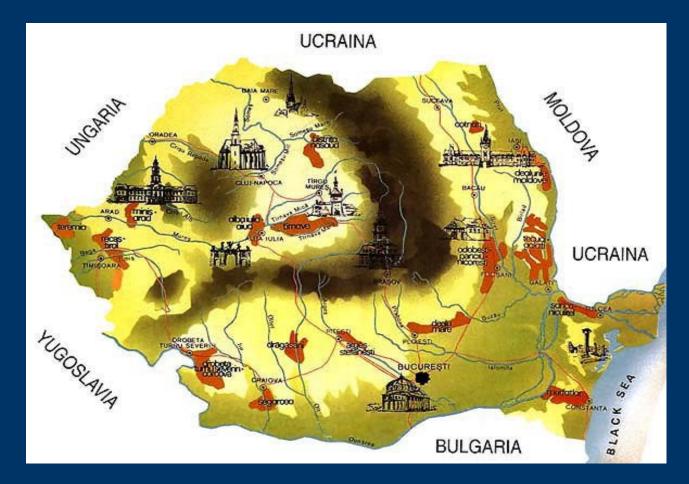


"PROF. DR. MATEI BALS" NATIONAL INFECTIOUS DISEASES INSTITUTE HIV/AIDS MONITORING AND EVALUATING DEPARTMENT

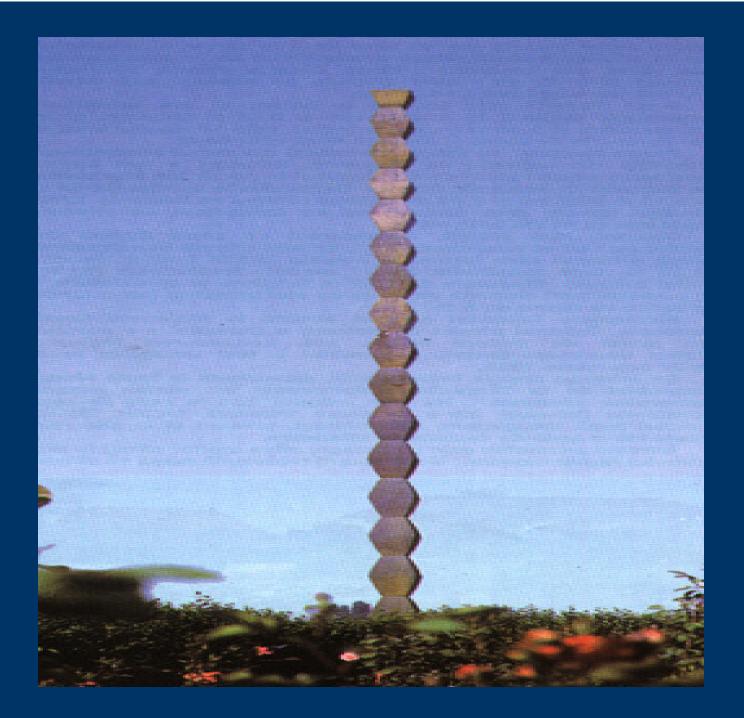


# THE EVOLUTION OF THE HIV/AIDS PHENOMENON IN ROMANIA BETWEEN 1985-2007

# Romania



General population = 21.53 mill People living with HIV = 9540



# The beginning of HIV in Romania

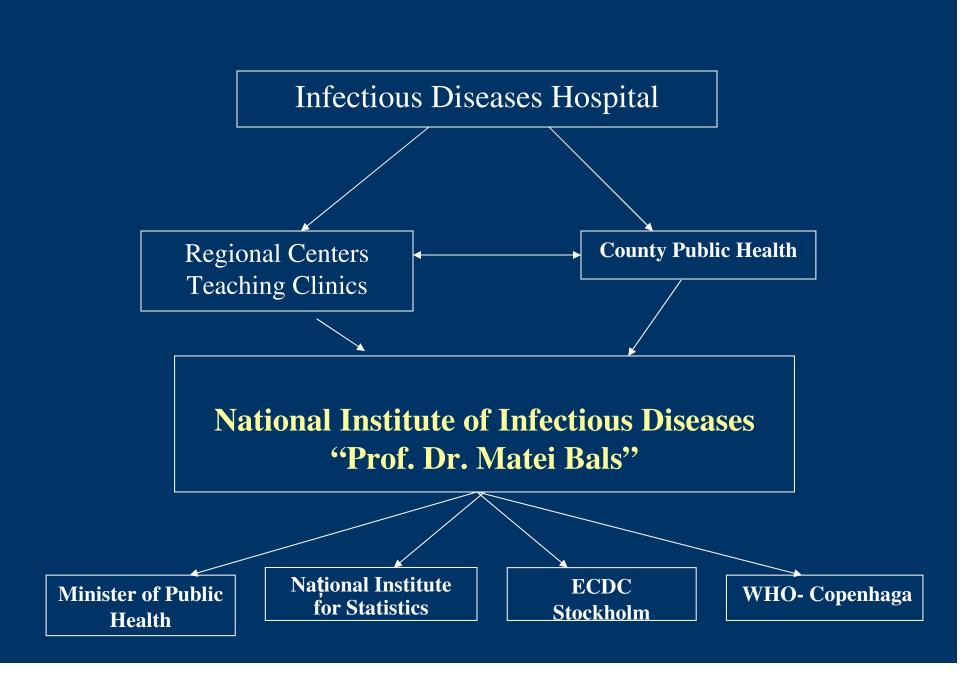
- 1985: Colentina Infectious Diseases Clinic male, 45 years old, gay, stewart on lit waggon
- 1989: Paediatric Clinic Fundeni Hospital HIV infection in children with malnutrition and chronic diahoreea
- Other cases:- lab staff / washing glass tubes
  - gay physician
  - vet doctor / multiple sexual contacts
  - CSW / arabian students
  - female / blood transfusion
  - sportsman / international competitions

• 1990: AIDS patients received medical care in *any* hospital

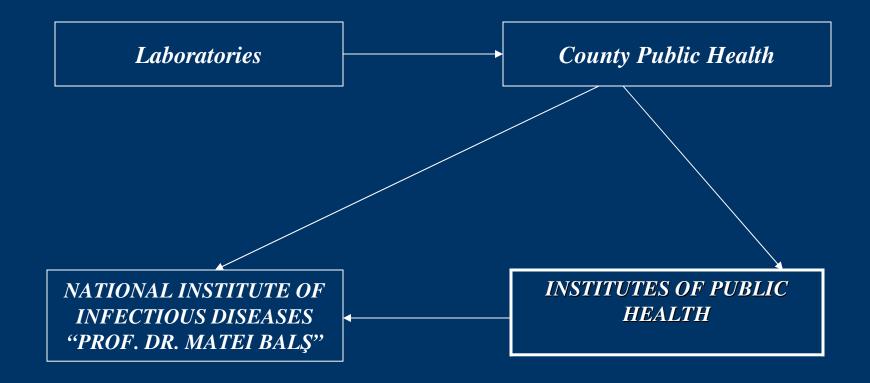


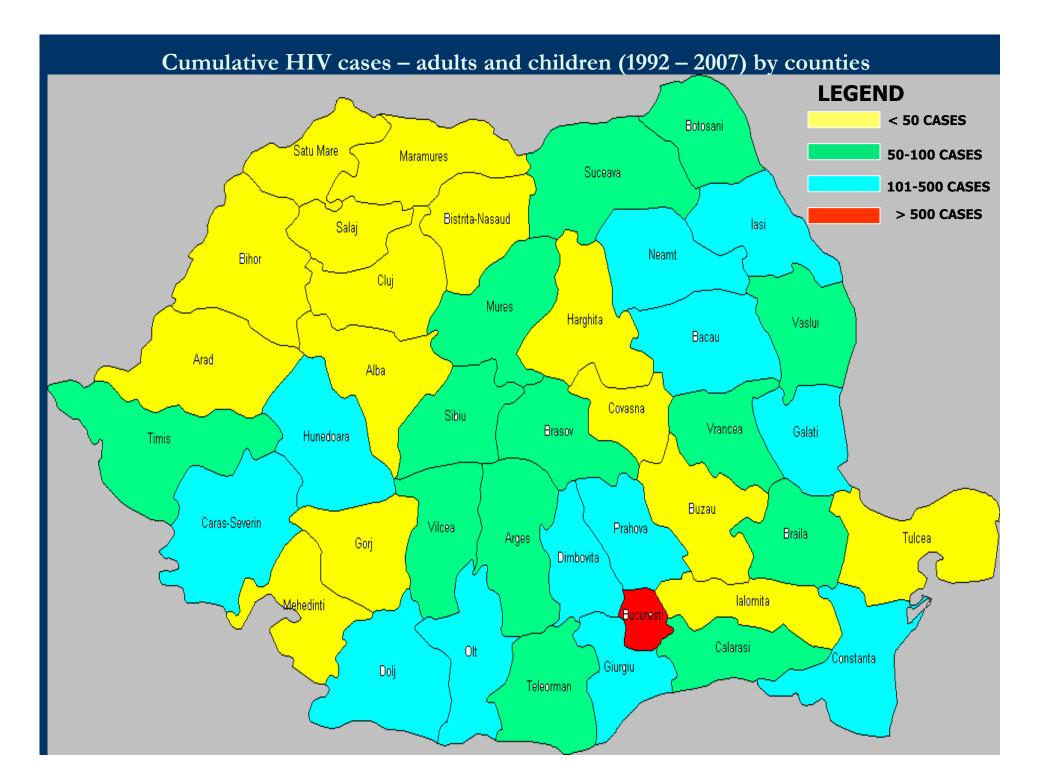


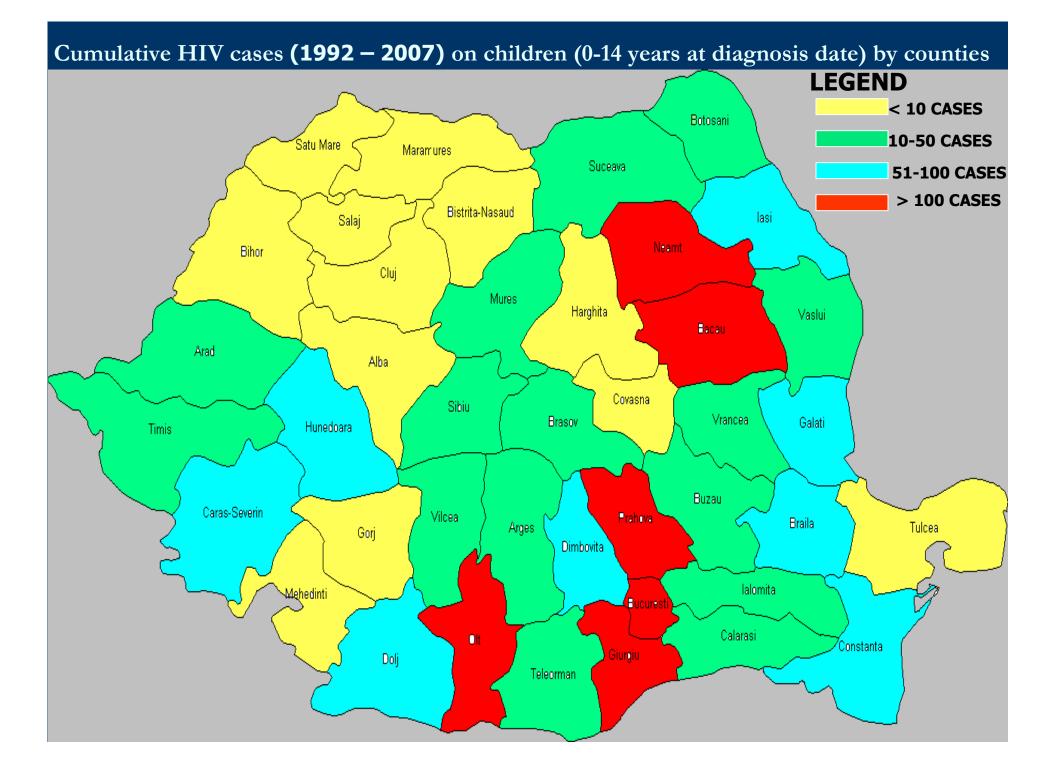
# Actual HIV/AIDS epidemiological and clinical surveillance sistem



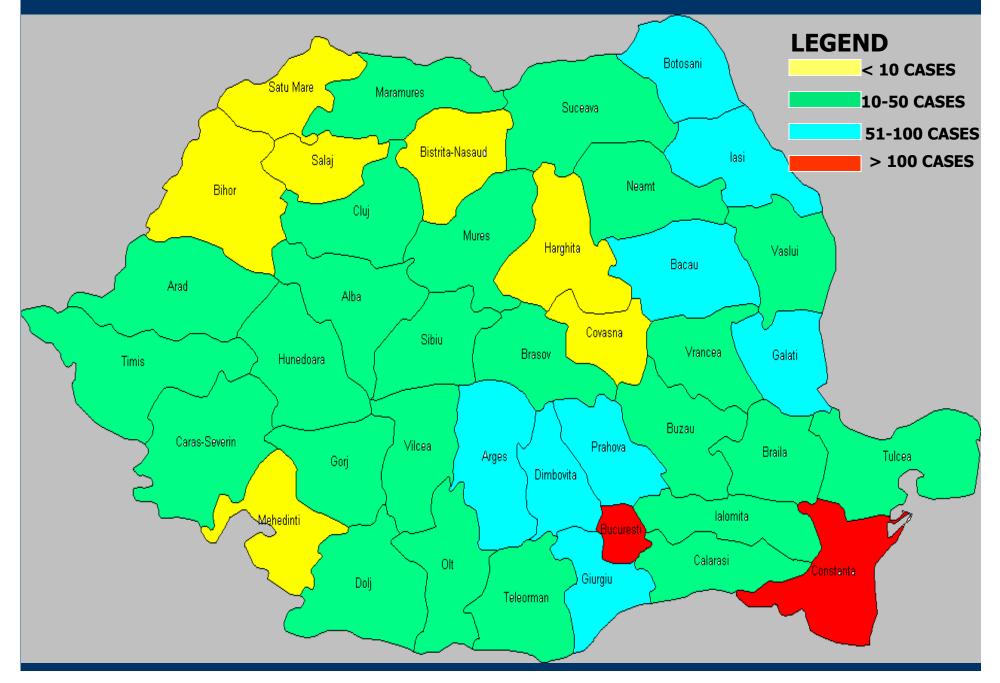
## **ROUTE OF HIV TESTS INFORMATION**



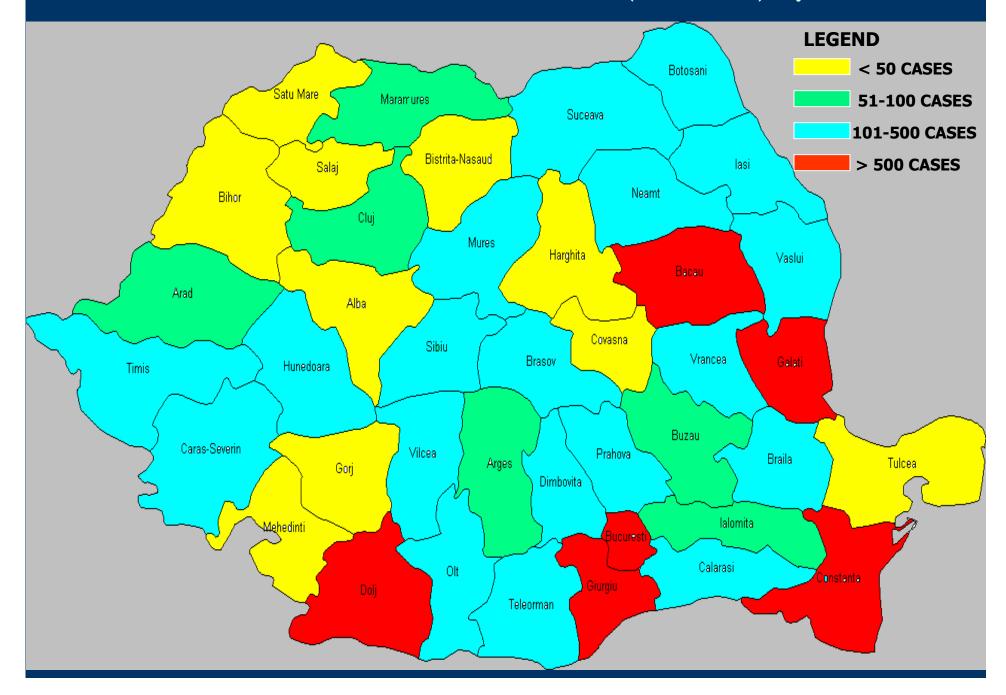




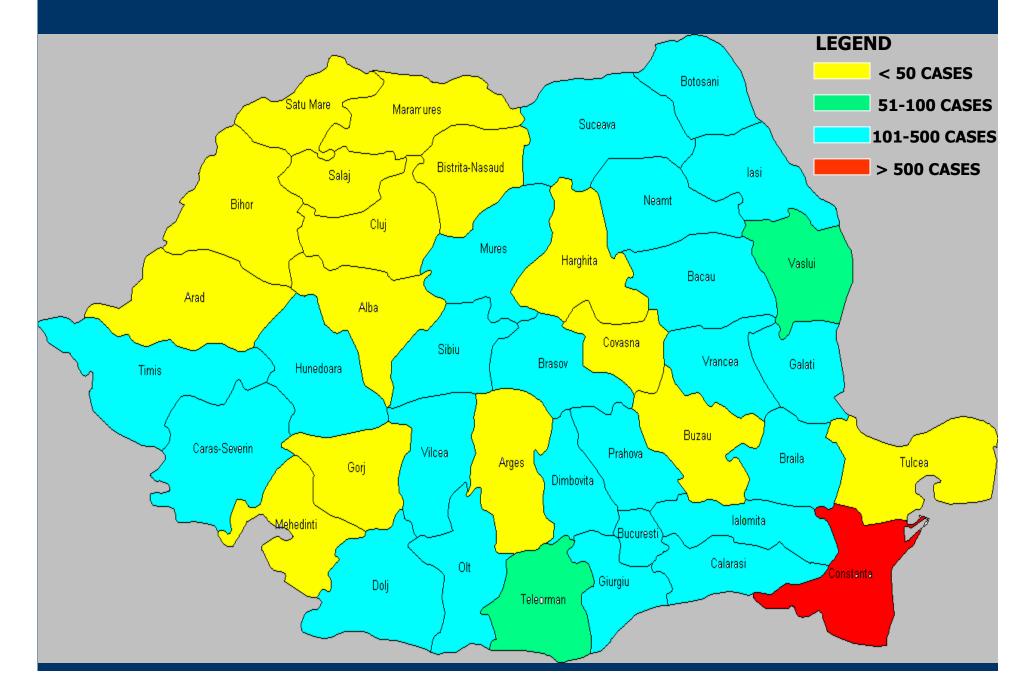
#### Cumulative HIV cases (1992 – 2007) on adults (> 14 years at diagnosis date) by counties



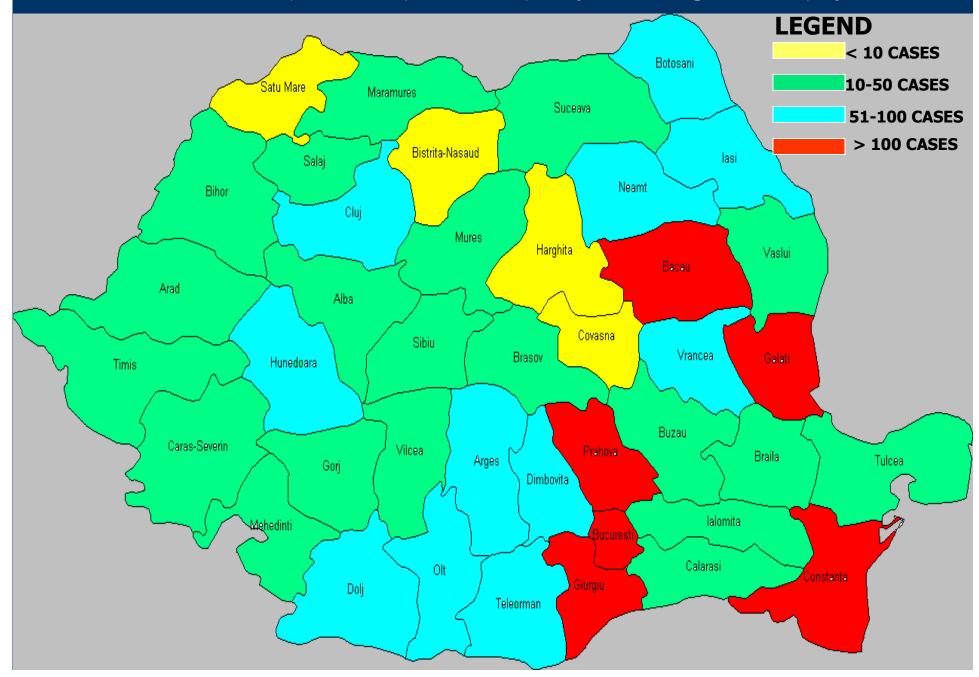
#### Cumulative AIDS cases – adults and children (1985 – 2007) by counties



#### Cumulative AIDS cases (1989 – 2007) on children (0-14 years at diagnosis date) by counties



Cumulative AIDS cases (1985 – 2007) on adults (> 14 years at diagnosis date) by counties



# General data on HIV/AIDS in Romania at 31. 12. 2007

TOTAL AIDS CASES	10851
AIDS CASES AMONG CHILDREN*	7606
- Living	3607
- Death	3843
- Lost from records	156
AIDS CASES AMONG ADULTS	3245
- Living	1994
- Death	1139
- Lost from records	112
Total AIDS death	<b>4982</b>
TOTAL HIV CASES	4232
HIV CASES AMONG CHILDREN	2131
HIV CASES AMONG ADULTS	2103
Lost of records (adults and children)	<i>295</i>

\*0-14 years at diagnosis date

# General data on HIV /AIDS in Romania at 31. 12. 2007

PATIENTS UNDER ACTIVE MEDICAL SURVEILLANCE	<i>7591</i>
Children (0-14 years*)	240
Adults (> 14 years*)	7351
PATIENTS RECEIVING HAART (Higly Active Antiretroviral Therapy)	6500
Children (0-14 years*)	196
Adults (> 14 years*)	6304

\*current age

# New cases of AIDS and HIV infection registered in 2007

		HIV		SIDA			TOTAL HIV AND
AGE GROUPS	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	AIDS
< 1 year	1	1	2	1		1	3
1-4 years	1	1	2	1	1	2	4
5-9 years				1		1	1
10-12 years		1	1				1
13-14 years							
15-19 years	10	22	32	40	27	67	99
20-24 years	9	7	16	9	5	14	30
25-29 years	15	15	30	10	14	24	54
30-34 years	10	8	18	19	10	29	47
35-39 years	13	11	24	23	9	32	56
40-49 years	6	3	9	17	9	26	35
50-59 years	5	1	6	16	11	27	33
≥60 years	1		1	1	3	4	5
TOTAL	71	70	141	138	89	227	368

#### DISRIBUTION OF AIDS CASES REGISTERED ON ADULTS (> 14 ANI AT DIAGNOSIS DATE) IN 2007, *BY MODE OF TRANSMISSION*

COD	Mode of transmission	Male	Female	Total
1	Homosexual/bisexual	6		6
2	IDU	2		2
3	Haemophilliac*			
4	Transfusion recipient*	7	7	14
5	Heterosexual	96	65	161
6	Undeterminated	24	16	40
	TOTAL	135	88	223

\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

#### DISRIBUTION OF AIDS CASES REGISTERED IN CHILDREN (< 14 ANI AT DIAGNOSIS DATE) IN 2007, BY MODE OF TRANSMISSION

Mode of transmission	Male	Female	Total
Mother-to-child – mother heterosexual	1		1
Mother-to-child – mother undeterminated	2	1	3
TOTAL	3	1	4

#### DISRIBUTION OF HIV CASES REGISTERED ON ADULTS (> 14 ANI AT DIAGNOSIS DATE) IN 2007, *BY MODE OF TRANSMISSION*

Mode of transmission	Male	Female	Total
Homosexual/bisexual	8		8
IDU	1		1
Transfusion recipient*	4	2	6
Heterosexual	54	63	117
Undeterminated	2	2	4
TOTAL	69	67	136

\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

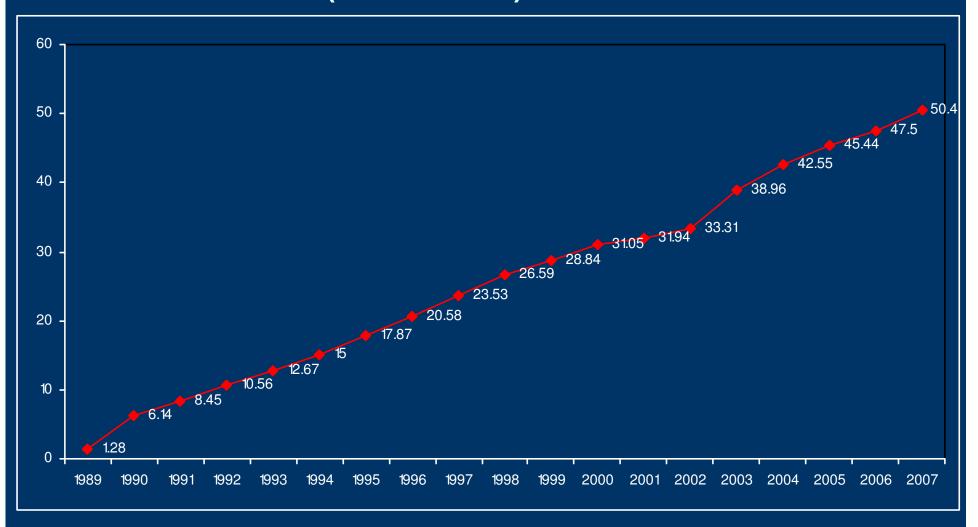
#### DISRIBUTION OF HIV CASES REGISTERED ON CHILDREN (< 14 ANI AT DIAGNOSIS DATE) IN 2007, *BY MODE OF TRANSMISSION*

Mode of transmission	Male	Female	Total
Mother-to-child – mother heterosexual		2	2
Mother-to-child – mother undeterminated	2		2
Nosocomial		1	1
TOTAL	2	3	5

# AIDS incidence (per 100 000) among adults and children (1985 – 2007)



# AIDS PREVALENCE (per 100 000) (1989 – 2007)



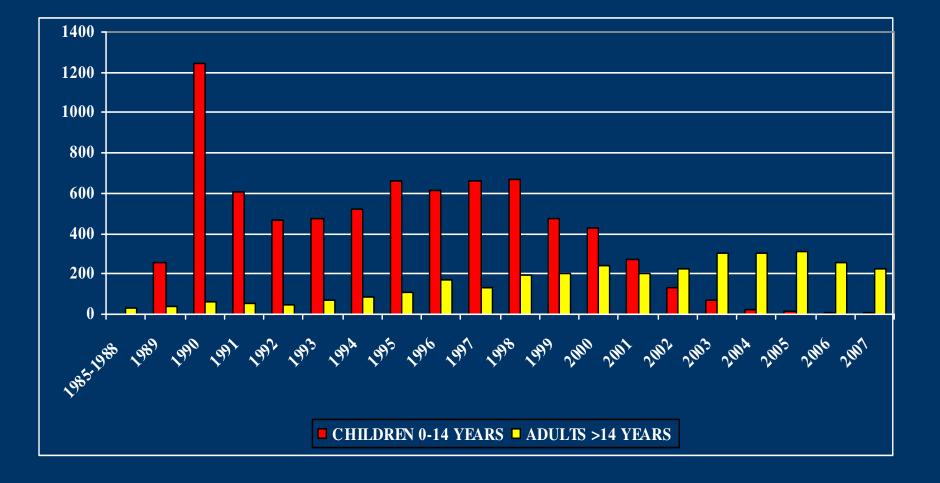
### CUMULATIVE AIDS CASES BY AGE GROUPS (age at diagnosis date) AND SEX - 31 DECEMBER 2007

	SEX		ΤΟΤΑΙ
AGE GROUPS	MALE	FEMALE	TOTAL
< 1 year	355	283	638
1-4 years	1506	1014	2520
5-9 years	1776	1275	3051
10-12 years	663	495	1158
13-14 years	136	103	239
15-19 years	420	395	815
20-24 years	103	189	292
25-29 years	221	247	468
30-34 years	279	207	486
35-39 years	232	166	398
40-49 years	316	169	485
50-59 years	159	72	231
≥60 years	41	29	70
TOTAL	6207	4644	10851

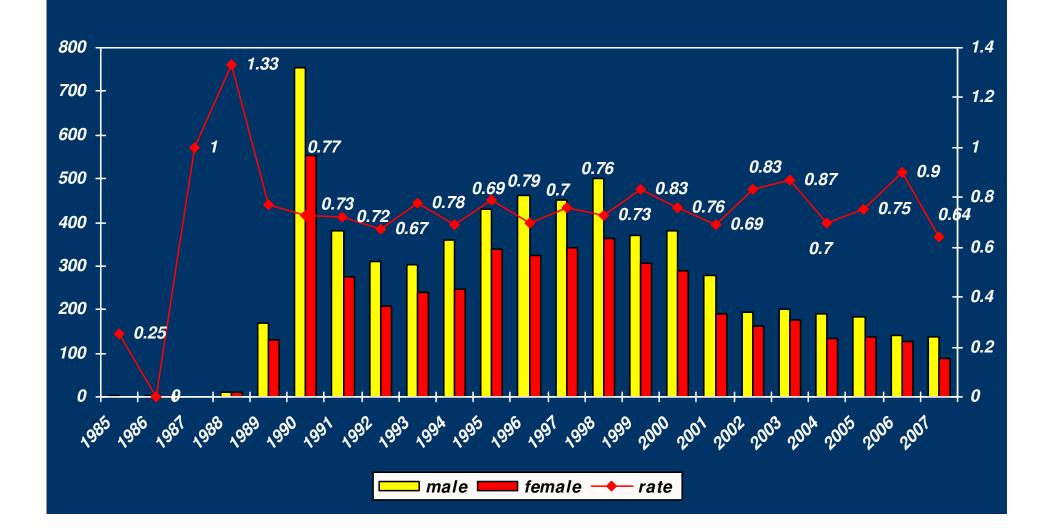
# HIV/AIDS CASES ON CHILDREN AND AGE AT FIRST POSITIVE TEST, BETWEEN 1989 – 2007

		Year of first positive test																	
Age	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07
0	160	612	90	30	24	19	17	10	12	16	16	9	7	12	10	6	9	11	4
1	107	803	189	62	46	10	7	3	6	5	4	1	2	2	5	4	3	0	0
2	17	301	259	149	38	7	7	4	3	5	1	1	4	1	2	3	2	2	0
3	0	40	143	251	135	22	14	2	3	1	0	3	1	3	2	1	1	2	0
4	0	8	25	112	235	140	40	17	6	2	8	1	1	0	2	0	2	1	3
5	0	5	9	23	123	308	152	37	14	5	7	3	1	1	0	2	0	1	0
6	0	1	0	7	25	154	366	200	42	12	2	1	3	1	1	0	1	1	0
7	0	0	1	3	4	32	173	315	196	43	13	1	1	1	0	1	0	1	0
8	1	0	1	1	5	8	38	149	316	189	27	9	4	0	0	2	0	0	0
9	0	1	1	0	1	3	15	34	154	248	143	25	5	4	2	1	4	1	1
10	2	0	1	2	0	1	7	9	30	99	209	135	32	9	1	0	0	0	0
11	1	0	1	1	0		5	3	13	20	79	212	130	13	5	0	0	0	1
12	0	1	0	0	1	3	3	6	8	3	27	83	154	92	16	8	5	0	0
13	0	1	2	1	2	2		4	3	3	9	21	80	132	80	9	3	0	0
14	0	0	2	0	1	2	5	5	4	1	6	12	16	72	119	55	12	5	1

## Distribution of AIDS cases by year of diagnosis and age groups (1985 – 2007)



### Distribution of AIDS cases by year of diagnosis and sex (1985 – 2007)

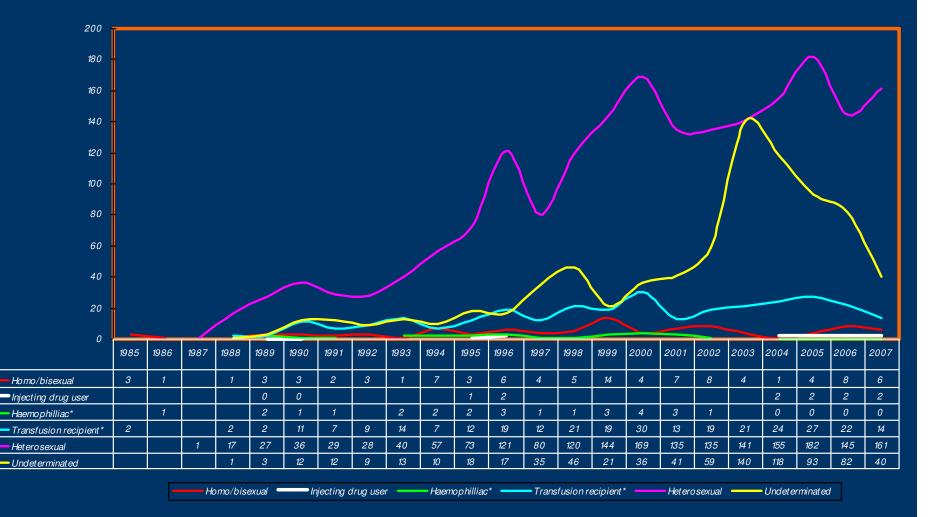


#### DISTRIBUTION OF AIDS CASES (TOTAL CUMULATIVE) ON ADULTS (> 14 YEARS AT DIAGNOSIS DATE) BY MODE OF TRANSMISSION AT 31 DECEMBER 2007

Mode of transmission	Male	Female	Total
Homosexual/bisexual	98	0	98
IDU	8	3	11
Haemophilliac*	19	8	27
Transfusion recipient*	132	175	307
Heterosexual	1091	905	1996
Undeterminated	423	383	806
TOTAL	1771	1474	3245

\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

## Distribution of AIDS cases among adults by mode of transmission and year of diagnosis (1985 – 2007)



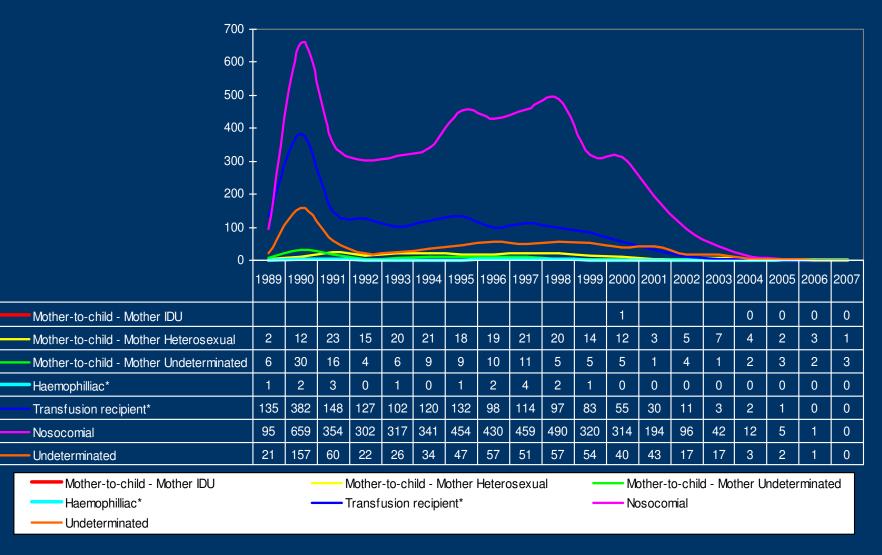
\*Patients who received blood or plasma donations at the end of the '80s and the beginning of the '90s

# DISTRIBUTION OF AIDS CASES (TOTAL CUMULATIVE) ON CHILDREN (0-14 years at diagnosis date) BY MODE OF TRANSMISSION AT 31 DECEMBER 2007

Cale de transmitere	Masculin	Feminin	Total
Mother-to-child – mother IDU	0	1	1
Mother-to-child – mother heterosexual	137	85	222
Mother-to-child – mother undeterminated	89	43	132
Haemophilliac*	7	10	17
Transfusion recipient*	970	670	1640
Nosocomial	2848	2037	4885
Undeterminated	385	324	709
TOTAL	4436	3170	7606

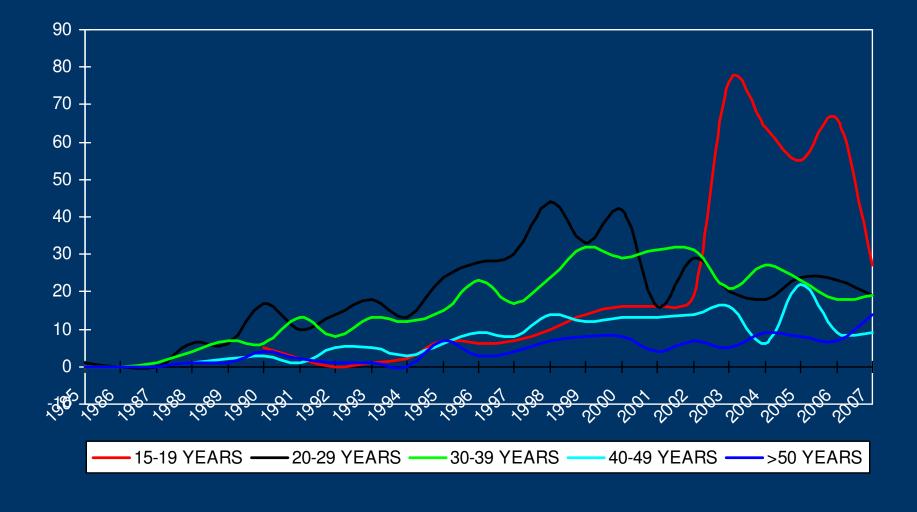
\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

Distribution of AIDS cases among children (0-14 years at diagnosis date) by mode of transmission and year of diagnosis (1989 – 2007)

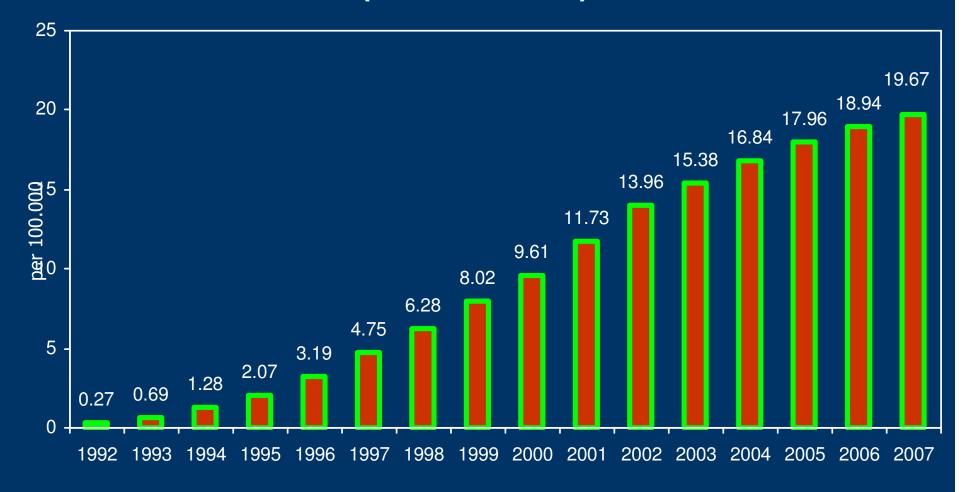


\*Patients who received blood or plasma donations at the end of the '80s and the beginning of the '90s

# Distribution of AIDS cases among females by age groups and year of diagnosis (1985 - 2007)



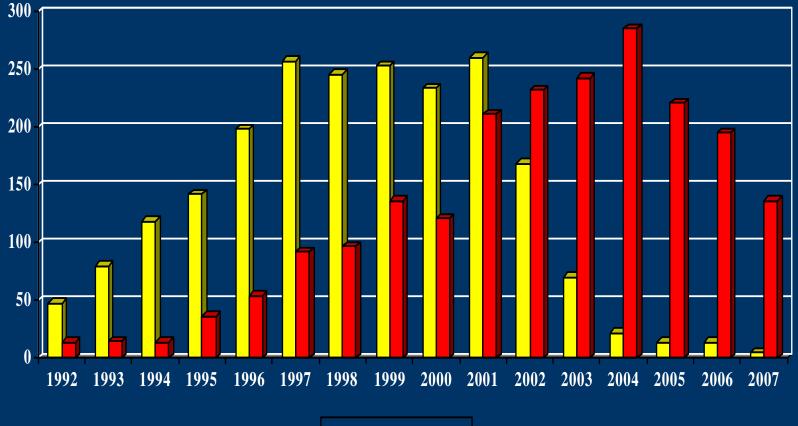
# Prevalence (per 100 000) of HIV infection (1992 – 2007)



#### CUMULATIVE HIV CASES BY AGE GROUPS (age at diagnosis date) AND SEX AT 31 DECEMBER 2007

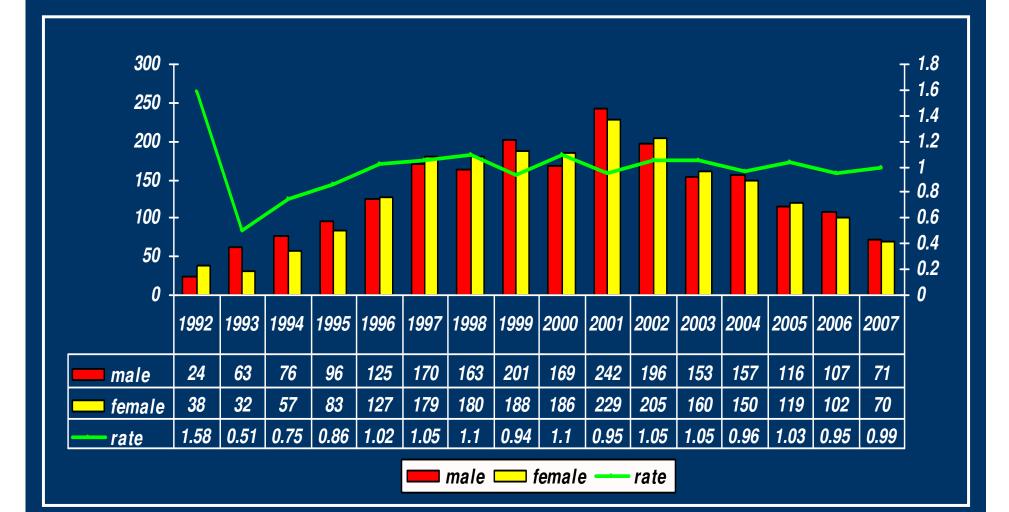
	SEX	TOTAL	
AGE GROUPS	MALE	FEMALE	TOTAL
< 1 year	43	37	80
1-4 years	140	94	234
5-9 years	488	456	944
10-12 years	354	337	691
13-14 years	89	93	182
15-19 years	180	254	434
20-24 years	119	181	300
25-29 years	197	232	429
30-34 years	173	166	339
35-39 years	119	114	233
40-49 years	139	91	230
50-59 years	59	39	98
≥ 60 years	29	11	40
TOTAL	2129	2105	4234

# Distribution of HIV infection cases by age groups and year of diagnosis at 31 decembrie 2007



**□** 0-14 ani **■** >14 ani

### Distribution of HIV infection cases by year of diagnosis and sex (1992 – 2007)

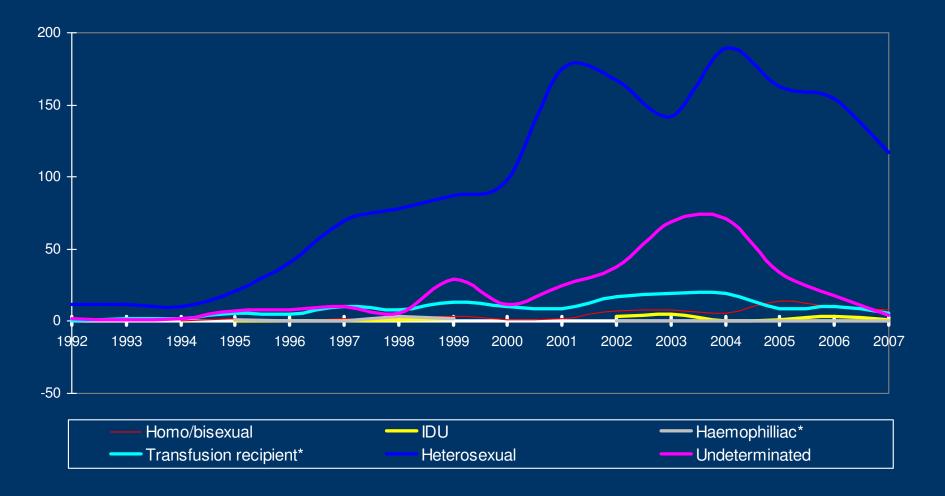


#### DISTRIBUTION OF HIV CASES (TOTAL CUMULATIVE) ON ADULTS (> 14 YEARS AT DIAGNOSIS DATE) BY MODE OF TRANSMISSION AT 31 DECEMBER 2007

MODE OF TRANSMISSION	SEX		Total
	Male	Female	TOLAI
Homosexual/bisexual	64		64
IDU	13	3	16
Haemophilliac*	5	1	6
Transfusion recipient*	59	86	145
Heterosexual	698	838	1536
Undeterminated	176	160	336
TOTAL	1015	1088	2103

\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

Distribution of HIV infection cases among adults (> 14 years at diagnosis date) by mode of transmission and year of diagnosis (1992 - 2007)



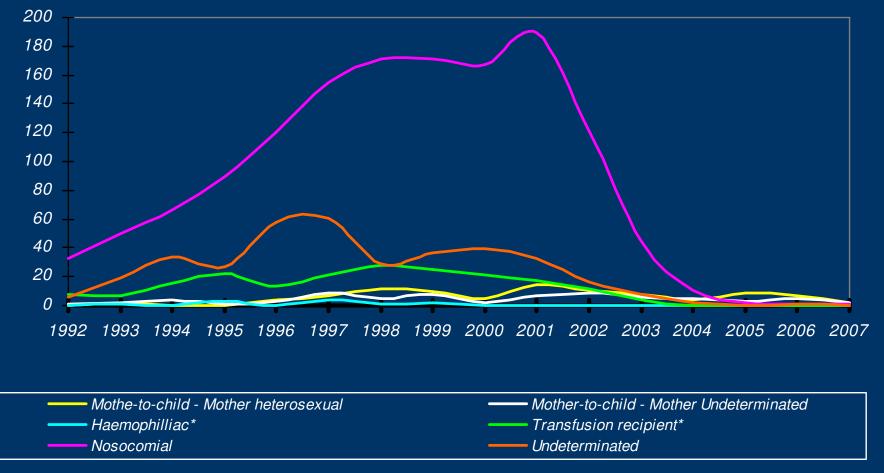
\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

#### DISTRIBUTION OF HIV CASES (TOTAL CUMULATIVE) ON CHILDREN (0-14 YEARS AT DIAGNOSIS DATE) BY MODE OF TRANSMISSION AT 31 DECEMBER 2007

Mode of transmission	SE	Total	
	Male	Female	Total
Mother-to-child – mother heterosexual	49	45	94
Mother-to-child – mother undeterminated	37	35	72
Haemophilliac*	5	6	11
Transfusion recipient*	101	92	193
Nosocomial	726	665	1391
Undeterminated	196	174	370
TOTAL	1114	1017	2131

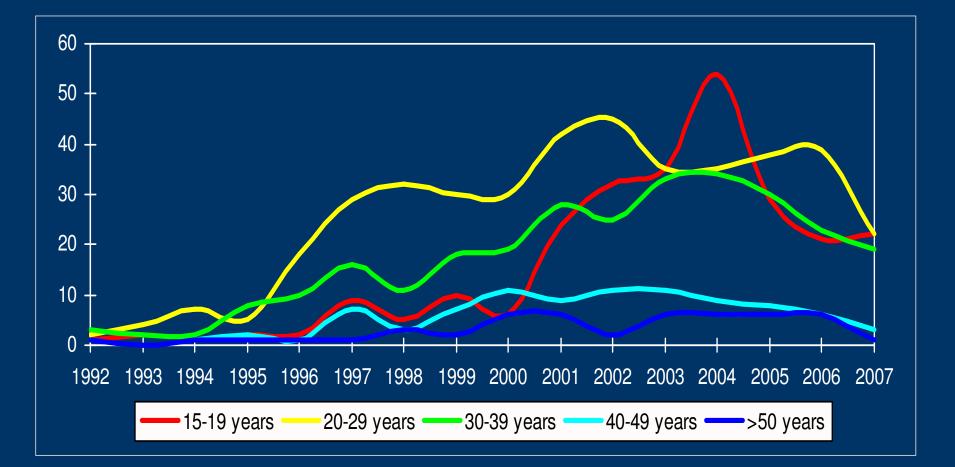
\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

# Distribution of HIV infection cases among children (0-14 years at diagnosis date) by mode of transmission and year of diagnosis (1992 - 2007)

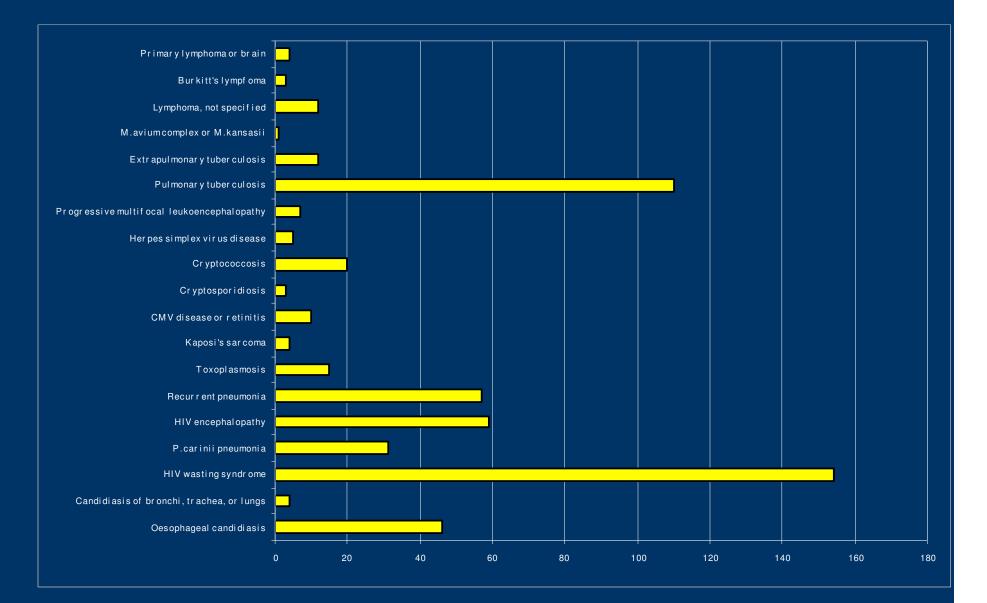


\*Patients who received blood or plasma donations at the end of the `80s and the beginning of the `90s

#### Distribution of HIV infection cases among females by age groups and year of diagnosis (1992 - 2007)



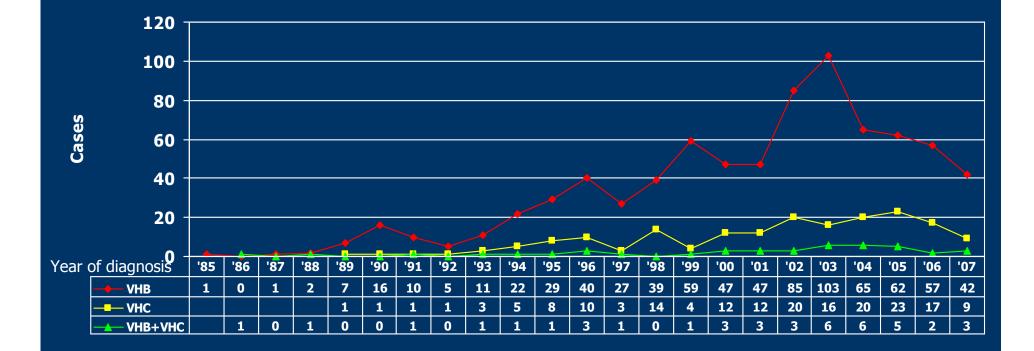
#### AIDS indicative diseases diagnosed in 2007



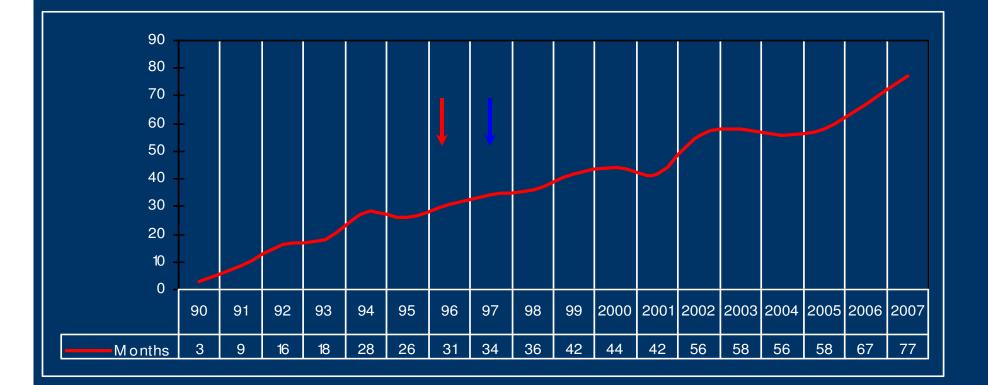
## Co-infection with HBV, HCV and HBV+HCV in children with HIV/AIDS (1989-2007)



## Co-infection with HBV, HCV and HBV+HCV in adults with HIV/AIDS (1985-2007)



## Median life expectancy (months) for people living with AIDS (1990 - 2007)

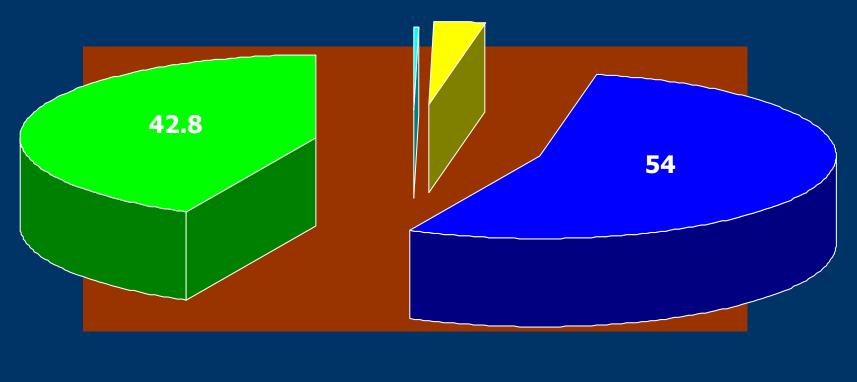


Introducing the double therapy

Introducing the triple therapy

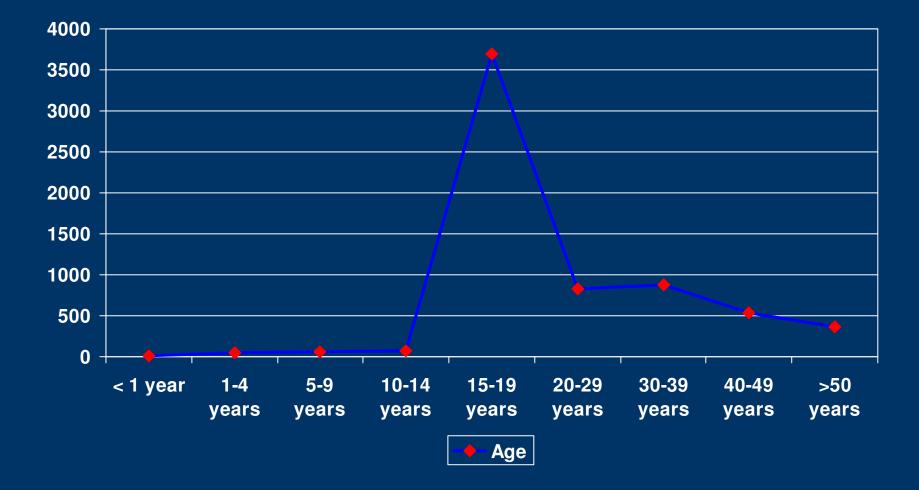
# Persons with HIV/AIDS, under active medical surveillance, by age groups (%)

0.3 2.9

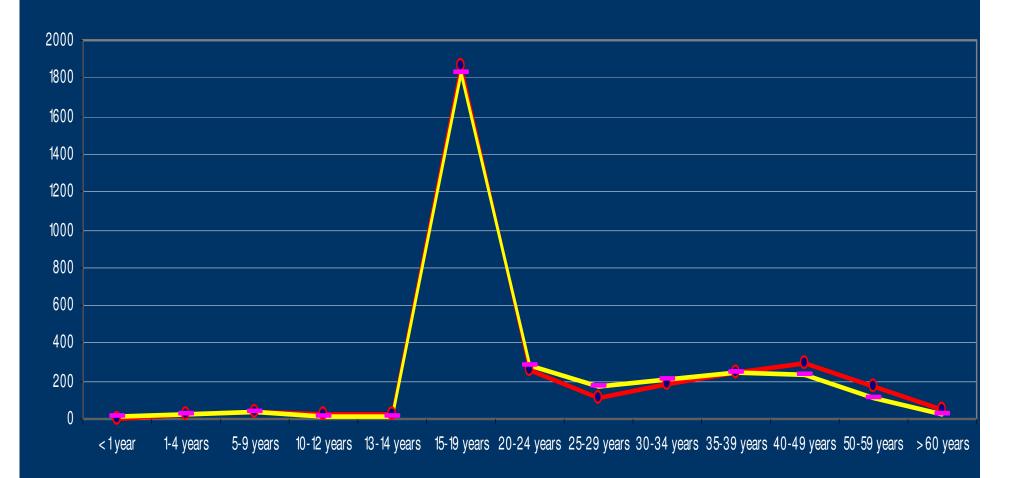


 $\leq$  < 1 year  $\leq$  1-14 years  $\leq$  15-19 years  $\leq$  20 years

#### Patients with HAART by age groups



#### Patients with HAART by age groups and sex



MALE —— FEMALE

### HIV tests by groups of risk in 2007

Risk groups	Total tests	Positive tests
TB patients	11832	94
STIs patients	5632	35
IDUs	620	6
Prisoners	530	0
Commercial sex workers	55	3
Drivers	54	0
Sailors	970	1
Work abroad	389	2
Travelers that enter the country after at least 6 months of absence	220	0
Prenuptial control	10725	4
Pregnant women	81439	86
Maternity hospital	219	3
HIV contacts	704	35
Hemodialysed/transfused	1402	1
On request	99524	1098
MSM	17	0
Medical personnel	5894	0
TOTAL	220226	1368

### HIV tests among pregnant women in 2007

Aged groups	Total tests	Positive tests
0-14 years	250	0
15-19 years	9698	28
20-24 years	21491	18
25-29 years	24289	20
30-34 years	15742	5
35-39 years	5870	7
> 40 years	1127	0
Undeterminated age	2972	8
TOTAL	81439	86

#### **HIV tests in blood donors\* in 2007**

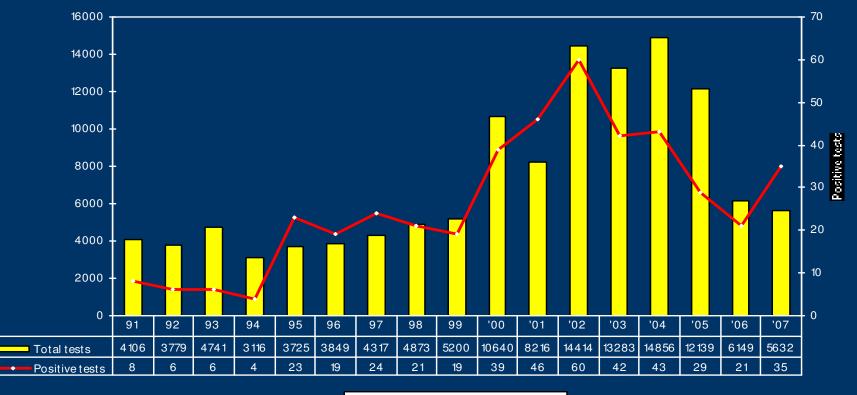
Donor group	Positive	Negative	TOTAL
First donors	22	99639	99661
Usually donors	1	199327	199328
Occasionally donors	2	48834	48836
TOTAL	25	347800	347825

\*Data colected by the National Institute of Hematology and Transfusion "PROF.C.T.NICOLAU"

#### HIV tests performed between 2001 –2007

Year	20	01	20	002	20	003	20	04	20	05	20	06	200	07
Risk groups	No. tests	Positive tests	No. tests	Positive tests	No. tests	Positive tests	No. tests	Positive tests	No. tests	Positive tests	No. tests	Positive tests	No. tests	Positive tests
Counties Health Authorities	65009	653	92797	1466										
TB patients	10578	37	11946	55	11025	55	9001	49	10392	75	10821	84	11832	94
STIs patients	8216	46	14414	60	13283	42	15121	44	12139	29	6149	21	5632	35
IDUs	6		651		392	4	311	2	510		715	1	620	6
Prisoners	88				1043	2	1043	2	621	2	709	1	530	
Commercial sex workers	88		114	7	92	5	151	2	38		47		55	3
Drivers	2		7								155	1	54	
Sailors	2		42		5	1	341		302	1	284		970	1
Work abroad	169		902	2	84	1	125	2	144		173		389	2
Travelers abroad > 6 months	23		165		43		22		66	1	54	2	220	
Prenuptial control	2271		5272	2	6249	5	4719	11	2460	1	6414	1	10725	4
Pregnant women	26064	15	43024	33	51978	27	77435	44	63494	63	78020	81	81439	86
Maternity hospital	7515	3	1769	4	334	5	539	3	386	11	339	17	219	3
HIV contacts	769	7	655	19	977	36	600	26	419	43	569	17	704	35
Hemodialysed/transfu sed			1113		1148		1248		234		603		1402	1
On request					78915	1349	103695	1951	91348	900	81099	945	99524	1098
MSM					19	2	35		30		32	2	17	
Medical personnel			2239	4	5612	4	6348	2	5646	2	5040		5894	
Blood donors	364739	35	365455	15	235384	67	362486	28	352837	17	327050	19	347825	25
TOTAL	485539	796	540565	1667	406583	1605	583220	2166	541066	1145	518273	1192	568051	1393

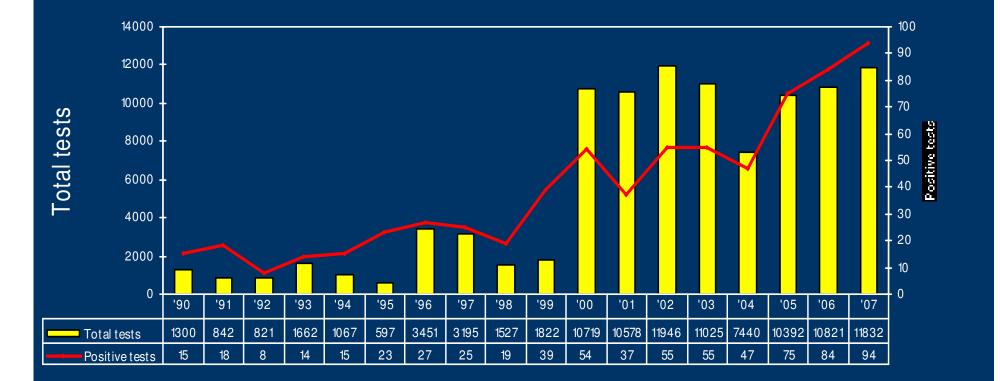
#### HIV tests in STI patients, between 1991 - 2007



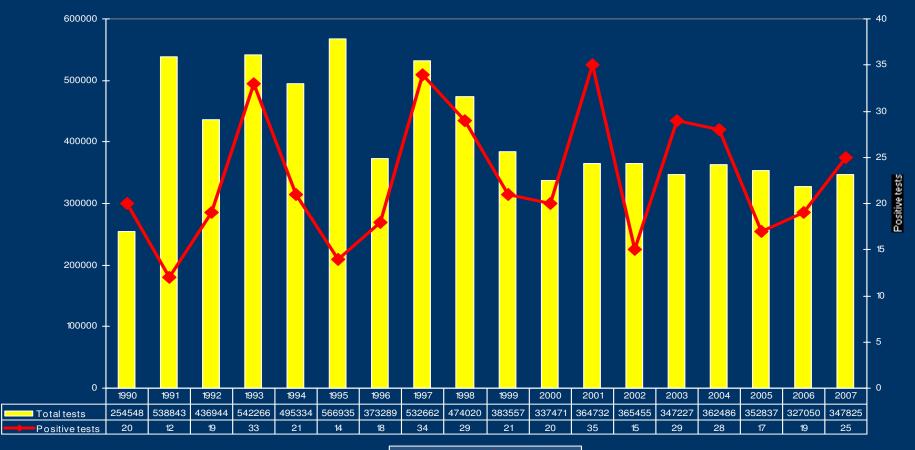
Total tests — Positive tests

Total tests

#### HIV tests in TB patients, between 1990 – 2007



#### HIV tests in blood donors, between 1990 - 2007



Total tests

Total tests Positive tests

## **Trends for Romania**

- -the **nosocomial transmission** has been eliminated;
- the vertical transmission is increasing;
- -the heterosexual transmission in adults (especially in young adults) is increasing;
- -an overall increase in the number of HIV positive persons who seek medical care and ARV therapy.

- Romania has the biggest number of PLWHA under treatment in all Central and Eastern Europe (6500), reported at the total number of HIV persons.
- High number of long term survivors with age between 14-17 years, belonging to the age group born between 1987-1990;
- Increasing number of new HIV cases among IDUs (27 at 31 December 2007);

#### **Health Care System**

 In Romania the sanitary system is coordinated by the Public Health Ministry and financed by the National Assurance Department;

The HIV/AIDS evaluation is assured by 41 Infectious Diseases Hospitals from 41 counties, day clinics, the Universitary Clinics out of the nine centers of surveillance, the National Institute for Infectious Diseases "Matei Bals" from Bucharest;

The ARV treatment costs are covered from the National Program funds, being provided free of charge.

### National HIV / AIDS Strategy Guiding principles

- 1. HIV / AIDS is more than a public health priority. It is a complex problem, which affects all components of the society.
- The strategy is mainly focused on prevention and reducing the social impact of HIV / AIDS. The resources allocated have to address vulnerable groups and affected communities.
- 3. The multisectorial and interdisciplinary involvement is essential for an appropriate response to HIV epidemic.

### National HIV / AIDS Strategy Guiding principles

- 4. The general population and especially the high risk groups have to have the necessary knowledge in order to prevent the infection with HIV.
- Equal and continuous access to treatment, care and elementary services is guaranteed to all people infected / affected by HIV / AIDS.
- 6. The rights of people living with HIV / AIDS (PLWHA) as well as the ones of the people belonging to vulnerable groups are guaranteed according to the national legislation and international treaties, in which Romania is the signatory part, with the special focus on the right to confidentiality.

### National HIV / AIDS Strategy Guiding principles

- 7. The HIV testing is voluntary, providing full guarantee of confidentiality and the pre and post counseling, both in the public and private sector.
- All the necessary conditions for Universal Precautions implementation must be ensured in order to prevent any possibility of HIV transmission, within the sanitary system.
- 9. The individual responsibilities of the people infected with HIV or living with AIDS are stated.

## Main areas of intervention

- 1. Prevention of HIV transmission the main goal is to maintain the HIV incidence in 2013 at the 2006 level.
- 2. Access to treatment and care for people infected, affected or groups vulnerable to HIV/AIDS aiming to: ensure universal access treatment and care for PLWHA.
- 3. Development of the integrated social and psyhological support sercives towards increased social integration of PLWHA
- 4. Surveillance of HIV and associated risk factors aiming to develop and maintain efficient surveillance systems for HIV/AIDS and associated risk factors, to provide timely information regarding the epidemic and the determinants of its evolution and to allow development of appropriate programmes and interventions, including social intervention for PLWHA and vulnerable groups.

## 1. Priorities in prevention of HIV transmission

- **1.** Prevent the transmission among young people
- 2. Prevention of HIV transmission associated with the commercial sex
- **3.** Prevention of HIV transmission among IDUs
- 4. Prevention of HIV transmission among men having sex with men (MSM)
- **5.** Prevention of HIV transmission in the prisons
- 6. HIV/AIDS prevention in disadvantaged communities
- 7. Prevention of vertical transmission
- 8. Workplace prevention including prevention in health system

#### **1.1.** Prevent the transmission among young people

**<u>Goal for 2010</u>**: reduce the incidence among young people with 20% compared to 2007

#### Key facts:

- almost 100% of young people (both males and females) heard about HIV/AIDS, and over 82% condom use as the main HIV prevention
- About 10.30% started their sexual life before the age of 15
- 66,2% of the men who are sexually active and 61,4% of the women declared to have used the condom during the first intercourse

#### <u>Key programmes:</u>

- Health education in schools (85% of schools had trained teachers in 2007)
- National prevention campaigns
- Condom promotion campaigns

## **1.2.** Prevention of HIV transmission associated with the commercial sex

**Goal for 2010**: 20 major urban areas to have well established HIV prevention programmes among SW and clients

#### Key facts: (small scale studies 2005)

- 36% of female SWs interviewed reported condom use during their last sexual intercourse and only 20% reported regular condom use
- 11% injected drugs and of these almost half (40%) shared injection equipment
- No national estimation available, low access to HIV testing

- Outreach interventions covered Bucharest, surrounding Ilfov county and other 9 locations (exclusively NGO implemented and donor funded)
- 2.667 female SWs and clients were targeted in 2006 and 3.016 in the first 3 quarters of 2007.

#### **1.3.** Prevention of HIV transmission among IDUs

**Goal for 2010:** 60% of IDUs in Bucharest area an other 5 major urban areas to have access to needle exchange programmes

#### Key facts:

- total estimated number of injecting drug users in capital city that was of 24,000 in 2006, low access to HIV testing
- Only few (less than 1%) of HIV registered are IDUs
- 12% of IDUs under 18, HCV infection rate 40 60%,
- 73% of the heroin injectors used non-sterile injecting equipment during the last injection and over 90% injected with used needle within the last month

- Outreach needle exchange covering 27% of IDUs in Bucharest (exclusively NGOs and donor funding)
- Methadone maintenance covering only 9%

## **1.4.** Prevention of HIV transmission among men having sex with men (MSM)

**Goal for 2010:** well established prevention interventions, including outreach and peer programmes to exist in 10 of the 43 districts of the country

#### **Key facts:** (small scale BSS in 2007)

- Condom use at last anal sex is of 72.66%, with older MSM (<25) having increased risky behaviour (68.63%) if compared to younger ones (75.32%).</p>
- 46.88% of the respondents made an HIV test in the last 12 months and know the result
- 68% have been discriminated when accessing health services
- No estimation and no incidence study

#### Key programmes:

 Outreach and peer education programmes in Bucharest and other few urban areas (exclusively NGO implementation and donor funding)

#### 1.5. Prevention of HIV transmission in the prisons

**Goal for 2010**: well established prevention programmess in all the prisons with access to condoms, needle exchange and substitution

#### Key facts: (study 2006)

- 44 penitentiaries with total 44,000 average number of prisoners
- Overcrowded, large 40 80 people dormitories
- Over 5% of prisoners are drug users
- Low condom use rate (lower than general population)

- peer education programmes in 90% of the prisons
- Condom distribution started in 2007
- Prison administration implementing programmes with donor funds and domestic resources

#### **1.6. HIV/AIDS prevention in disadvantaged** communities

**Goal for 2010:** reducing the HIV vulnerability determined by low access to basic social services

#### Key facts:

- Large rroma population, 0.5 million according to statistics but over 2 million according to estimations, with limites access to social and health services
- Increasing population of street children and youngsters
- Large compact group of young people having to leave child protection institutions when turning 18

- peer education programmes in child protection institutions
- Increased number of health mediators (community nurses) having competence in HIV

### **1.7.** Prevention of vertical transmission

**<u>Goal for 2010</u>**: reducing the vertical HIV transmission to 1 - 3%

#### Key facts:

- Complete programme of PMTCT available in 18 of the 43 districts
- 45% of pregnant women were tested for HIV in 2007
- 97% of the pregnant women diagnosed with HIV received ARV treatment in the framework of PMTCT services

- Programme of universal access to PMTCT funded by Ministry of Health and Health Insurrance
- Large number of family practitioners (4500) an nurses (2300) having competencies in PMTCT

## **1.8.** Workplace prevention including prevention in health system

# **Goal for 2010**: eliminate any possibility of HIV transmission in relation with health services and introduce national policies of HIV at workplace

#### Key facts:

- Universal precaution programmes in health services still incomplete
- Blood safety ensured
- No workplace programmes and policies

#### Key programmes:

 Universal precaution as part of the health services accreditation and licensing

#### 2. Priorities in access to treatment and care

- 1. Ensuring ARV treatment and treatment of opportunistic infections
- 2. Ensuring access to general health care services and nutritional programmes

#### 2.1. Ensuring ARV treatment and treatment of opportunistic infections

**Goal for 2010:** maintain the universal access to ARV and non ARV treatment and to the biological monitoring programme according to the national treatment guideline

#### Key facts:

- Universal free access to ARV achieved since 2003
- 6500 patients under ARV treatment from 8000 patients in active medical surveillance
- Over 7000 patients being the long term survivors of the epidemiological accident that affected children in period 1985 - 1991

- Treatment and monitoring programme covered entirely by Health Insurance and MoH
- opportunistic infection treatment covered by Health Insurance

### 2.2. Ensuring access to general health care services and nutritional programmes

<u>Goal for 2010</u>: universal access of the HIV/AIDS patients to the adequate health support services and nutritional support services

#### Key facts:

- Universal access to nutrition allocation for people living with HIV since 2003
- Limited specialized services for terminal care or prolonged care for chronic patients

#### Key programmes:

Nutrition programme covered by Ministry of Labor

# Priorities in development of the integrated social and psyhological support sercives

- 1. Access of PLWHA to psycho-social support services
- 2. Access of PLWHA to education
- 3. Access of PLWHA to jobs
- 4. Rights of the PLWHA

## 3. Social and psyhological support sercives

**Goal for 2010**: universal access of people living with HIV/AIDS to adequa te social services, education, employment and human rights enjoyment

#### Key facts:

- Increasing number of long time survivors in the age group 18 to 20
- Limited experience and services for them
- Generous legal framework but limited local level implementation capacity
- Significant discrimination

#### Key programmes:

- Education tailored programmes included in the MOE strategies
- Social integration programmes for young people living with HIV/AIDS implemented by their associations
- National anti-discrimination campaigns
- Anti-discrimination measures related to HIV implemented by the National Council for Fighting Discrimination

## **3.** Priorities in surveillance of HIV and associated risk factors

- **1.** Surveillance of HIV transmission
- 2. Surveillance or risk associated behavior

## 3. Priorities in surveillance of HIV and associated risk factors

**Goal for 2010:** developing and maintaining an simple and efficient surveillance system of transmission and risk associated behavior

#### Key facts:

- Limited data due to low access of vulnerable groups to testing
- Lack of public resources allocated to adequate surveillance systems
- Lack of an adequate surveillance programme at the level of MoH

#### Key programmes:

- Patient data base maintained by Matei Bals Institute
- Risk behavior surveillance done by NGOs with donor support

## Funding situation

Treatment care and support services entirely covered by national resources through national and local budgets

HIV testing covered by MoH

Prevention among vulnerable groups especially covered by Global Fund grant (2007 – 2010) and UN support

## Measures Taken by Authorities

- The ARV drugs available in Romania;
- Laboratories for immune and virus monitoring of international standards;
- Well-trained medical staff involved in PLWHA assistance and care;
- Developing of the psychosocial network.

## Strategy for ARV Therapy in Romania

Triple therapy:

- 2 NRTI + 1 IP or 2 NRTI + 1 NNRTI, is used in 80% of the cases;
- Salvage therapy;
- Double boosting.

# Where is ARV Therapy Initiated and Given?

- In 9 Regional Centers for control and monitoring of the HIV infections and ARV treatment;
- These units perform the evaluation of the patient's clinical and immunological status, and decide the opportunity of initiating the ARV therapy;
- All of these units have the ability to perform hematological, biochemical, immunological, and routine bacteriological tests, CD4 count, viral load and resistance.
- Medication is released by the hospital for infectious diseases in each district and atrting with 2008 also released by pharmacies.

## Factors Ensuring Adequate ARV Therapy

- The political commitment, stated in the program of the current government, to increase access to ARV therapy for the HIV positive population;
- Reinforcement of the national capacity to provide preventive and therapeutic strategies;
- Involvement of all social segments (government, non-governmental organizations, pharmaceutical industry, local administration, etc.);
- Adequate financing from national and international sources in order to ensure continuity and access for the newly diagnosed cases;

# Psychological perspective on priorities and needs in HIV / AIDS

- pre-testing counseling
- post-testing counseling
- psychotherapy specific interventions to factors causing behavioural disturbances
- family counseling throughout the entire disease process
- preparing the family and the infected child for disclosure
- supportive counseling in the terminal stage, continued after the child's death / loss and grieving

## Disclosure the diagnosis

### criterias to disclosure the diagnosis:

- age and psychological maturity
- family dynamics
- signs of communication with the parents

- optimal age for disclosure the diagnosis is around 8 - 10 yers old and should under no circumstances be postponed towards adolescence or terminal stage

- children expect these answers from the ones close to them, whom they trust: parents, psychologist and physician.

## **Treatment Guidelines**

#### **ARV** Therapy in Romania

- ARV therapy was introduced in 1995;
- 1996 double therapy;
- 1997 triple therapy (2 NRTI+1IP);
- 1998 the 1<sup>st</sup> edition of "Guide to HIV/AIDS Therapy for adults and children".
- **2002** the 1<sup>st</sup> edition of "*Guide to HIV/AIDS Therapy for children"*.
- **2004** the 2<sup>nd</sup> edition of "*Guide to HIV/AIDS Therapy for children"*.
- 2006 the 2<sup>nd</sup> edition of "Guide to HIV/AIDS Therapy for adults and adolescents".
- **2008-** working on the new editions for children, adolescents and adults.

## **Principles of ARV Therapy**

- > non-discrimination
- > cost-effectiveness
- > optimum quality
- > increasing life expectancy;
- > decreasing mortality;
- > improving the quality of life in HIV/AIDS patients
- > increasing adherence to therapy;
- > increasing compliance to therapy;

## **Antiretroviral Agents Approved in Romania**

NRTIS	NNRTIS	PIs
<u>zidovudine</u> (AZT, ZDV) – <i>Retrovir</i>	<u>nevirapine</u> (NVP) – <i>Viramune</i>	<u>saquinavir</u> (SQV) – <i>Invirase,</i> <i>Fortovase</i>
<u>didanosine</u> (ddI) – <i>Videx,</i> <i>Videx EC</i>	<u>efavirenz</u> (EFV) – <i>Sustiva</i>	<u>indinavir</u> (IDV) – <i>Crixivan</i>
<u>zalcitabine</u> (ddC) – <i>Hivid</i>	Fusion Inhibitors	<u>ritonavir</u> (RTV) – <i>Norvir</i>
<u>stavudine</u> (d4T) – <i>Zerit,</i> <i>Zerit XR</i>	<u>enfuvirtide (</u> ENF, T20) – <i>Fuzeon</i>	<u>nelfinavir</u> (NFV) – <i>Viracept</i>
<u>lamivudine</u> (3TC) – <i>Epivir</i>	Entry inhibitors – CCR5 co- receptor antagonist	fosamprenavir - <i>Telzir</i>
<u>abacavir</u> (ABC) – <i>Ziagen</i>	Maraviroc - <i>Selzentry</i>	<u>lopinavir/ritonavir</u> (LPV/r) — <i>Kaletra</i>
<u>AZT/3TC</u> - <i>Combivir</i>	Integrase strand transfer inhibitors	<u>atazanavir</u> (ATV) - <i>Reyataz</i>
AZT/3TC/ABC - Trizivir	Raltegravir - <i>Isentress</i>	tipranavir (TPV) - <i>Aptivus</i>
3TC/ABV - <i>Kivexa</i>		darunavir (DRV) - <i>Prezista</i>

## **Monitoring tools**

- In Romania there are 9 Regional Centers for control and monitoring HIV infections and ARV treatment;

- These units perform the evaluation and monitoring of the patient's clinical and immunological status, and decide the opportunity of initiating the ARV therapy;

- All of these units have the ability to perform hematological, biochemical, immunological, and routine bacteriological tests, CD4 count, viral load and resistance.

- Medication is released by the hospital for infectious diseases in each district.

## What are we dealing with?

#### Over 10 years of ARV therapy in Romania in different schemes:

- Monotherapy
- Bitherapy
- Tritherapy
- Quadruple therapy
  - Salvage therapy
  - Sequential therapy!!!
  - **Etc.**

#### Resistence / multi-resistence to ARV!?!?!?

## *"PROF.DR.MATEI BALS" NATIONAL INFECTIOUS DISEASES INSTITUTE*

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