

HIV/AIDS in ITALY: where are we?

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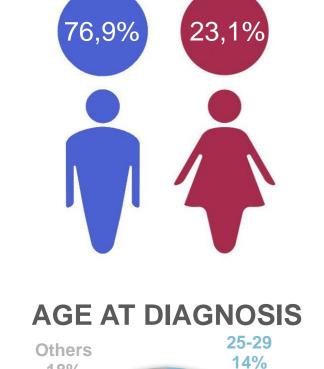
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NATIONAL EPIDEMIOLOGY

Not Ist Super Sanità 2017;29(9, Suppl. 1):3-51

New HIV infections



40-44 14% 64,2% Italians 35,8% Foreigners

While a reduction in the number of new infections has been recorded among Italians, the number of new diagnoses among migrants and foreigners is not decreasing.

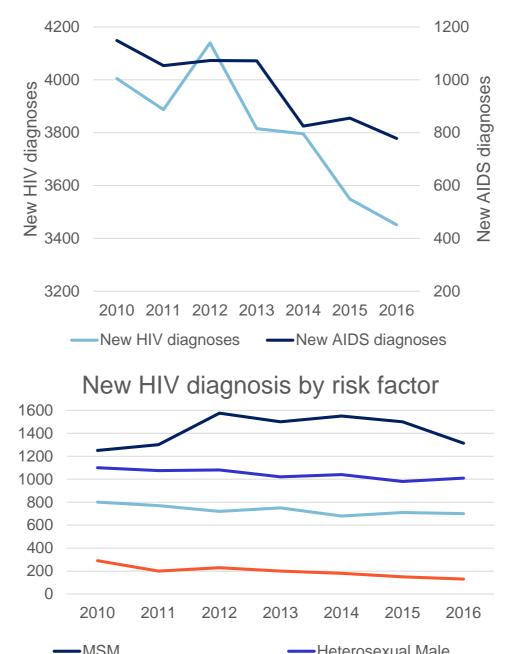
DIAGNOSIS BY RISK FACTOR

85,6% DUE TO UNPROTECTED SEX

38,0%

2,8% DUE TO IVDU

Trends in HIV epidemic

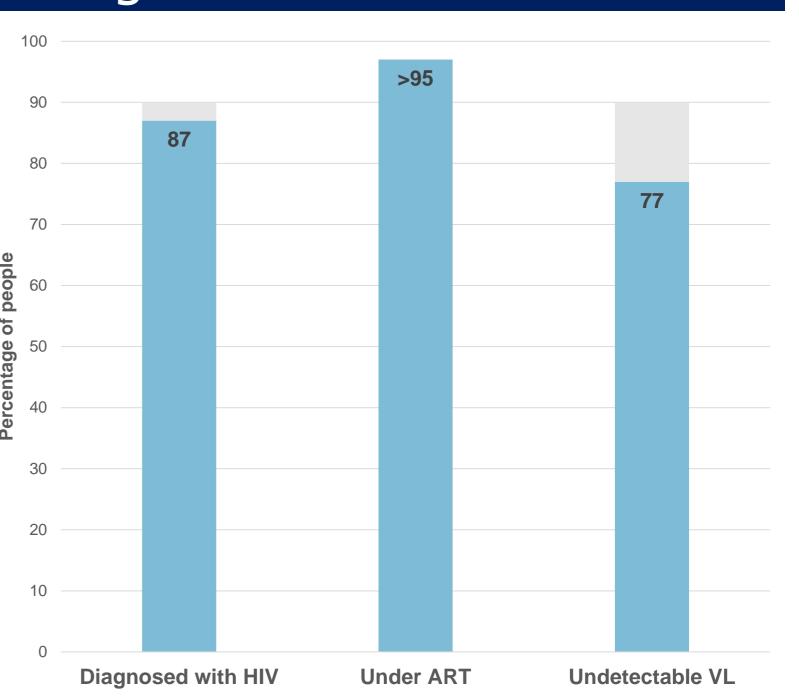


130.000
People living with HIV

68.982
AIDS Cases

44.254
AIDS-related deaths

Progress towards 90-90-90



LOCAL SITUATION (Genoa, Milan and Modena)

Dr. Niccolò Riccardi, Genoa

At Policlinico San Martino Hospital, in the Ligurian Region, about 1300 PLWH are currently followed by the Outpatient Service.

30-34

PROS: the MedInfo platform (www.reteligurehiv.it) is an online database that allows anonymous and automatic data collection (laboratory test results and clinical information) for PLWH, facilitating patients' clinical management by clinicians.

MAIN ISSUES: lack of PrEP service and the need for better retention in care in the foreign populations.

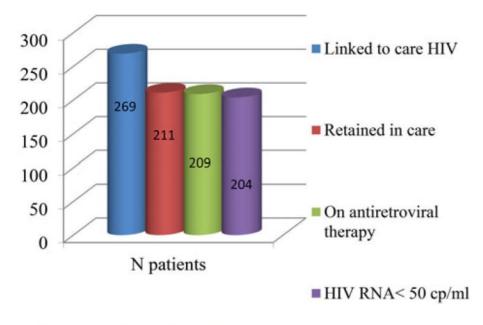
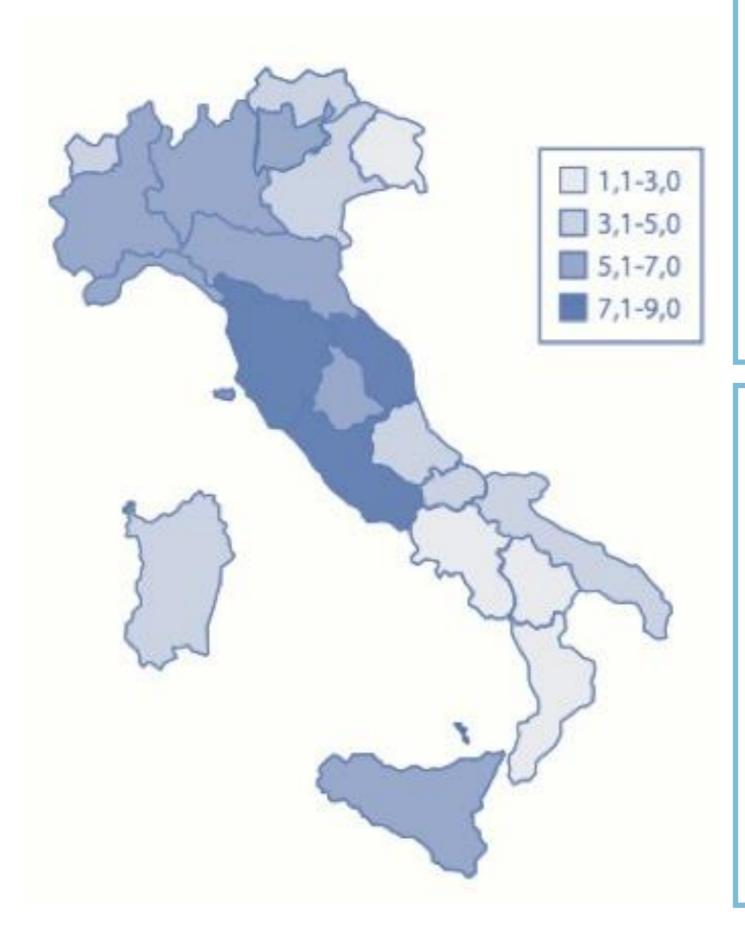


Fig. 1. The cascade of continuum of care.

INCIDENCE OF NEW DIAGNOSES OF HIV INFECTION (PER 100,000 RESIDENTS) BY REGION (2016)

Heterosexual Female



Dr. Raffaele Dell'Acqua, Milan

At Hospital San Raffaele, in the Lombardy Region, about 5000 PLWH are currently followed by the Outpatient Service.

PROS: PrEP service started locally. Access to study protocols and experimental regimens. Multidisciplinary management of patients.

MAIN ISSUES: chemsex is on the rise, leading to an increase of unsafe sex practices and STDs.

Need of an increase of the retention of care both with naïve and chronic patients.

Dr. Jovana Milić, Modena

At Policlinico di Modena, in the Emilia-Romagna region, about 1500 patients are followed by Outpatient service and around 3500 patients annually at Modena HIV Metabolic Clinic (MHMC).

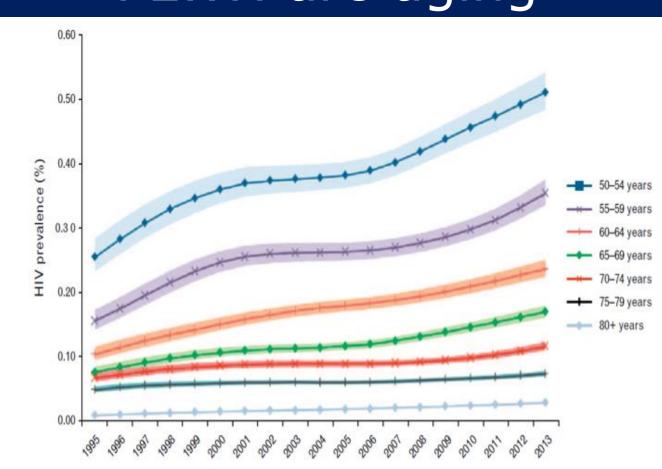
PROS: availability of tertiary care service (MHMC) where PLWH are screened by a multidisciplinary team for immuno-metabolic disorders, co-morbidities, geriatric syndromes and frailty. Patients also receive thoracic and abdominal CT to detect coronary artery calcium, lung abnormalities, visceral adipose tissue and liver steatosis.

MAIN ISSUES: increased need to organize better PrEP service and better collaboration with primary care physicians in treating co-morbidities.

The GEPPO cohort

GEriatric Patients living with HIV/AIDS: a Prospective multidisciplinary cOhort

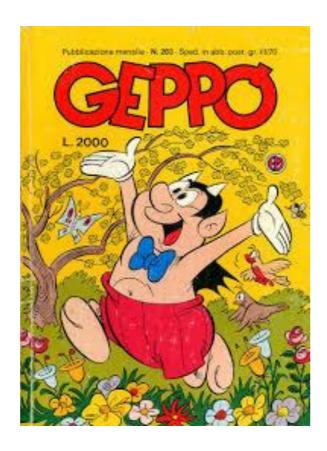
PLWH are aging



Mahy M et al. AIDS 2014;28:S453-S459
 What are the characteristics of PLWH >65 years?

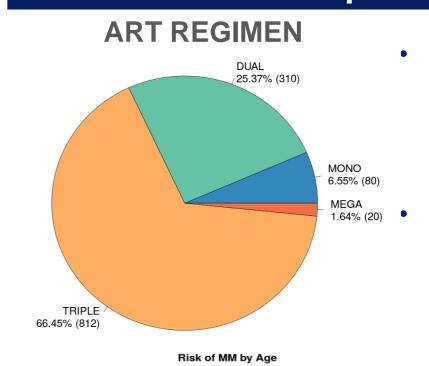
- Does the burden of multi-morbidity, geriatric syndromes and frailty differ from HIV negative individuals?
- What kind of prevention and intervention could be done?

What does GEPPO offer?

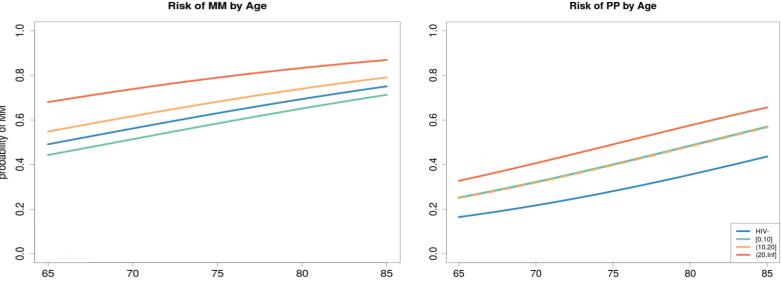


- A multi-centric study of geriatric PLWH (>65 years old) followed at 10 HIV centres in Italy with a matched group of HIV-negative subjects.
- Created to better understand the burden of multi-morbidity (MM), polypharmacy (PP) and health transition in older PLWH.
- Aimed also to describe frailty, physical function, disability and quality of life in geriatric PLWH.
- A chance to understand the needs of aging PLWH and may help do design a new model of tailored preventive and treating

GEPPO publications



- In the triple/mega group for 839 patients, there were 113 different ART regimens.
- In mono/dual therapy for 384 patients, there were 68 different ART regimens.



Nozza S. et al. J Antimicrob Chemother. 2017;72(10):2879-2886

Guaraldi G et al. BMC Geriatr. 2018;18(1):99

interventions.