

# HIV situation in Russia

## 30 years of HIV in Russia: interview with a specialist

HIV is young, but at the same time has already managed to overcome a great path of development and evolution. Young doctors who come to the specialty already have in their hands a large range of antiviral drugs, convenient treatment schemes and a full list of drug interactions. Many refer to the disease as a chronic, suppressed infection. We are happy to see specialists who have worked with pathology since its emergence in our country. In order to break dry statistics with real memories, we asked one of such doctors to tell how everything was.

— Do you remember the first HIV patient in Russia?

— I remember exactly the first recorded death from HIV in the Soviet Union. The first patient died in the city of Leningrad in the USSR, around 1987, from pneumocystis pneumonia. From which homosexuals died in the U.S., we only heard about it from some medical articles. A young woman 30 years old, long treated for acute viral bronchitis, then pneumonia in outpatient care. Treatment was ineffective, after a few weeks hospitalized in one of the city hospitals. She died of respiratory failure, in autopsy - unknown pneumonia. Then one of the doctors suggested that it was PCP. Blood was taken, HIV was detected, an investigation was conducted. The patient was found to have had sex with foreigners.

— What were the main aspects of working with patients in those years?

— The first patients began to enter the department around 1987-1988. These were isolated cases: more often MSM, less often women who had had sex with foreigners. There was no cure, but the patients had a very tremulous approach. Any acute respiratory infection, intestinal infection were treated in the hospital. Drops, vitamins. They were actively summoned to the courses of supportive therapy, examinations. People felt stressed, afraid of discrimination. Chronic stress led men to drink alcohol. It should be said that doctors treated this with consciousness. They invited patients to stop withdrawal syndrome. Psychological comfort was strictly observed, the boxes (wards) were chosen in sympathy between the patients, they were equipped with telephones. Only a responsible hospital doctor on duty looked at HIV-infected people. Only the most experienced doctors. The history of diseases was kept in supercovers, where only the name and box were indicated. Several patients were even given a new flat, as communal apartment neighbors refused to live with them because of HIV-positive status

—When did you get the opportunity to use antiretroviral drugs?

— We began to receive real full schemes only in the middle 2000s. In 1996, there was great joy when protease inhibitors appeared. Before that, monotherapy was used by zidovudine. We knew it was wrong, but it was a necessity. AIDS cases were isolated, but every death was a tragedy for us, as we just had to observe the natural course of infection.

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— When did the situation begin to change? Was there a feeling of euphoria against the background of the advent of antiretroviral drugs?

— There was no euphoria, but the feeling that we can help. We obtained confidence. In the middle 2000s when everyone has already had the opportunity to use antiretrovirals and we only dreamed about it there was an interesting story. One doctor from the medical delegation that arrived to our hospital, stated that he is HIV-positive (without hiding HIV status) and showed a box with Fortovase (Saquinavir\*). We were very impressed by this scene. Besides the drug itself was huge in size, and even more we were impressed when he told that he was used to it. After receiving antiviral drugs, we first experienced Lazarus syndrome, when a patient who was dying, losing common sense, returned to normal life in a couple of months.

— How did the epidemic of HIV change?

— Since the end of 1999, when drug addicts began to be identified, 10-12 cases a month. It was also believed that HIV should not spread rapidly among homeless people, but it turned out that this was not so. Disinhibition of sexual behavior in alcohol intoxication led to the opposite effect. Over the past 5 years, we have again seen a change in the leading route of infection: IDUs are becoming less frequent, the sexual pathway of infection in heterosexual contacts prevails. It is interesting that in the 2000s, the problem of orphaning in children of HIV-infected parents was already discussed, to us then it seemed incomprehensible. But how distinctly we began to feel it now against the background of a huge number of divorces and HIV-positive mothers.

— What was the most difficult period for you?

— Perhaps the most difficult were 2001-2002. The committee was late with the reorganization: until the end of 2001, we treated all cases of syphilis, bacterial endocarditis. There was no experience working with drug addicts and their relatives. And they were very seriously ill, namely endocarditis. Relatives demanded everything, but there was no opportunity in terms of antibiotics, and for sure we didn't receive ART for them. We accepted this reality in a very emotional and sensitive way.

— What would you name the most significant problem of HIV medicine in Russia in recent years?

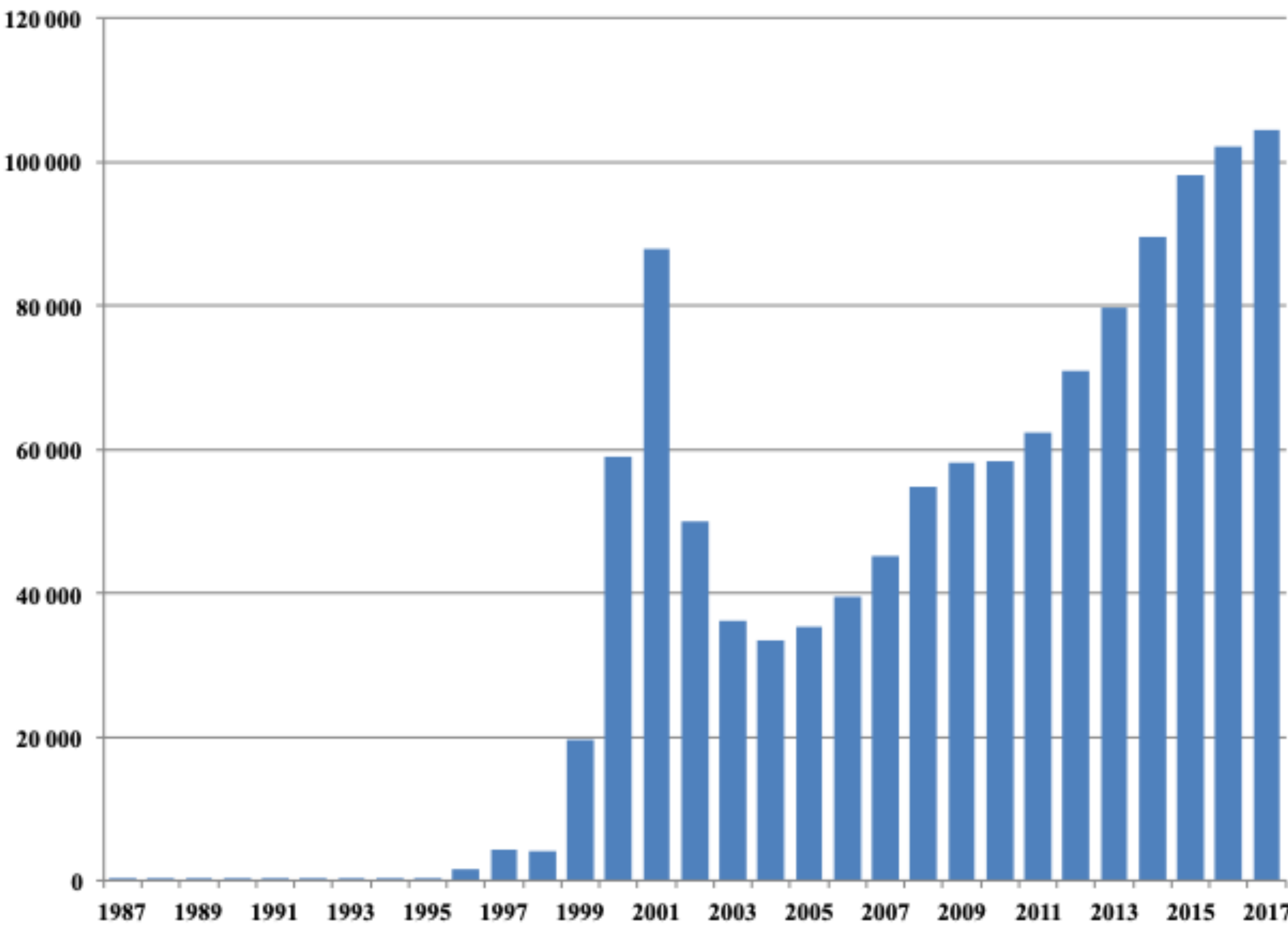
— This is definitely a co-infection with HIV and tuberculosis. In addition, the number of patients at the advanced stages is increasing, these are severe patients with several opportunistic conditions at the same time.



About 1 000 000 people with HIV live in Russia by the end of 2018

HIV prevalence is more than 679.5 per 100 thousand of the population of Russia by the end of 2018

The number of newly detected cases of HIV infection among Russian citizens in 1987–2017



## Key problems:

01

### High incidence and prevalence

Russia ranks 4th in the world in the rate of the emergence of new cases of HIV-infected per unit of time (growth rate). Russia takes first place in the incidence of HIV infection in Europe.

02

### Discrepancy statistics

There is a significant discrepancy between the statistics of the Ministry of Health and the Federal Service for Health and Social Affairs.

03

### Difficulties with federal procurement of ART

Centralized government procurement of ARVs through an auction system leads to intermittent interruptions in the supply of certain drugs.

04

### High level of stigmatization of HIV-infected people in the society

Every tenth Russian is sure that HIV can be transmitted through dishes and food

05

### Low patient coverage with follow-up and treatment

The coverage of treatment in 2018 in the Russian Federation was 40.8% of the number living with a diagnosis of HIV infection and 56.6% of the number who were at the regular medical check-up.

06

### HIV has spread beyond vulnerable populations and is actively spreading in the general population.

More than half of patients newly diagnosed in 2018 became infected during heterosexual intercourse (54.8%), the proportion of people infected with HIV when using drugs decreased to 42.5%.

### Data sources:

- Reporting forms 1, 30 of the Federal Service for Health and Social Affairs of Russia.
- В 13 российских регионах ВИЧ заразились более 1% населения // РБК. 2019. [www.rbc.ru/society/03/07/2019/5d1b2c2e9a7947c21fdabbe4](http://www.rbc.ru/society/03/07/2019/5d1b2c2e9a7947c21fdabbe4) .
- HIV infection in the Russian Federation in 2018. Federal Scientific and Methodological Center for the Prevention and Control of AIDS of the Central Research Institute of Epidemiology of Rospotrebnadzor.
- Rosstat 2018 survey data.