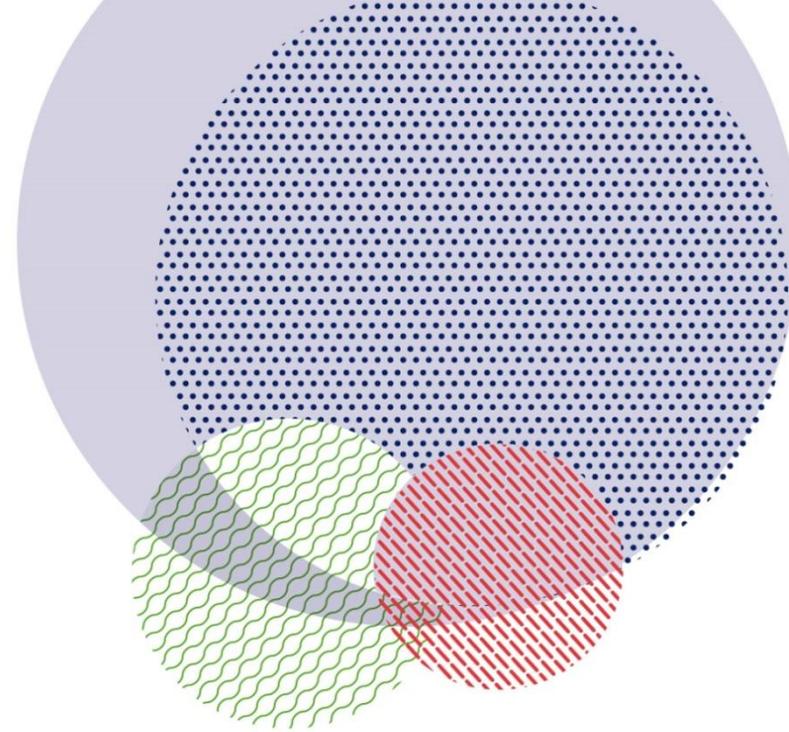


Institut Pierre Louis d'Épidémiologie et de Santé Publique  
*Pierre Louis Institute of Epidemiology and Public Health*

*Pierre Louis (French physician, 1787-1872) contributed to the development of epidemiology*



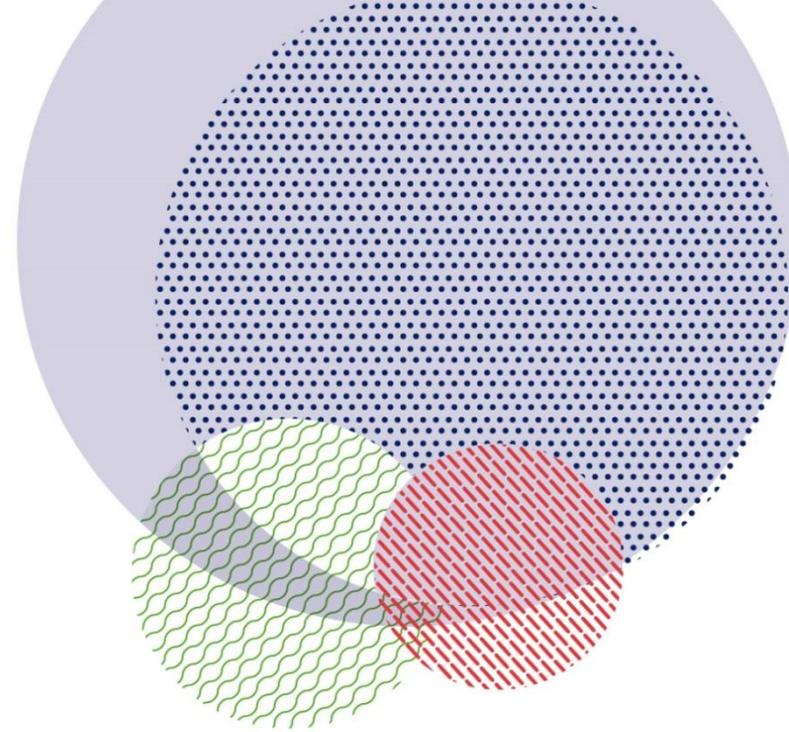
Agence autonome de l'Inserm



# A view on the reality check for France

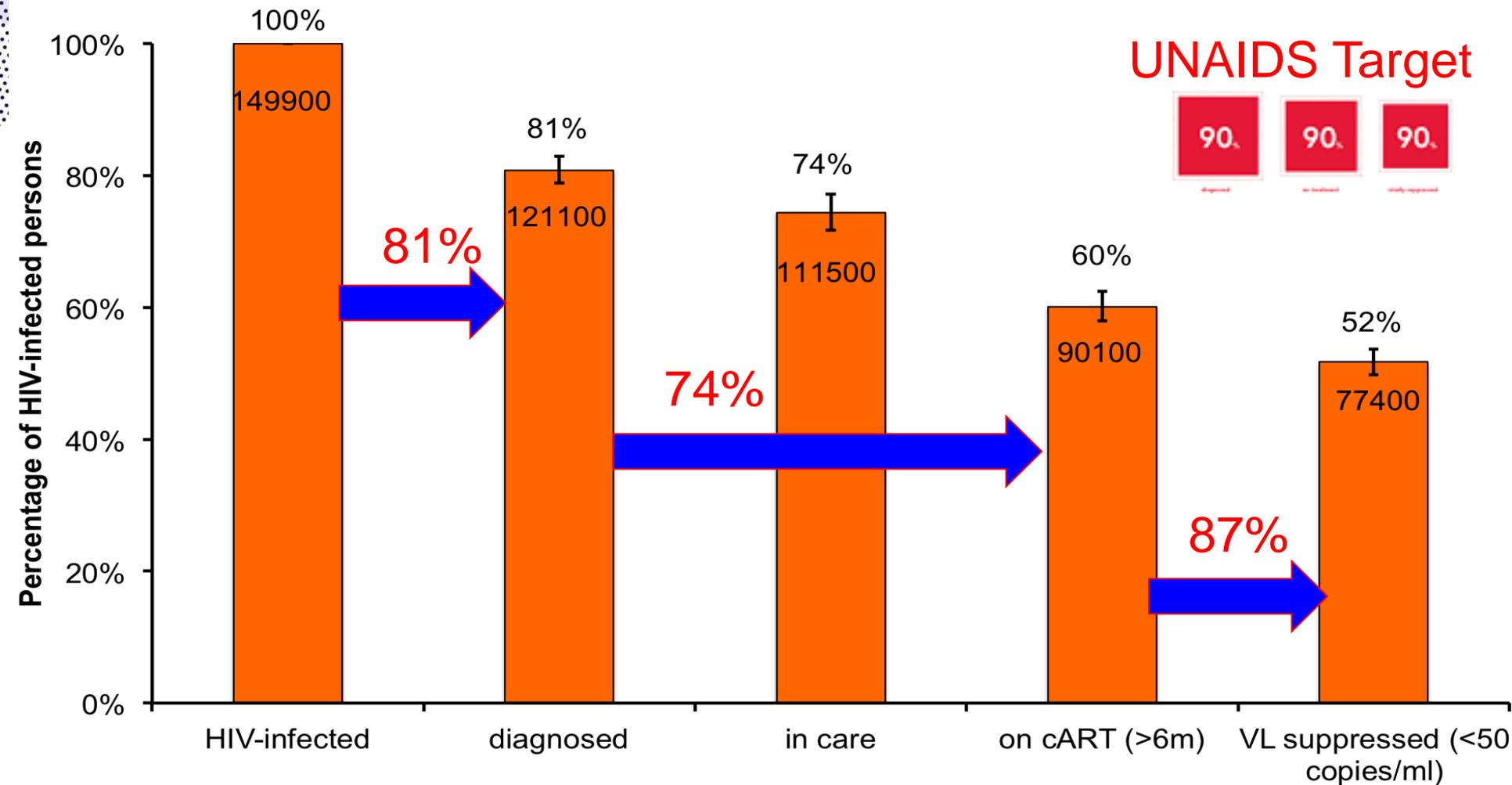
D Costagliola

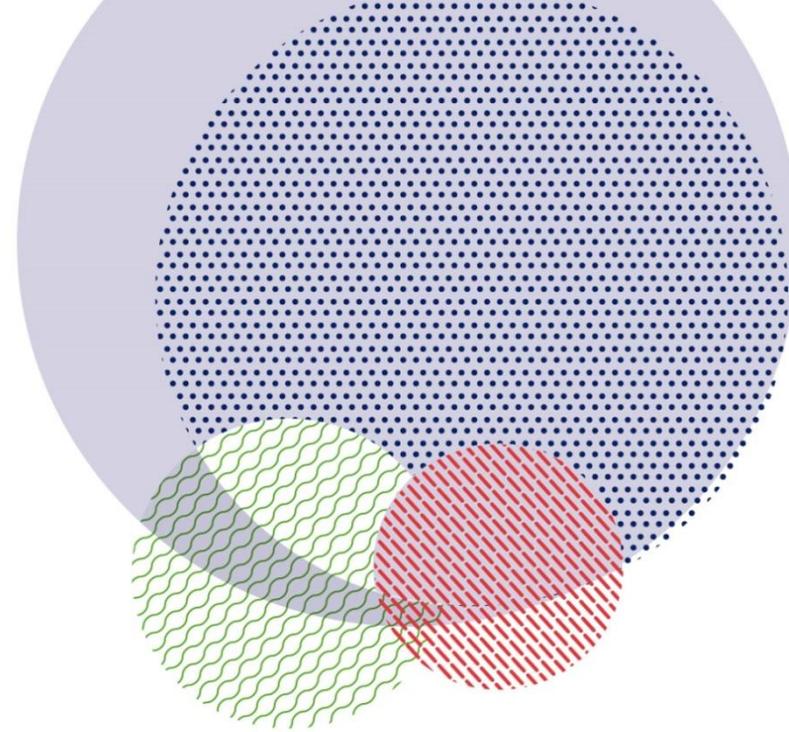




# The good news

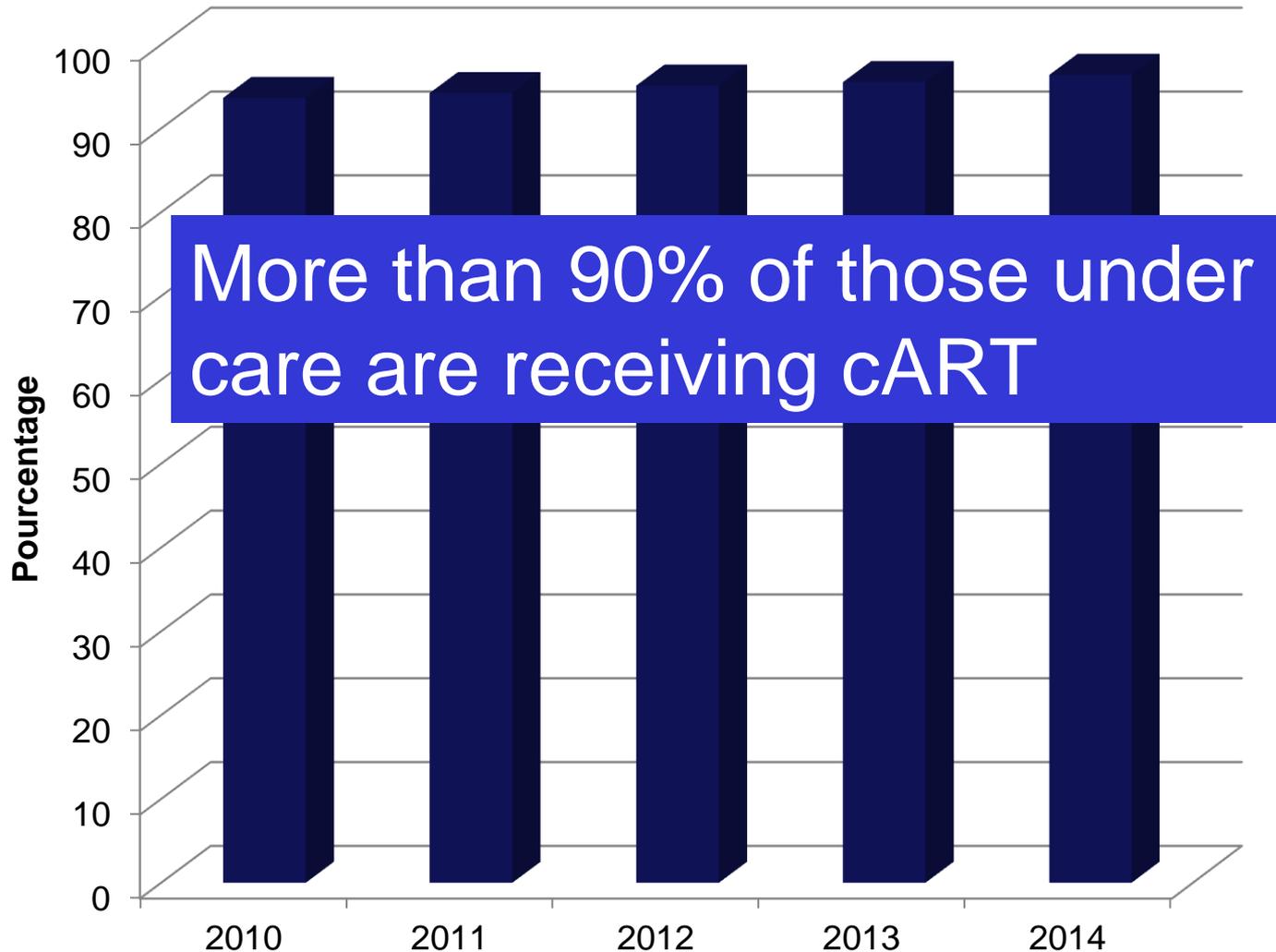
# Engagement in HIV Care in France in 2010



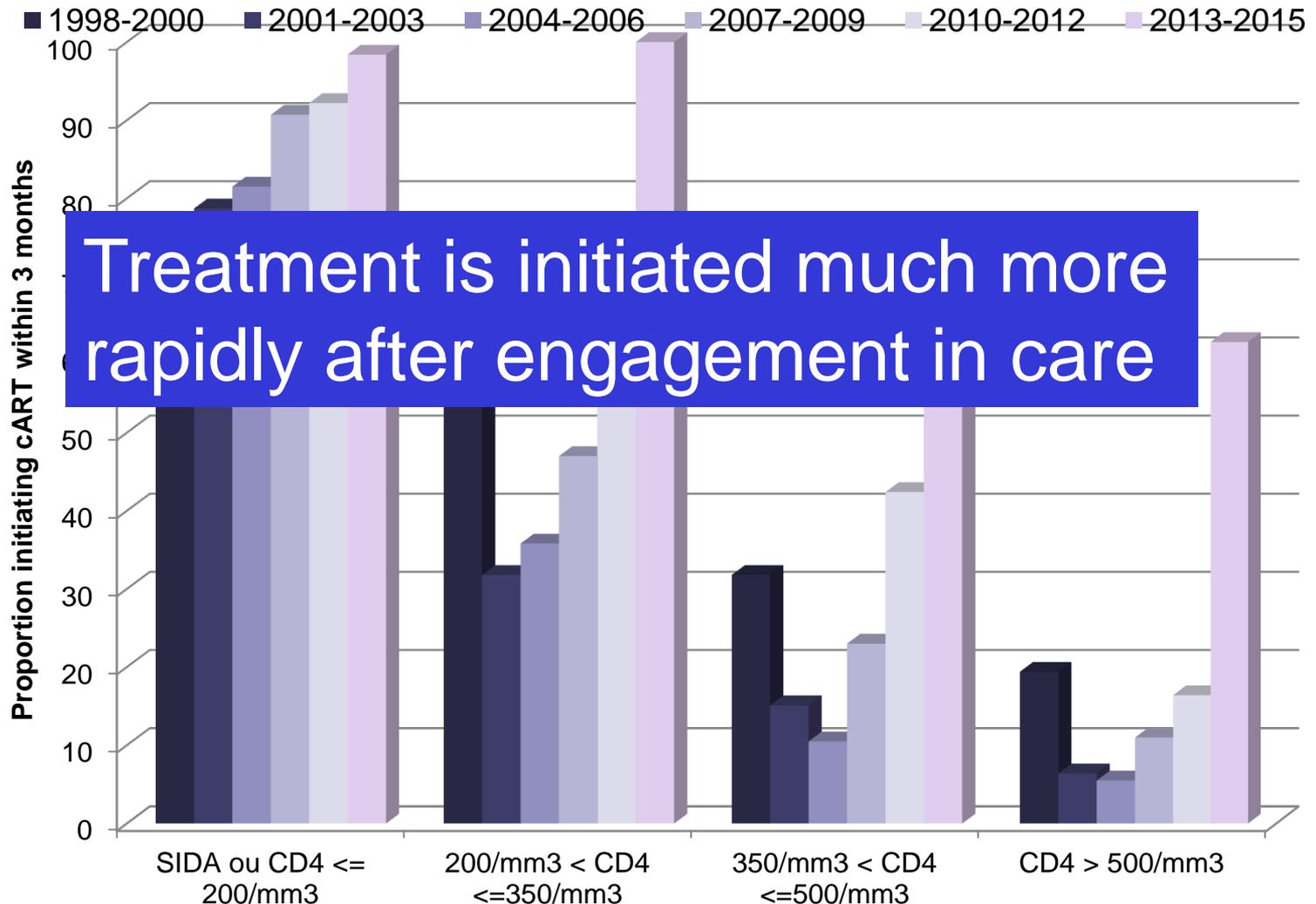


Since then

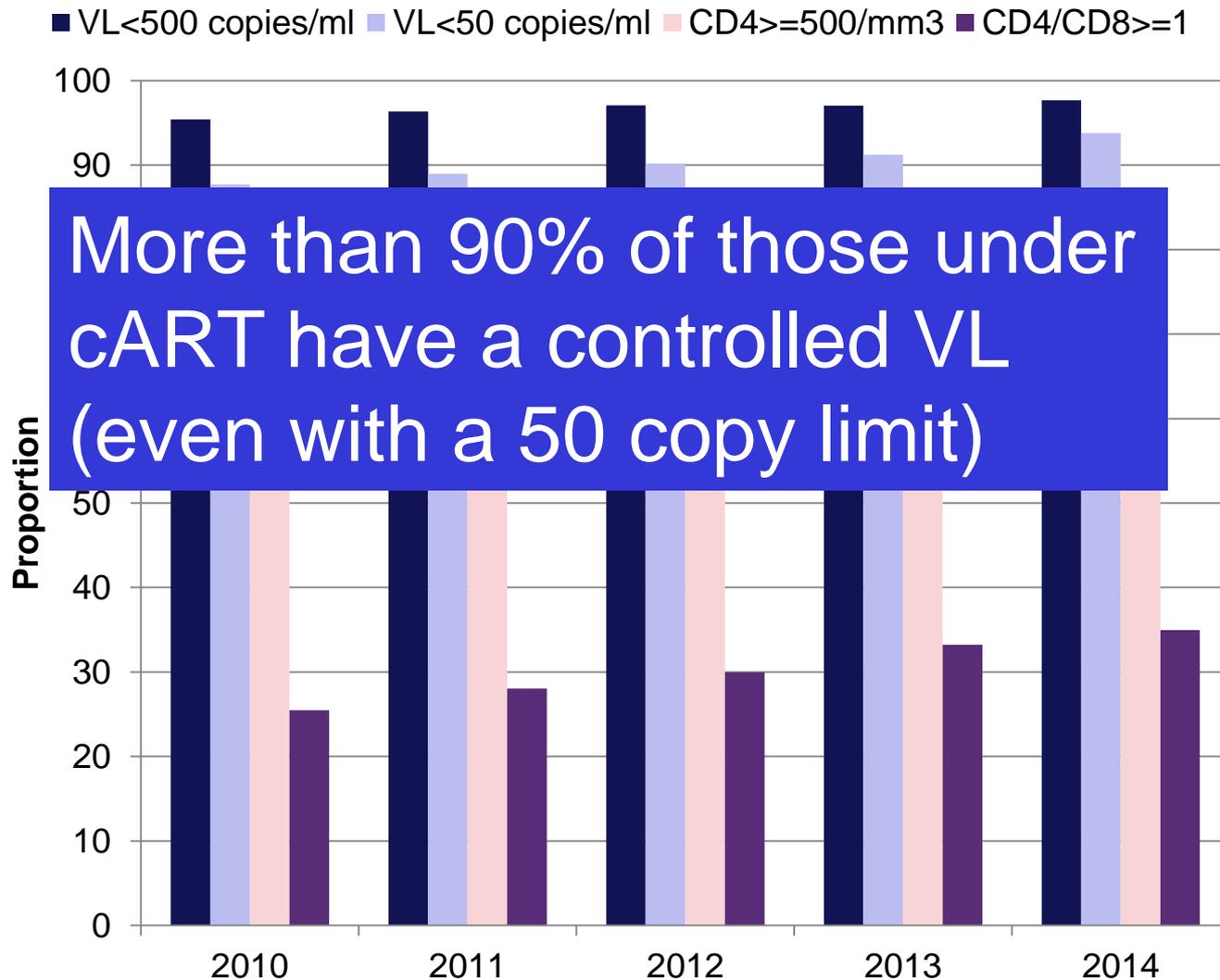
# Proportion of HIV-infected individuals in care receiving cART- ANRS CO4

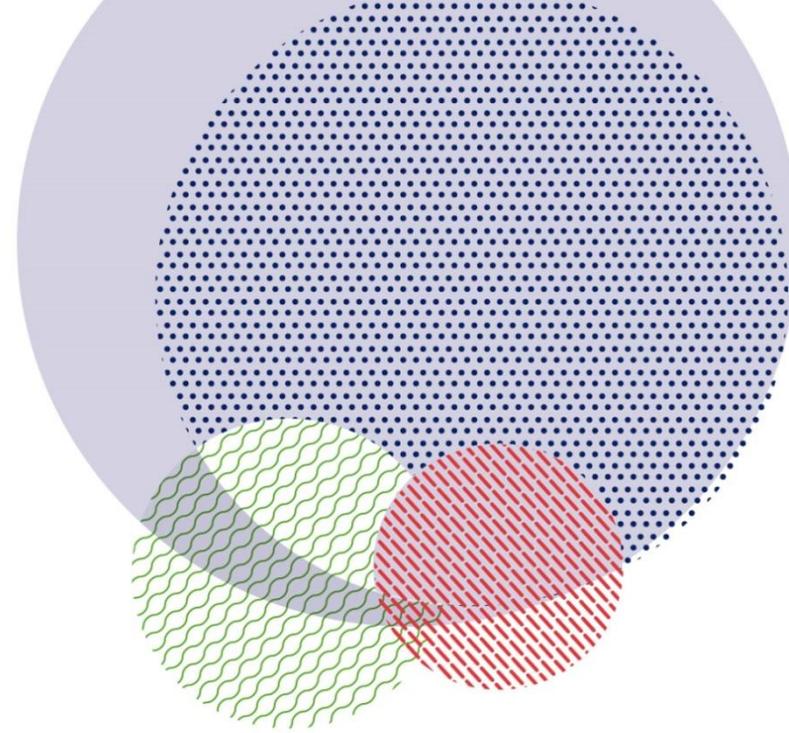


# Time between enrolment and cART initiation- ANRS CO4



# VL, CD4 and CD4/CD8 ratio in individuals under cART for at least 6 months – ANRS CO 4



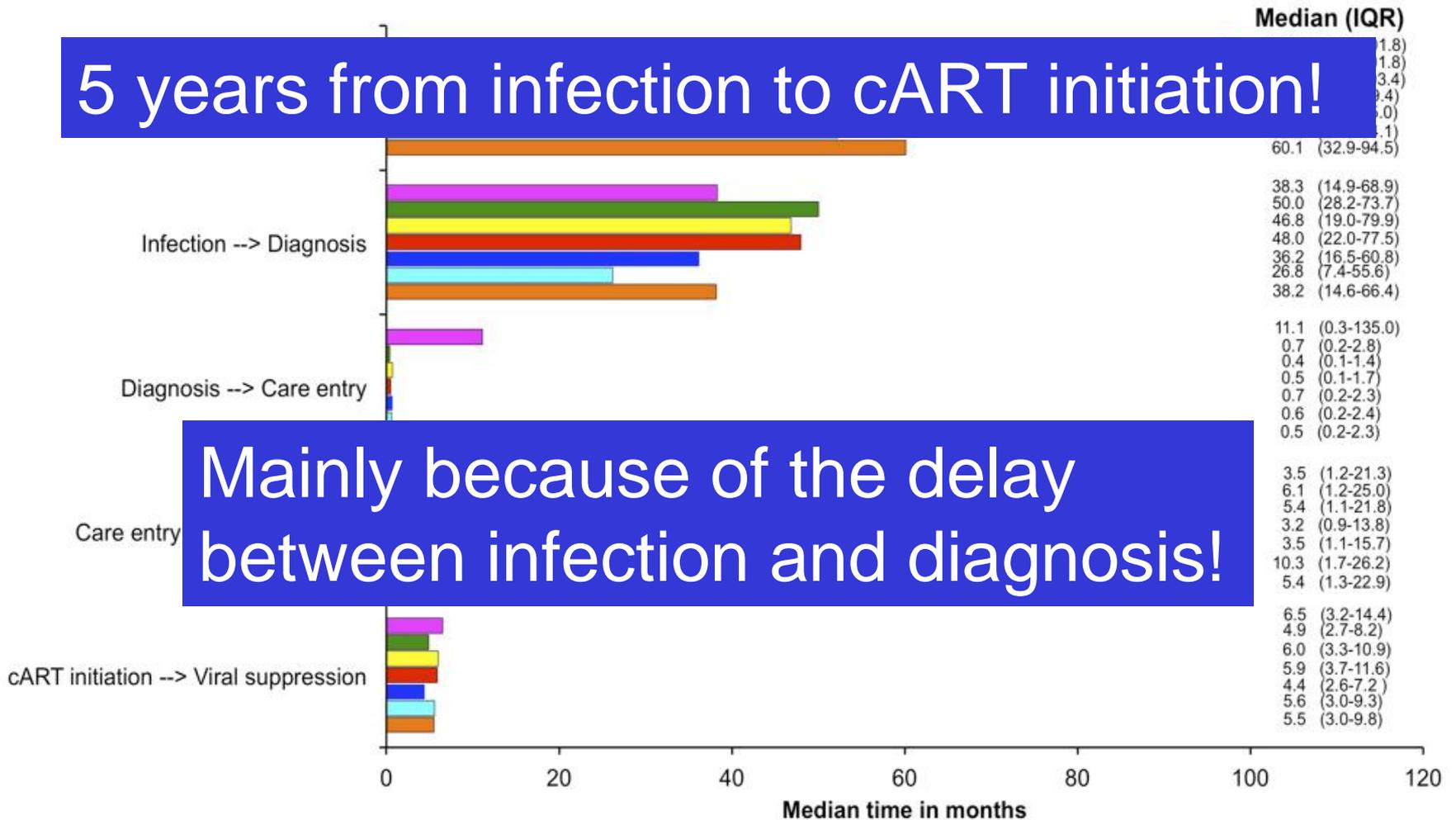


# The not so good news

# Timing of HIV care in France in 2010

5 years from infection to cART initiation!

Mainly because of the delay between infection and diagnosis!



■ IDUs                      ■ French national heterosexual women                      ■ French national heterosexual men  
■ Non-French national heterosexual men                      ■ Non-French national heterosexual women                      ■ MSM  
■ Overall

# Characteristics of the epidemic in 2010

	MSM	IVDU	Fr Het Women	Fo Het Women	Fr Het Men	Fo Het Men
Population	312300	81000	18752800	1296400	1781140	1312900
Prévalence	53100	14200	22300	20300	22000	13700
% HIV+	<b>17.00</b>	17.53	0.12	1.57	0.12	1.04
Not diag/ 10 000	<b>295</b> <b>(250-350)</b>	62 (12- 136)	2 (1-3)	38 (28- 51)	4 (2-6)	34 (18-50)
Nb not diag	<b>A critical situation for MSM!</b>				100	4400
Proportion HIV+ diag	83	97	84	76	72	68
% retained in care	78	89	78	69	65	62
% Controlled VL	<b>56</b>	66	53	43	46	39
Incidence	<b>2970</b>	120	890	1450	1400	1010
Incid rate per 10 000	<b>104</b>	17	0.5	8	0.7	5

# Increased HIV Incidence in Men Who Have Sex with Men Despite High Levels of ART-Induced Viral Suppression: Analysis of an Extensively Documented Epidemic

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**Table 1.** Summary of estimated difference in HIV incidence according to counter-factual scenarios.

Scenario				
Actual				
No ART*				
No condoms**	2.78	+425%	+400%–+442%	p<0.0001
ART at diagnosis***	0.36	–32%	–27%––37%	p<0.0001
Higher test rate****	0.40	–25%	–20%––28%	p<0.0001
Higher test rate and ART at diagnosis*****	0.20	–62%	–58%––66%	p<0.0001

Unlikely to be controlled by higher test rate and cART at diagnosis!

\*scenario in which no ART was introduced, but sexual risk behaviour change still occurred (this is in order to separate the direct effect of ART on incidence via lower viral load from its effect on increased condomless sex).

\*\*scenario in which in 2000 all condom use had ceased but levels of anal sex remained the same. This was done by assuming that levels of sexual risk behaviour increase such that the proportion of men with a condomless sexual partner is set to the reported levels of sex, including condom-protected sex.

\*\*\*scenario in which policy from 2000 was to initiate ART in all people with diagnosed HIV.

\*\*\*\*scenario in which testing rates were much higher from 2000, such that by 2010 68% of all men were tested each year (49% per 3 months, with targeting of men having condomless sex in the past 6 months) compared with the figure of 25% used in modelling (6% per 3 months).

\*\*\*\*\*scenario with both higher rates of testing and ART initiation at diagnosis.

doi:10.1371/journal.pone.0055312.t001

# Issues

- Diagnosis is **THE** major issue, whatever the risk group
  - How to reach those who never test
  - How to take advantage of the different tools and testing offers
- Earlier treatment unlikely to control the epidemic in MSM and other high risk individuals
  - Implementation of PREP will be a key component
  - May improve access to test