

Protocol of
On-site visit to Model Region III, Austria-Slovak Republic
January 24-25, 2011

Participants:

SPI Team, Berlin: Tzvetina Arsova Netzelmann (TAN), project's trans-national coordination

RKI Team, Berlin: Dr. Karin Haar (KH), coordinator of HIV/STI sentinel surveillance on WP5

AHW Team, Vienna: Isabell Eibl (IE), René Eichinger (RE)

C.A. PRIMA Team, Bratislava: Barbora Kucharova (BK), Dr. Danica Stanekova (DS), subcontractor to PRIMA on WP5 (sentinel surveillance)

24th January 2011, Monday

11.00 – 12.30 h

Bilateral Pre-meeting RKI – AHW on country specific issues of the sentinel surveillance's implementation

During this pre-meeting KH discussed with RE and IE the difficulties in recruitment and motivation of the Austrian sentinel participants. A special on-site visit of RKI team to some of the large clinics will be planned for the beginning of March 2011 in order to intensify the recruitment.

13: 00 - 17:00 h

Meeting at AHW - Austrian and Slovak partners, RKI and SPI

The essential discussion points:

- *Update on state of implementation of HIV/STI sentinel surveillance in Austria and Bratislava, recruited sentinels, actively reporting sentinels, particularities and difficulties;*
RE reported on the situation in Austria. Compared to 2007 (BORDERNET) much more effort had to be put in recruitment of participants. Special focus in the process was to involve not only sentinel sites from Vienna but from all over Austria. Various sites take part, from a large municipal testing site in Vienna, reporting lots of STI infections among sex workers, to private physicians. Aim for the partners is to improve the country coverage, e.g. to involve also West Austria, there is a big HIV hospital in Innsbruck, which has not yet shown commitment to the survey.

Additional idea to enhance the motivation of the participants was to analyse the basic questionnaires and to outline a profile of the diagnostic and treatment sites, which take part so far. Such presentation will be prepared for the March visits on the spot. Some sites are interested in the scientific part of the survey whereas others in the epidemiological background according to RE. IE commented that it is still a weak point of the recruitment that there is still no positive answer of the large HIV treatment centres in Austria.

Summing up, basic questionnaires have been returned by 13 clinics, expected will be from 14 to 16 participants. Out of them about 5 report actively on regular basis (1 of them in Graz, 2 in Vienna, the rest 2 in...?).

Kommentar [HK1]: Please confirm, René

The Slovak partners reported that 10 potential sentinel participants have been involved so far via subcontracting with PRIMA, 9 out of them from Bratislava. 8 of them have filled and returned the basic questionnaire and almost all of the 8 have reported epidemiological data. However PRIMA had not yet submitted any filled in questionnaires to SPI. The flow of communication of data was clearly outlined later (see below). 2 of the Slovak doctors continue their participation from the previous project BORDERENET, the rest are newly recruited. The majority is STI specialists or urologist, one doctor is hepatologist, there is only 1 gynaecologist. DK suggested that gynaecologists have low motivation to join the survey, as they do not diagnose STIs in daily practice (except Chlamydia), but refer to Dermato-Venerologists for specialised check-up and diagnosis.

As for the motivation for participation, PRIMA developed an incentive system, paying each of the doctors per filled-in couple of diagnostic and patient questionnaires. Financial remuneration remains the main trigger of commitment suggested DS together with scientific interest in publication and presentations of abstracts at international conferences.

In terms of enlarging the coverage of the sentinel system outside of Bratislava, DK suggested to present it to an oncoming all country meeting of STI experts (see below) in February in the town of Martin.

- *Ethics Committees – application for approval of study protocol and instruments – stage of progress and obstacles*

The approval of the Austrian ethics committee is expected by end of February. IE commented that 2 of the clinics expect the approval before deciding to join in the survey. Thus some new participants can be gained as soon as the decision comes out.

As for the ethics commission in SK, BK reported that according to a paragraph of the law for personal data protection, the NGOs are not obliged to meet the requirements of ethic commission. BK will find the excerpt of this law and send it to KH, so it will be properly reflected in the study protocol as a special conduction for Slovak Republic:

- *Communication and data flow between AHW, PRIMA, SPI and RKI*
RE reported that he had sent a new dispatch of filled questionnaires the week before. BK suggested to hand the Slovak questionnaires the next day in Bratislava.

It was agreed that the sentinel participants will be reminded on regular basis to return their filled in questionnaires. In the beginning of the data reporting it would be better to collect and send to SPI the questionnaires on monthly basis, so some initial data can be entered in the data base and first assessments can be conducted. Later on, after several months of the sentinel survey, questionnaires can be collected on a quarterly base (each 3 months)

- *Oncoming data analysis and first results in 2011*
Comparative outline of the Austrian and Slovak sentinel participants, based on the basic questionnaire will be prepared for the first cross-border meeting of the medical doctors planned for May 2011. As soon as the collected data will be entered in SPI first processing and analysis will be conducted by RKI team. Presentation of intermediary results will be also prepared for the meeting in May. It was highlighted that immediate data clarification and mailing to SPI is crucial in order to present useful, comparable data in May.

- *Planning of first cross-border exchange meeting of sentinel participants in Vienna*
Several ideas have been explored and discussed in the round. A Friday afternoon meeting with a social evening and night in Vienna for the Slovak doctors has been considered as the most suitable option. Besides getting to know each other's services and diagnostic practices, the Austrian and Slovak doctors will have a chance to discuss professionally more in-depth country-specific particularities of STI diagnostics, clinical management and service provision.

Possible topics for the agenda:

- Presentation of the first findings from the sentinel surveillance and discussion of interpretations with the participants
- Presentation of diagnostic procedures and standards in the respective countries
- Presentation and discussion of clinical case management; (option for participants to present difficult cases from their clinics)
- Invitation of expert on pre-selected topic. For example Prof. Angelika Stary could be asked about her availability to deliver a presentation, e.g. on Chlamydia-related topic.
- Services for special groups: comparison of countries with options for interaction
 - STI services for sex workers and clients
 - STI services offered in drop-in centre
 - STI services for migrants (asylum seekers in Slovak Republic);
- Psycho-social support and self-help for PLHIV – a special interest of DS was to exchange experience on the self-help group in the AHW, as such are lacking in Bratislava.

Overall the meeting should aim to involve participants in lively discussions to share their experience and to foster networking activities in daily practice. According to

preliminary agreement the date of the cross-border exchange sentinel meeting is May 6, 2011 to be confirmed by all parties as soon as possible.

A special consideration was raised by KH as for the level of the exchange meeting and the possibility to address political stakeholders (Ministry of Health etc.) at this stage. According to IE it will be definitely beneficial to involve the Austrian health authorities, according to RE it would be better to keep the first meeting as working exchange meeting. TAN suggested that at a later stage, when more solid data can be reported (late in 2011) it would be feasible to aim at such a political level of the next meeting. One possible idea would be to conduct a meeting with selected representatives of the 4 countries in the sentinel survey (Romania, Bulgaria, Slovak Republic, Austria) conjointly at the end of this year. This issue is planned to be discussed at BORDERNETwork's steering committee meeting in March 2011 in Berlin.

- *Various: administrative, reporting and financial issues for both teams AHW and PRIMA*

At the end TAN addressed several of the project management tasks, e.g. the intermediary project report, comprising both technical and financial part, which will be due in the end of June 2011. SPI will request from all associated partners to prepare an internal financial report for the first 12 months of the project, filling in electronically the time sheets for each project collaborator, listed under Staff (E1) of the budget plan and the excel table with the expenditures. Additionally copies of all the original financial documents will be sent by post to SPI.

Early in February SPI will circulate a mail with respective guidelines and check-list for the preparation of the financial report.

Besides partners have been requested to consult their financial departments and to check how far they are spending the first advanced payment of 30% of the EU-co-financing. Rule of the EU is that if the first advanced payment is not being spent in 70% by the time of intermediary report, the proportion not spent will be subtracted from the second advanced payment. Therefore each partner should take care by June 2011 to have spent more than 70% of the first advanced payment.

Finally TAN referred to the action plans for 2011 and requested that the partners fill their action frame tables, planning also the cross-border meetings and common actions under work package 4.

AHW and PRIMA discussed already topics for the next meeting, which will take place in Vienna in February. SPI will be informed in due course about each meeting.

Departure to Bratislava

25th January 2011, Tuesday

09:30 – 11:30 h - Meeting at the Bratislava Medical University, NRC for HIV:

Main focus of the meeting was the set up of the Slovak sentinel participants' network in WP5:

1) Points discussed under WP5 and steps agreed:

- The lists of the sentinel participants and their respective ID-numbers in the old survey BORDERNET (2006) and the new BORDERNETwork (2010) were compared in order to avoid that same number is being given to two different institutions. 3 of the old survey participants continue to report data and they will keep their old numbers, e.g. SK601 etc. The newly recruited participants will receive new numbers from SK620 onwards;
- The new ID-numbers will be communicated to SPI, so no mistakes during the data entry will occur;
- From 10 contacted SK participants, 8 have filled in the basis questionnaire and report some monthly, diagnostic and patient questionnaires. 2 medical doctors have not yet reported any data;
- It has been proposed by DS and decided that in SK the participants will report also Hepatitis C and HPV. These have been introduced already in the monthly (MQ) and diagnostic questionnaires (DQ). SPI has to introduce the respective fields in the data set in order to enter HCV and HPV in MQ and DQ.
- An imprecision in the reporting was identified by the filling in of the DQ by the SK participants in terms of the new 2 STIs. Firstly, it is not clearly noted whether the reported Hepatitis C cases are first diagnoses, or are already known. Therefore the DQ should contain also HCV in the history section of the questionnaire and in each case where the doctors report first diagnoses of HCV, it should be checked if the "History of HCV"-field is not ticked. In case they have crossed both fields, the Slovak coordinator (DS) should check and call the doctors to clarify if it really is a new (first) diagnoses of HCV. Several such filled questionnaires have been left to DS for clarification, before the data entry can start. Secondly, by HPV the doctors should all times note in addition the type of HPV identified, as only lab-confirmed cases of first diagnoses are allowed to be reported. Genital warts with no confirmed HPV-type should not be reported via DQ and no patient questionnaire has to be filled in.
- Another problem by filling in the DQ was identified: many doctors reported ONLY STIs, which are not part of the sentinel survey (e.g. candida molluscum contagiosum, etc.) without any lab-confirmed STI (like chlamydia, gonorrhoea, syphilis, etc.). In such case it was agreed that the DQ will not be accepted by the SK co-ordinator (respectively no remuneration will be offered). DQ should only be accepted if a new ("first" in case of HIV and HCV) diagnosis of one of the STIs is made where a box can be ticked ("Laboratory confirmed infections"). The SK coordinator and DS will address all SK participants with a letter explaining again which STIs should be reported;
- SPI took the properly filled in paper questionnaires, incl. the basic ones, which will be entered for a first overview of the SK sentinel network and its comparison with the Austrian one;

- The extension of the SK survey geographically beyond Bratislava was also discussed. DS will attend a Slovak national meeting of the Dermato-venerologist network in February in Martin, where she has been invited to make a presentation. KH will provide her with an overview presentation of the sentinel survey in BORDERNETwork, which can be used to raise interest of new participants. The possibility to involve some other cities in SK will be explored and reported by DS.

2) WP7

In addition the contacts established by DS under WP7 to HIV treatment centres have been discussed. The WP7-Leader (AHP) asked the project co-ordinator to support the communication as there was no feedback and clarity from Slovak part, who will be contact person. DS has forwarded the Treatment Centre's Questionnaire (AHP) to 5 HIV-treatment professionals from 4 Infectious Clinics around SK. None of the medical doctors has returned a filled in questionnaire so far. TAN suggested to DS to select only 2 of the clinics, according to the number of HIV-patients being treated there and to address directly the medical doctors with request to fill in. DS considered that the Infectology Clinic (part of the Medical University of Bratislava) lead my Dr. Mokras as the biggest one (treating ca 50% of the HIV-patient in the country) should be the one. The second selected one is the clinic in Kosice. DS will try to motivate the respective specialists announcing also the planned for November 2011 hospitation and medical workshop in the University clinic of Rostock, Germany. TAN will send again to DS the questionnaire to be forwarded to the two practitioners.

At the end of the morning meeting the Infectology clinic and ambulance was shortly visited and the team greeted Dr. Mokras, who showed interest in the survey and readiness to fill the WP7 questionnaire also.

12:00 – 14:00 h

Meeting with PRIMA, on-site visit to Drop-in centre

The Drop-in centre of PRIMA, which usually was open 3 times weekly, is now open only on Fridays, due to a shortage of financing or delayed payments of the national donors (Land of Bratislava, Ministry of Interior) in the last year. "Services for vulnerable groups functioning in general economic and political crisis" was a harsh reality in 2010 for all NGOs in SK according to BK. Lots of the national funders withdrew, a change of government lead also to a great delay in payments and to increased control of the finances of the former government, which affected the work of the NGOs. Staff of PRIMA has been paid in the last two months of 2010 only by private savings of the director. Now this period of shortages is hopefully overcome, the drop-in centre will open in February for 2 days weekly and from March for 3 days. Additionally the mobile outreach work will be conducted also on more regular basis – 2 times weekly.

Essential discussion points:

- 1) **Coordination and partner communication, feedback on task fulfilment, reporting and financial issues.**

The coordinator started the discussion with a general question, how does PRIMA cope with the project in the presented difficult situation? Are there difficulties in the provision of the co-financing, how does the partner feel with the project?

BK addressed several issues: The project has too many facets and work packages and it took some time still to orient precisely what is to be undertaken under each of them. Some tasks between the WPs have been mixed up. This led to delay in the performance and deadlines for delivery have not been kept up. As for the assurance of the co-financing to the project, the received funding by the national donors in 2011 promises a clear phase even though only for the next 12 months.

As for the cooperation with the subcontracted expert (DS) for the sentinel surveillance BK shared that she relies on a very good cooperation and the support of DS, as the working relations date back to many years ago. SK has the access to all important medical specialists in the country and without her active role, the NGO could not be able to recruit and maintain their active participation.

However it was pointed out by TAN that PRIMA as a contracting partner has the overall responsibility for the success of the surveillance. The fact that PRIMA undersigned contracts with the sentinel participants assuring their regular feedback of data confirms the main responsibility of PRIMA.

2) State of progress on the different core work packages: WP5, WP6, WP7, WP8

- WP5 –BBSS among sex workers

BK shared that the second part of the research task fits very well to the expertise of PRIMA team, as far as it concerns the direct contact with their clients.

The survey was assessed as realisable task in the course of the next half an year. The size of the sample estimated at 200 sex workers was assessed as realistic. Only female sex workers will be interviewed. The drop in centre will be used as premise for the interviews and blood test.

The issues raised by TAN as for the practical organisation of the field phase have still to be discussed internally in PRIMA's team:

- Which time slots will be allocated in the drop-in centre for the interviews;
- Where will the blood samples brought for the testing and who will do that (several different medical doctors cooperate with PRIMA and can be paid a honorary for their participation?)
- How and who shall hand over the test results to the respondents? In SK according to the regulation only medical specialists are allowed to deliver the test results, NGOs not. That would mean that a second appointment is made with each respondent and the doctor comes to the drop-in centre to deliver the results and post-test counselling.
- In case of rapid tests, reactive tests for HIV and Syphilis should be confirmed and only the confirmed laboratory results will be valid. BK suggested that a problem will be expected around the delivery of the test results. According to her experience with the clients they are hardly interested in their test results. Especially in the case of Hepatitis Interferon treatment requires health insurance and the condition to be clean off drugs is besides a hurdle, which affects the motivation of the clients to get their

results. It was nevertheless pointed out by TAN that encouraging the respondents to obtain their results is an intrinsic part of the survey, as the decrease of the number of those unaware of their infection is an important milestone of the bio-behavioural surveillance.

- Incentives for the respondents – usually PRIMA offers some small sweets or chocolates, as gift vouchers are considered as inappropriate for the target group. It was discussed that some gifts can be bought from cosmetic shop and handed directly over to the respondents. It was discussed whether an additional motivation for the respondents can be if they receive a second gift when showing up to receive their test results.

All described issues will be discussed in detail by PRIMA staff and the decisions will be handed in written back to SPI.

WP6 – Early diagnostic for vulnerable groups

TAN outlined the relation between those two work packages and the possibility to offer direct diagnostic through the survey in WP5, which has not been done so far.

BK confirmed that the delay in performance of the assessment tasks (coordinated by Kristi Rütel from NIHD, Tallinn) was also due to mixing the two work packages. Now the task has been clarified again and the Slovak template overview will be submitted to NIHD in the coming weeks. The oncoming seminar on WP6 which will take place as a satellite workshop to the conference HIV in Europe in May in Tallinn was also announced. PRIMA will take part in the seminar with 2 participants.

WP7 – Management of HIV Co-infections and HIV treatment

For the cooperation under this WP PRIMA will rely again on the subcontracted DS, her expertise and contacts. The two infectology clinics (Bratislava and Kosice) chosen by DS will be reminded of the questionnaire for treatment centres and will be asked to fill it in. The incentive for their contribution will be possibility to participate in the hospitalisation to the University Clinic in Rostock in November 2011 (2 persons)

WP8 – Participatory approaches to community based prevention among ethnic minorities

BK shared that she filled in the assessment questionnaire and submitted it to the WP-Leader from HSED, Sofia. For the oncoming seminar in Bucharest in March 2011 2 persons of the team will be selected (one is Martin, social worker), following will be the last seminar in WP8 Vienna in November 2011.

As a red thread through the whole year the exchange with the Austrian partners under WP4 will be continued. Next meetings planned are February 2011 in Vienna and November in Kosice.