

ADER
USO IN

AGGIORNAMENTI IN TEMA DI HIV

PREVENZIONE, TERAPIA E
PROBLEMATICHE DI GESTIONE
NEI LUNGO SOPRAVVIVENTI



2018 MOTORE
SANITÀ
Sanità Universale

VICENZA 24 GENNAIO 2018
AULA MAGNA "IGNAZIO ONZA" POLO UNIVERSITARIO AULSS 8 BERICA
CONTRÀ SAN BORTOLO 85

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OBIETTIVI

**COMPRENDERE COME SIA CAMBIATA L'EPIDEMIOLOGIA DELLA
INFEZIONE HIV CON PARTICOLARE RIGUARDO A**

- FATTORI DI RISCHIO**
- «LATE PRESENTERS»**
- SOPRAVVIVENZA**
- «AGING» DELLE COORTI DEI PAZIENTI (CON CONSEGUENTI
MODIFICATI BISOGNI SANITARI)**
- PESO PER LE STRUTTURE SANITARIE**

SIAMO PARTITI DA QUI



MMWR

Weekly

June 5, 1981 / 30(21):1-3

Epidemiologic Notes and Reports

***Pneumocystis Pneumonia* --- Los Angeles**

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia and oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with elevated liver enzymes, leukopenia, and CMV viremia. The serum complement-fixation CMV titer in October 1980 was 1:16. He was treated with sulfamethoxazole (TMP/SMX), pentamidine, and acyclovir. He died in April 1981.

Patient 2: A previously healthy 30-year-old man developed *p. carinii* pneumonia in October 1980. He had a positive CMV seroconversion to CMV, i.e., an acute-phase titer of 16 and a convalescent-phase titer of 1:16. His pneumonia responded to a course of intravenous TMP/SMX.

Patient 3: A 30-year-old man was well until January 1981 when he developed pneumonia that responded to TMP/SMX. His esophageal candidiasis was confirmed by biopsy. Material from an esophageal biopsy was positive for CMV.

Patient 4: A 29-year-old man developed *P. carinii* pneumonia in February 1981. He had a positive CMV seroconversion to CMV. He improved after being given intravenous TMP/SMX and corticosteroids.

Patient 5: A previously healthy 36-year-old man with clinically diagnosed *P. carinii* pneumonia, oral candidiasis, and CMV viremia was found to have *P. carinii* pneumonia, oral candidiasis, and CMV viremia. His illness has been limited because of a sulfa-induced neutropenia. He is being treated with TMP/SMX and acyclovir.

The diagnosis of *Pneumocystis pneumonia* was confirmed for all 5 patients by biopsy.

MMWR June 5, 1981

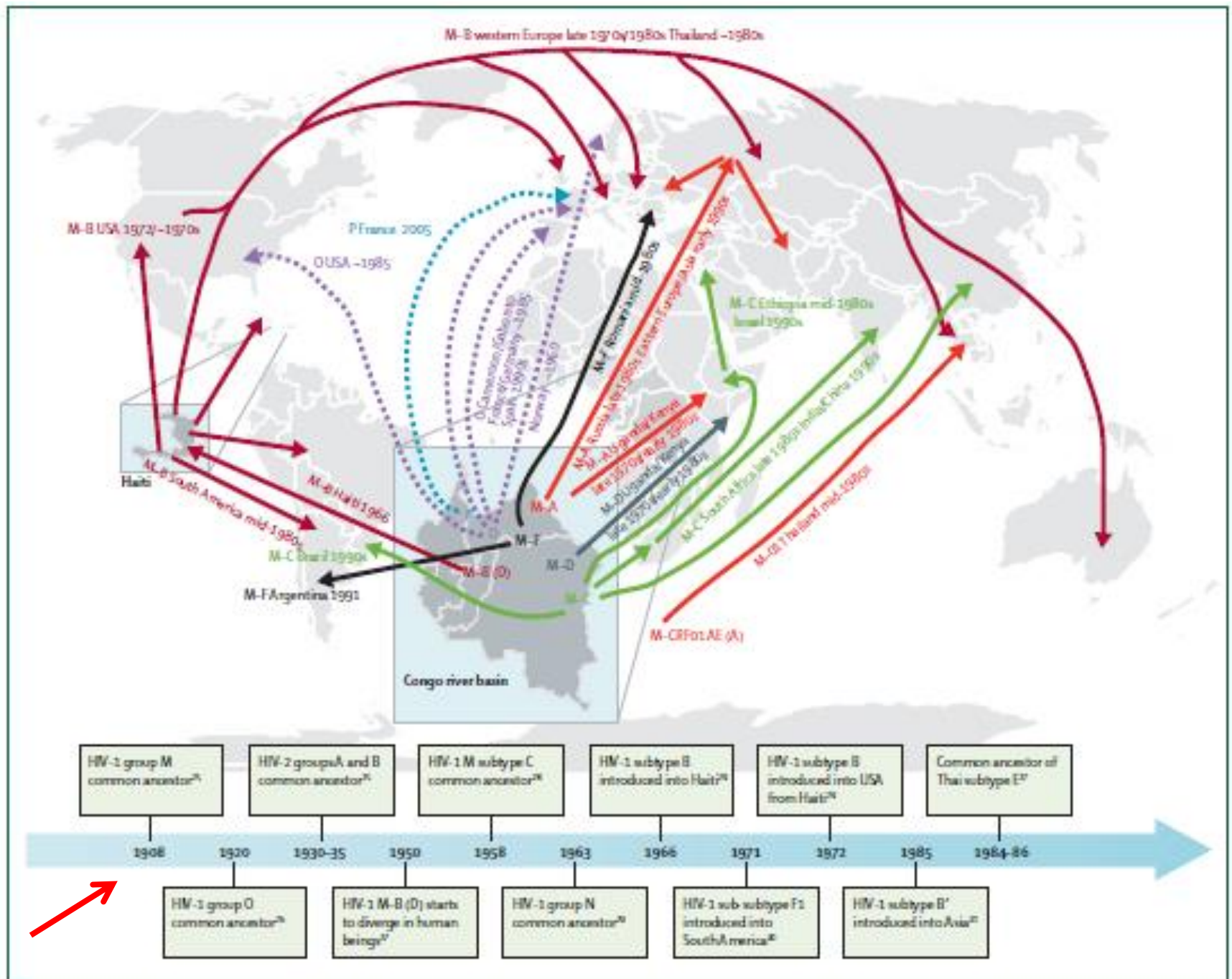
“Nel periodo Ottobre 1980 – Maggio 1981, 5 giovani uomini, tutti omosessuali attivi, sono stati trattati per una polmonite da *Pneumocystis carinii* confermata istologicamente in 3 differenti ospedali di Los Angeles – California... La pneumocistosi è esclusivamente limitata alle persone severamente immunodepresse. La occorrenza di questa patologia in 5 giovani che prima stavano bene è da considerarsi non usuale. Il fatto che queste persone fossero degli omosessuali suggerisce una associazione tra lo stile di vita degli omosessuali o una malattia contratta sessualmente

ORIGINE DELL'HIV

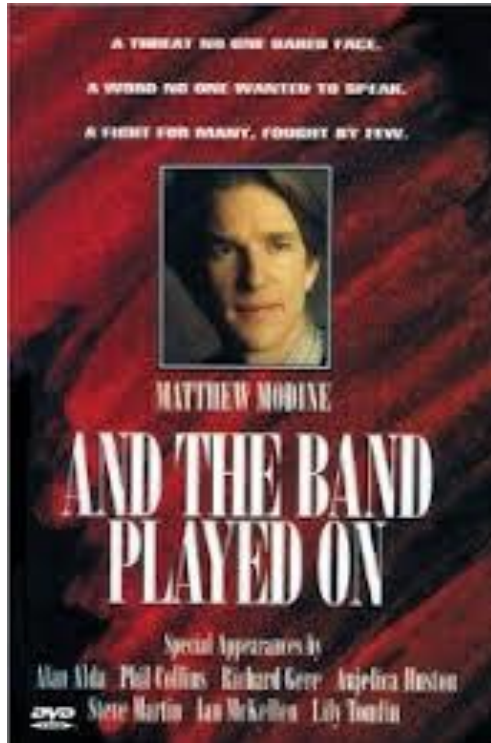


Figure 1. Origin of HIV (Panels A and B) and Close Relationship between HIV and SIV (Panel C).

HIV-1 originates from a single subspecies of the chimpanzee, *Pan troglodytes troglodytes* (Panel A). HIV-2 originates from the sooty mangabey, *Cercocebus atys* (Panel B). Panels A and B kindly provided by Katrina Boardman, Marc Hauser, and Irwin Bernstein. In Panel C, the radial phenogram demonstrates the close relationship between HIV and SIV sequences (distances indicate the relative degree of evolutionary relatedness). Env sequences (gp120) were obtained from the National Center for Biotechnology Information (accession numbers HIV-1 AY093606, SIVcpz AF135498, HIV-2 U67352, and SIVsm U48824, available at www.ncbi.nlm.nih.gov/). The evidence used to substantiate cross-species contamination includes similarities in genomic organization, phylogenetic relatedness, prevalence in the natural host, geographic coincidence, and plausible routes of transmission. At least three chimpanzee-to-human events created the HIV-1 M, N, and O groups, and at least seven sooty mangabey-to-human events created HIV-2 groups (formerly known as subtypes) A through G.



**NEL 1981 INIZIA INDAGINE
EPIDEMIOLOGICA**

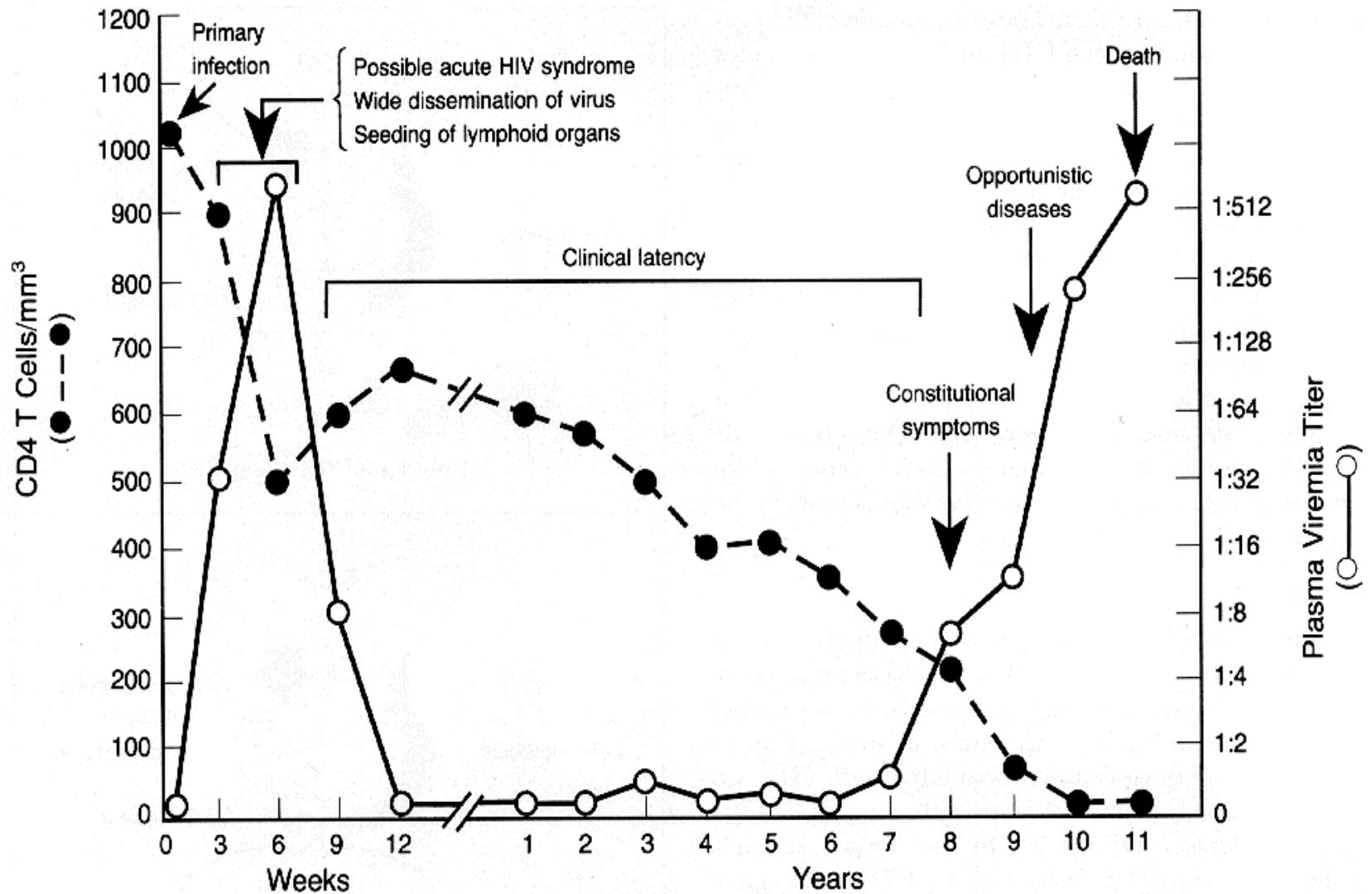


**NEL 1982 SCOPERTA POSSIBILITA'
TRASMISSIONE PER SANGUE
(EMOFILIACI, TRASFUSIONI), E
MATERNO-FETALE**

**NEL 1983 SCOPERTO IL VIRUS
(FRANCOISE BARRE' SINOUSSE) E NEL
1984 STABILITO NESSO CAUSALE VIRUS**

**DAL 1984 DISPONIBILE TEST
SIEROLOGICO**

Pantaleo et al. 328 (5): 327, Figure 1 February 4, 1993
 Typical Course of HIV Infection



DEFINIZIONI

Infezione da HIV (sieropositivo per HIV): qualsiasi persona infetto da HIV (che possa essere dimostrato o con criteri virologici o con la ricerca di anticorpi anti-HIV)

WHO A case of HIV infection is defined as an individual with HIV infection irrespective of clinical stage (including severe or stage 4 clinical disease, also known as AIDS) confirmed by laboratory criteria

Box 1. WHO case definition for HIV infection

- Adults and children 18 months or older:

HIV infection is diagnosed based on:

positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.

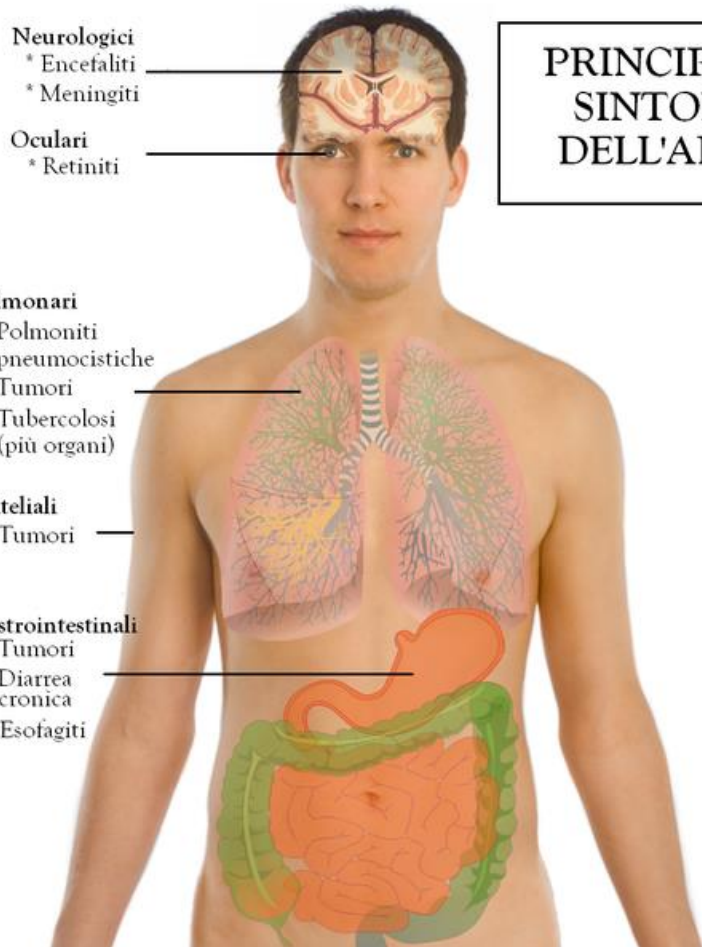
and /or;

a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.

AIDS: (Acquired Immunodeficiency Syndrome)

Complesso sindromico legato a patologie che compaiono quasi esclusivamente in persone con deficit immunitari gravi in persone che non hanno (noti) deficit immunologici congeniti o legati ad altre cause (esempio trapianti, deficit iatrogeni) e che abbiano una documentata infezione da HIV. A riguardo delle condizioni patologiche definenti il quadro di AIDS è stata codificata una lista completa e i criteri per la diagnosi di ognuna di queste patologie

PATOLOGIE DEFINENTI AIDS



HIV cachessia

Polmonite Pneumocystis

Polmonite ricorrente

HSV cronico o di durata > 1 mese .

Candidiasi esofagea o trachea bronchi

Tb extrapolmonare

Sarcoma Kaposi'

Cytomegalovirus (retinite o altri organi

Toxoplasmosis cerebrale

Encefalopatia HIV (Demenza)

Criptococcosi extrapolmonares

Micobatteriosi (non Tb) Disseminata

Leucoencefalopatia Progressiva Multifocale

Criptosporidiosi

Isosporiasi cronica

Histoplasmosis e Coccidiomicosis

Setticemia ricorrente (inclusa *Salmonella*)

Limfoma (cerebrale or B-cell non-Hodgkin)

Carcinoma invasivo cervice

Leismaniasi atipica disseminata

Nephropathy HIV-associata

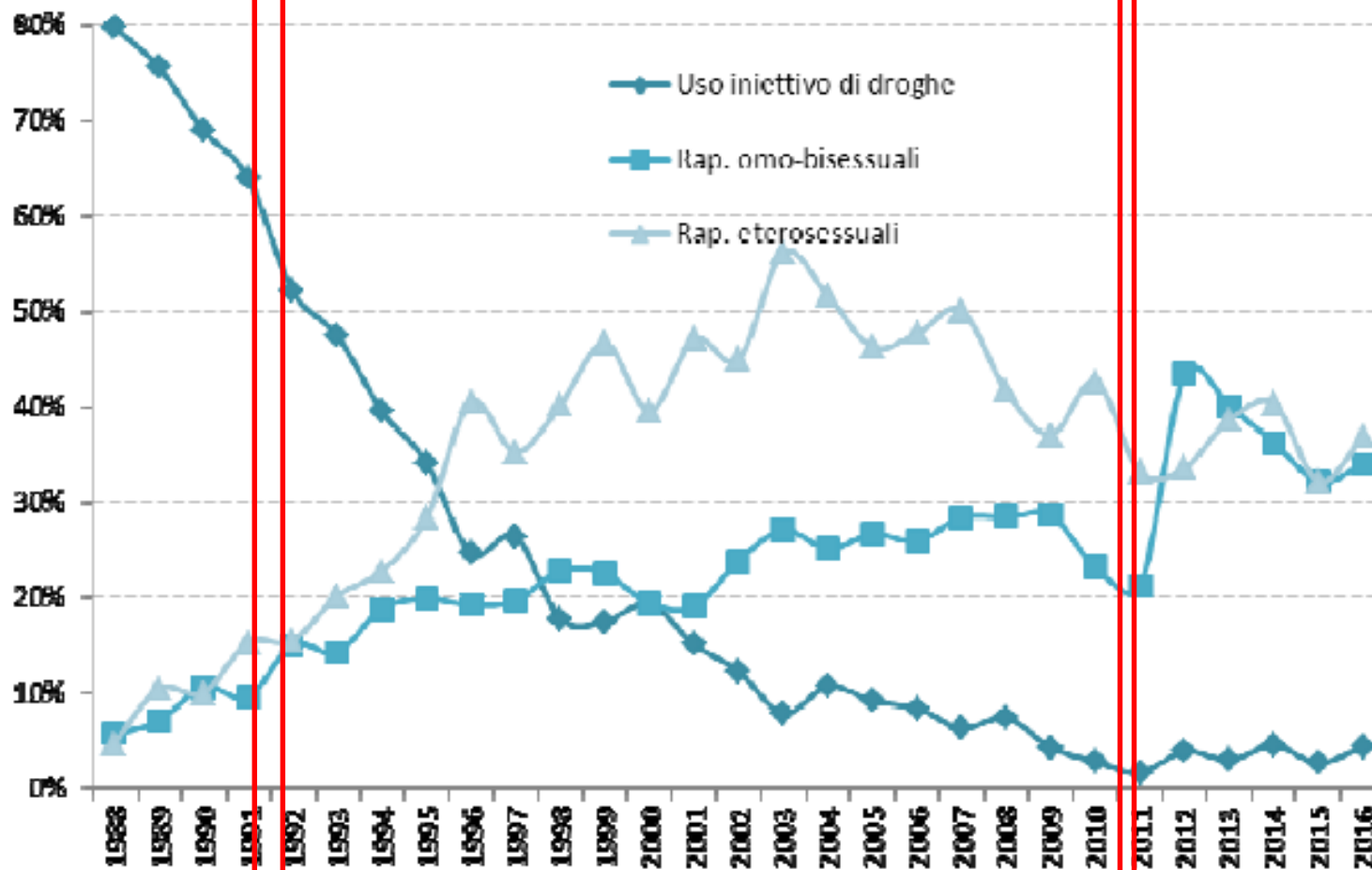
REGIONE VENETO: HIV CASI INCIDENTI

MODALITA' DI TRASMISSIONE

TD

SEX

OMOSEX

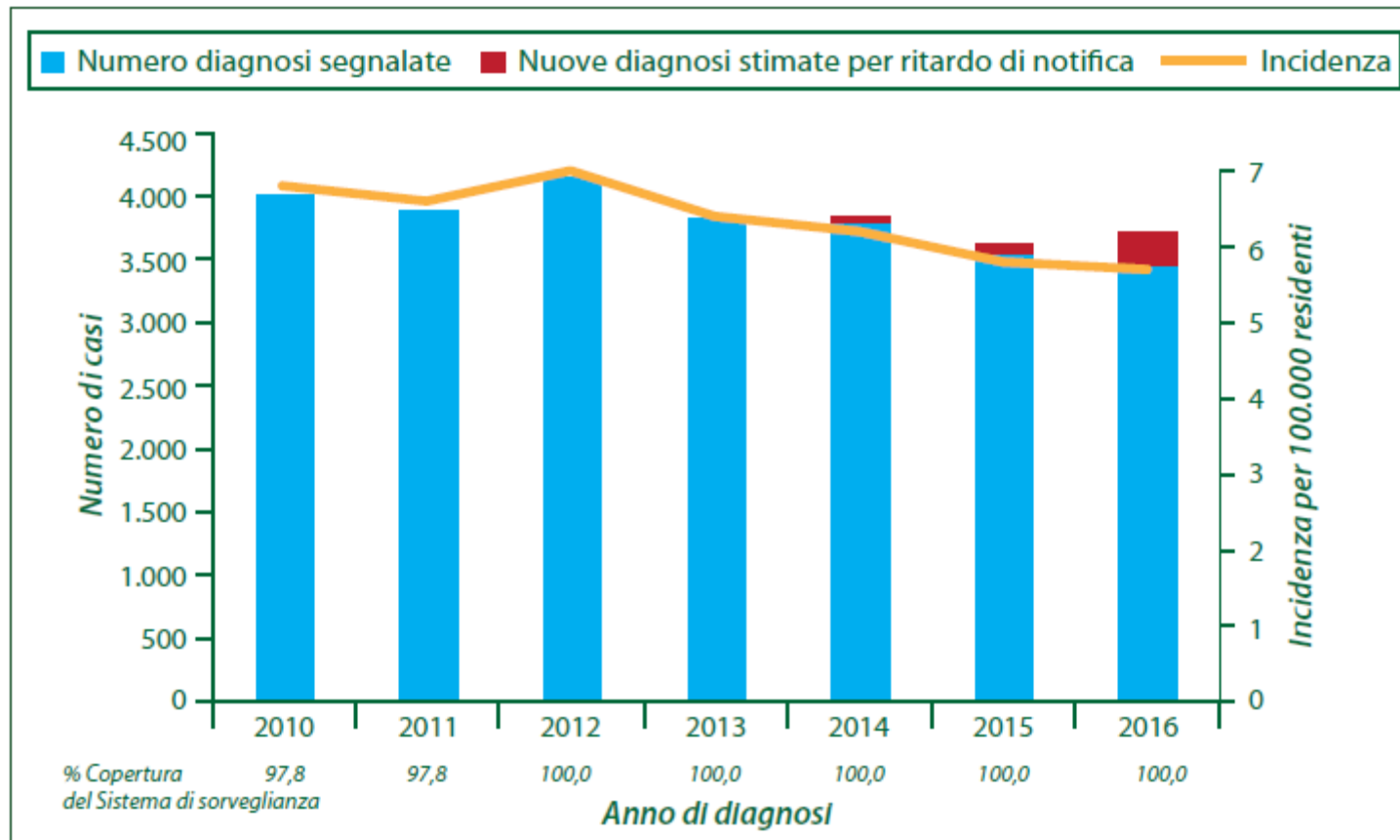


si stima che per il 2016 siano **10.636** le persone affette da virus hiv che interessano la nostra Regione



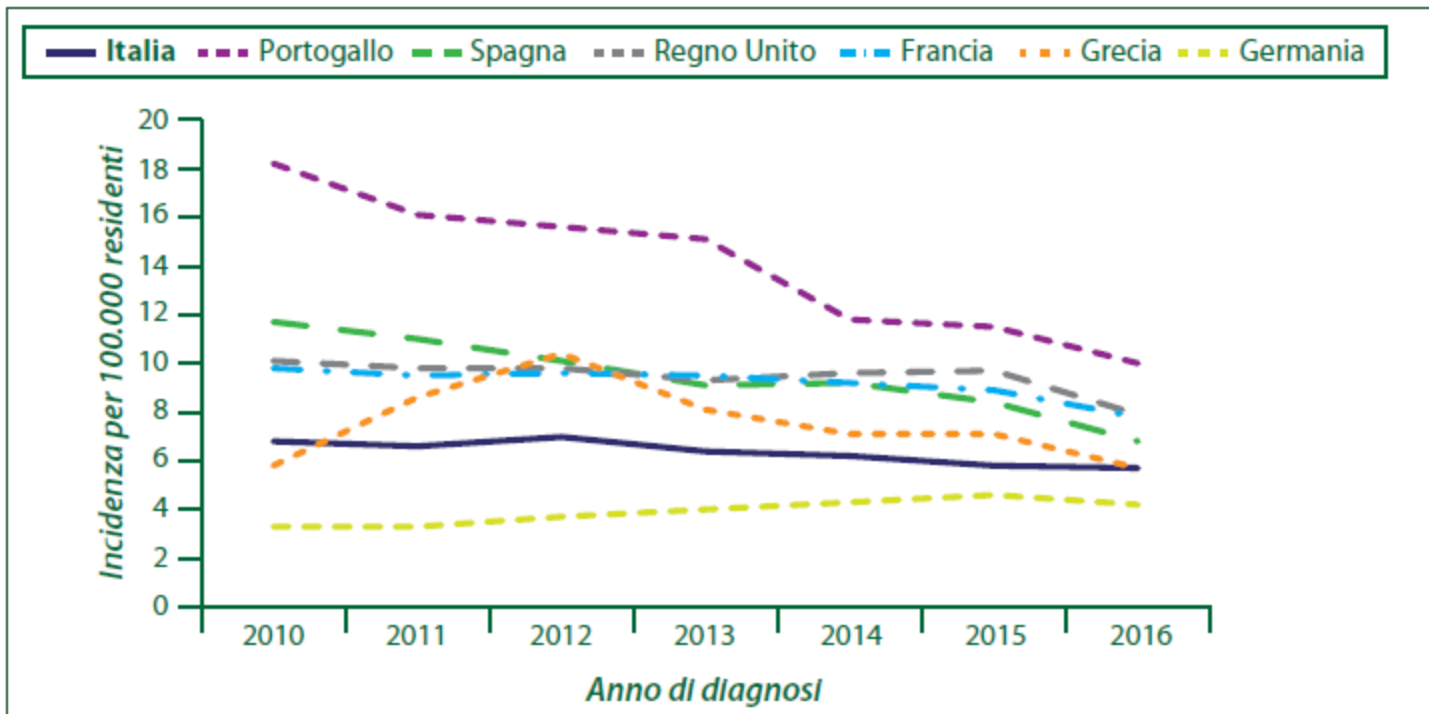
REGIONE DEL VENETO

ITALIA: NUOVI CASI HIV SEGNALATI

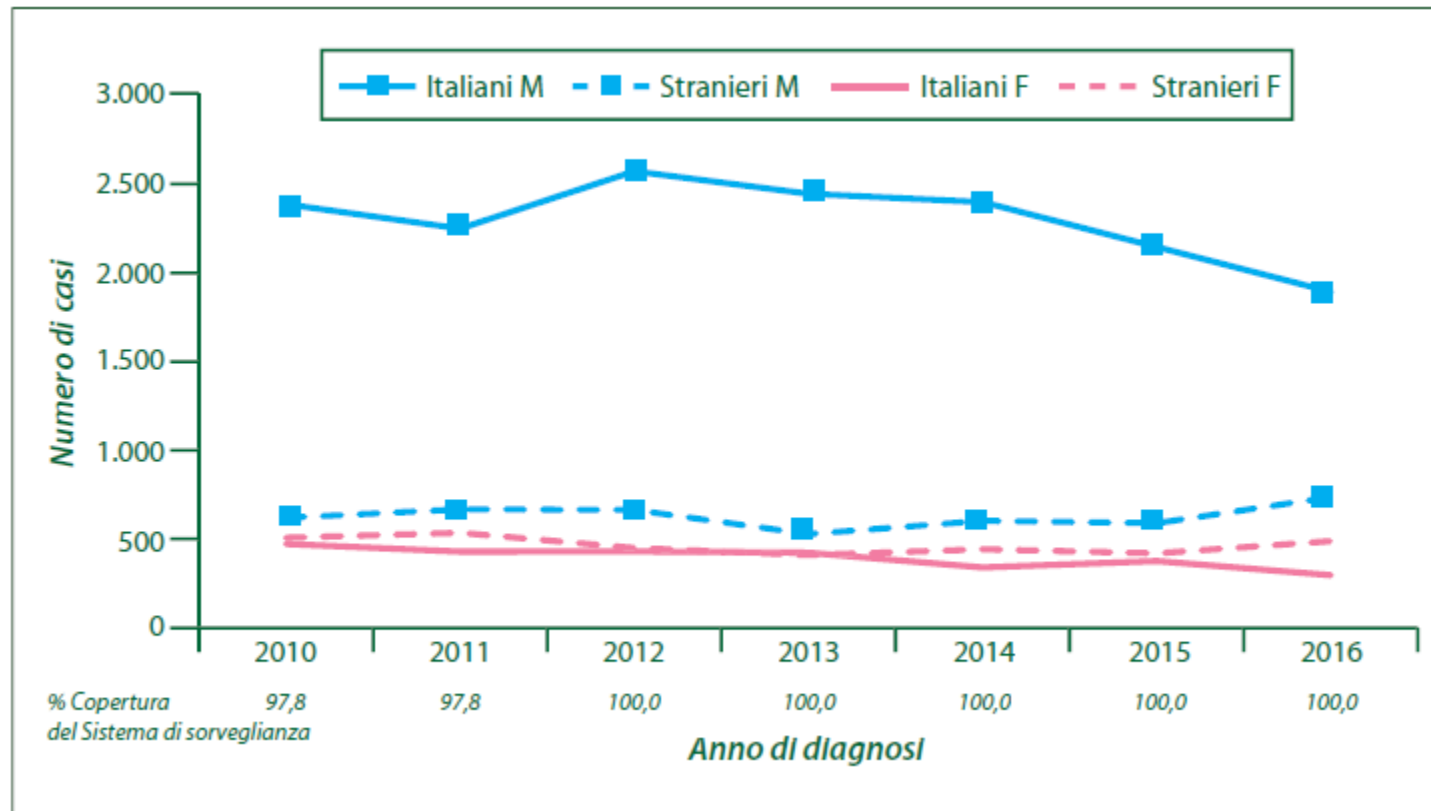


Nel 2016, sono state segnalate **3.451** nuove diagnosi di infezione da HIV

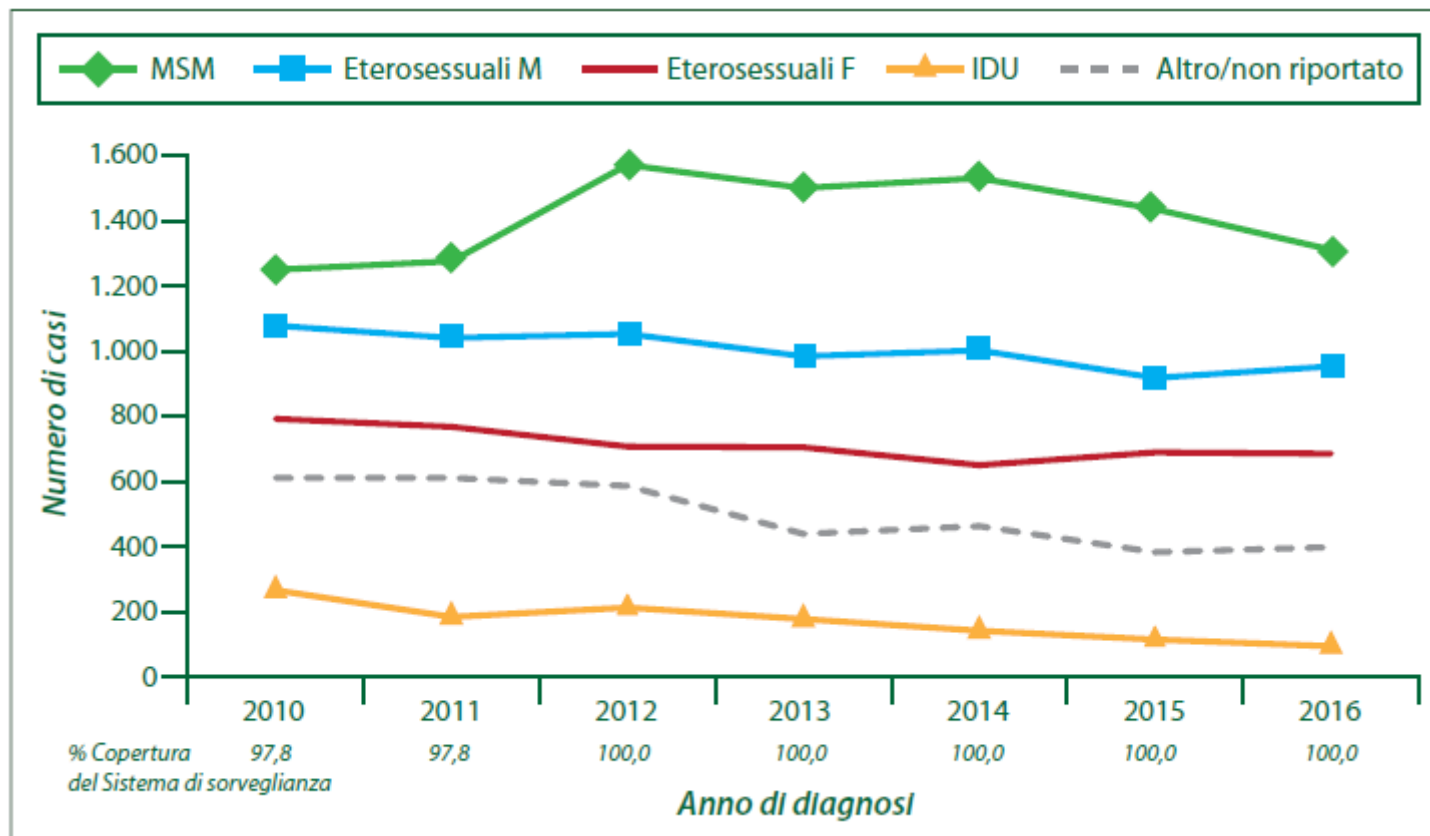
EUROPA INCIDENZA HIV (PER 100.000)

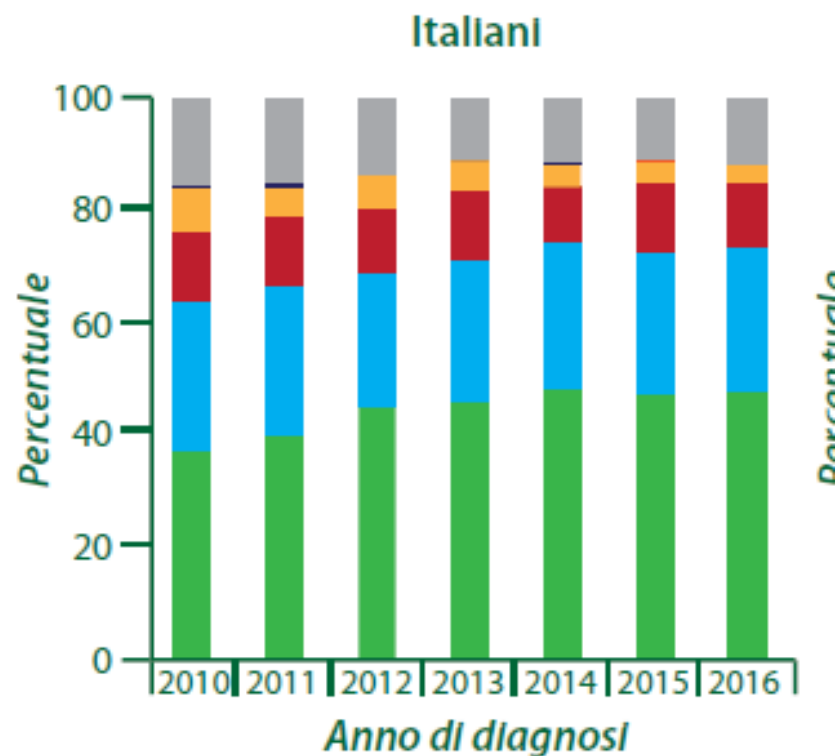
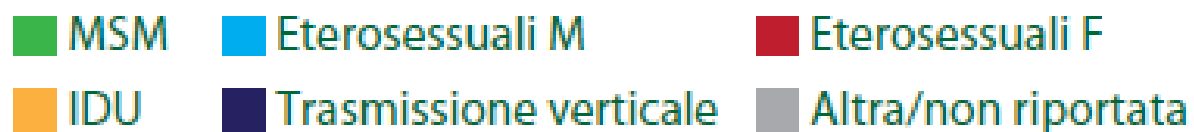


HIV ITALIA: NAZIONALITA' DELLE NUOVE DIAGNOSI

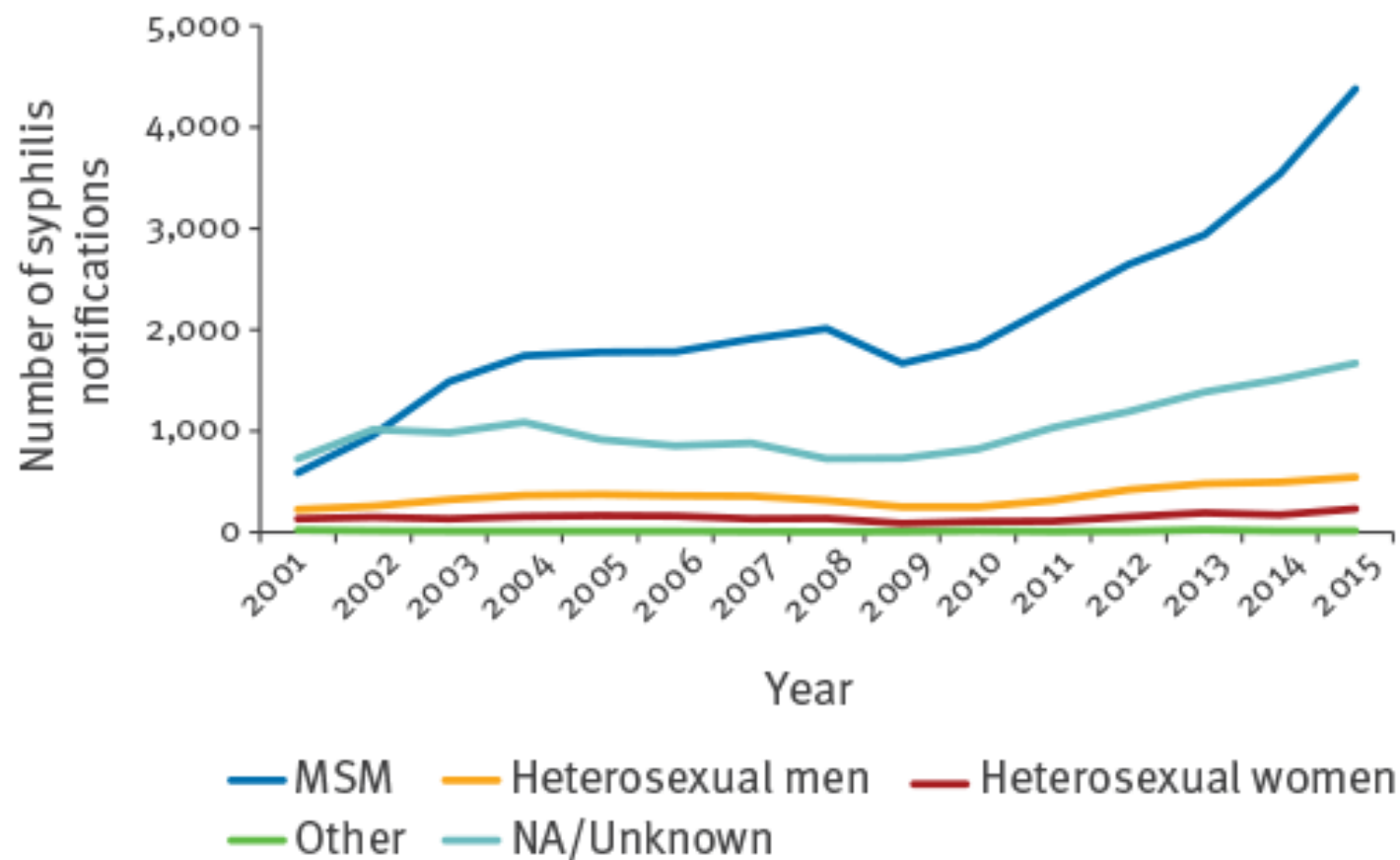


HIV ITALIA: MODALITA' DI TRASMISSIONE

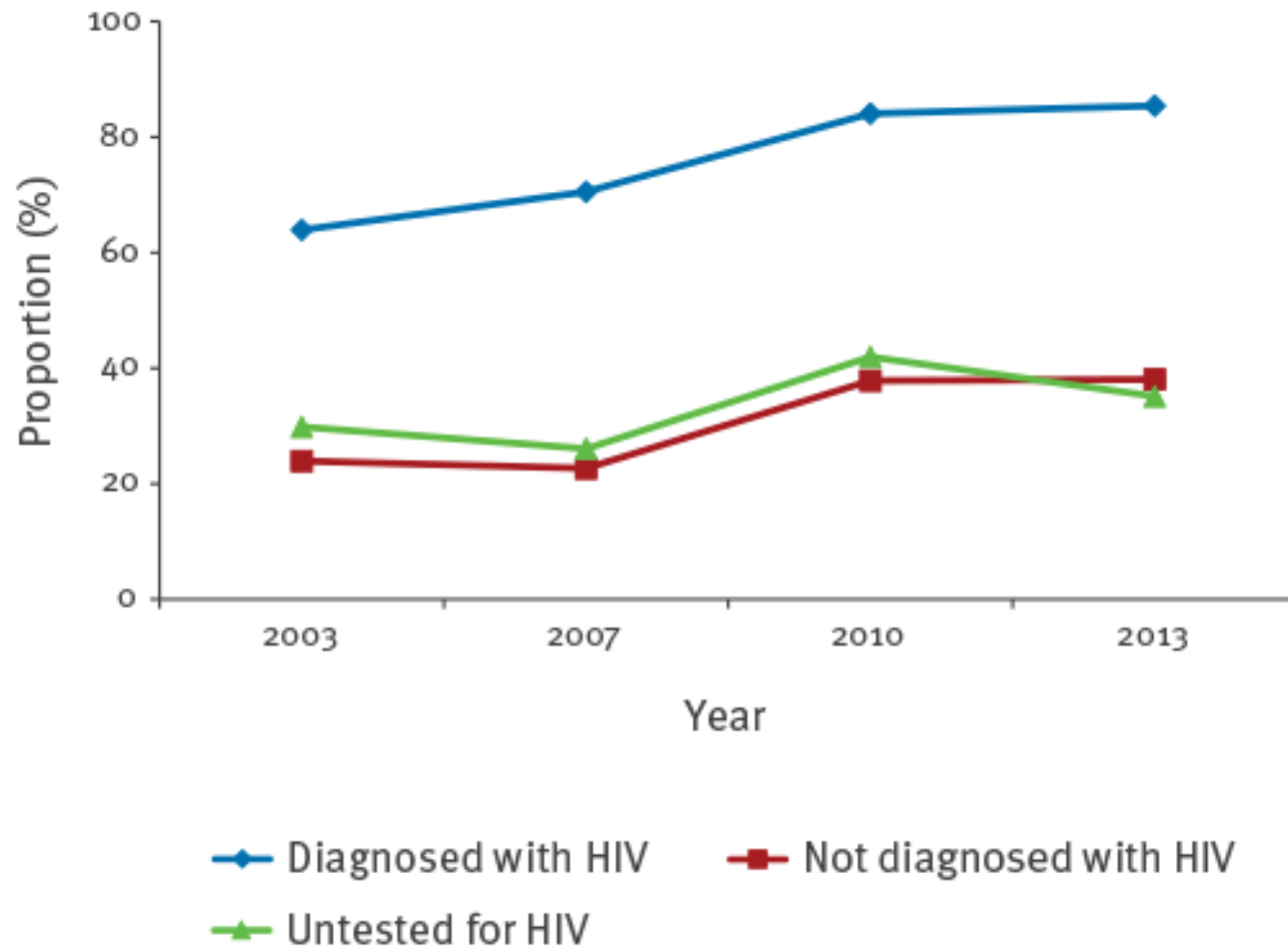




Casi notificati di sifilide. Germania 2001 - 2015



Rapporti anali non protetti con partner occasionali per status HIV (autodichiarati) Germania 2003 -2013



**COME MAI LE MST SONO ANCOR PRESENTI?
E COSA POSSIMO FARE PER FAR FRONTE ALLA SITUAZIONE?**

SESSO NON PROTETTO

**USO DI SOSTANZE RICREAZIONALI (Disinibitorie)
CHEMS, POPPERS**

PERSONE NON A CONOSCENZA DEL PROPRIO STATO INFETTIVO

How many people are living with undiagnosed HIV infection? An estimate for Italy, based on surveillance data

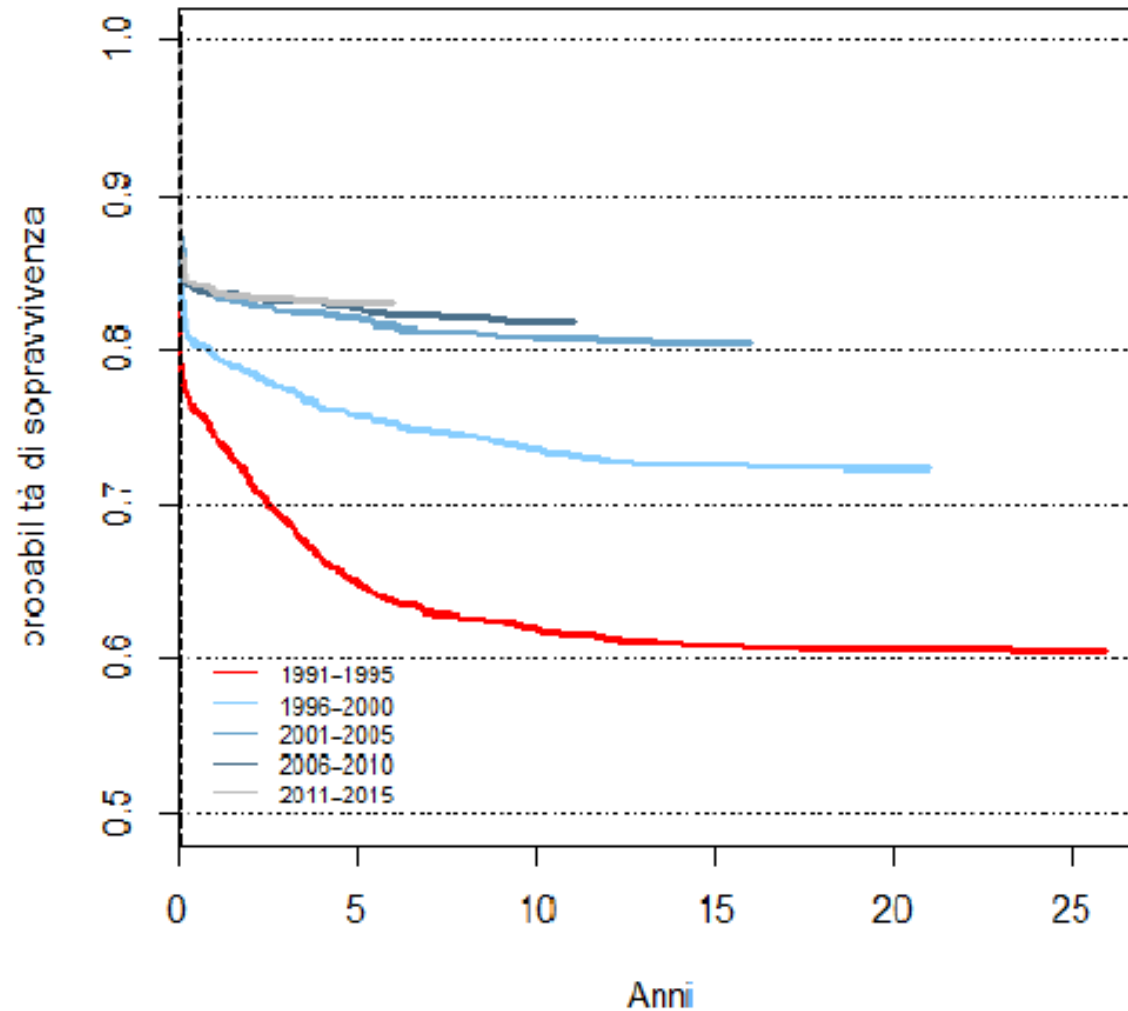
Alessia Mammone^a, Patrizio Pezzotti^b, Vincenza Regine^b,

^a *Euro Surveill* 2016; 21(20):21494 | ^b *AIDS* 2016, 30:1131–1136

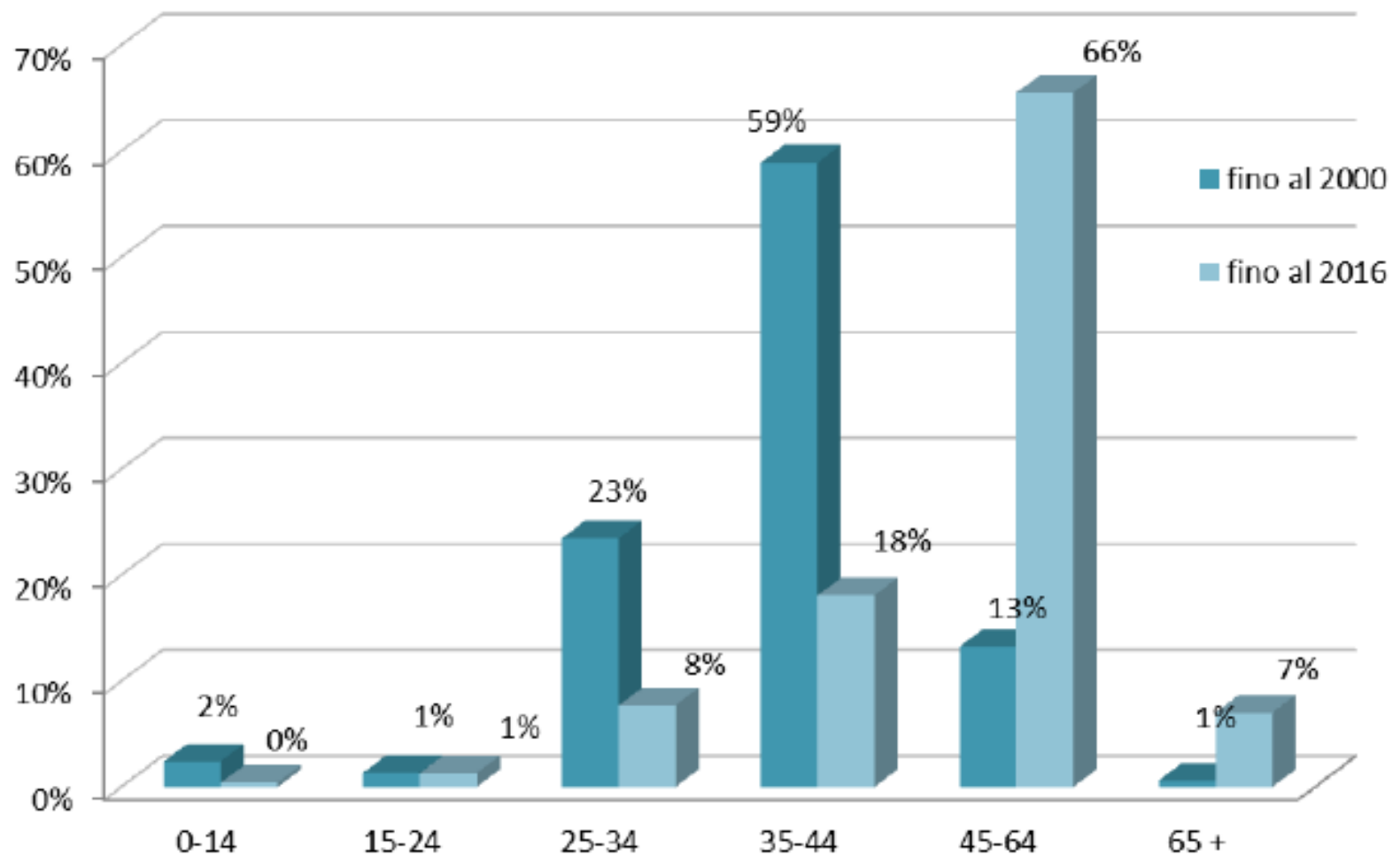
The estimate of people in Italy with undiagnosed HIV in 2012 was in a plausible range of 12 000–18 000 cases, corresponding to 11–13% of the overall prevalence.

The percentage of undiagnosed cases was higher among HIV people aged below 25 years (25–28%), MSM (16–19%) and people born abroad (16–19%), whereas it was small among injection drug users (3%)

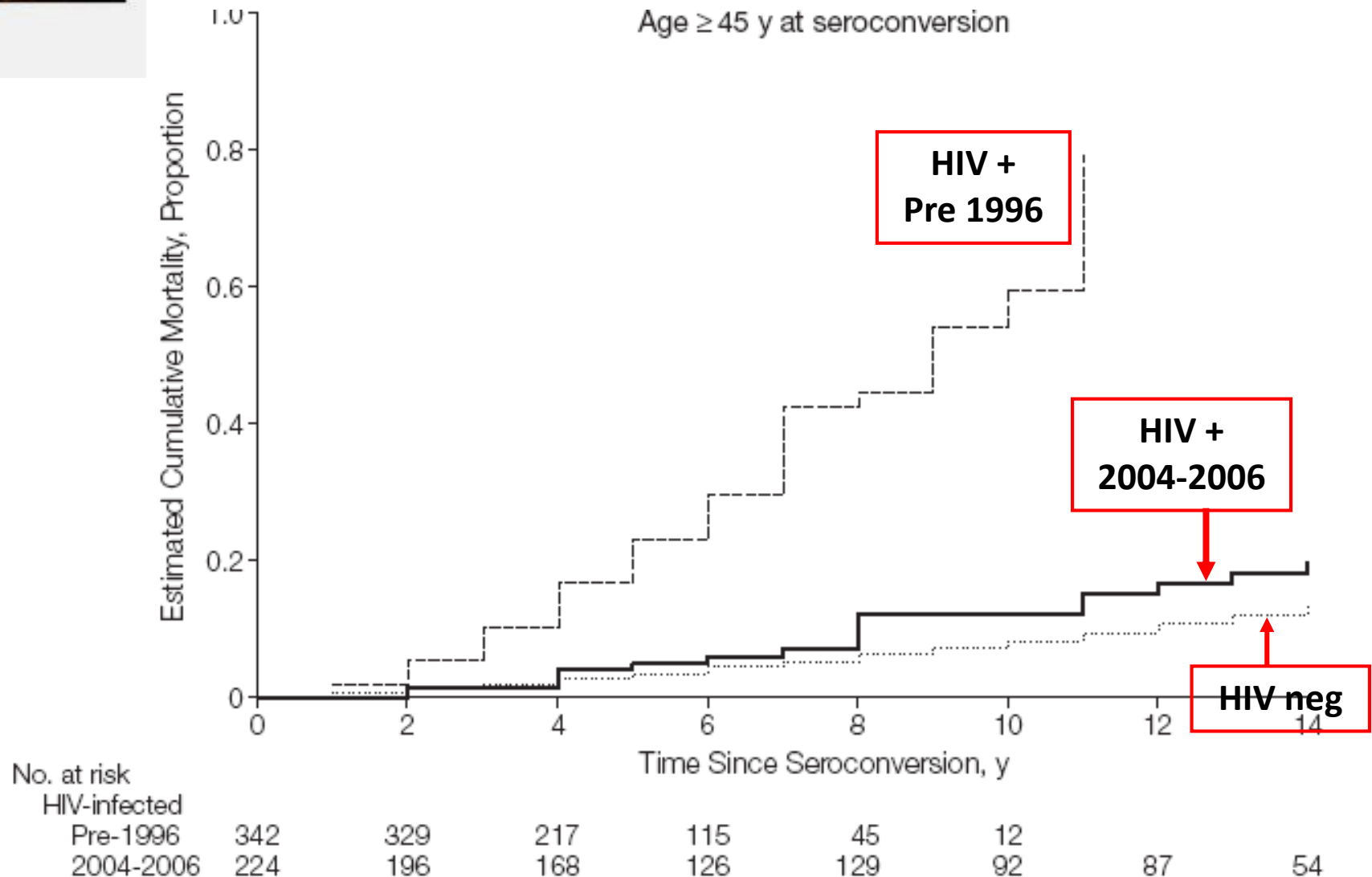
HIV REGIONE VENETO SOPRAVVIVENZA



REGIONE VENETO: CASI PREVALENTI DISTRIBUZIONE ETA'



MORTALITA' DALLA SIEROCONVERSIONE INDIVIDUI CON ETA' > 45 ANNI Cascade coll. JAMA 2008



CONCLUSIONI (TAKE HOME MESSAGES)

L'EPIDEMIAM HIV E' ANCORA IN PROGRESSIONE

**NEL CONTESTO EUROPA OCCIDENTALE E' ALIMENTATA
SOPRATTUTTO DA RAPPORTI OMOSESSUALI**

**MOLTE PERSONE NON SANNO ANCORA DI ESSERE INFETTE (11-
13% DEI CASI PREVALENTI)**

**COME EFFETTO DELLA SOPRAVVIVENZA L'ETA' MEDIA DEI
PAZIENTI E' IN AUMENTO. DOVREMO PREPARARCI AD
AFFRONTARE PROBLEMATICHE SANITARIE DI PAZIENTI HIV
«ANZIANI»**

COSA DOBBIAMO ATTENDERCI PER IL FUTURO

Avremo una popolazione con **HIV che aumenterà** nel futuro
(effetto sopravvivenza + nuove diagnosi)

Avremo una popolazione HIV **che invecchia** (effetto sopravvivenza)

Avremo una popolazione HIV **con pluripatologia**
(cardiovascolare, Renale, Ossea, Metabolica, Fragilità)

CHE MODELLO ASSISTENZIALE CI DIAMO PER IL FUTURO?

PROBLEMI APERTI:

STRATEGIE PER UNA DIAGNOSI PRECOCE

STRATEGIE DI COLLABORAZIONE TRA:

INFETTIVOLOGI

ALTRE SPECIALITA' (CARDIOLOGI, GERIATRI, MAL METABOLICHE ECC)

MEDICI DI MEDICINA GENERALE