HIV in Switzerland

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EPIDEMIOLOGY

- Switzerland: 41`285 km^2, population 8,4 Mio. (2016)
- Estimated 15`200 HIV-infected individuals are living in Switzerland
- Incidence 6/100`000 (with high regional differences)
- 557 new cases of HIV-infection in 2016 (rates decreasing since 2008; from 2014: slightly rising)
- Nearly all recent infections are sexually transmitted, 2% IVDU, <1% blood transfusion or mother-child-transmission
- 77% of new cases are male
- Epidemic affects today mainly the MSM-population, in heterosexual contacts only occasional transmission observed
- 47% of new cases are Swiss origin
- AIDS cases are decreasing since introduction of ART: 70 reported cases in 2016

GRAFICS

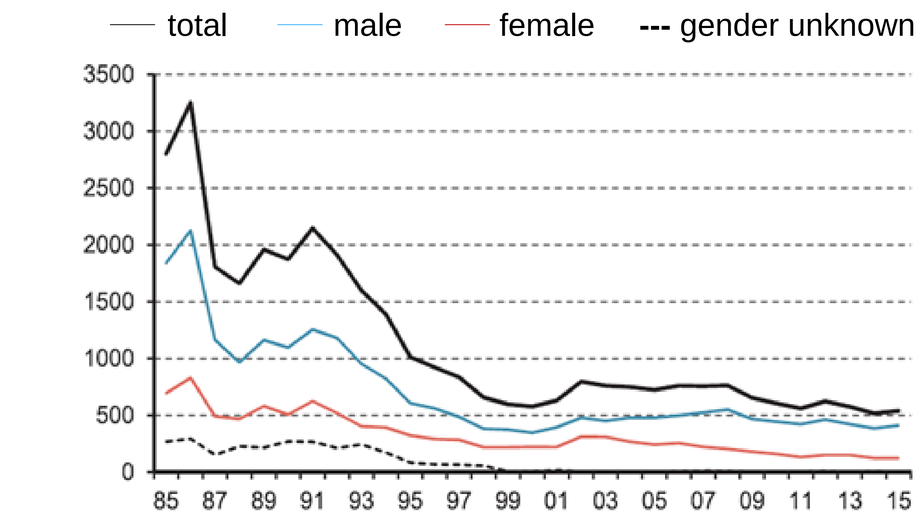

Fig 1. HIV cases in numbers and years, 1985-2015

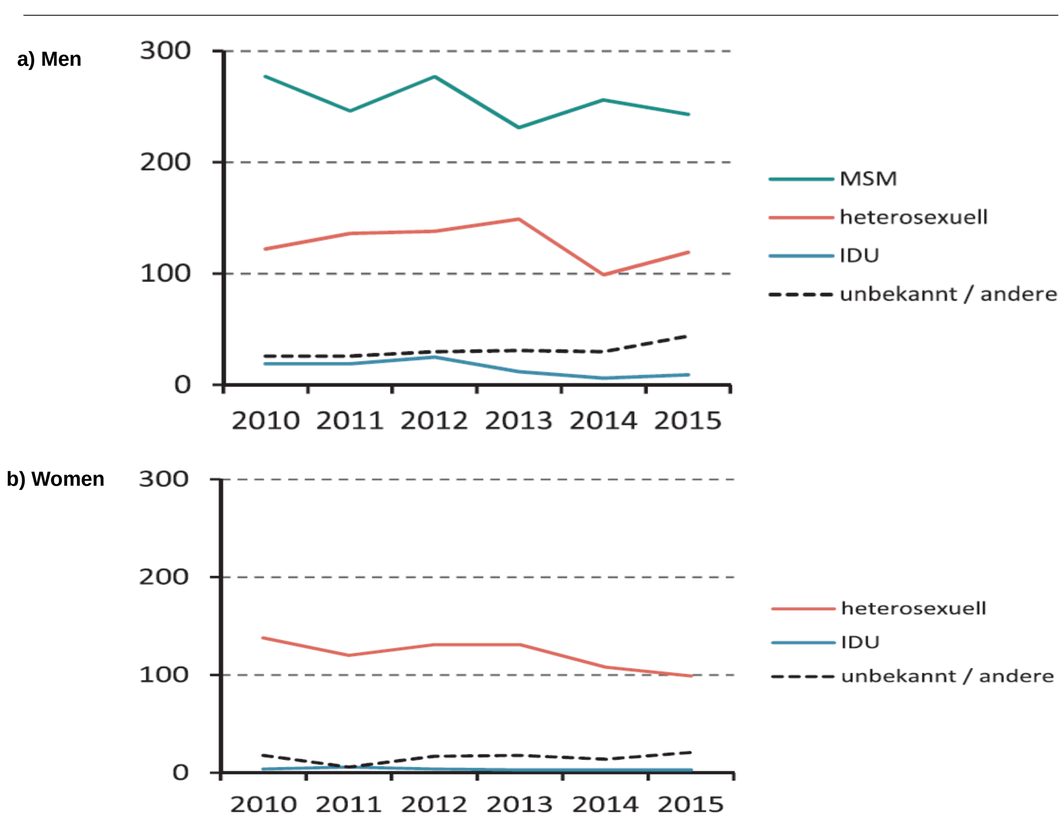

Fig 2. HIV transmission routes in men and women 2010-2015

ACCESS TO CARE

- No restrictions actually
- Treatment is started irrespective of CD4 count
- All patients are attached to large centres and specialised offices

→ high therapy uptake

- **90-90-90 UNAIDS/WHO treatment targets**
- estimated 81% have been diagnosed
- 91% under therapy
- 96% with undectectable viral load

STANDARD TREATMENT

1. Initial regimen:
2 Nukes (ABC-3TC or TDF-FTC) + boosted PI
→ TDF-FTC for HBV-Coinfection, pos. HLA-B57.01,
viral load > 5.0 log^{10} cop/ml

2. Maintenance therapy:
Various possibilities, mostly ABC-3TC or TDF-FTC + 1 NNRTI or 1 INSTI

St. Gallen Standard:
2 Nukes + Nevirapine (NVP) or Dolutegravir (DTG)

CURRENT CHALLENGES

Aging and Co-Medication
- Increasing age of patients, growing number of comorbidities

Therapy simplification
- Nuke free/sparing, dual therapy (studies, special situations)

Prevention strategies, handling PrEP
- Access, controls, financing, …

Migration
- Language, cultural differences, co-infections (tuberculosis)

SWISS STATEMENT

January 30th 2008: the Swiss Federal Commission for AIDS-related Issues published a statement which rapidly received the name “The Swiss statement”:
The statement addressed the infectiousness of an HIV+ person once the virus was stably suppressed for at least 6 months with antiretroviral therapy (ART).
Despite the lack of results from large randomised studies, the Commission felt, based on an expert evaluation of HIV transmission risk under therapy, that the risk of HIV transmission in such a situation was negligible und that HIV is **not transmitted** under fully suppressive therapy.
Subsequently there were controversial reactions reaching from positive reactions mainly from patient groups and many more initial negative reactions from medical and public health fields.
Today the contents are well accepted worldwide und led to a increasing motivation among the HIV+ patients for therapy uptake.

SWISS HIV COHORT STUDY (SHCS)

SWISS HIV COHORT STUDY

- established in 1988
- systematic longitudinal study
- enrolling HIV-infected individuals in Switzerland
- collaboration of Swiss University Hospital infectious disease clinics, 2 large cantonal hospitals, affiliated smaller hospitals, private physicians
- major goal: provide optimal patient care, reduce HIV transmission, conduct research on HIV treatment, pathogenesis, co-infections, immunology and virus – host interactions
- own large biobanks
- data and blood samples are collected every 6 months at follow-up visits
- SHCS data and specimens are used by various research projects (analysis of data, as well as use of the database to identify potential candidates for basic research issues.
- For many recent projects, additional data has to be generated, e.g. through the use of the repositorium.

References

www.bag.admin.ch; www.shcs.ch; www.guidelines.ch
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