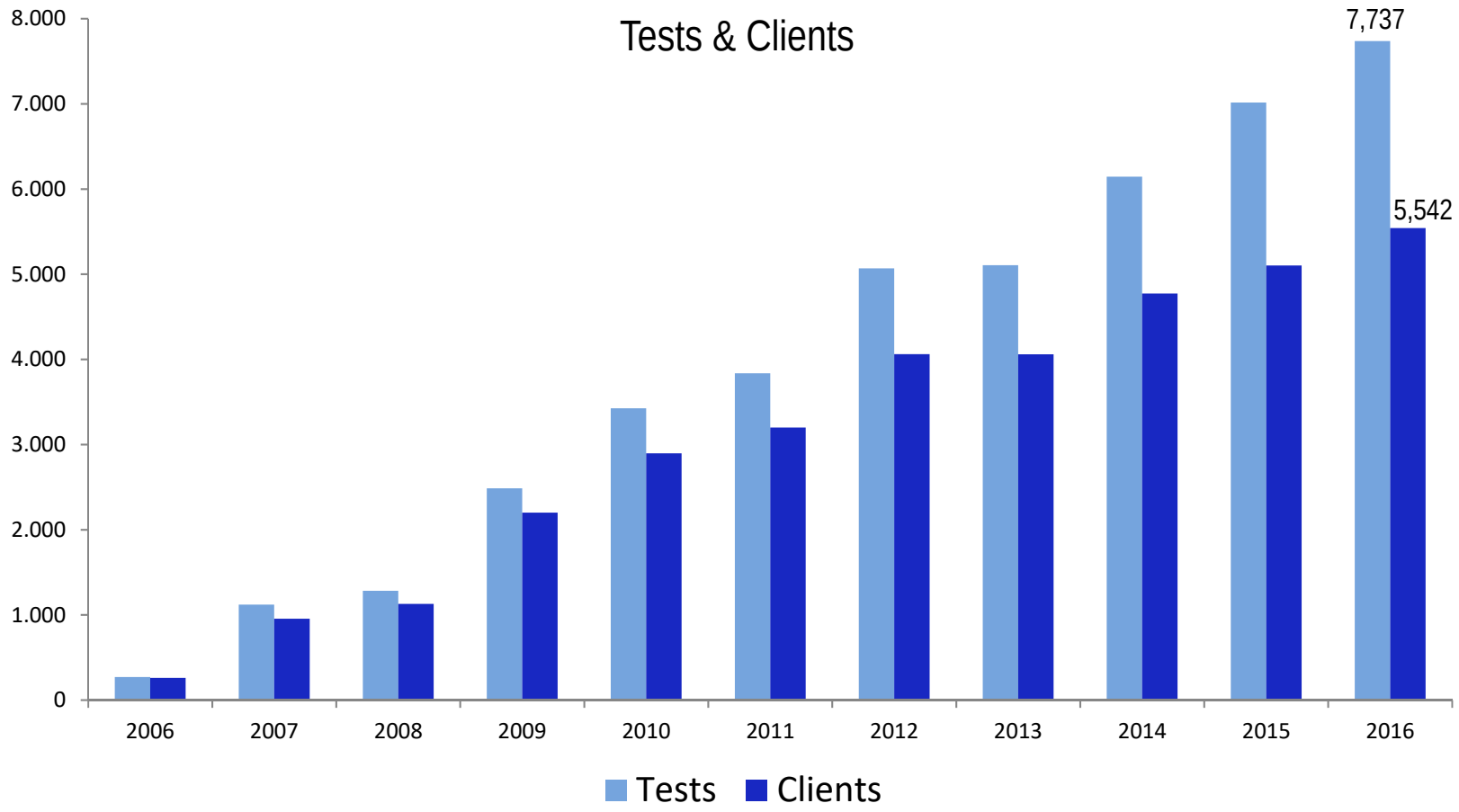
ACHIEVEMENTS



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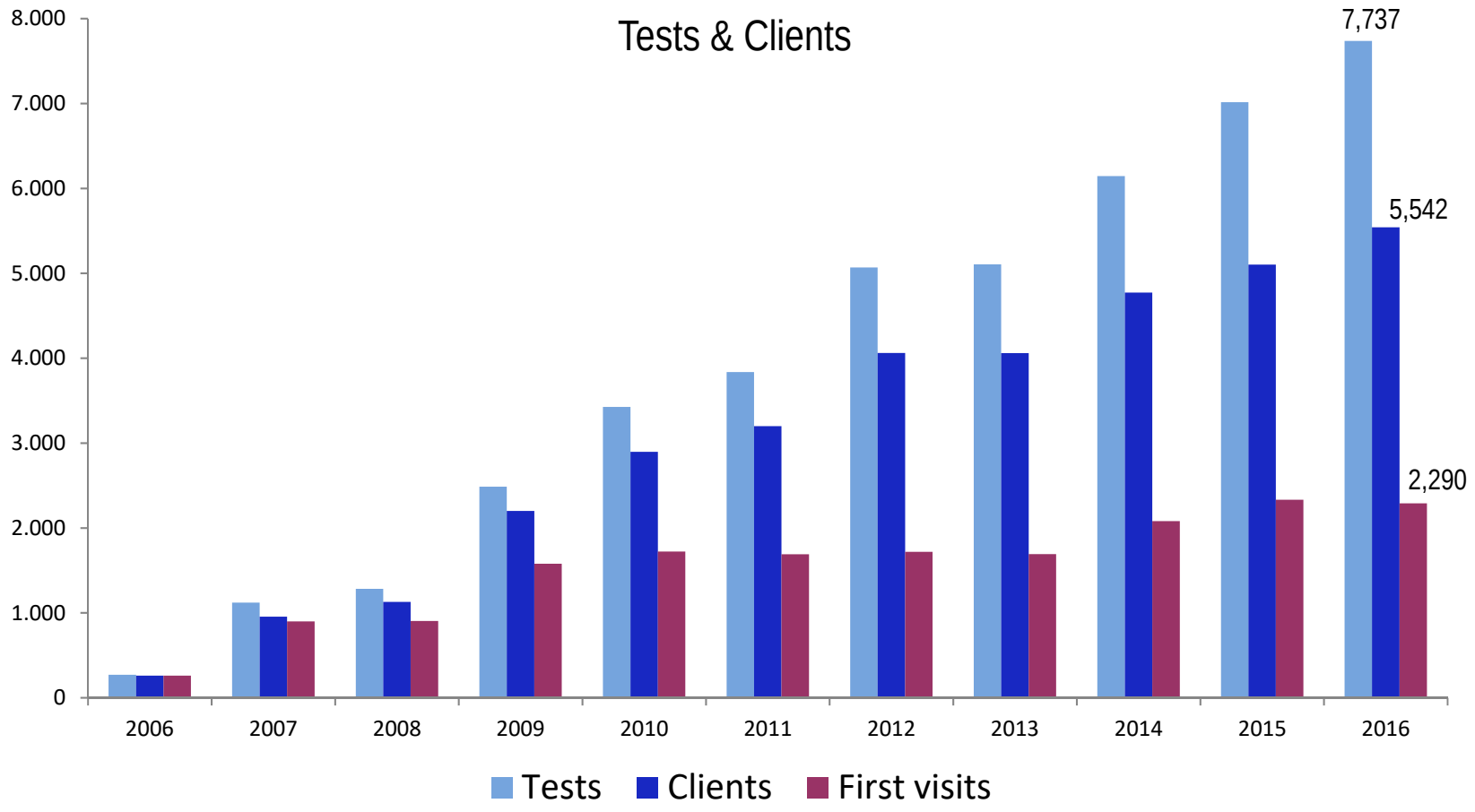

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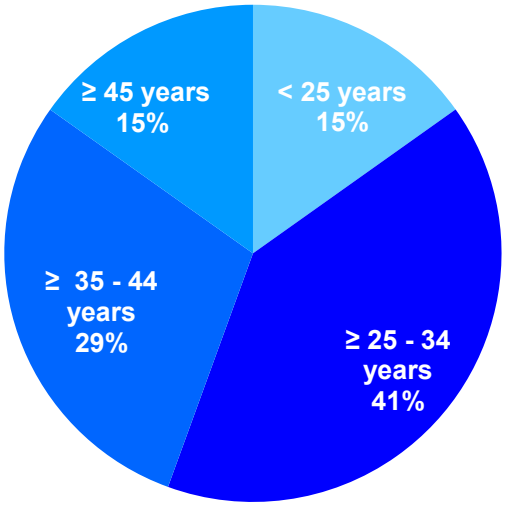
PROFILE



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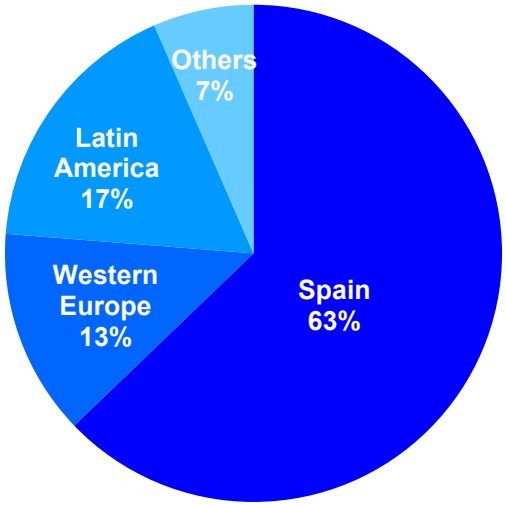

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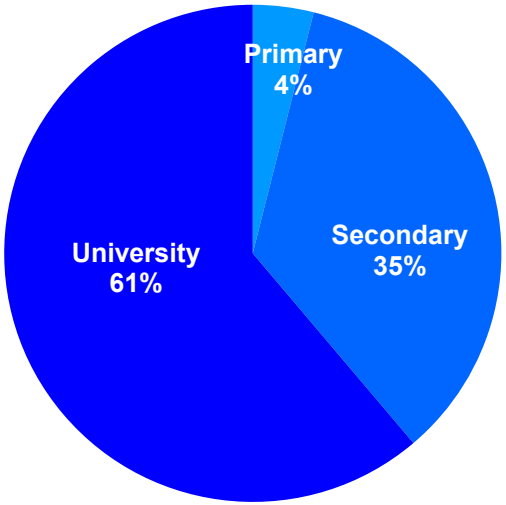

Education

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RESULTS

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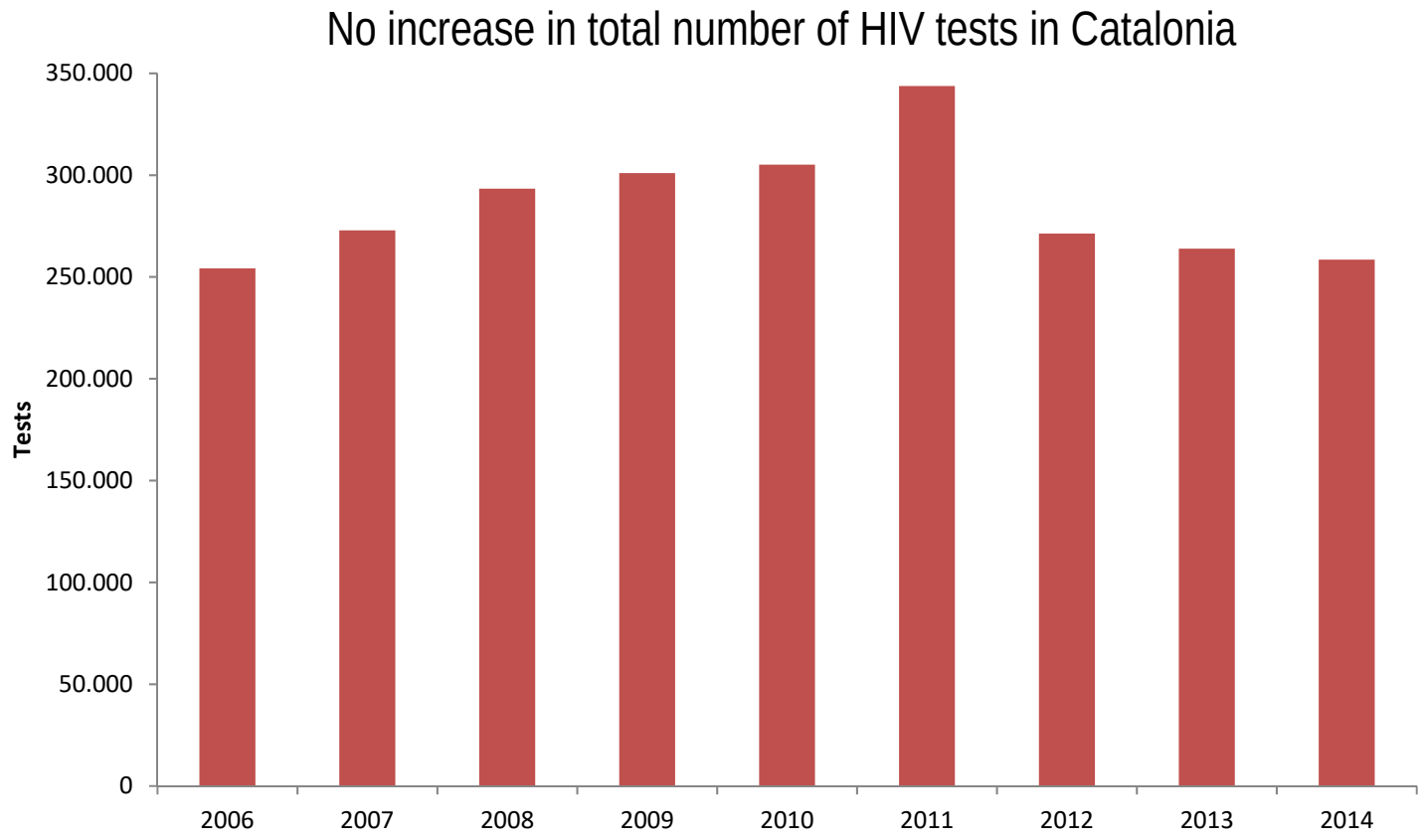
IMPACT OF BCN CHECKPOINT



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Source: Informe sobre el monitoratge del diagnòstic de la infecció pel VIH a Catalunya. 2015. CEEISCAT. November 2016

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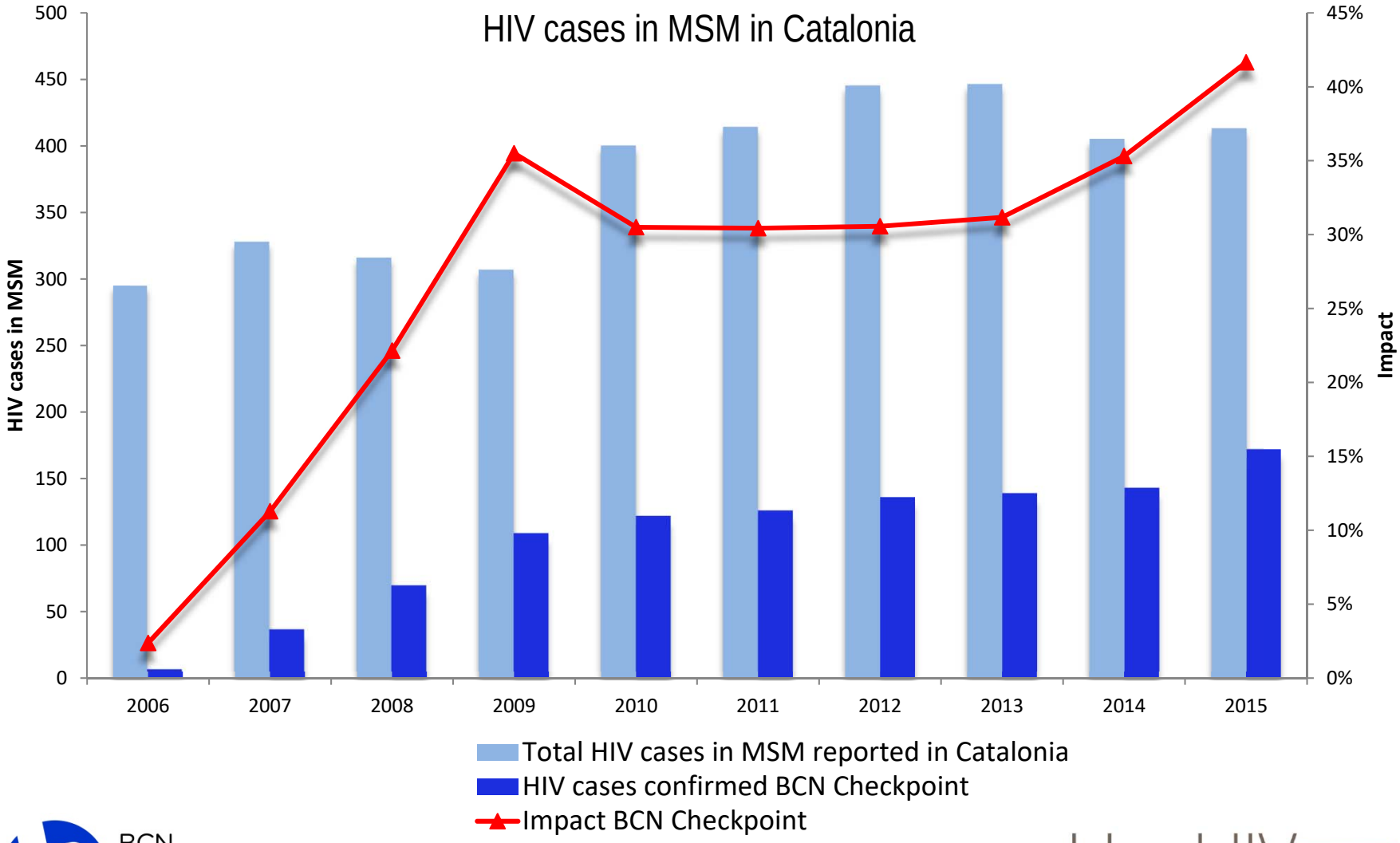

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Source: Actualització a 06/10/2016. Vigilància epidemiològica de la infecció pel VIH i la SIDA a Catalunya. Ceeiscat. Departament de Salut. Generalitat de Catalunya

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CHECKPOINT EUROPE

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Source: Checkpoint survey. Axel J. Schmidt. Google Maps

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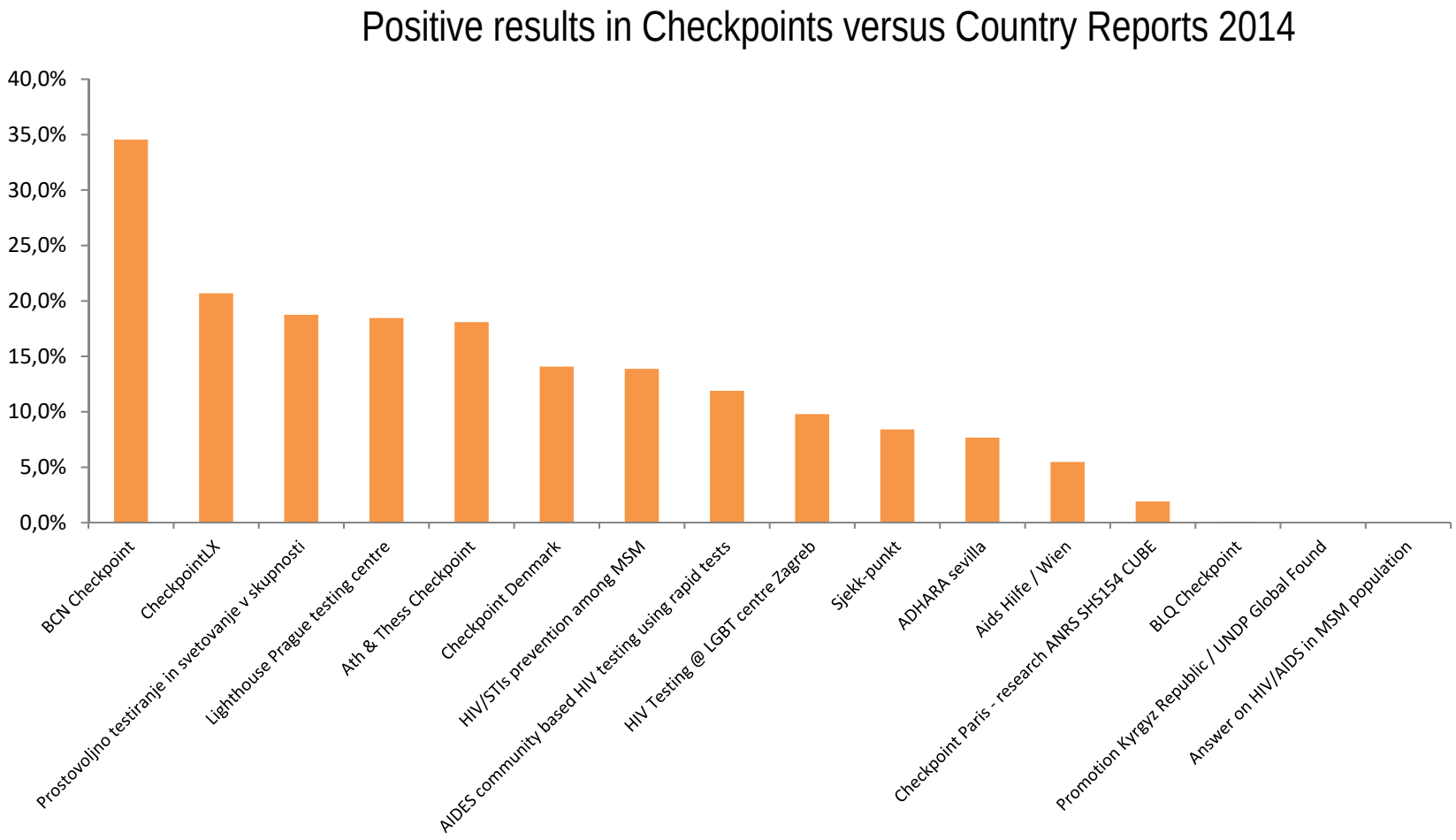
CHECKPOINT EUROPE



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Source:: Checkpoints: Beyond VCT Centres. Next steps for Community Testing in Europe. Barcelona - 20 October 2015

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CHECKPOINT EUROPE

Community centres have shown to be

- effective
- able to monitor their activities
- good uptake from community

Nevertheless, are not

- taken seriously in budgets of national programs
- able to access European grants

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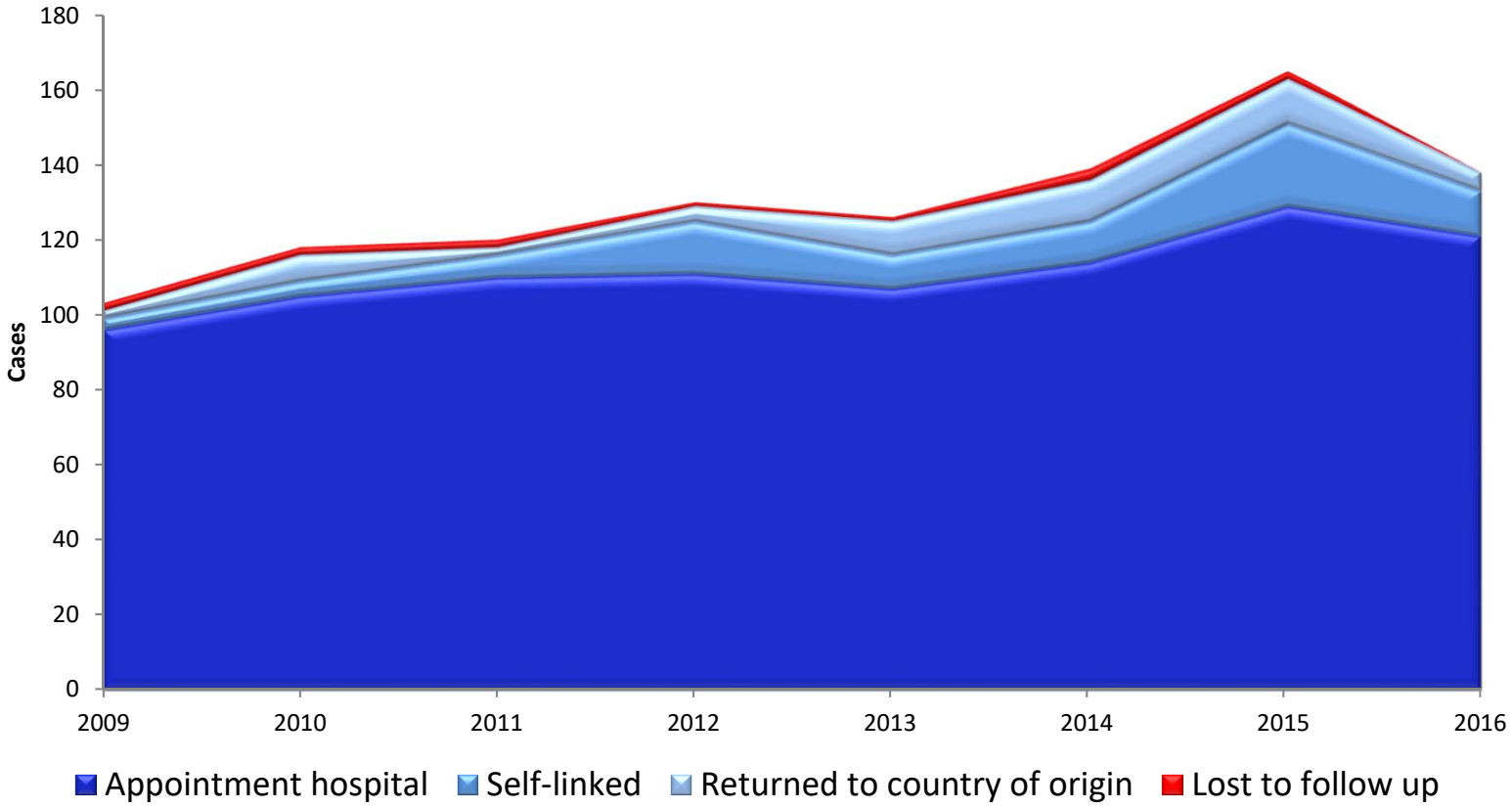
LINKAGE TO CARE



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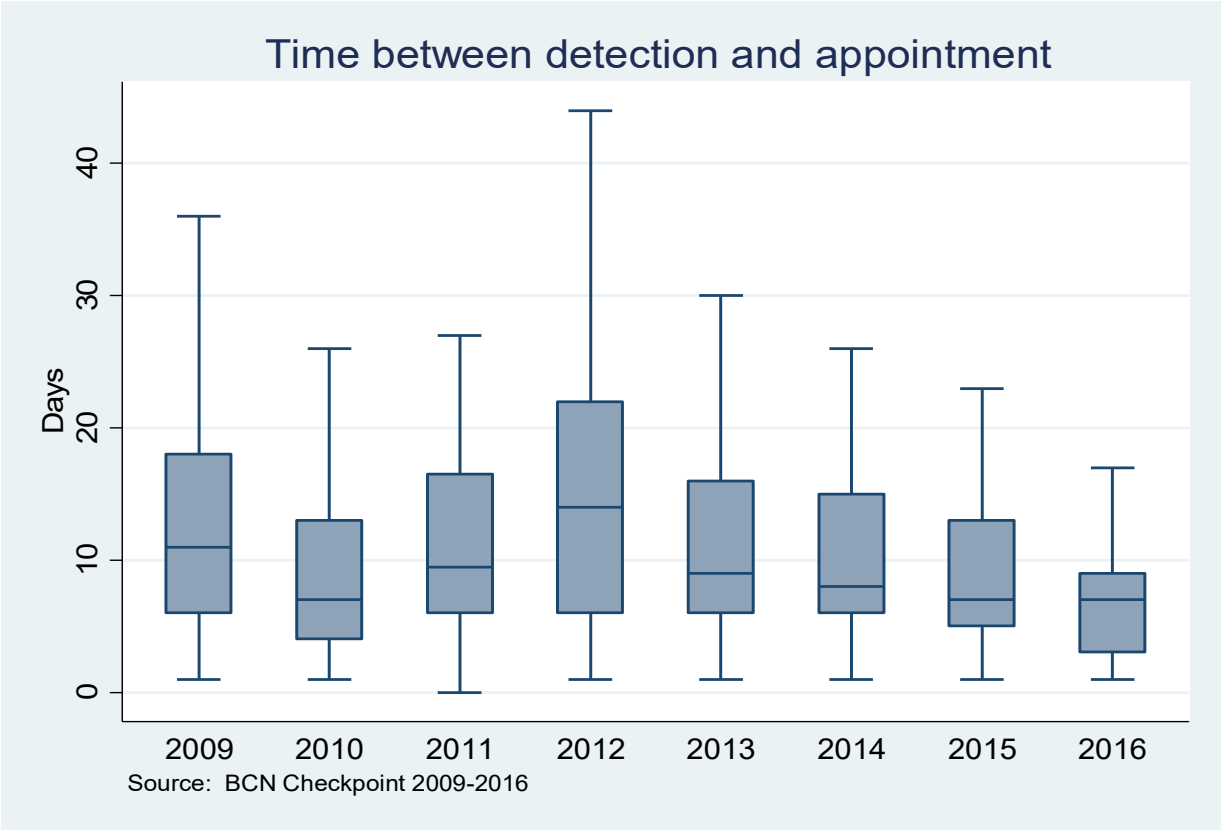

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EARLY DETECTION

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HIV-AIDS • STI • SEXUALITY • MEN • HEALTH

BCN Checkpoint: 31% of the new HIV cases detected in a Community-Based Center for MSM are recent infections

M. Meulbroek, F. Pujol, F. Pérez, A. Dalmau, H. Taboada, G. Marazzi, A. Pérez, A. Carrillo, A. Cabas, J. Miralles, J. Saz

Projecte dels NOMS-Hispanosida - www.bcncheckpoint.com

HepHIV2014 Conference
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

Barcelona, 6 October 2014

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EARLY DETECTION

NEW TECHNOLOGIES

P24 ANTIGEN

VIRAL LOAD

FIEBIG Phases	Range estimated date of infection
Phase I: Viral RNA+	7-21 days
Phase II: Postive Antigen P24 and negative Antibodies	18-24 days
Phase III: Antibody Elisa + and WB negative	21-25 days
Phase IV: Western Blot incomplete (< 2 envelope bands)	21-29 days
Phase V: Western Blot positive and negative P31 Antigen	30-90days
Phase VI: All tests positive	Open ended

EARLY DETECTION

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Acute Infections

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Infections of less than three months

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EARLY DETECTION

Confirmed Infections	2015 N	%	% acum.
Phase I	6	3,8%	3,8%
Phase II	2	1,3%	5,1%
Phase III	0	0,0%	5,1%
Phase IV	1	0,6%	5,7%
Phase V	78	49,4%	55,1%
Phase VI	71	44,9%	100,0%
TOTAL	158	100,0%	

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55% infections less than 3 months

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EARLY DETECTION

Confirmed	2015			2016		
Infections	N	%	% acum.	N	%	% acum.
Phase I	6	3,8%	3,8%	7	5,3%	5,3%
Phase II	2	1,3%	5,1%	7	5,3%	10,6%
Phase III	0	0,0%	5,1%	0	0,0%	10,6%
Phase IV	1	0,6%	5,7%	1	0,8%	11,4%
Phase V	78	49,4%	55,1%	63	47,7%	59,1%
Phase VI	71	44,9%	100,0%	54	40,9%	100,0%
TOTAL	158	100,0%		132	100,0%	

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75% Increase

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2015: 6 cases
1,061 tests (0,57%)
911 clients (0,66%)

⇨

2016: 7 cases
615 tests (1,14%)
514 clients (1,36%)

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Infections less than 3 months

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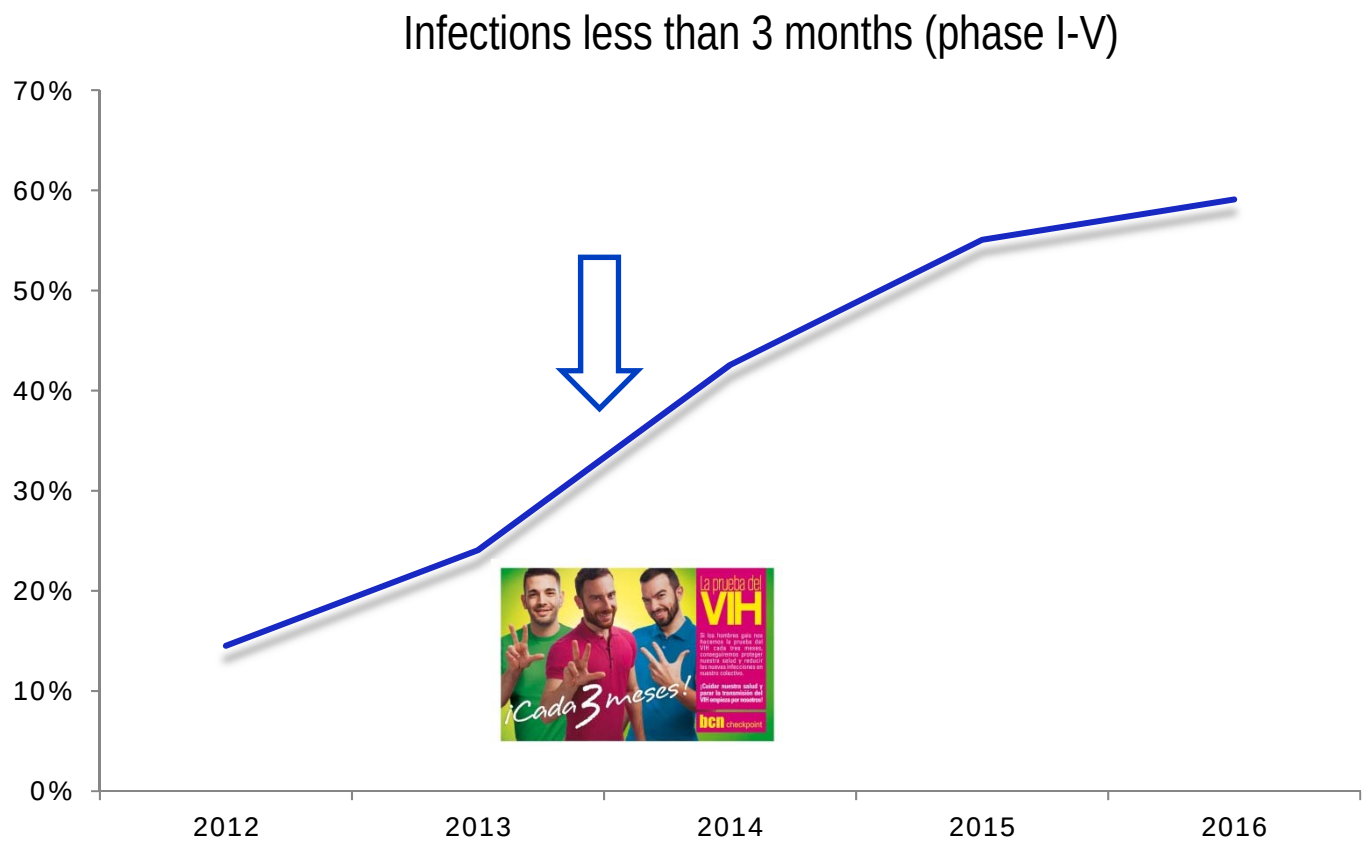
EARLY DETECTION



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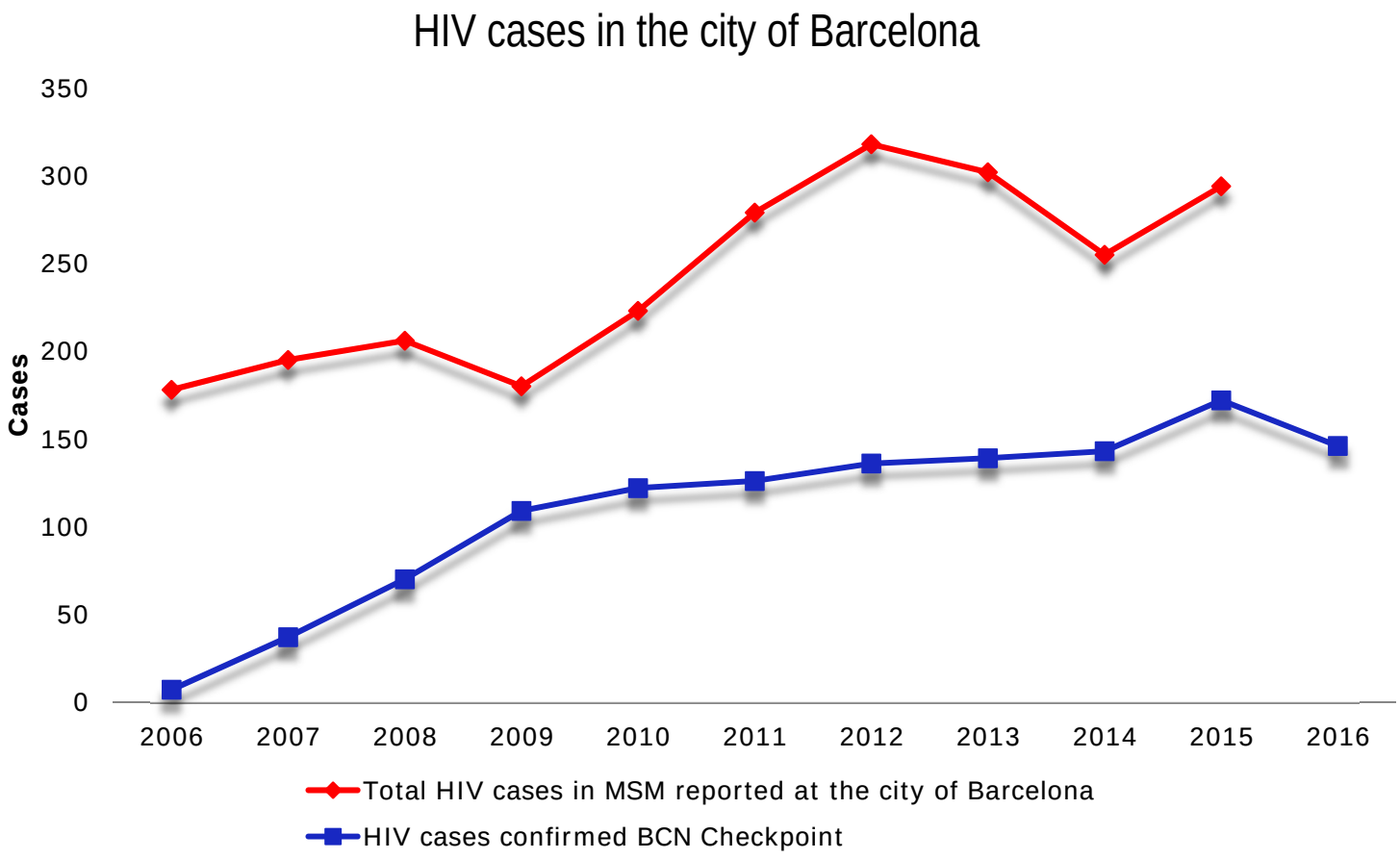
EARLY DETECTION + FAST LINKAGE + TREATMENT



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NEW CHALLENGES

Prevalence study of (asymptomatic) STI among Men who have Sex with Men in BCN Checkpoint

		2015			2016		
Prevalence		Individuals	Positive	%	Individuals	Positive	%
Urethral	CT	797	21	2,6%	1.534	28	1,8%
	NG	797	12	1,5%	1.534	19	1,2%
Rectal	CT	792	67	8,5%	1.525	110	7,2%
	NG	792	53	6,7%	1.525	113	7,4%
Pharyngeal	CT	798	25	3,1%	1.530	35	2,3%
	NG	798	74	9,3%	1.530	135	8,8%
LGV		792	12	1,5%	1.525	7	0,5%

2015:
837 samples
188 infections (22,5%)

2016:
1,701 samples
348 infections (20,5%)

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NEW CHALLENGES

Prevalence study of (asymptomatic) STI among Men who have Sex with Men in BCN Checkpoint

	2015			2016		
	Individuals with a positive result	Asymptomatic	%	Individuals with a positive result	Asymptomatic	%
Urethral	30	16	53,3%	45	28	62,2%
Rectal	107	83	77,6%	204	188	92,2%
Pharyngeal	94	82	87,2%	164	155	94,5%
LGV	12	0	0,0%	nd	nd	

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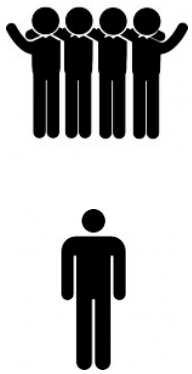
FUTURE PLANS



HIV Incidence groups				Individuals included	Person-years	Sero-conversion	Incidence Rate	Lower 95%CI	Upper 95%CI
POSITION	CONDOM USE	STI	PARTNERS						
ONLY INSERTIVE	USUALLY	NO STI	>10	250	635,3	6	**0,9**	0,4	2,1
			>20	112	283,4	4	**1,4**	0,5	3,8
		STI	>10	14	41,6	2	**4,8**	1,2	19,2
			>20	10	25,7	2	**7,8**	2,0	31,1
	SOMETIMES	NO STI	>10	36	91,9	5	**5,4**	2,3	13,1
			>20	27	55,5	5	**9,0**	3,8	21,6
		STI	>10	6	11,9	1	**8,4**	1,2	59,9
			>20	5	6,3	1	**15,8**	2,2	111,9
ANY RECEPTIVE	USUALLY	NO STI	>10	328	731,4	29	**4,0**	2,8	5,7
			>20	164	370,7	19	**5,1**	3,3	8,0
		STI	>10	26	64,4	3	**4,7**	1,5	14,4
			>20	16	41,8	2	**4,8**	1,2	19,2
	SOMETIMES	NO STI	>10	71	166,6	15	**9,0**	5,4	14,9
			>20	43	88,3	10	**11,3**	6,1	21,1
		STI	>10	8	16,2	4	**24,7**	9,3	65,8
			>20	6	13,3	3	**22,6**	7,3	70,0

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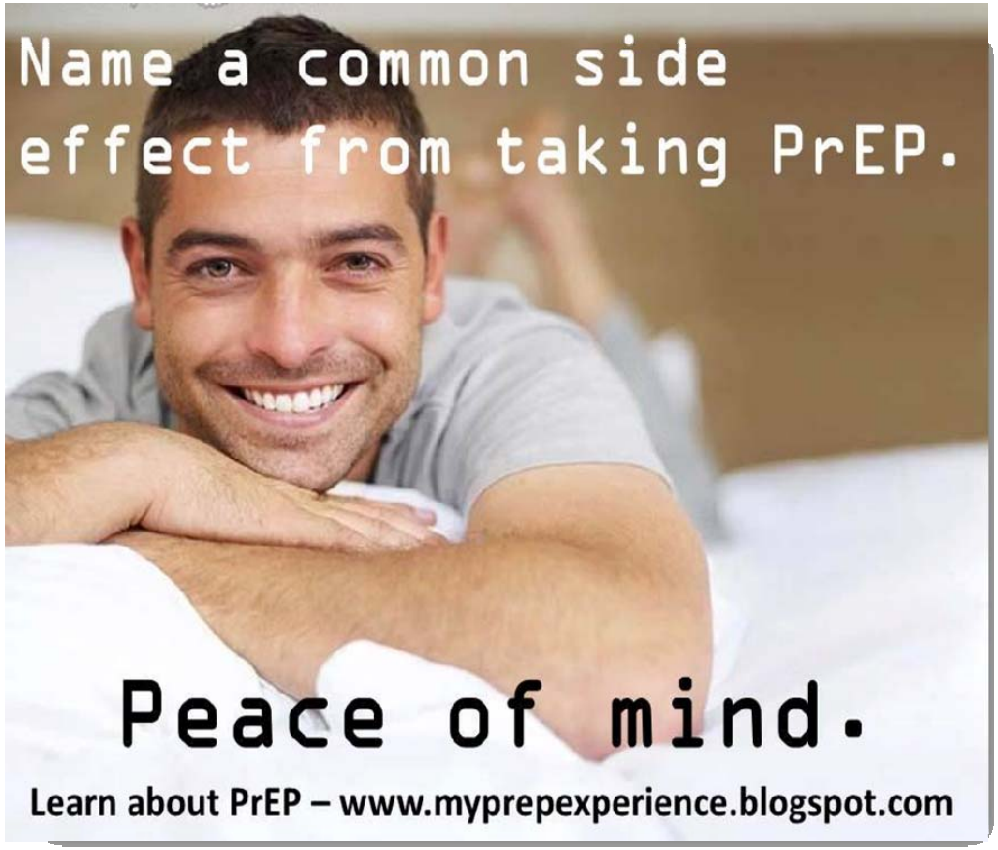
FUTURE PLANS

REDUCTION OF NEW INFECTIONS: INCLUDE PrEP!



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FUTURE PLANS

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FUTURE PLANS

BCN PrEP·Point will open in June 2017

Services:

- ✓ Information on PrEP
- ✓ Clinical trials
- ✓ Guidance and harm reduction on informal PrEP use
- ✓ PrEP delivery + uptake
- ✓ Community Research

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SUMMARY

- In Europe the HIV epidemic concentrates mostly in MSM and other key populations and in urban areas.
- MSM need a specific action plan that includes targeting testing and linkage to care, increase testing frequency, screening for acute infections, STI screening programs and PrEP implementation.
- Community groups have an exceptional good position to deliver this action plan to the populations that are disproportionally affected by the epidemic.
- Nevertheless the work done by community groups are not always taken in consideration by Health Care Professionals and Public Health Officers.
- Reasonable outcomes from community initiatives can only be expected if they are adequately funded.

ACKNOWLEDGEMENTS

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