



# HIV/AIDS situation in Poland

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## GENERAL INFORMATION - EPIDEMIOLOGY

- Since the beginning of the epidemic in 1985 to February 28th 2018 HIV infection was diagnosed in 22,826 Polish citizens and in other citizenship residing in Poland
- In total, 3,571 cases of AIDS have been reported; 1,386 patients died
- Each year approximately one thousand new HIV cases are reported
- In the years 1985-1996, the majority of HIV infections (67%) were related to the use of intravenous drugs

- In 2000 a "change" of infection routes was observed in Poland - the percentage of people infected by sexual contact was higher than through intravenous drug use
- The route of infection through homosexual contact is currently the dominant route among newly detected infections (Graph 2) (1)

## TESTING

- Only 9% of Polish people have ever been tested for HIV (2)
- There are 30 Voluntary Based Testing Centres in Poland targeting key population (anonymous, in big cities, professional pre and postconsultation) (3)
- HIV testing among pregnant women – only 20% pregnant women tested for HIV

## WOMAN AND HIV

- Barriers to cervical cancer screening despite integrating HIV and gynaecological services for HIV positive women in Poland

- Women not yet on cART are less likely to have cytological examination (5)

## LINKAGE TO CARE

### and virological suppression among HIV-positive persons in Central Poland (6,7)

- Data was collected on patients diagnosed with HIV in 2010-2013 in voluntary testing facilities in central Poland.
- 232 persons were HIV positive, 144 (62%) linked to care, 116 (81% of those linked to care) started cART during follow-up, of which 113 (97%) achieved virological suppression
- Percentage of people who are linked to care after receiving a HIV diagnosis in central Poland has not improved over recent years and is lower than in Western European countries
- Factors associated with a lower rate of linkage to care were hetero/bisexual sexual orientation, lower education, not having an HIV-positive partner and not using condoms in a stable relationship. Age improves the likelihood of linkage by 61% per 10 years.
- A median time from linkage to care to starting cART was 6 months and individuals achieved VS in a median time of 5 months. The median survival time to VS has reduced in recent years, from median of 5.42 months in 2010/11 to 2.17 months in 2014/15.
- Factors associated with higher chance of VS are non-PI regimen and HLA B5701-positivity

## LATE PRESENTERS

– patients from the out-patient clinic of the Hospital of Infectious Diseases in Warsaw, author: Dr Piotr Pulik; data non published

**Late presentation** – persons presenting for care with a CD4 count below 350 cells/μl or presenting with an AIDS-defining event, regardless of the CD4 cell count. **Advanced**

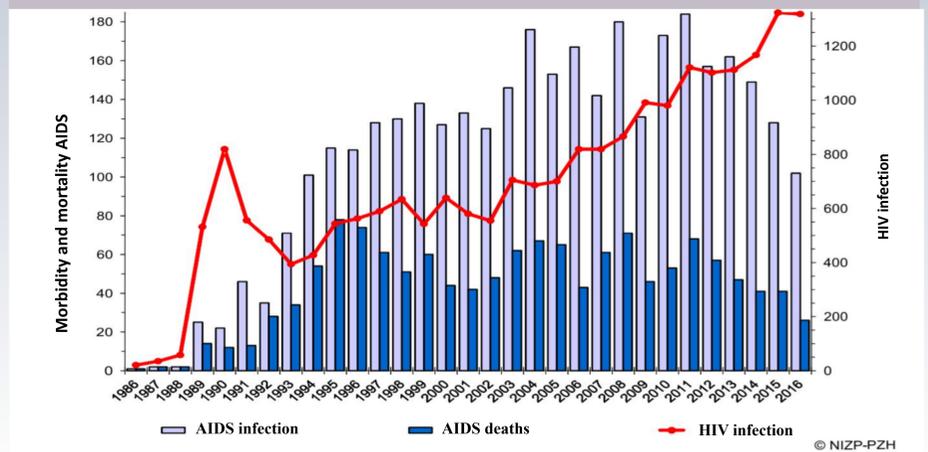
**HIV disease** – persons presenting for care with a CD4 count below 200 cells/μl or presenting with an AIDS-defining event, regardless of the CD4 cell count. We analyzed 4095 patients from the out-patient clinic in Warsaw. 83, 9% of them were men, a medium age at the moment of diagnosis was 32, 08 years, a present medium age was 41,26 years.

- 53,77% of patients were classified as late presenters and 24,64% of them developed an advanced disease

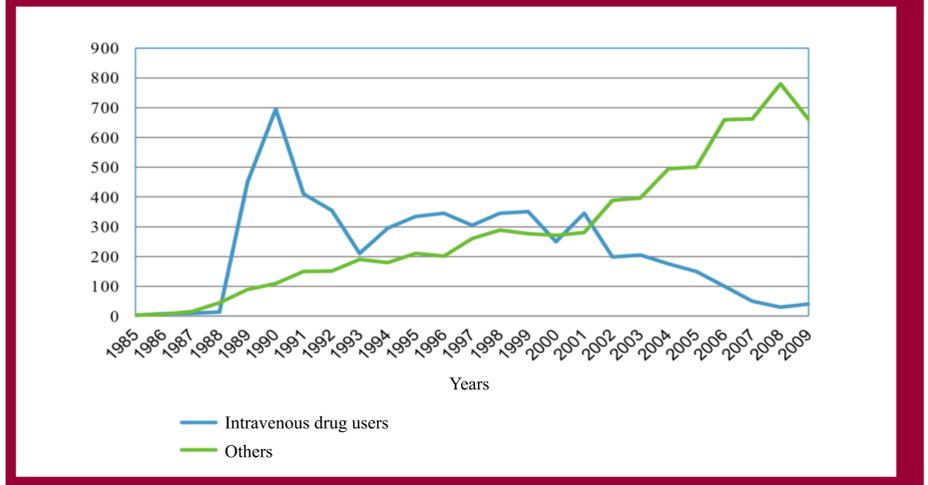
- Way of transmission among LPs:
  - homosexual 44%
  - heterosexual 23%
  - bisexual 4,5%
  - IDU 23%
  - others 5,5%

- Percentage of LPs among patients divided by ways of transmission:
  - heterosexual - 56,6% of them are LPs
  - IDU – 45,5% of them are LPs
  - homosexual – 41,9% of them are LPs

Graph 1. HIV infection, AIDS and deaths in 1986-2016



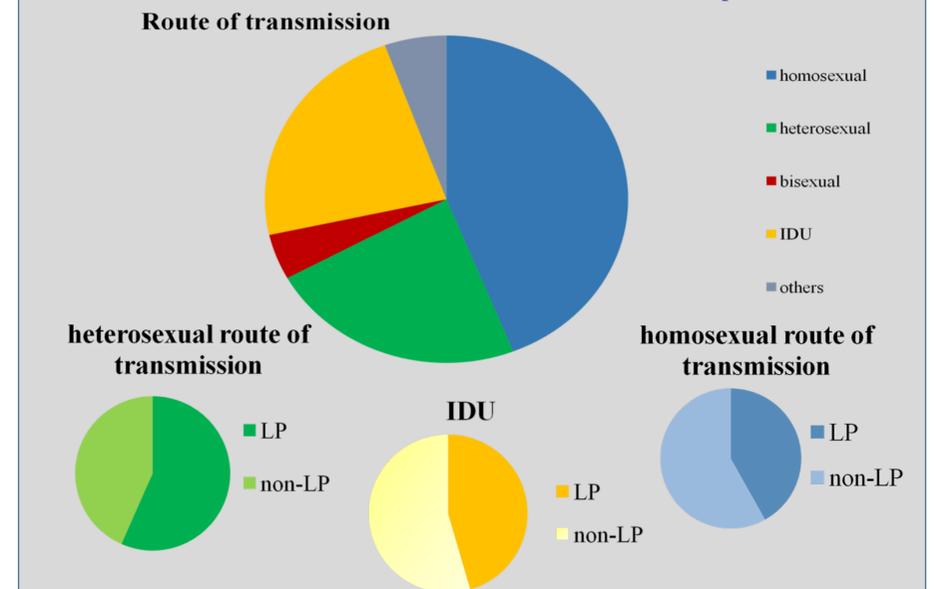
Graph 2. Route of HIV infection in Poland (1985-2009) adapter from (1)



## TREATMENT

- NRTI since 1987, HAART from 1996
- Annually updated Polish AIDS Society Guidelines (based on EACS recommendations)
- 18 centres treating HIV infection (infectious diseases specialists)
- In 2017, 10 273 patients were receiving cART, including 110 children
- Trend for increase use of integrase inhibitors, high efficacy of the antiretroviral treatment, fully in line with the millennium WHO 90% target (4)
- POST-EXPOSURE PROPHYLAXIS - non-occupational financed by Ministry of Health, occupational financed by employer
- PRE-EXPOSURE PROPHYLAXIS – financed by patient

Graph 3. Late presenters – patients from the out-patient clinic of the Hospital of Infectious Diseases in Warsaw, author: Dr Piotr Pulik; data non published



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