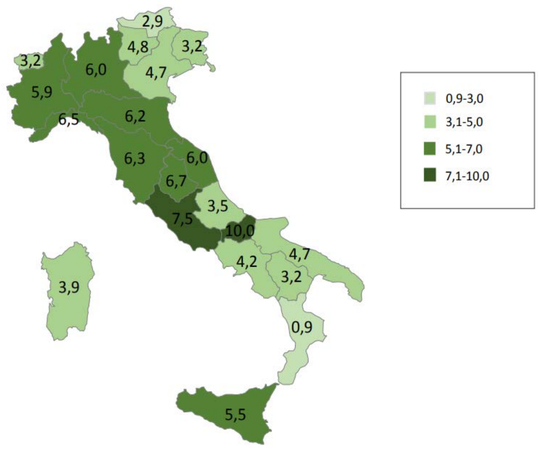
HIV and AIDS epidemics: the Italian state of art

Celotti A[1], Mazzitelli M[2], Raimondi A[3] , Malosso P[4]

1. University of Brescia, 2. University of Catanzaro, 3. University of Modena, 4. University of Bologna

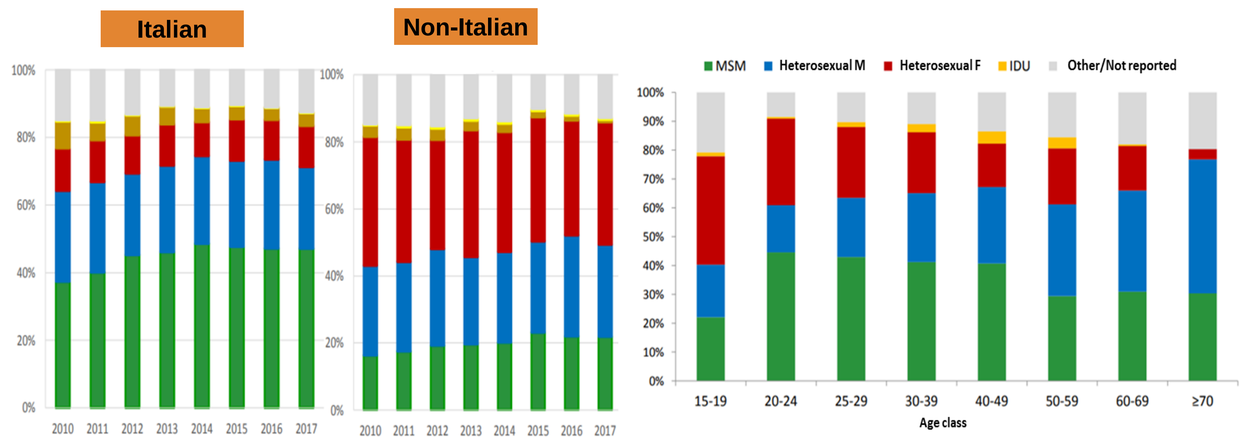
Panel A: distribution and characteristics of newly diagnosed people living with HIV

Figure 1



Incidence of HIV for each italian region (every 100.000 inabitants)

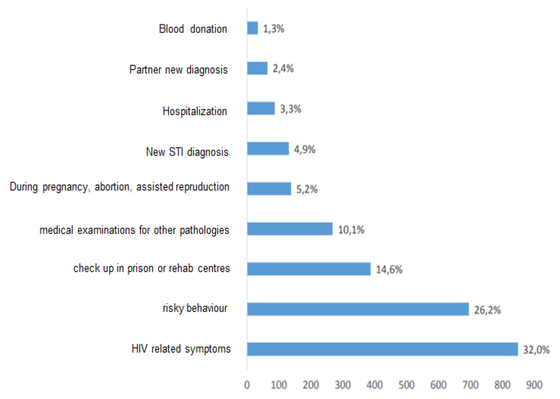
Figure 2



Distribution of new diagnosis according to nationality

Distribution of new diagnosis according to age and risk factors

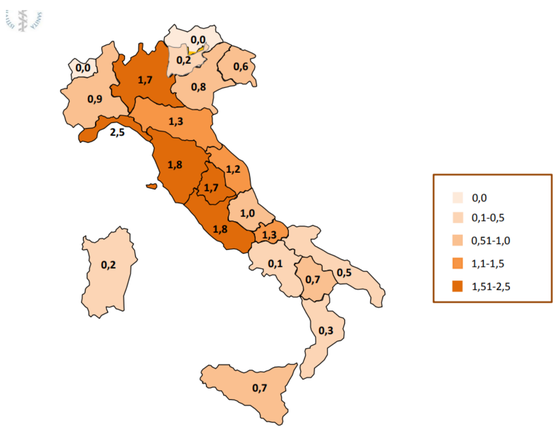
Figure 3



Reasons for which HIV testing was perfomed in 2653 out of 3443 new diagnoses

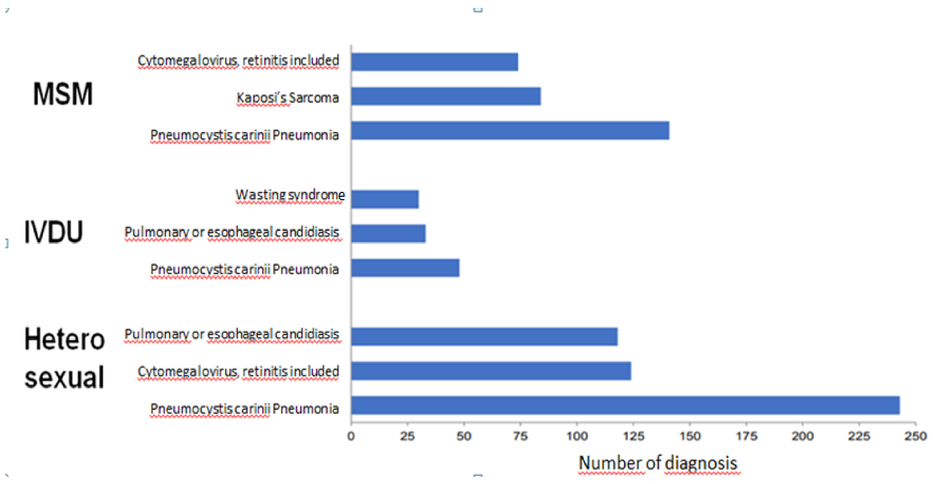
Panel B: distribution and characteristics of newly diagnosed AIDS cases

Figure 4



Incidence of AIDS cases for each italian region (every 100.000 inhabitants)

Figure 5



Distribution of the three most common AIDS defining conditions for each risk factor

Comments to Panel A

In 2017, 3.443 new HIV diagnoses were reported, equaling an incidence of 5.7 per 100,000 residents. In some areas, incidence could be underestimated because of some issues, such as delay in notification or lack of telematic notification systems.

HIV incidence in Italy is similar to the average incidence observed in Europe (5.8 new cases per 100.000).

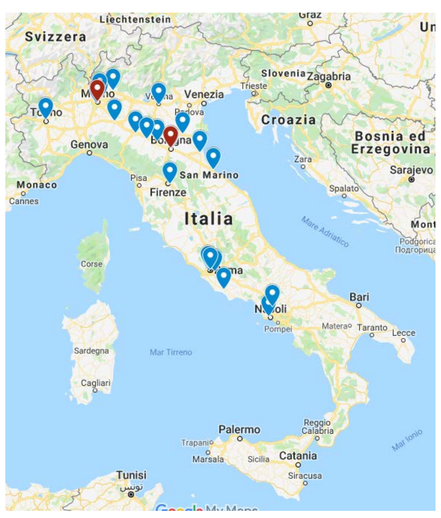
In 2017, most cases were related to heterosexual transmission (46%, in particular: 25% males and 21% females) and to MSM unprotected intercourses (38%); injecting drug users accounted for 3% of new diagnoses. Between 2015 and 2017 the number of new HIV diagnoses has remained stable, with a similar trend across transmission routes.

Comments to Panel B

In 2017, 690 AIDS cases were reported, equaling an incidence of 1.1 per 100.000 residents. Despite many efforts to increase early screening of HIV infection, more than 70% of individuals diagnosed with AIDS in 2017 were unaware of being HIV-infected. The most common AIDS defining illness, regardless from risk factor for HIV acquisition, is PCP.

Panel C: HIV prevention, where are we?

Figure 6



Distribution of the centres providing PrEP

Figure 7

Users	N (%)
Total	531 (100%)
Male	520 (98%)
Female	4 (1%)
Trans MtF	5 (1%)
Trans FtM	1 (0%)
Other	1 (0%)
Risk	
MSM	484 (98%)
MSF	7 (1%)
FSM	4 (1%)
IDU	0 (0%)

MtF: Male to Female; FtM: female to Male; MSM: Men who have Sex with Men; MSF: Men who have Sex with Female; FSM: Female who have Sex with Men; IDU: Injecting Drug Users

	At 1st visit	At FU
Syphilis	33 (6%)	18 (3%)
Gonorrhoea	24 (4%)	13 (2%)
Chlamydia	32 (6%)	15 (3%)
HCV	0 (0%)	2 (>1%)

- 6 users resulted HIV positive at the first visit
- 1 user was diagnosed with HIV infection at follow up
- Overall, 32 users (4%) stopped PrEP, only 4 of whom for side effects.

PLUS — PERSONE LGBT SIEROPOSITIVE ONLUS

Preliminary results of a survey-based analysis among PrEP users

Comments to Panel C

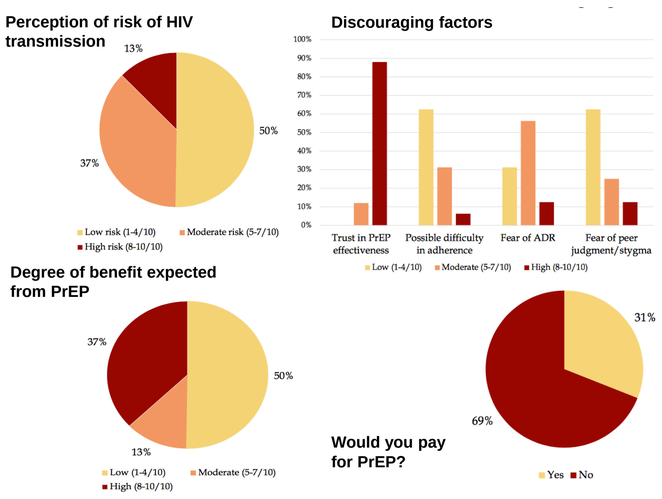
Since March 2017, some clinical centers (Figure 6) set up specific services for pre-exposure prophylaxis (PrEP) prescription, but no official registry or monitoring for users has been implemented by national or local health authorities.

A brief survey (results presented at the last Italian Conference on HIV and AIDS, June 2019) was proposed to these centers, including 2 additional centers not enlisted, regarding the number of PrEP users they served and basic information about the service itself. A total of 22 centers were included in the survey: 16 are located in the North, 3 in Rome, 1 in Naples and 2 in Sicily. The first center started offering services for PrEP users in March 2017, the most recent ones in March 2019.

Unfortunately, there is no national uniformity on availability and services providing PrEP. Moreover, at the moment PrEP is charged to the user and people who are at high risk but have not the possibility to buy it, can be potentially damaged by the ongoing policies.

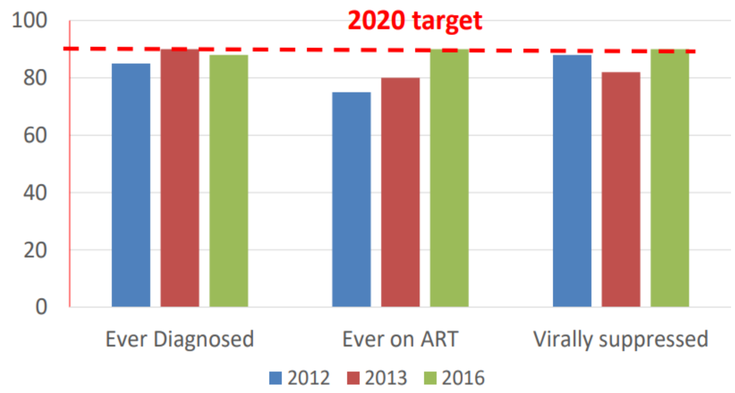
Panel D: HIV prevention and treatment, where are we going?

Figure 8



Distribution of the three most common AIDS defining conditions for each risk factor

Figure 9



Comments to Panel D

Perception of HIV transmission risk and opinions about PrEP have been evaluated on June 2019 in a cohort of HIV-negative MSMs and transgender women with high-risk sexual behavior, in a peer-run community-based service in Italy, using a 1 to 10 score system. People who were not on PrEP, nor decided to start it in the following 3 months despite being eligible for PrEP according to Italian Guidelines on HIV, were included. Their answers were analysed to identify which factors could discourage them from starting PrEP. See Figure 8 for results.

Main issues for 90-90-90 WHO target achievement (Figure 9):

- for the first 90: AIDS and late presentation, lack of an adequate sexual education also focused on STIs in schools, economic and social barriers to access PrEP, and implementing the diffusion of the test through primary care physicians, check points in the major cities
- for the second 90: risk to lost to follow up, implementing programs aimed at retention in care in fragile populations, test and treat as well as "rapid start" strategies.
- for the third 90: use of therapeutical strategies ensuring fast and stable virosuppression and good tolerability; implementation of knowledge about lack of transmission in virosuppressed patients.

References: 1. Sorveglianza HIV/AIDS 2018 (dati 2017) - Notiziario ISS vol. 31, n. 9, settembre 2018, Suppl.1. E. Girardi – Lost in follow up, ICAR 2019
2. Let's PrEP in Italy! Corbelli GM, Mattioli S, Plus onlus/BLQ Checkpoint, Bologna «PrEP services in Italy: how many people access them and what kind of services are offered?", ICAR, Milan, June 2019
3. Maccaro A. «Pre-Exposure Prophylaxis: overall perception and discouraging factors among a cohort of MSM – data from the SEX-CHECK study." ICAR, Milan, June 2019