BACKGROUND: ECDC’s annual report on the status of HIV epidemic in Europe, released in November 2017 states that during 2006-2016 the trend of diagnoses was stable, namely 6.8 and 6.9/100,000 in the earlier period of surveillance to 5.9/100,000 in 2016. [1] In this context, besides interventions and financial investment in the National HIV/AIDS programme, Romania has also adapted and implemented ECDC’s monitoring tool Cascade of Care.

OBJECTIVE: to identify the inconsistencies between the numbers of diagnosed and undiagnosed persons, access to public medical services, success and gaps in the specific national interventions using the Continuum of Care monitoring tool.

MATERIAL AND METHOD: Each stage of the continuum was adapted and applied to the statistical data centralized annually in the National HIV/AIDS Data Base. Given our country’s specific epidemic, the essential factors that help perform a correct evaluation of the HIV cascade of care in Romania are: the Romanian Cohort infected in the late 1980s and early 1990s, with multiple ART schemes (33% more than three therapeutic schemes) and therapeutic fatigue; new HIV cases detected in young people in their fertile age with low CD4 count at the time of diagnoses (<350 cel/mm3) and who represent approximately 50% of the total number of cases; men who have sex with men (20.08% of the new cases in 2017), injecting drug users (13.18% from the total new cases diagnosed in 2017) and young mothers. [2]

RESULTS: Thus the numbers reflected by the continuum stages in Romania are: 15009 persons living with HIV/AIDS (83% from the UNAIDS estimates of 16,000-18,000) registered in the national HIV/AIDS Data Base, of these 12806 (85%) persons are in active records, of these 11570 (92%) are under ART and finally from the latter- 7386 (68%) are virally suppressed (<50 copies/mL) [4]. From the overall 15009 patients in life, 5500 (37%) come from the Romanian cohort, non-vertically infected.

CONCLUSIONS: Given the desirable percentage of 74% virally suppressed of all people living with HIV [1], Romania’s interventions should be adapted to the current epidemic status focusing on: the correct management of long term survivors, pre-exposure prophylaxis as means to prevent HIV transmission (which has the potential to reduce the risk of HIV transmission to seronegative partners), on pregnant women and perinatally exposed children, optimal therapeutic regimes for children, correct assessment of drug-drug interactions, multidisciplinary teams and maybe the most important one- universal HIV testing for all vulnerable groups.

HIV incidence rate in adults and children between 1985-2017 (100,000)

CD4 values in new HIV/AIDS cases in adults - 2017

References:


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