The Amsterdam Case study, Fast Track Cities conference, Sevilla, October 2022

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Outline

The HIV epidemic and Amsterdam’s innovations

- The HIV epidemic in Amsterdam
- H-TEAM initiative
- Implementation and innovation
  - Acute HIV diagnosis & fast linkage to care
  - Online PrEP provision (*ez*PrEP)
  - Reaching out to the trans gender population
  - “Sexy Side of the Netherlands” meetings
- Innovations in other fields
Number of new HIV diagnoses, Amsterdam and the Netherlands
New diagnoses for MSM (left) & MSM and migrants (right)

PrEP program start
Continuum of Care, Amsterdam, 2020

14% = 924 individuals

- Living with HIV: 6,420 (100%)
- Diagnosed and linked to care: 6,120 (95%)
- Retained in care: 5,802 (90%)
- Antiretroviral treatment: 5,775 (90%)
- Viral suppression: 5,496 (86%)
Continuum of Care for MSM, Amsterdam, 2020

11% = 501 individuals
HIV TRANSMISSION ELIMINATION AMSTERDAM
JOINING FORCES FOR A FUTURE WITH NO NEW HIV INFECTIONS
A unique collaboration

Started in 2013

All of our partners within the H-TEAM are crucial to achieving our goal
Innovation 1: Increasing awareness for acute HIV, rapid diagnostics, and linkage to care <24 hours
Knowledge and recognition of symptoms:
Outcomes

Dark red: Fiebig 1, Blue, fiebig 5
Dijkstra et al, CID 2020

B. HIV diagnosis to viral suppression (all MSM)

Orange: participants to acute hiv trajectory
Green:
Purple:
Blue:
Outcomes

Acute HIV routing

Dark red: Fiebig 1, Blue, fiebig 5
Dijkstra et al, CID 2020

Orange: participants to acute hiv trajectory
Green: start cART for all new HIV
Purple: start cART at CD4<500 or acute/recent HIV
Blue: start cART at CD4<500
Innovation 2: online PrEP provision in the ezi-PrEP project
Randomized controlled non-inferiority trial

Overview of appointments and study activities

1 September
Questionnaire 3
Fill in the questionnaire at Limesurvey

Today
Testlab package 2
Go to Testlab

10 October
11:00
Online PrEP consult
Video call

3-monthly HIV/STI testing
6-monthly HIV/STI testing
6-monthly HIV/STI testing
3-monthly HIV/STI testing
Innovation 3: Reaching out to the transgender population
HIV Diagnoses at the Center for Sexual Health in Amsterdam: focus from MSM to Trans persons

New HIV diagnoses Center Sexual Health Amsterdam, 2017-2021

Proportions of new diagnoses in MSM and trans persons
Co-led Clinic:

Services:
- Hormone Support
- Sexual Health Services
- Psychosocial Support

Provided for:
People from the trans and gender diverse community who experience barriers to access regular care
- Asylum seeker/ Undocumented status
- Homelessness
- Active as sex worker
- Migrant background
Innovation 4: Information meetings for LGBTIQ+ newcomers in a gay club in Amsterdam
Meetings for LGBTQI+ newcomers: “Sexy Side of the Netherlands”
Innovation in hepatitis C field
A randomized trial to evaluate interventions aimed at reducing risk of HCV reinfection in MSM: the ICECREAM study

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Introduction

Despite high uptake of direct acting antivirals and declining rates of primary hepatitis C virus (HCV) infection among men who have sex with men (MSM), reinfection rates are still high. Modelling data indicate that a reduction in risk behaviour is needed to eliminate HCV infections. There is then a need for effective interventions aimed at reducing risk of HCV reinfection in MSM.

Description

Study design
The Interventions to Curb Hepatitis C Reinfections Among MSM (ICECREAM) study is a multi-centre, 3-arm, randomized, pre-post-intervention comparison trial evaluating the effect of interventions on HCV risk behaviour (Figure 1).
1. Tailored, online behavioural intervention.
2. Home-based self-sampling for HCV RNA testing.
3. Interventions 1 and 2 combined.

Study population
- MSM (with or without HIV) with previous HCV infection.
- Currently in care at an HIV treatment centre or visiting a sexual health centre in the Netherlands or France.

Primary endpoint
- Proportion at risk of HCV infection (as determined by the HCV-MOSAIC risk score 22.0) (Newsum et al., Euro Surveill 2017), which is compared between pre- and post-intervention periods, within each arm.

Home-based self-sampling testing intervention

This intervention consists of a patient-initiated, home-based HCV self-sampling test service that is delivered in addition to routine care. The intervention offers:
- Home-based HCV testing using self-collected dried blood spots (DBS).

Sampling kits are given to participants, along with paper instructions on how to use the self-sampling test and package materials on how to return self-collected DBS samples (Image 1). Participants receive test results via secured email and are offered linkage to care, if needed.

Interventions

Behavioural intervention

This web-based, tailored, behavioural intervention is structured using the principles of the Information-Motivation-Behavioural Skills (IMB) model for behavioural change and is a modified version of the e-Health counseling intervention embedded in the Swiss HCVfree trial (Brandt et al., CID 2021).

Content summary:
- Module 1: focuses on self-reflection and exploring the intrinsic motivation of participants using filmed role-models.
- Module 2: focuses on increasing HCV-related knowledge.
- Module 3: identifies the necessary steps to achieve behavioural goals, leading to a personalized risk reduction plan.
- Module 4: focuses on evaluating the risk reduction plan (Figure 2).

Lessons learned and recommendations

- By October 2022, 109 MSM were included.
  - Including a control comparator arm was deemed unappealing. Hence, we opted for a 6-month run-in period instead.
  - This trial could contribute to reducing incident re-infections and achieving HCV micro-elimination.
  - Interventions developed may help in offering information on prevention or testing access to HCV RNA testing.

Figure 1: Scheme of the ICECREAM study design.

Figure 2: Screenshots from the behavioural intervention.
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