



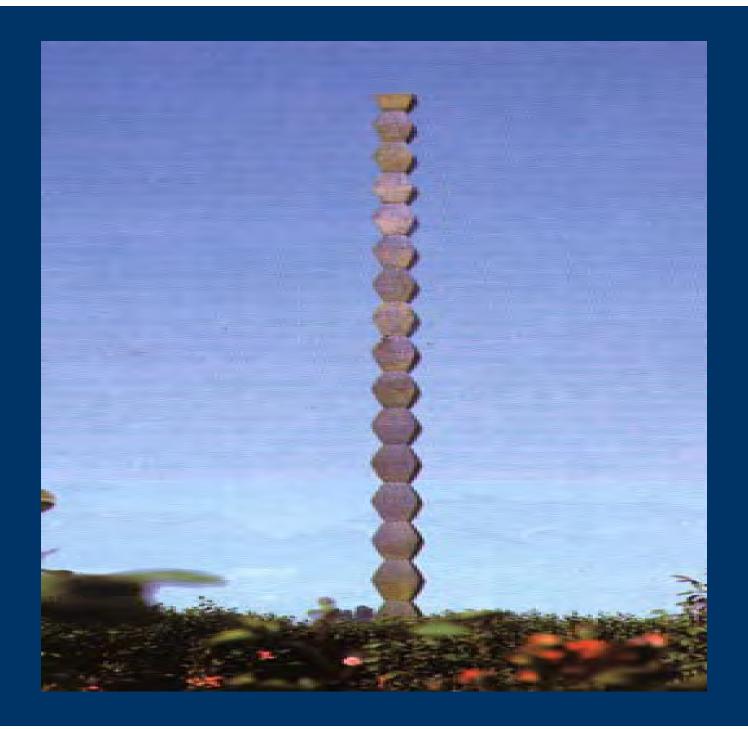
# "PROF. DR. MATEI BALS" NATIONAL INFECTIOUS DISEASES INSTITUTE HIV/AIDS MONITORING AND EVALUATING DEPARTMENT

# THE EVOLUTION OF THE HIV/AIDS PHENOMENON IN ROMANIA BETWEEN 1985-2008

#### Romania



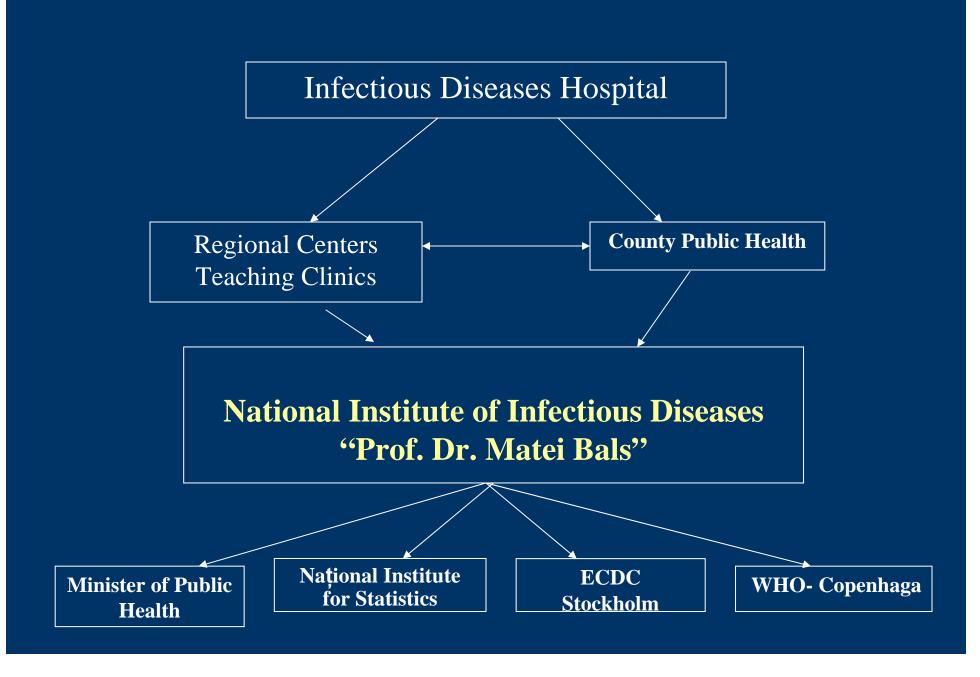
General population = 21.53 mill People living with HIV = 9540



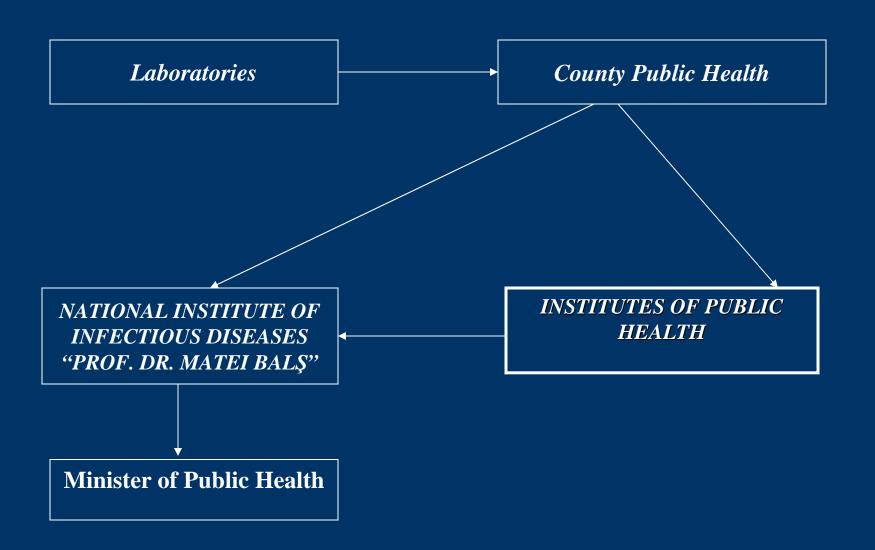




# Actual HIV/AIDS epidemiological and clinical surveillance sistem



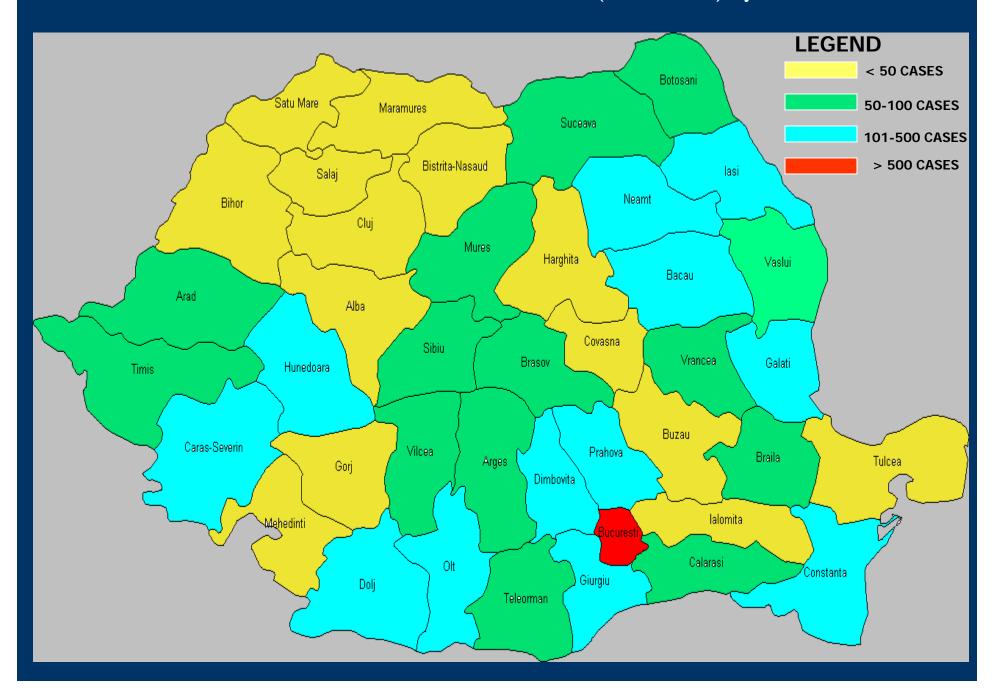
#### **ROUTE OF HIV TESTS INFORMATION**



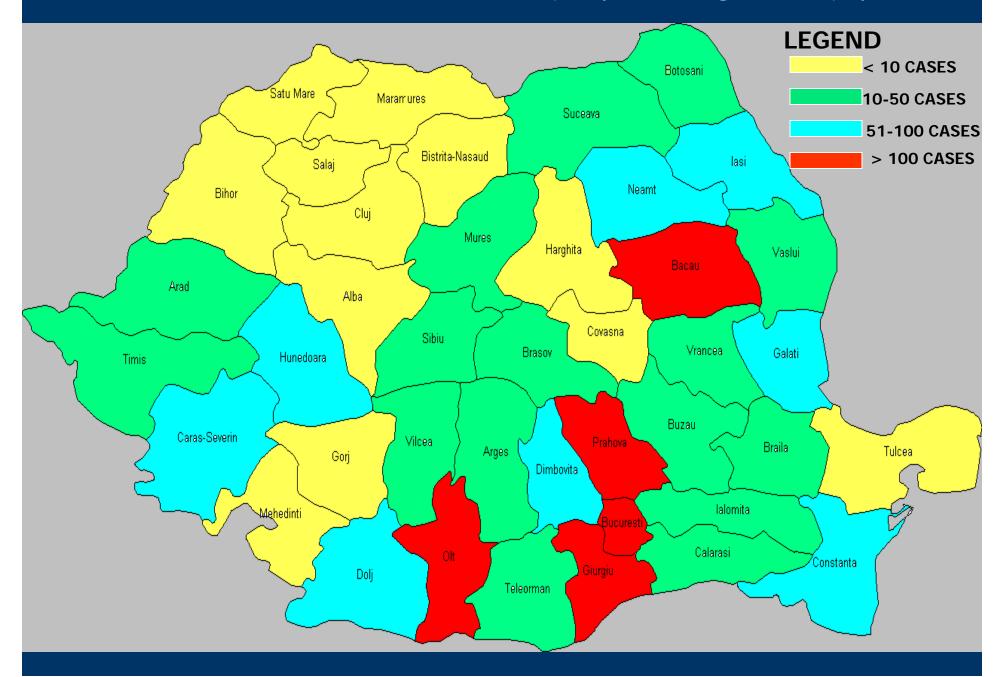
#### The beginning of HIV in Romania

- 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
  - MSM physician
  - vet doctor / multiple sexual contacts
  - CSW / arabian students
  - female / blood transfusion
  - sportsman / international competitions
- 1990: AIDS patients received medical care in any hospital

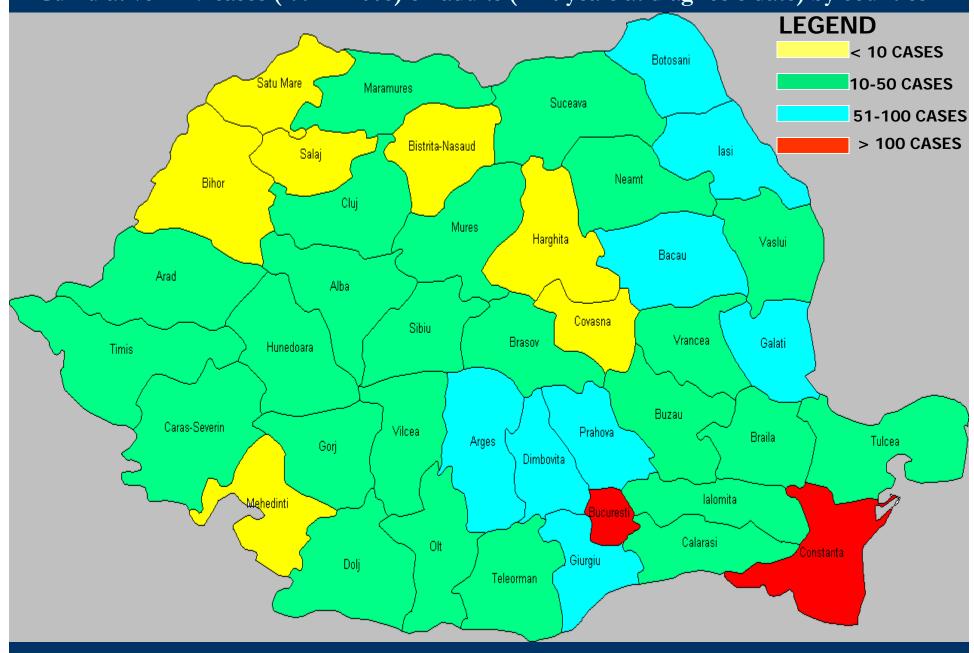
#### Cumulative HIV cases – adults and children (1992 – 2008) by counties



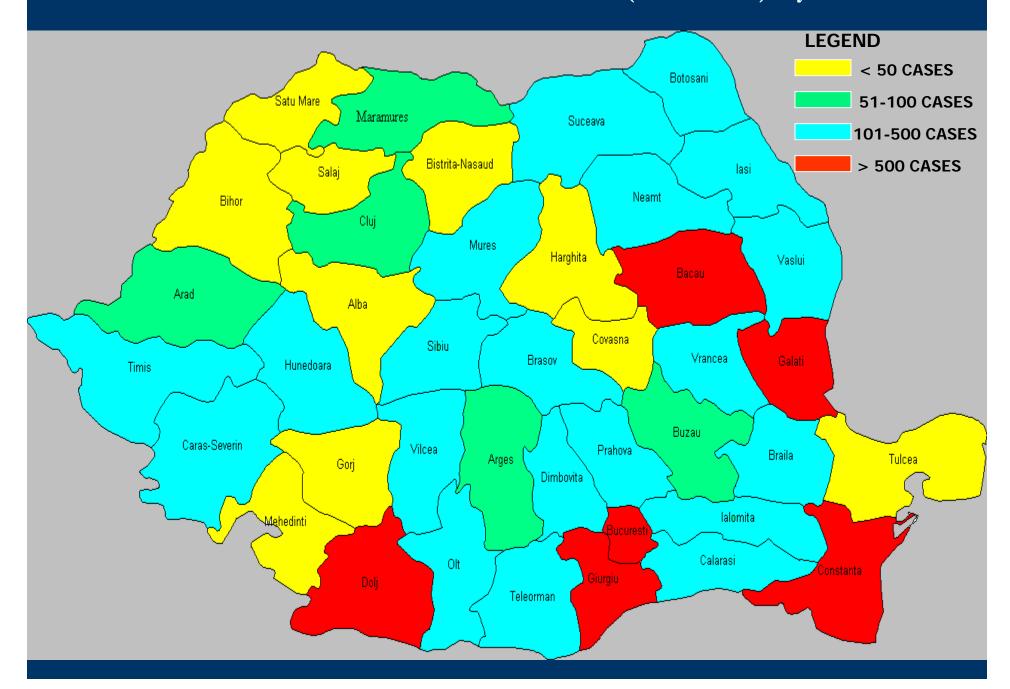
#### Cumulative HIV cases (1992 – 2008) on children (0-14 years at diagnosis date) by counties



#### Cumulative HIV cases (1992 – 2008) on adults (> 14 years at diagnosis date) by counties



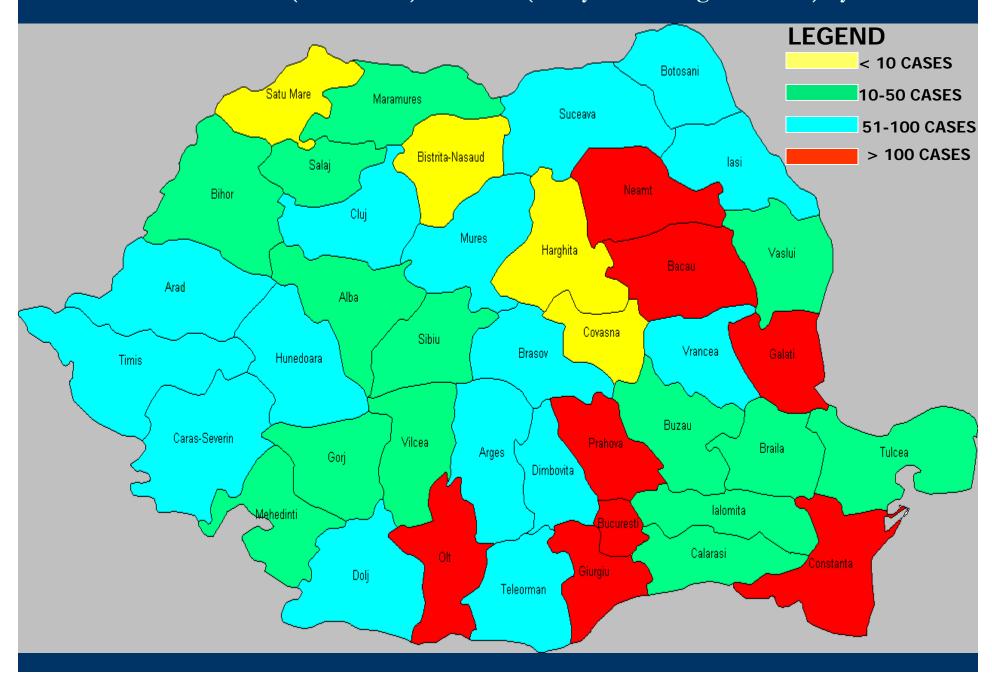
#### Cumulative AIDS cases – adults and children (1985 – 2008) by counties



#### Cumulative AIDS cases (1989 – 2008) on children (0-14 years at diagnosis date) by counties



#### Cumulative AIDS cases (1985 – 2008) on adults (> 14 years at diagnosis date) by counties



## General data on HIV/AIDS in Romania at 31. 12. 2008

TOTAL AIDS CASES	11311
AIDS CASES AMONG CHILDREN*	7739
- Living	3414
- Death	4167
- Lost from records	158
AIDS CASES AMONG ADULTS	3572
- Living	2226
- Death	1235
- Lost from records	111
Total AIDS death	<i>5402</i>
TOTAL HIV CASES	4322
HIV CASES AMONG CHILDREN	2041
HIV CASES AMONG ADULTS	2281
Lost of records (adults and children)	293

<sup>\*0-14</sup> years at diagnosis date

## General data on HIV /AIDS in Romania at 31. 12. 2008

PATIENTS UNDER ACTIVE MEDICAL SURVEILLANCE	9372
Children (0-14 years*)	280
Adults (> 14 years*)	9092
PATIENTS RECEIVING HAART (Higly Active Antiretroviral Therapy)	7434
Children (0-14 years*)	216
Adults (> 14 years*)	7218

<sup>\*</sup>current age

## New cases of AIDS and HIV infection registered in 2008

		HIV			SIDA		TOTAL HIV AND
AGE GROUPS	MALE	FEMALE	TOTAL	MALE	MALE FEMALE		AIDS
< 1 year		2	2	1	1	2	4
1-4 years	2		2	2		2	4
5-9 years		1	1	1	1	2	3
10-12 years			0		1	1	1
13-14 years			0			0	0
15-19 years	11	22	33	24	21	45	78
20-24 years	27	20	47	18	17	35	82
25-29 years	25	20	45	7	11	18	63
30-34 years	18	12	30	20	5	25	55
35-39 years	14	5	19	11	11	22	41
40-49 years	20	4	24	32	14	46	70
50-59 years	4	3	7	14	10	24	31
≥60 years		1	1	2	1	3	4
TOTAL	121	90	211	132	93	225	436

#### DISRIBUTION OF AIDS CASES REGISTERED ON ADULTS (> 14 ANI AT DIAGNOSIS DATE) IN 2008, BY MODE OF TRANSMISSION

Mode of transmission	Male	Female	Total
Homosexual/bisexual	7		7
IDU	1		1
Transfusion recipient*	11	9	20
Heterosexual	82	65	147
Undeterminated	27	16	43
TOTAL	128	90	218

<sup>\*</sup>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 2008, *BY MODE OF TRANSMISSION*

Mode of transmission	Male	Female	Total
Mother-to-child – mother heterosexual	1		1
Mother-to-child – mother undeterminated	2	3	5
Undeterminated	1		1
TOTAL	4	3	7

### DISRIBUTION OF HIV CASES REGISTERED ON ADULTS (> 14 ANI AT DIAGNOSIS DATE) IN 2008, BY MODE OF TRANSMISSION

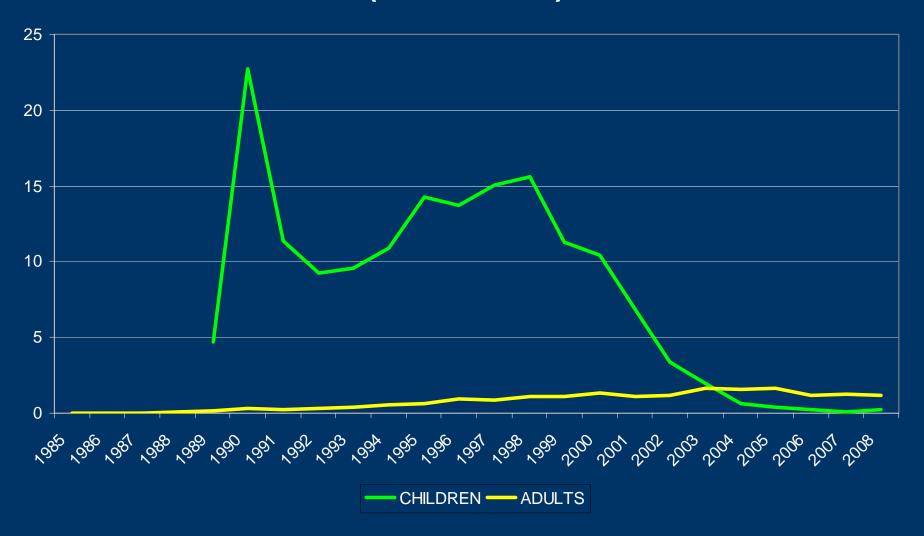
Mode of transmission	Male	Female	Total
Homosexual/bisexual	26		26
IDU	1	1	2
Transfusion recipient*	1	2	3
Heterosexual	85	80	165
Undeterminated	6	4	10
TOTAL	119	87	206

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

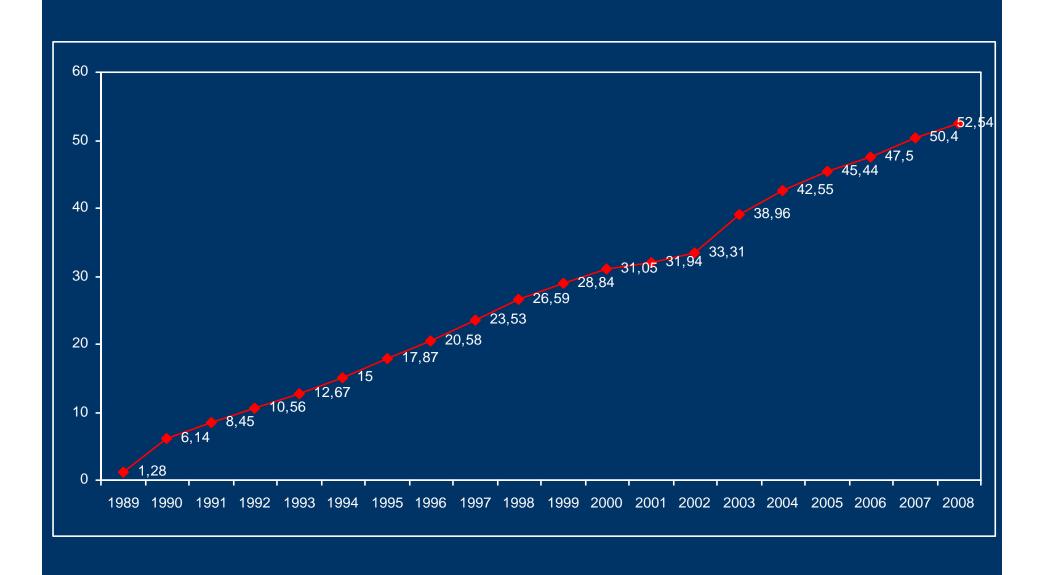
## DISRIBUTION OF HIV CASES REGISTERED ON CHILDREN (< 14 ANI AT DIAGNOSIS DATE) IN 2008, BY MODE OF TRANSMISSION

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

## AIDS incidence (per 100 000) among adults and children (1985 – 2008)



#### AIDS PREVALENCE (per 100 000) 1989 - 2008



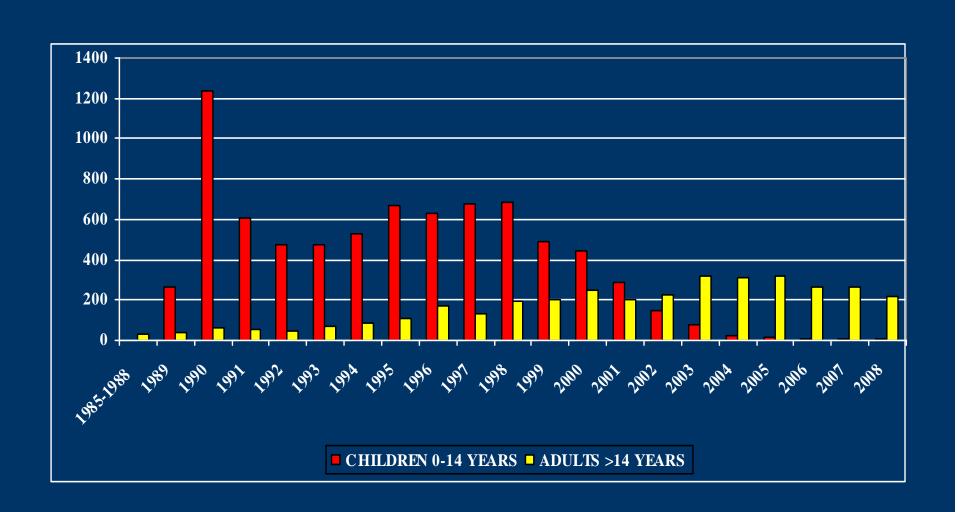
## **CUMULATIVE AIDS CASES (1985-2008) BY AGE GROUPS (age at diagnosis date) AND SEX**

	SEX		TOTAL
AGE GROUPS	MALE	FEMALE	IOTAL
< 1 year	358	284	642
1-4 years	1512	1017	2529
5-9 years	1802	1307	3109
10-12 years	683	522	1205
13-14 years	141	113	254
15-19 years	466	444	910
20-24 years	128	210	338
25-29 years	238	263	501
30-34 years	301	212	513
35-39 years	248	182	430
40-49 years	360	189	549
50-59 years	174	82	256
≥60 years	44	31	75
TOTAL	6455	4856	11311

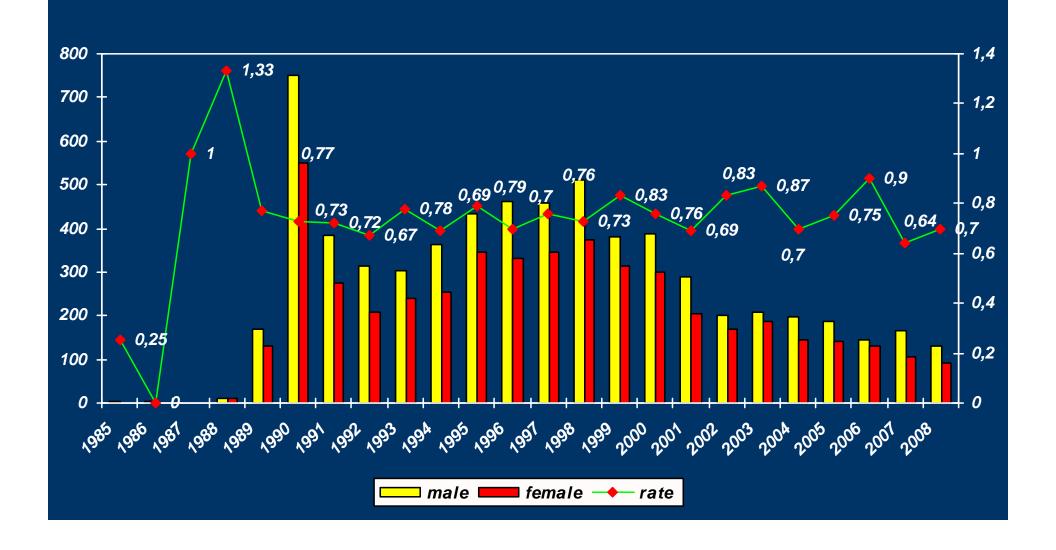
#### HIV/AIDS CASES ON CHILDREN AND AGE AT FIRST POSITIVE TEST, BETWEEN 1989 - 2008

Age		Year of first positive test																		
1150	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	80
0	160	612	90	30	24	19	17	10	12	16	16	9	7	12	10	6	9	11	4	4
1	107	803	189	62	46	10	7	3	6	5	4	1	2	2	5	4	3	0	0	1
2	17	301	259	149	38	7	7	4	3	5	1	1	4	1	2	3	2	2	0	0
3	0	40	143	251	135	22	14	2	3	1	0	3	1	3	2	1	1	2	0	0
4	0	8	25	112	235	140	40	17	6	2	8	1	1	0	2	0	2	1	3	0
5	0	5	9	23	123	308	152	37	14	5	7	3	1	1	0	2	0	1	0	1
6	0	1	0	7	25	154	366	200	42	12	2	1	3	1	1	0	1	1	0	2
7	0	0	1	3	4	32	173	315	196	43	13	1	1	1	0	1	0	1	0	0
8	1	0	1	1	5	8	38	149	316	189	27	9	4	0	0	2	0	0	0	0
9	0	1	1	0	1	3	15	34	154	248	143	25	5	4	2	1	4	1	1	1
10	2	0	1	2	0	1	7	9	30	99	209	135	32	9	1	0	0	0	0	0
11	1	0	1	1	0	0	5	3	13	20	79	212	130	13	5	0	0	0	1	0
12	0	1	0	0	1	3	3	6	8	3	27	83	154	92	16	8	5	0	0	0
13	0	1	2	1	2	2		4	3	3	9	21	80	132	80	9	3	0	0	0
14	0	0	2	0	1	2	5	5	4	1	6	12	16	72	119	55	12	5	1	0
15	1	2	0	0	0	1	3	6	1	9	11	5	11	10	44	93	39	9	0	0
16	16	3	1	0	0	1	3	1	0	4	6	3	6	3	20	36	59	33	9	2
17	0	1	0	0	1	1	2	2	4	5	3	6	5	7	8	10	31	56	25	12
18	0	3	1	1	4	1	1	7	7	3	14	4	6	10	6	7	10	26	42	24
19	1	6	2	2	1	2	4	5	7	2	11	5	9	5	5	8	10	14	19	34
20	1	5	2	2	2	4	3	8	6	4	8	7	8	11	4	3	6	11	10	24
21	6	2	5	2	2	4	6	8	4	11	8	15	9	9	9	9	8	6	6	14
22	1	4	5	3	2	3	9	7	7	9	12	9	9	13	7	6	7	6	3	16
23	4	4	4	3	7	4	7	4	4	8	3	6	15	9	15	10	13	10	5	10
24	1	3	1	1	5	4	7	6	6	6	12	7	16	17	12	8	13	8	7	8
25	0	1	4	4	9	7	6	7	8	10	20	15	12	11	17	8	15	14	6	8

## Distribution of AIDS cases by year of diagnosis and age groups (1985 – 2008)



## Distribution of AIDS cases by year of diagnosis and sex (1985 – 2008)

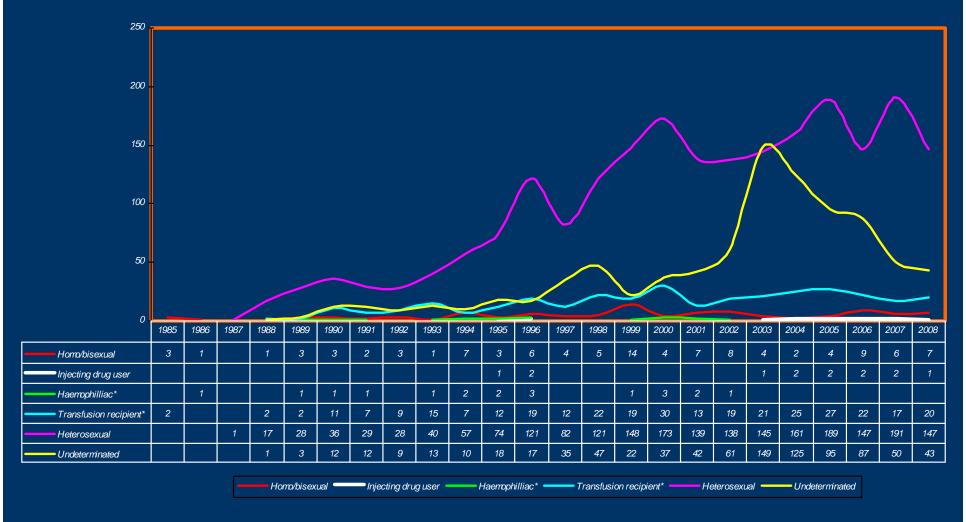


#### DISTRIBUTION OF AIDS CASES (TOTAL CUMULATIVE 1985-2008) ON ADULTS (> 14 YEARS AT DIAGNOSIS DATE) BY MODE OF TRANSMISSION

Mode of transmission	Male	Female	Total
Homosexual/bisexual	107	0	107
IDU	10	3	13
Haemophilliac*	19	0	19
Transfusion recipient*	144	189	333
Heterosexual	1208	1004	2212
Undeterminated	471	417	888
TOTAL	1959	1613	3572

<sup>\*</sup>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 – 2008)



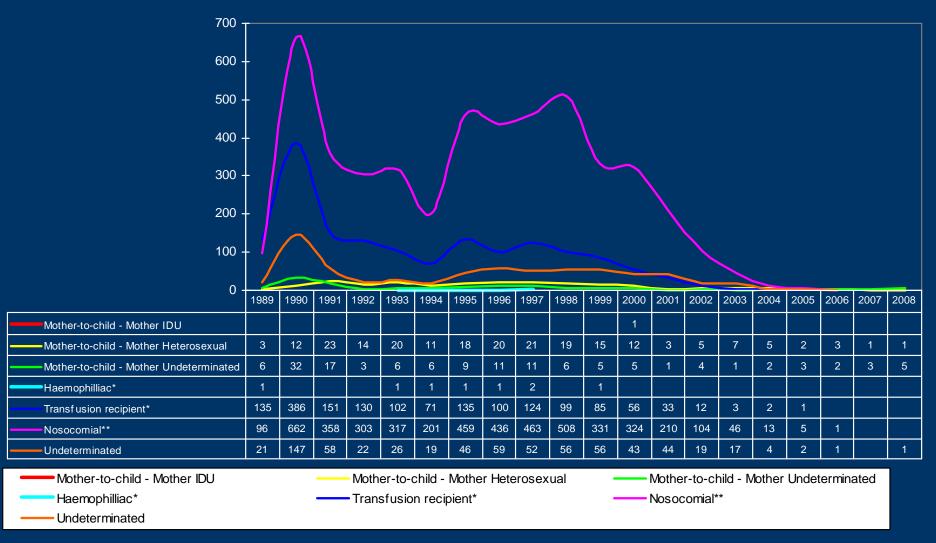
<sup>\*</sup>Patients who received blood or plasma donations at the end of the '80s and the beginning of the '90s

# DISTRIBUTION OF AIDS CASES (TOTAL CUMULATIVE 1989-2008) ON CHILDREN (0-14 years at diagnosis date) BY MODE OF TRANSMISSION

Cale de transmitere	Masculin	Feminin	Total
Mother-to-child – mother IDU	0	1	1
Mother-to-child – mother heterosexual	138	88	226
Mother-to-child – mother undeterminated	94	47	141
Haemophilliac*	8		8
Transfusion recipient*	990	685	1675
Nosocomial	2887	2096	4983
Undeterminated	379	326	705
TOTAL	4496	3243	7739

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

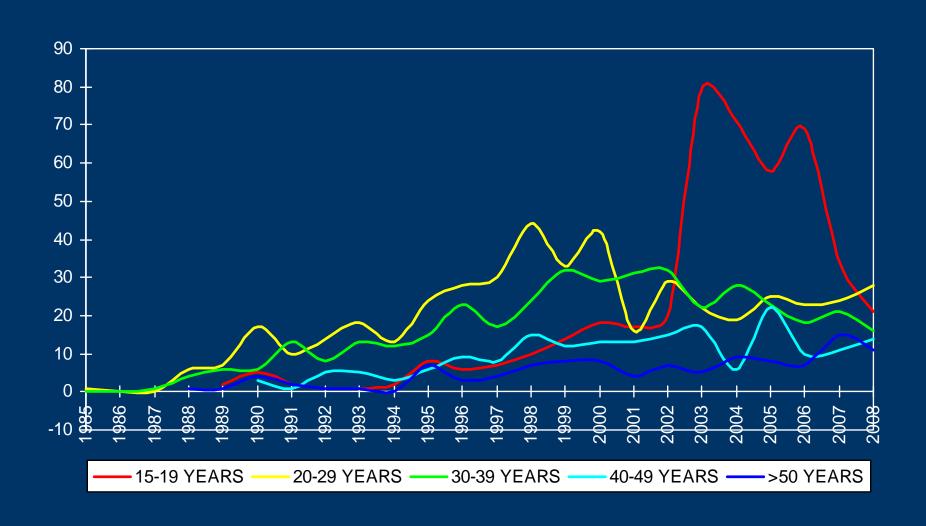
# Distribution of AIDS cases among children (0-14 years at diagnosis date) by mode of transmission and year of diagnosis (1989 – 2008)



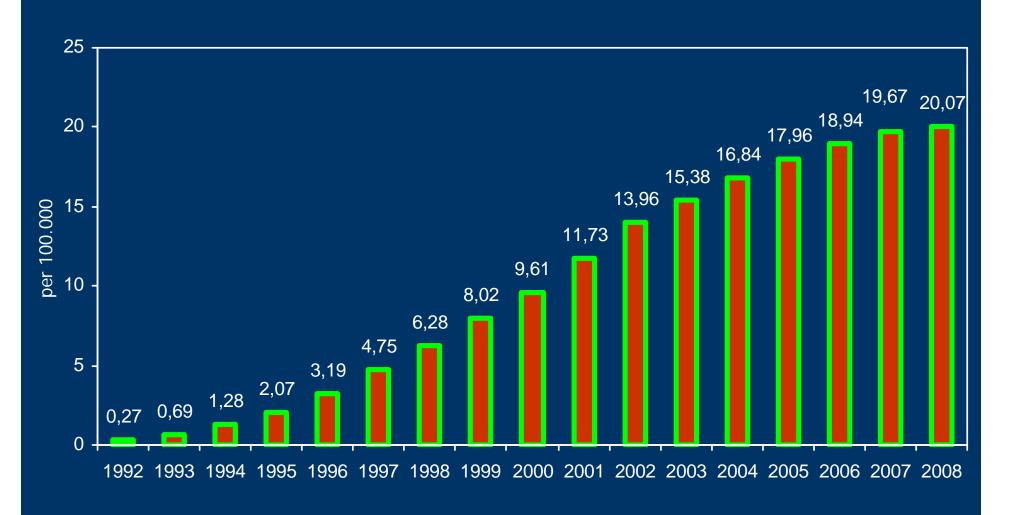
<sup>\*</sup>Patients who received blood or plasma donations at the end of the '80s and the beginning of the '90s

<sup>\*\*</sup>Patients admitted in hospitals at the end of '80s

## Distribution of AIDS cases among females by age groups and year of diagnosis (1985 - 2008)



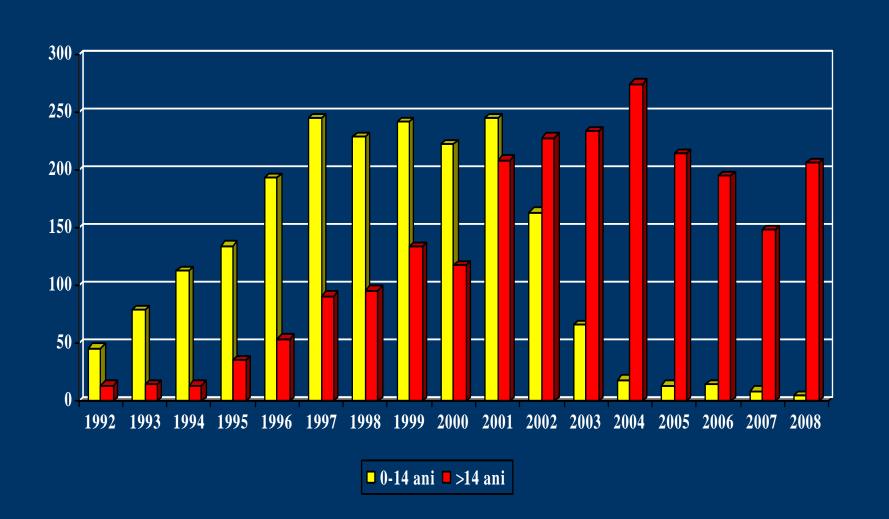
# Prevalence (per 100 000) of HIV infection (1992 – 2008)



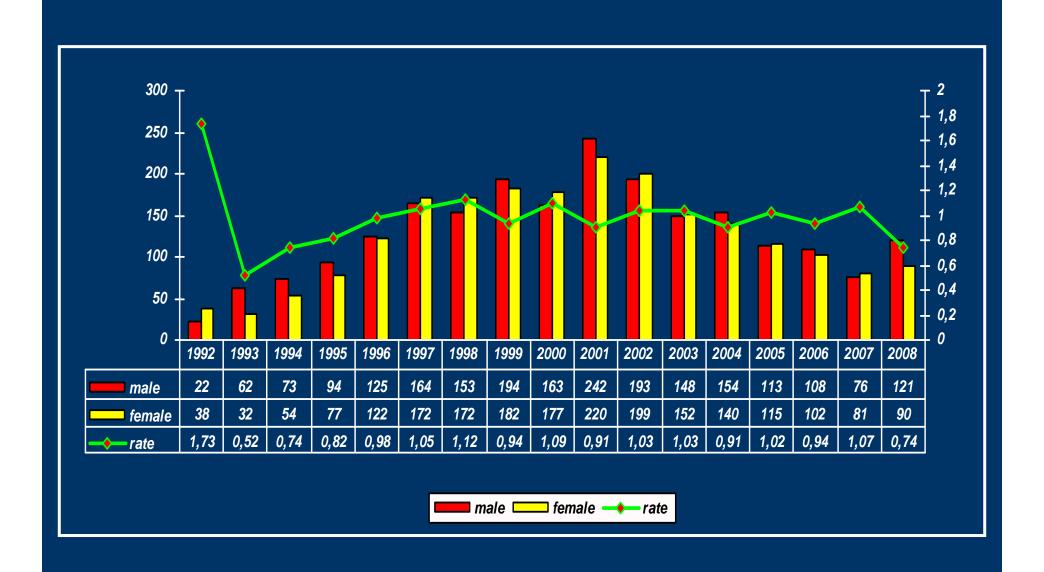
## CUMULATIVE HIV CASES (1992-2008) BY AGE GROUPS (age at diagnosis date) AND SEX

	SEX				
AGE GROUPS	MALE	FEMALE	TOTAL		
< 1 year	45	39	84		
1-4 years	140	92	232		
5-9 years	467	430	897		
10-12 years	341	314	655		
13-14 years	86	87	173		
15-19 years	184	262	446		
20-24 years	146	202	348		
25-29 years	220	253	473		
30-34 years	191	181	372		
35-39 years	134	119	253		
40-49 years	152	92	244		
50-59 years	63	42	105		
≥ 60 years	28	12	40		
TOTAL	2197	2125	4322		

# Distribution of cumulative HIV infection cases (1992 - 2008) by age groups (age at diagnosis date) and year of diagnosis



## Distribution of HIV infection cases by year of diagnosis and sex (1992 – 2008)

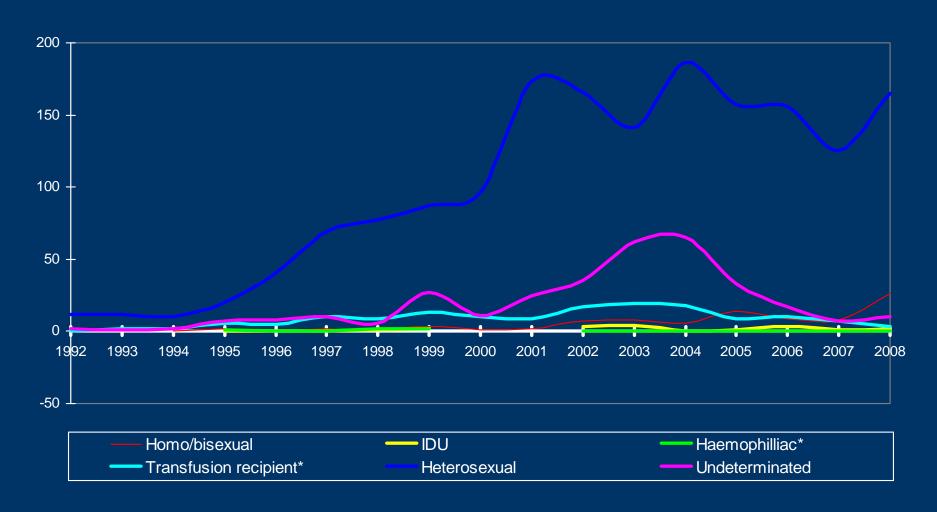


#### DISTRIBUTION OF HIV CASES (TOTAL CUMULATIVE 1992-2008) ON ADULTS (> 14 YEARS AT DIAGNOSIS DATE) BY MODE OF TRANSMISSION

MODE OF TRANSMISSION	SEX		Total
	Male	Female	IOtal
Homosexual/bisexual	89		89
IDU	13	4	17
Haemophilliac*	5		5
Transfusion recipient*	61	88	149
Heterosexual	777	916	1693
Undeterminated	173	155	328
TOTAL	1118	1163	2281

<sup>\*</sup>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 - 2008)



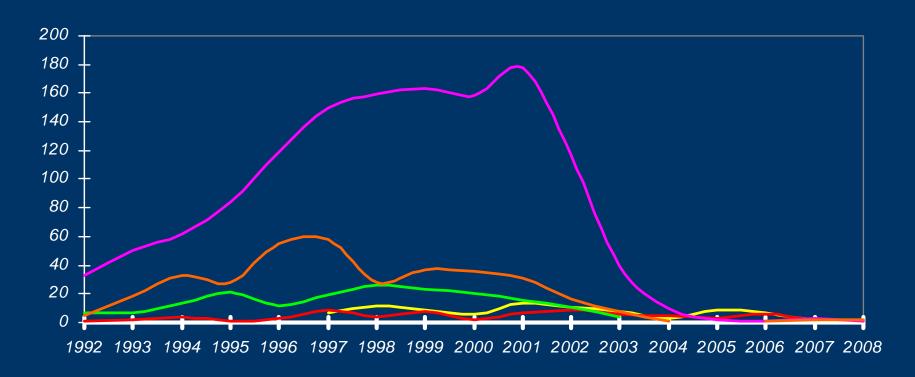
<sup>\*</sup>Patients who received blood or plasma donations at the end of the '80s and the beginning of the '90s

### DISTRIBUTION OF HIV CASES (TOTAL CUMULATIVE 1992-2008) ON CHILDREN (0-14 YEARS AT DIAGNOSIS DATE) BY MODE OF TRANSMISSION

Mode of transmission	SEX		Total
Widde of transmission	Male	Female	Total
Mother-to-child – mother IDU	1		1
Mother-to-child – mother heterosexual	49	46	95
Mother-to-child – mother undeterminated	38	34	72
Haemophilliac*	5		5
Transfusion recipient*	93	86	179
Nosocomial	704	626	1330
Undeterminated	189	170	359
TOTAL	1079	962	2041

<sup>\*</sup>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 - 2008)

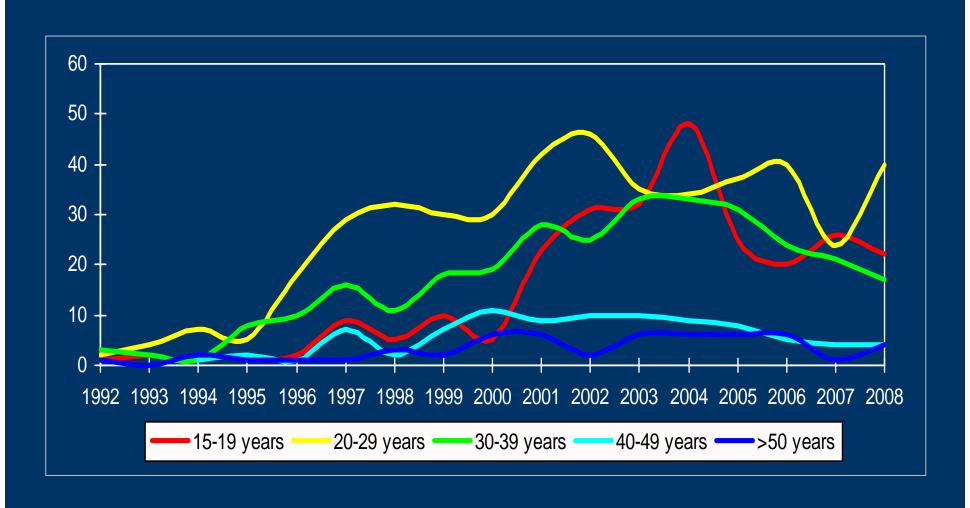




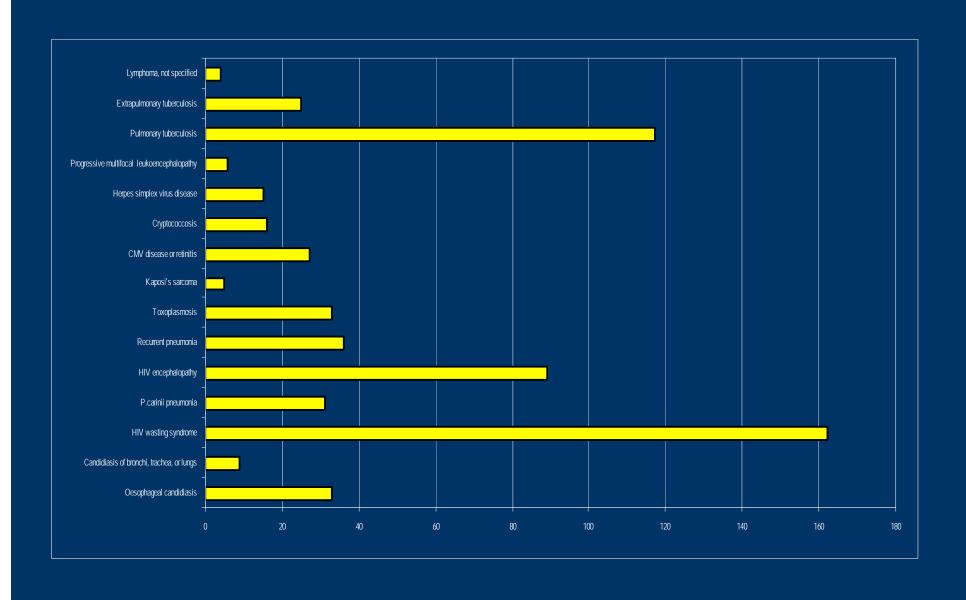
<sup>\*</sup>Patients who received blood or plasma donations at the end of the '80s and the beginning of the '90s

<sup>\*\*</sup>Patients admitted in hospitals at the end of '80s

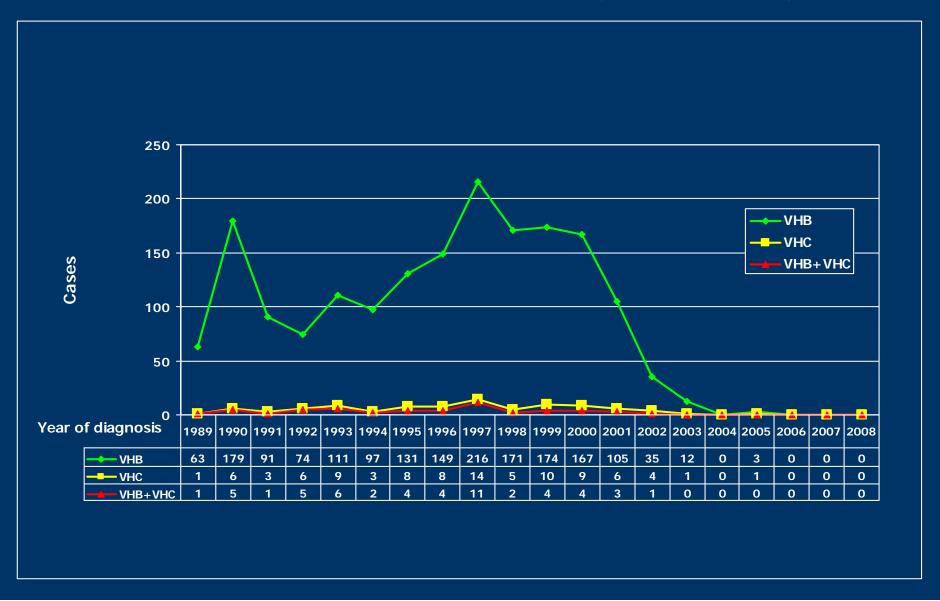
## Distribution of HIV infection cases among females by age groups and year of diagnosis (1992 - 2008)



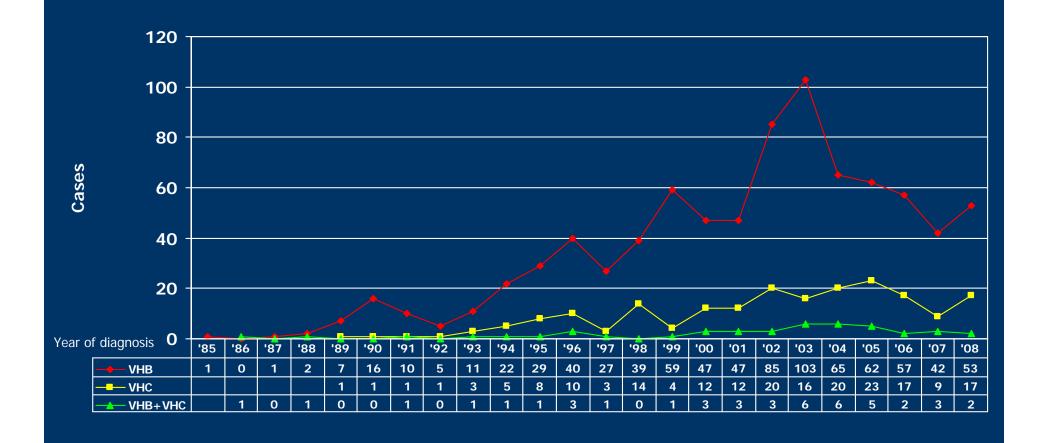
### AIDS indicative diseases diagnosed in 2008



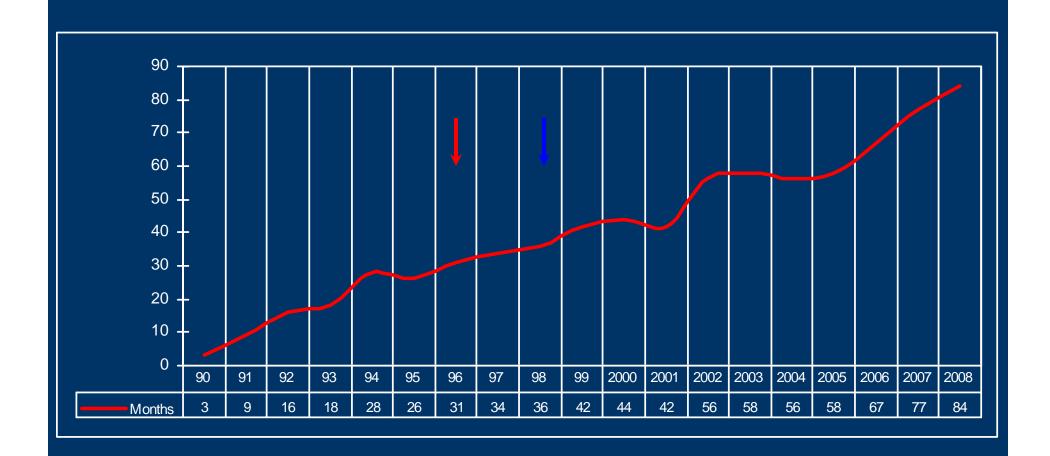
## Co-infection with HBV, HCV and HBV+HCV in children with HIV/AIDS (1989-2008)



## Co-infection with HBV, HCV and HBV+HCV in adults with HIV/AIDS (1985-2008)



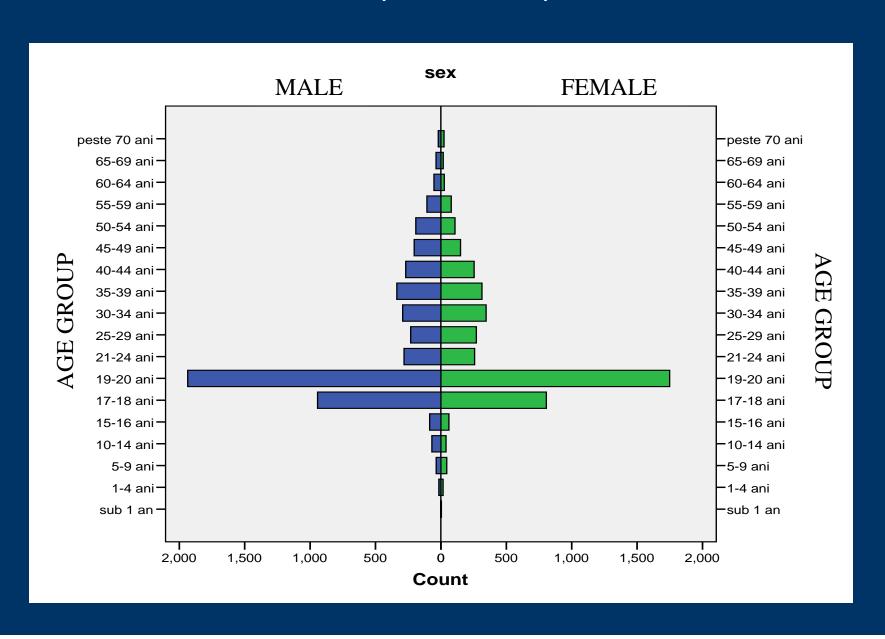
## Median life expectancy (months) for people living with AIDS (1990 - 2008)



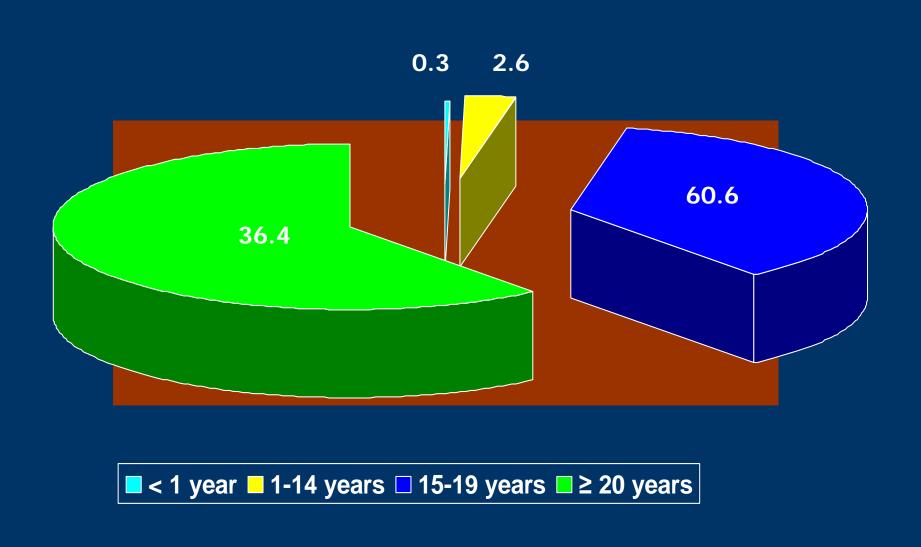
Introducing the double therapy

Introducing the triple therapy

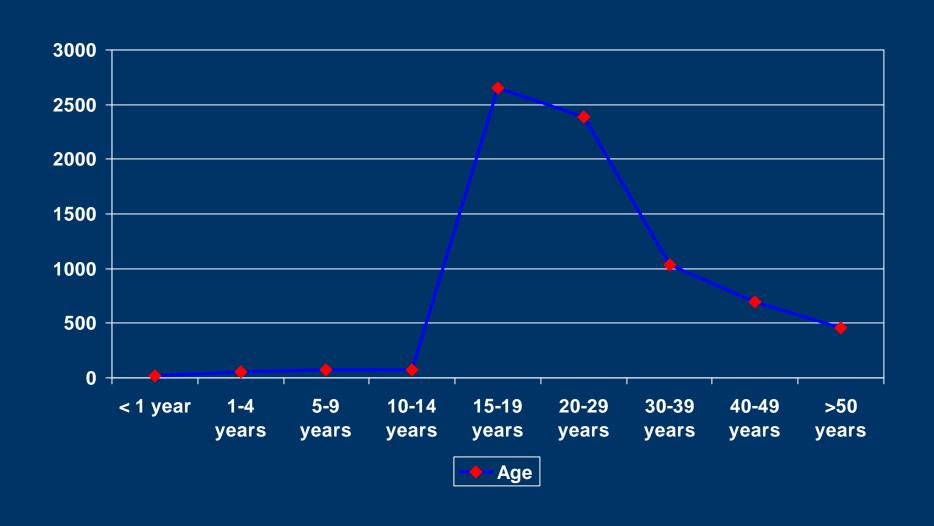
## DISTRIBUTION OF HIV/AIDS PATIENTS BY AGE GROUPS (ACTUAL AGE) AND SEX



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



## Patients with HAART by age groups



### Patients with HAART by age groups and sex



### HIV tests by groups of risk in 2008

Risk groups	Total tests	Positive tests
TB patients	15686	113
STIs patients	9316	27
IDUs	380	3
Prisoners	438	1
Commercial sex workers	93	1
Drivers	42	0
Sailors	3986	1
Work abroad	1176	3
Travelers that enter the country after at least 6 months of absence	627	1
Prenuptial control	10027	4
Pregnant women	100061	107
Maternity hospital	716	16
HIV contacts	966	92
Hemodialysed/transfused	3537	0
On request	107998	838
MSM	28	0
Medical personnel	9769	1
Occasionally	15532	662
TOTAL	280378	1870

### HIV tests among pregnant women in 2008

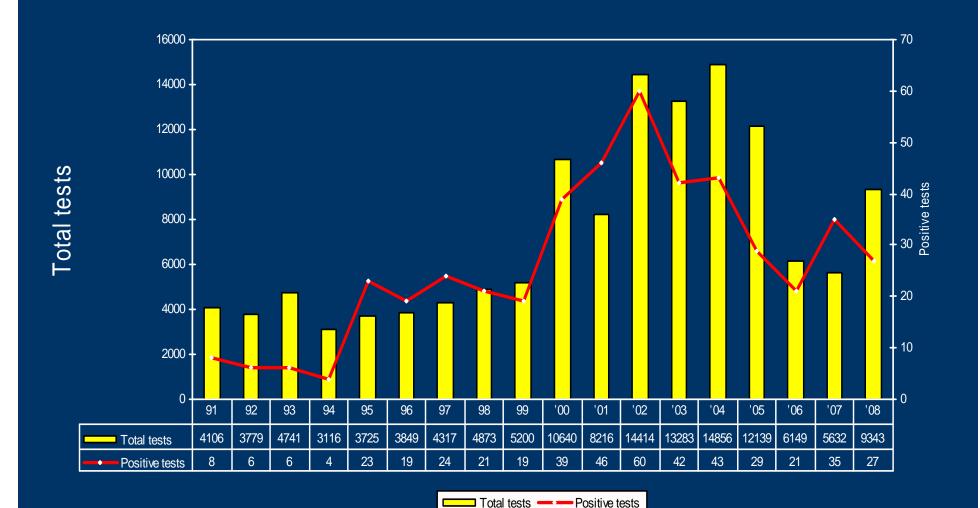
Aged groups	Total tests	Positive tests
0-14 years	266	2
15-19 years	10469	31
20-24 years	26948	44
25-29 years	30868	17
30-34 years	21143	8
35-39 years	7436	3
> 40 years	1601	2
Undeterminated age	1330	
TOTAL	100061	107

### HIV tests in blood donors\* in 2008

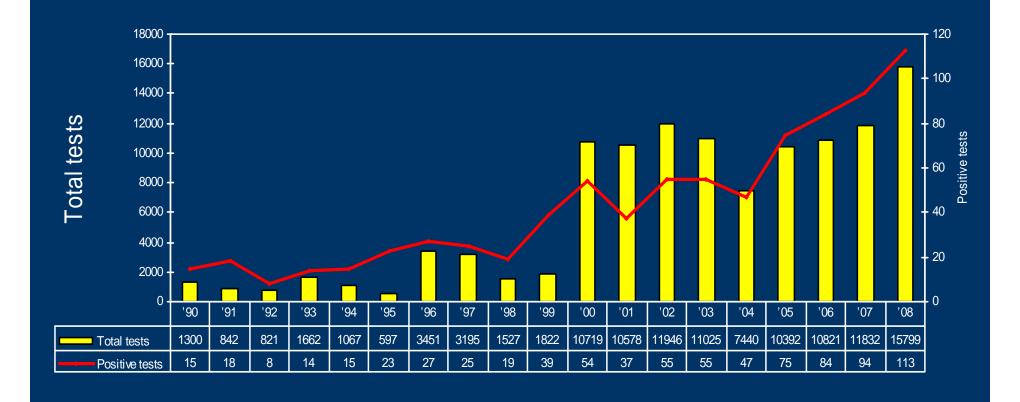
Donor group	Positive	Negative	TOTAL
First donors	31	113768	113799
Usually donors	5	185520	185525
Occasionally donors	2	52055	52057
TOTAL	38	351343	351381

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

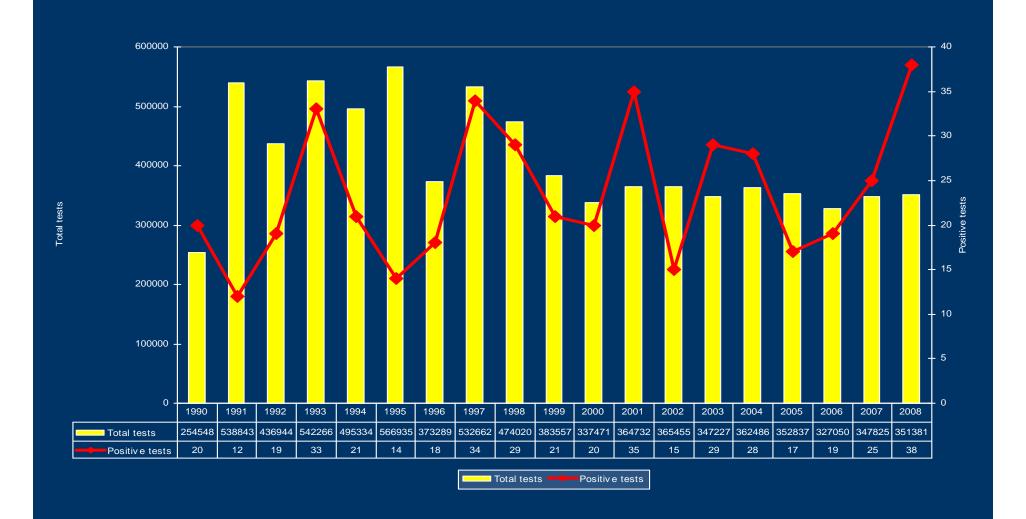
### HIV tests in STI patients, between 1991 - 2008



### HIV tests in TB patients, between 1990 – 2008



### HIV tests in blood donors, between 1990 - 2008



### **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 (7434), reported at the total number of HIV persons.
- High number of long term survivors with age between 15-19 years, belonging to the age group born between 1987-1990;
- Increasing number of new HIV cases among IDUs (30 at 31 December 2008);

### **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.
- 2. 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.
- 8. 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\*

- Prevention of HIV transmission the main goal is to maintain the HIV incidence in 2013 at the 2006 level.
- 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.
- 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
- 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\*

**Goal for 2010:** 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

- 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%).</li>
- 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\*

**Goal for 2010:** 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

### **Key programmes:**

 Universal precaution as part of the health services accreditation and licensing

# 2. Priorities in access to treatment and care

- Ensuring ARV treatment and treatment of opportunistic infections
- 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
- 7434 patients under ARV treatment from 9669 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\*

Goal for 2010: 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

#### **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

# Priorities in surveillance of HIV and associated risk factors\*

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

# 4. 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

### **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.

# 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 starting 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

# 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.

### 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 1st edition of "Guide to HIV/AIDS Therapy for adults and children".
- 2002 the 1st 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".
- 2008/2009 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	Pls
<u>zidovudine</u> (AZT, ZDV) – <i>Retrovir</i>	<u>nevirapine</u> (NVP) – <i>Viramune</i>	saquinavir (SQV) – Invirase, Fortovase
<u>didanosine</u> (ddl) – <i>Videx</i> , <i>Videx EC</i>	<u>efavirenz</u> (EFV) – <i>Sustiva</i>	indinavir (IDV) – Crixivan
<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>	enfuvirtide (ENF, T20) – Fuzeon	<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>
AZT/3TC - Combivir	Integrase strand transfer inhibitors	<u>atazanavir</u> (ATV) - <i>Reyataz</i>
AZT/3TC/ABC - Trizivir	Raltegravir - <i>Isentress</i>	tipranavir (TPV) - Aptivus
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.



- 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!?!?!?

■ This report has been elaborated based on the data released by the Regional HIV/AIDS Surveillance and Monitoring Centers, introduced in the National Data Base and processed by the HIV/AIDS Monitoring and Evaluating Department in Romania from the National Infectious Diseases Institute "Prof.Dr.Matei Bals".

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