

## Report: On-site visit to Model Region VI Bulgaria

**BORDERNETwork**

**20-22 October 2010**

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### 20<sup>th</sup> October 2010, Wednesday

#### **Meeting with Units Monitoring and Evaluation and Sentinel Surveillance of the National Programme for Control and Prevention of AIDS, Ministry of Health**

##### **National Institute of Infectious and Parasitic Diseases (NCIPD)**

Participants: Tzvetana Yakimova (TY), Monitoring and Evaluation Manager, Prof. Hristo Taskov, Chief Long Term Expert, TAN, KH, MN, RD

At this visit, the BORDERNETwork-project was presented and preliminary data from the analyses from Bulgaria and Romania shown. It was found that the currently conducted surveys collect similar data and that overlapping should be avoided.

The main issue raised by Prof. Taskov in this regard is how to make the two surveys complementary and how to avoid double reporting. There is no risk of double reporting at the current stage, as the 5 sentinel sites, participating in BORDERNETwork do not report positive cases to the national reporting system, which collects data from the VCT network.

The data collection organised on annual basis through target-group specific bio-behavioural surveillance surveys covers the national network of VCT in Bulgaria and those of them with mobile medical units (MMU), administered in cooperation with the NGOs (outreach service providers). In the frame of the national surveys epidemiological data is collected about HIV, Syphilis, and Hepatitis B and C, though no laboratory diagnostic is applied, as the services use a syndrome approach. Additionally the fixed 19 VCTs report test data on monthly basis from their regular testing offers. Thus TY pointed out that 80 000 persons have been tested for HIV countrywide in VCTs in the last year.

Possible areas of cooperation were discussed, such as similar wording in questionnaires, as well as sharing of data for similar questions.

Including of single positive confirmed cases in BORDERNETwork might however be difficult, as often a syndromic approach is used, and no case-based diagnostic or therapy is performed due to high costs for the patient. It was explained that in Bulgaria, diagnostic tests for STIs and HIV have to be covered by the patient. The MoH would only cover for the HIV and syphilis- tests of pregnant women and patients with congenital syphilis. In Bulgaria, 19

VCT (voluntary testing and counselling)-units perform HIV-tests all over the country, 3 of these VCTs are extended and also cover for STIs (2 of them are located in Sofia, 1 in Pazardzhik). The possibility of including these extended VCTs in BORDERNETwork will be checked, particularly in regards of case-based confirmation of STIs, which is a prerequisite for participation. The VCT in Pazardzhik will be of special interest to the BORDERNETWork surveillance considering its close location to the town of Peshtera, where a Roma community exists with high risk exposure to STIs and HIV and high mobility patterns.

Differences in the national STI/HIV-notification system between Bulgaria and Germany were discussed and advantages and disadvantages compared. Since 2005, a notifiable disease act (Ordinance 21) exists in Bulgaria. HIV and AIDS-cases have to be confirmed through the national reference laboratory, which also reports positive cases. Therefore, completeness of HIV/AIDS-reports can be assured. For syphilis, gonorrhoea and hepatitis, a decline has been found in the last years, and it is suspected that this is also due to lacking notification. Particularly private practitioners and GPs tend to underreport. In Bulgaria, HIV and AIDS-cases cannot be matched with STI-cases, so no data for co-infections exist. HIV is tested with an ELISA-test and if the test is positive, testing according to the national protocol follows. No rapid tests are used according to TY.

At the end of the meeting TY was provided with the instruments of the BORDERNETwork survey and agreement was met that after carefully study of those she will provide feedback on possible steps for cooperation.

**21<sup>st</sup> October 2010, Thursday**

### **Site visit: Sofia Regional Dermato-Venerological Clinic**

Participants: Dr. Hitova, Managing Director of the Clinic, TAN, KH, MN, RD

The BORDERNETwork-project was introduced and questions regarding interpretation of data raised by the RKI-team. Particularly the high numbers of syphilis-tests in Bulgaria needed attention. In this institution, about 15000 HIV- and syphilis tests were performed in 2009, mostly among pregnant women, prisoners, hospitalized patients and children from social institutions, where they also work together with other hospitals. The sentinel-site is a private company (OOD – means LTD.), the owner however is the Sofia municipality and covers for some risk groups. According to Dr. Hitova it is easily accessible, they see approximately 45000 patients per year, are the biggest clinic of that type in Bulgaria and never reject a patient. It was explained that all dispensaries are now called clinics. Regarding procedures, Dr Hitova confirmed that patients have to cover for diagnostic procedures as well as for treatment. For about € 20,- tests for HIV, syphilis, Chlamydia and hepatitis B are offered from blood. Chlamydia is tested via serology and antibody-test (ELISA) and costs about 15 EUR (25 Leva). In private practice, antibody/antigen tests are performed. PCR is possible, however very expensive, it is performed in a different lab. For HIV, p24-test is still commonly used. Trichomonas has found to be resistant for up to 6 months, especially in men. In the STD-department of the dispensary, 3 doctors work each day. The clinic is open 7 days/week 12 hours per day and covers an area of about 2 million people. 50% of patients perform risky behaviour. IDUs are not very common, only about 12-30 cases per year. Treatment is offered on a case-base, however, has to be paid by the patient privately. Testing for Chlamydia (makes up to 30% of all STDs) and HPV is common. Partner notification is up to the doctor.

Patients are treated anonymously. Regarding the syphilis-decline in Bulgaria in the last year, Dr. Hitova confirmed that she thinks it is a real decline, as many people take a lot of antibiotics, also for other reasons. She however thinks that there is not much gonorrhoea-resistance, as cephalosporines, tricef and vibramycin are working well.

**Site visit: Medical University Sofia, Dermato-Venerological Clinic**

Participants: Dr. Petrova, TAN, KH, MN, RD

In this site, PCR testing is available. Amplicor testing system is used, and Chlamydia and gonorrhoea are tested in a combined test, which costs about 110 Leva (ca. 55 EUR) for the patient. Chlamydia serology costs about 25 Leva (15 EUR). When asking about the high number of syphilis tests in our data, we found out that in this site, every patient attending the dermatology unit (and also other hospital units) is tested for syphilis, regardless of his/her history or symptoms. Approximately 3000 syphilis-tests are performed each year, ~ 1000 HIV tests and ~ 500 chlamydia and gonorrhoea tests. Congenital syphilis is diagnosed via serology, however to verify cases, a specific, expensive IgM-test is needed. Knowing that, and that not always such an IgM-test is performed, the rising numbers of congenital syphilis reported in the last years have to be interpreted cautiously. For the diagnosis of gonorrhoea, methylenblue-staining is used; however, no culture is available or performed. In the associated lab of this site, Chlamydia and gonorrhoea-PCR is performed twice a week (Monday and Thursday) to make sure that enough specimens are worth performing PCR. Urine and smears (men) are tested. Concerning data-collection, some issues were clarified and it was agreed that for patients from other institutions where syphilis tests are performed, diagnosis questionnaires should be filled in as good as possible. The currently used practice could be one of the reasons that we had 1588 STI diagnosis in Bulgaria (reported via monthly questionnaires) but only received 383 diagnoses questionnaires, being only 24% in total. With this adaptation, we hope to get more data on individual positive cases. Patient questionnaires are handed out after consultation and the patient is left alone in the room to fill it in. The questionnaire can then be put into an envelope and sealed to make sure anonymity is guaranteed.

**Outreach visit to the sex work scene in Sofia with mobile medical unit of HESED and team of outreach workers**

At night, the RKI-team went with HESED to the sex work and IDU-scene and observed outreach work. They had the possibility to observe what difficulties can occur and had the chance to talk to some sex workers. Some of the sex workers had already previously worked in Germany and are going back there for sex work as soon as they run out of money. Many practical issues and personal experience of the local social workers were shared.

**22<sup>nd</sup> October 2010, Friday**

**Site visit: Plovdiv Regional Dermato-Venerological Clinic**

Participants: Dr. Djakova, Director, TAN, KH, MN, RD

This clinic exists for more than 62 years and covers all areas of dermatology, like allergology, venerology, paediatric dermatology, etc. For each of these subspecialties, there is one specifically trained consultant, however, all of them have a multi-profile competence and for example everyone can diagnose gonorrhoea. There are 4 different labs in this clinic (clinical, serological, microbiological and mycological) and the unit has 30 beds. Pregnant women and patients with congenital syphilis are treated as inpatients. In this clinic, they see approximately 80 new syphilis-cases by year, and in 2009, they performed 9363 syphilis-tests in total (355 ELISA, 3380 TPH, 5628 Rt). Syphilis-tests are performed according to STI-history, however also out of other reasons, such as a screening-test before surgery (all other blood tests, like HIV and hepatitis are up to the surgery). Furthermore, it is nationally recommended to screen for syphilis in the following situations:

- Parents of children before they are admitted to kindergarten
- Before marriage
- To start legal work abroad
- New working contract
- Before abortion (in this situation no Chlamydia test is required)

So, in general, we can assume that “Mass-Wassermannisation” is performed in Bulgaria, as suggested also by Dr. Djakova. For HIV-testing, informed consent is necessary. Chlamydia is tested if the patient wants a test, or if the doctor has a suspicion. Swabs are sometimes taken and sent to the Medical University for testing.

When asked for HIV-positive patients, Dr. Djakova explained that almost 100% of their HIV-positive patients are IDUs. She assumes that most STI-cases in their clinic are heterosexual general population representatives with risky behaviour and it is really hard to estimate percentages of sex workers, IDUs or prisoners in their clinic. She reported of a case who was an HIV-positive man, who was imprisoned and had MSM-contacts there. So the medical unit in this prison suggested to voluntarily test all other inmates, which was not welcomed by the Ministry of Internal Affairs as it was interpreted as a violation of the voluntary testing strategy. Finally, all inmates wanted the test, luckily no one was found to be HIV-positive and as a result, condoms are available in prisons now.

Doctors from her clinic go to the same prison with approximately 3000 inmates once a week, however the data are not entered in the BORDERNETwork-surveillance, unless, a patient is brought to the clinic and seen by Dr. Djakova. In general, MSM would not easily declare their status in Bulgaria, probably only some single cases, and it is also a very closed community, which is very hard to get into.

To clarify data acquisition, Dr. Djakova explained that the lab fills in the monthly questionnaires by the end of the quarter; however, she herself is the only doctor who fills in the diagnosis questionnaires for each positively diagnosed patient, being another reason for our low numbers of diagnosis questionnaires compared to positives in monthly questionnaires in Bulgaria.

As for the patient questionnaires, Dr. Djakova explained that in the case of patients with Roma ethnic background, they are filled in with the support of an outreach worker from the

NGO Panacea, who acts as cultural mediator and additionally accompanies the Roma clients (most often i. d. users) to the service.

### **Site visit: Medical University Plovdiv, Dermato-Venerological Clinic**

Participants: Dr. Chudomirova, TAN, KH, MN, RD

In this clinic, there are 20 beds for inpatients. All subspecialties of dermatology are covered, such as venerology, allergology and phlebology. 2 doctors particularly look after STI-patients. In total, there are 15 registrars and 2 lab technicians working in the clinic. In 2004-2005, MSF (Medicins sans frontiers) carried out a project and invested in furniture, drugs and laboratory apparatus. The outpatient clinic has still the name from that time "Centre for Sexual Health". As heard before, health insurances in Bulgaria do not cover STI-testing or treatment and patients have to pay themselves. In pregnancy, one syphilis-test is performed free of cost for the patient. Anyone can attend the clinic without referral. In this clinic, only hospitalised patients can be treated. It is an offer of the doctors to offer STI-examinations free of charge; however, patients still have to cover costs of the performed tests, which for some patients is too much. Hospitals in Bulgaria are state-run and according to Dr. Chudomirova low-threshold. She estimates that 40% of their patients are from risk-groups; however, for MSM it is hard to declare their status openly. The majority of their patients are from the general population, approximately half men and women. In Bulgaria, there are approximately 600 new syphilis-cases per year. In this University clinic, approximately 30-50 syphilis-tests are performed every day, 7 days per week. Every patient who attends the hospital receives a syphilis-test; regardless of his or her complain. 60% of syphilis-cases are in the latency stadium, a lot of them being found in the cardiology ward. Neurosyphilis is also frequently found. According to Dr. Chudomirova, latent and tertiary syphilis is rising, however, being very hard to diagnose. ELISA and VDRL are used for syphilis screening test. PCR can be performed, however not in their lab, but in the microbiology lab. Direct immunofluorescence costs about 40 Leva (22 EUR). Private labs offer PCR for 20 Leva (11 EUR), however, quality of these tests is doubtful. For gonorrhoea, no resistance data exist at all. If at all, Gram stain or PCR is used for gonorrhoea diagnoses. All therapy has to be paid by the patient in Bulgaria, apart from some diseases like cancer, diabetes, etc.

In Bulgaria, a lot of Roma people are IDUs. In general, adherence of IDUs to take HIV-medication is poor, and substitution is a prerequisite. HIV-treatment is paid by MoH, also HIV-hepatitis-tuberculosis-co-infections are treated, however, not in the dermatology unit, but the infectious disease unit of the university clinic.

Finally, Dr. Chudomirova pointed out her interest in participating in a project, which would cover for the testing costs. She could provide facilities and staff; however, it is hard to motivate patients for testing, if tests have to be paid privately.

### **Meeting in the Roma Community Neighbourhood of Plovdiv "Stolipinovo" and with the service provider NGO "Roma" active there**

Participants: TAN, KH, MN, RD, BV

The NGO working in this community was founded in 1992. Since 2005, HIV/AIDS-prevention is performed, along with many other projects for desegregation and social integration of the

Roma community. Stolipinovo is the biggest Roma community in Bulgaria and probably the whole Balkan, if not of all Europe. In 2005 it was estimated that 35000 people were reached, and in total the NGO-members suspect around 50000 people living in the community, which some of them call "ghetto". In one of their projects they performed mapping of the area and marked areas where risky behaviour happens or where these people could be easiest reached. The target group of the NGO in this Roma community are MSM, sex workers and IDUs. There is a big drug-handling zone in the community and even old people sell drugs on the streets.

There are 4 (segregated) schools, 3 kindergartens and a primary health care centre in the community. However, as many of the inhabitants use their Roma names, have no ids, and are unemployed they don't have health insurance and no vaccination for children can be provided. In the last years, there were big measles and hepatitis outbreaks and the NGO could successfully help providing 13000 vaccinations. In 2006, a project started to desegregate Roma schools. 250 Roma kids were taken to Bulgarian schools outside of the "ghetto" every day, and literacy improved significantly. Pupils attending the 4<sup>th</sup> grade outside the "ghetto" were as good as 8<sup>th</sup>-graders in the community. 600 children are currently eligible for the 1<sup>st</sup> class, 60 of them could successfully be integrated in other schools this year. Only 3700 Roma people from the community are registered in the social welfare system, however to receive money people have to go there every day, which in practice is hard to fulfil. Around 90% of inhabitants of Stolipinovo are suspected to be unemployed.

The main target group of the HIV/STI prevention interventions are young Roma, aged 12-25 years. 2 years after the start of the project, the NGO tried to establish how many of the young are MSM, and found out that 70-80% of all men aged 12-25 years had already had MSM-contacts. This is predominantly due to the preservation of virginity of young girls before marriage. A lot of these young men also work as male sex workers (MSW), and tend to travel to Dortmund, Vienna and France for that reason. MSW has become a new area of income for many young Roma men, which is already well known among the whole European gay community. Many MSM travel to Bulgaria for that reason, and also the porn industry uses this condition. There are certain cruising areas in the city of Plovdiv, where these MSW would work as well. The usage of condoms is doubtful, as payment is better without.

People with STI-related health problems (for example discharge) are directly referred to a private venerologist (Dr.Garov), who is paid by the National AIDS Programme to offer check-up and treatment. The outreach workers accompany clients to his private practice or the medical doctor performs outreach visits to the Stolipinovo neighbourhood when a group of 10 clients gathers. The services provided by the NGO ROMA in the frame of the project are: HIV/STI testing, STI check-ups and individual case management, which addresses those at highest risk and requires a more stable contact with the team over a longer time. During the first meetings with a client, testing and check-ups are performed. Thus one outreach worker reported that among 10 of his clients, 5 have gonorrhoea. 200 patients could successfully be treated in the first half of 2010, between July and September 400 patients. Tests for HIV, hepatitis B and C and syphilis can be performed and clinical check-ups made. The most difficult part of the client-centred case management is the motivation and adherence to both HIV and drug substitution treatment (Methadone). Many of the clients are active i.v.-drug users, although they are enrolled in the existing in the neighbourhood methadone programme. Those of them who are HIV-positive are referred to treatment to the Infectious Diseases Clinic in Plovdiv (one of 5 HIV-treatment sites in Bulgaria)