



SIVES 2010

Integrated AIDS/HIV/STI
Surveillance System of
Catalonia (SIVES)

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Integrated AIDS/HIV/STI Surveillance System of Catalonia (SIVES)



Generalitat de Catalunya
Departament de Salut



ICO
Institut Català d'Oncologia

SIVES 2010

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Prologue



With the presentation of the biennial report on the Integrated Epidemiological Surveillance System on AIDS and Sexually Transmitted Infections (SIVES, according to the Catalan acronym), we give continuity to this reference tool for the diffusion of epidemiological information on these infections in Catalonia. This information is essential to adapt and evaluate the institutional response to these epidemics.

The year 2010 marked thirty years since the first diagnoses of the first cases of what would later come to be called AIDS. In Catalonia, the AIDS Prevention and Control Program was created in 1987. In 1994, it was divided, on the one side into the AIDS Prevention and Care Program and, on the other, in the Centre for Epidemiological Studies of HIV/AIDS of Catalonia (CEESCAT, according to the Catalan acronym), which, in turn, in 2007, became known as the Centre for Epidemiological Studies of Sexually Transmitted Infections and AIDS of Catalonia (CEEISCAT, according to the Catalan acronym).

Since 2007 CEEISCAT has incorporated different information systems for the monitoring and evaluation of sexually transmitted infections (STIs), including HIV. These systems currently include the monitoring of morbidity and mortality rates, behavioural surveillance, the monitoring of diagnosis and treatment of HIV and a series of observational studies, which permit us a very careful diagnosis of the epidemiological situation, of the institutional response and the results of this response. It is thus with good reason that SIVES has been considered by the European Centre for Disease Control (ECDC) to be one of the most integrated in Europe. (Mapping of HIV/STI behavioural surveillance in Europe. Stockholm: ECDC; 2009).

The data presented confirms that, as in the rest of Europe, some STIs increase in the young population and, in the case of HIV, among the collective of men who have sexual relations with men (MSM). The data also indicates that HIV infection among injection drug users (IDUs) has continued to decrease in recent years, a fact which confirms that when adequate and proportional preventative interventions are carried out, the evolution of this epidemic can be reversed.

To this end, I would like to take advantage of this occasion to consolidate the commitment of the Department of Health of the Catalanian Parliament to the prevention and control of STIs and HIV, through interventions based on the scientific information and evidence available. To commit to this in times of grave economic crisis, as with the remaining health problems, is an important challenge which we can only achieve if we, the administrations, professionals

and NGOs, all work together. In this sense, the 2010 SIVES report also reflects the joint effort undertaken to generate, analyse and disseminate the information which it presents. I am extremely grateful to all the health sector professionals and non-governmental organisations who have worked on the diverse projects which make up this report. I say with great surety that SIVES will contribute to the achievement of excellence in sexual and reproductive health care in Catalonia and better prevention and control of STIs.

Boi Ruiz
Chief Health Executive

Presentations



It is a pleasure to present the epidemiological report on AIDS, HIV and other sexually transmitted infections (STIs) in Catalonia, SIVES 2010, which includes formal epidemiological surveillance systems and other complementary sources of information such as observational studies. These sources of information adapt to the ever changing evolution of the epidemic and are sufficiently flexible to respond to the necessities which appear over time. The recommendations of the World Health Organisation (WHO) promote the interaction between diverse sources of information within the framework of surveillance, monitoring and evaluation, with the aim, on the one hand, of describing the evolution of the epidemic and its determiners, and on the other hand, of collecting information which allows us to determine to what extent the objectives set out have been achieved through existing prevention programs.

In this sense, it is crucial to have a series of indicators at one's disposal which are comparable over time. For this reason, as an innovation in this year's report, a section has been included in which indicators measuring different aspects of the HIV epidemic and sexually transmitted infections (STIs), as well as other indicators of sexual and reproductive health are collected. We emphasise the indicators recommended by the AIDS Program of the United Nations (UNAIDS), the UNGASS indicators which allow for national and international comparability.

It must not be forgotten that HIV infection continues to be a public health priority. It is estimated that in our environment there are 35,000 people infected, a quarter of whom are unaware of this. Therefore, moving forward with prevention policies is a firm commitment from the Department of Health and, in particular, of the Public Health Agency of Catalonia, with the aim of preventing the spread of the infection.

To finish, I must make mention of all the professionals and organisations who have collaborated in this report and to whom I give thanks for their dedication and effort. As the fruit of this collaboration, we offer a collective, coordinated and unified response to all the information collected and analysed. Once again, working in close collaboration and thanks to the information obtained, we can improve the attention received by those people affected, as well as the interventions directed towards prevention and control of HIV and STIs in Catalonia.

Antoni Plasència
Director General of Public Health



It is a pleasure to add my voice to the presentations of CEEISCAT biennial report. In the short space of time, just under three years, since the Centre was incorporated into the Catalan Institute of Oncology (ICO, according to the Catalan acronym), it has not only achieved administrative integration, but has also formed and strengthened important investigative collaborations with other services of the Institute. In particular, there have been joint publications relevant to the Epidemiological Program in the area of immunodeficiency, infection with the human papilloma virus and cancer.

The report which is presented today, the Integrated Surveillance System on AIDS/HIV/STIs in Catalonia (SIVES 2010), is a prime example of the benefits of the integration of clinical information systems, formal epidemiological surveillance systems and specific investigation projects. Amongst other results, this year CEEISCAT coordinates one of the programs of the Biomedical Investigation Centre in the Network of Epidemiology and Public Health (CIBERESP, according to the Spanish acronym), of which some of the priority lines of investigation are infection and cancer, and international health, two lines in which the ICO evidently displays unrivalled leadership through its most emblematic groups.

The ICO has a clear vocation of transversality where translational investigation is a key element in the improvement of the quality and effectiveness of patient care. For this reason, the ability to count on a service such as CEEISCAT, which through epidemiology contributes to improving public health policies and to the facilitating of bridges to communication with other of the ICO's services, is for us an added value which we will continue to take advantage of, to also reinforce aspects of the institution's methodological support.

Finally, I would like to take this opportunity to give thanks to the senior management of Public Health in the Department of Health for the trust placed in our institution, and for providing a place for CEEISCAT in the ICO. Scientific evidence is needed just as much in public health interventions as in welfare actions. In this sense, the collaborations between central administration services and programs which, like ours, can offer the necessary clinical context, both academic and from the laboratory, to generate information and quality analysis, must be welcomed and promoted.

Candela Calle
Director General of ICO