

SUMMARY

The mandatory reporting of new HIV diagnoses is the central indicator of the epidemiological situation in France, but its trends can only be interpreted in light of the multiple processes that determine the actual incidence of new infections, which is estimated by modelling and also by interventions of prevention, screening and treatment. This report, prepared by the «Indicators» group working within ANRS AC47 «Dynamics and Control of HIV and Hepatitis Epidemics», describes and discusses the various data available in this area for the years 2013 to 2018.

As in the previous period, the HIV epidemic was geographically concentrated in Île-de-France (40% of new diagnoses in 2018) and in two populations: men who have sex with men (MSM: 41.6%) and populations born abroad, particularly heterosexual men born in sub-Saharan Africa (32.5%). Heterosexual men and women born in France accounted for 14.2% of these new diagnoses in 2018.

Uneven downward trend across regions and groups

In 2018, after a few years of fluctuations, the number of new diagnoses decreased by 7% in comparison with 2017, from 6,583 to 6,155, but with regional variations.

Over the 2013-2018 period, for populations born in France, incidence estimates that reflect the «actual» epidemic, i.e. when new infections occur, showed a decrease among MSM and heterosexual men and stability among women. These trends were marked in Île-de-France and even more so in Paris.

While the situation improved for heterosexual men born in sub-Saharan Africa, it was of concern for foreign-born MSM and immigrant African women. For the latter, after an increase between 2013 and 2016, new diagnoses were stable in the last two years observed, but the estimated incidence was on the increase. Interpreting changes in incidence is complex for foreign-born populations because

of the failure to disentangle what is due to the size of recent migration flows, the contexts of exposure prior to migration and on the journey to Europe, and what is due to increasingly difficult living conditions after arrival.

The changes in epidemiology were also geographically heterogeneous. The national trends were accentuated in Île-de-France, while Nouvelle-Aquitaine and Auvergne-Rhône-Alpes – two major regions reporting the national metropolitan situation outside of Île-de-France – presented stable indicators of new diagnoses (incidence estimates are not yet available). In Paris, where a proactive prevention program has been in deployment since 2016, the decline was more marked among the MSM population, including those born abroad and among men born in sub-Saharan Africa. Throughout the Ile-de-France region, including Paris, the epidemiological situation of African women did not benefit from any significant progress.

Progress in all areas of combination prevention

The components of combination prevention – the current paradigm in the fight against HIV – have seen positive developments.

The preventive effect of treatment through control of viral load is fully effective when those diagnosed have entered a care route and are receiving treatment, with very small differences between populations and regions.

Testing is the key to entering such a treatment cascade. Serological testing increased from 11 to 14% in all regions over the period, with the number of tests performed increasing from 5.2 to 5.8 million. Positive test rates were on the decline at the national level, falling more sharply in Île-de-France and remaining stable in the regions.

HIV testing activity at the centers for free information, testing and diagnosis (CeGIDDs), whose mission was extended to include STIs in 2016, was stable over the three last years (322,000 tests in 2018). Similarly, community-based screening

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using rapid HIV tests, deployed among high-risk groups where they live and meet, was stable with approximately 65,000 tests in 2018. This method was very effective, with a positivity rate of 8.4 per 1,000 people. These rates were 3.8 per 1,000 for the CeGIDDs and 1.9 per 1,000 for laboratory serology.

Sales of self-tests changed little between 2016 and 2018 (74,000 tests sold in 2018), then picked up again in 2019 with the launch of a cheaper product (79,500 tests sold in 2019).

Taking the various measures into consideration, the testing offered was more diversified and the rates of use higher in Île-de-France than in the rest of the country.

Estimations show that, irrespective of the setting, the time from infection to diagnosis was still too long. Several thousand people are living with an unknown and potentially transmissible infection. However, with the exception of foreign-born MSM and women born in sub-Saharan Africa, their numbers were on the decline in the other groups, but not fast enough to rapidly reduce the undiagnosed infected population.

The observation of all these indicators shows that testing can only increase moderately, even when measures are diversified. That is why protection against contracting HIV must remain high across all measures and improve for PrEP.

Overall, there was no decline in condom sales in pharmacies and shops over the period, suggesting that protection in the general population was stable.

Among the MSM population, while condom use with casual partners decreased in recent years, the level of protection increased with PrEP. This had a very marked effect, particularly in Paris where it was deployed earlier, notably under the impetus of the ANRS Ipergay trial and the establishment of the ANRS Prévenir cohort. It mainly concerned men who were most at risk and who contributed most to the dynamics of the epidemic. From mid-2018, there has been a marked acceleration in PrEP deployment in the regions, which is expected to impact data on the epidemic in 2019 and 2020. Access has improved with the increased participation of the CeGIDDs, the renewal of prescriptions in the community medicine setting and soon the possibility to initiate prescriptions in that same setting. The non-existent promotion of PrEP among heterosexuals in the early years explains the low proportion of heterosexuals among PrEP users, meaning that promotion should be undertaken to extend the benefit to all those who need it.

Accelerating the decline of the epidemic in the various groups must be supported by the more proactive allocation of resources within local and context-specific programs, making it possible to optimize the overall performance of combination prevention by consolidating effective access to testing, treatment and PrEP.

The objective of halting HIV transmission by 2030 remains valid provided that HIV programs continue, intensify and innovate. The ANRS supports many intervention research projects that will contribute to this.

