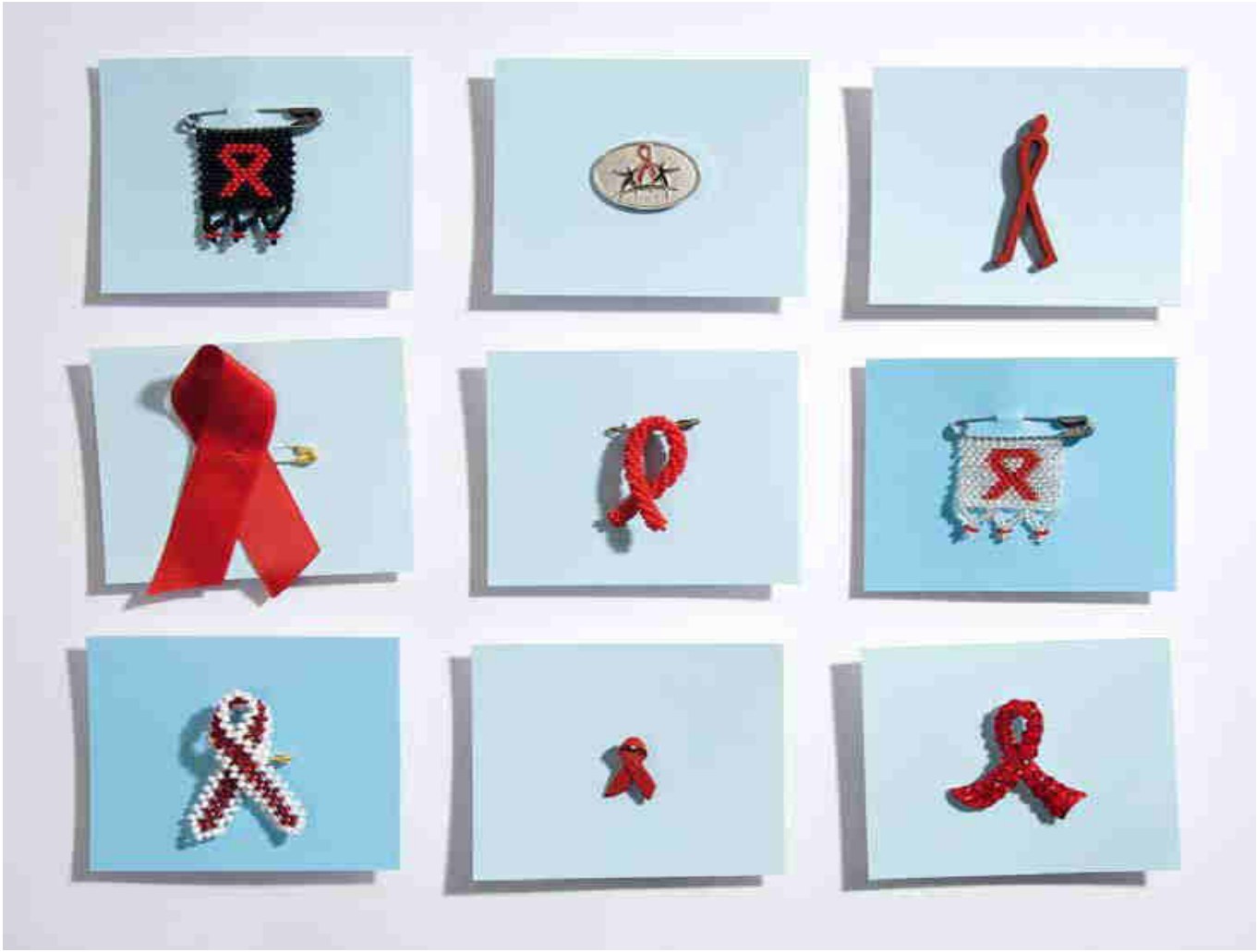
Infezione da HIV

Epidemiologia ed altro

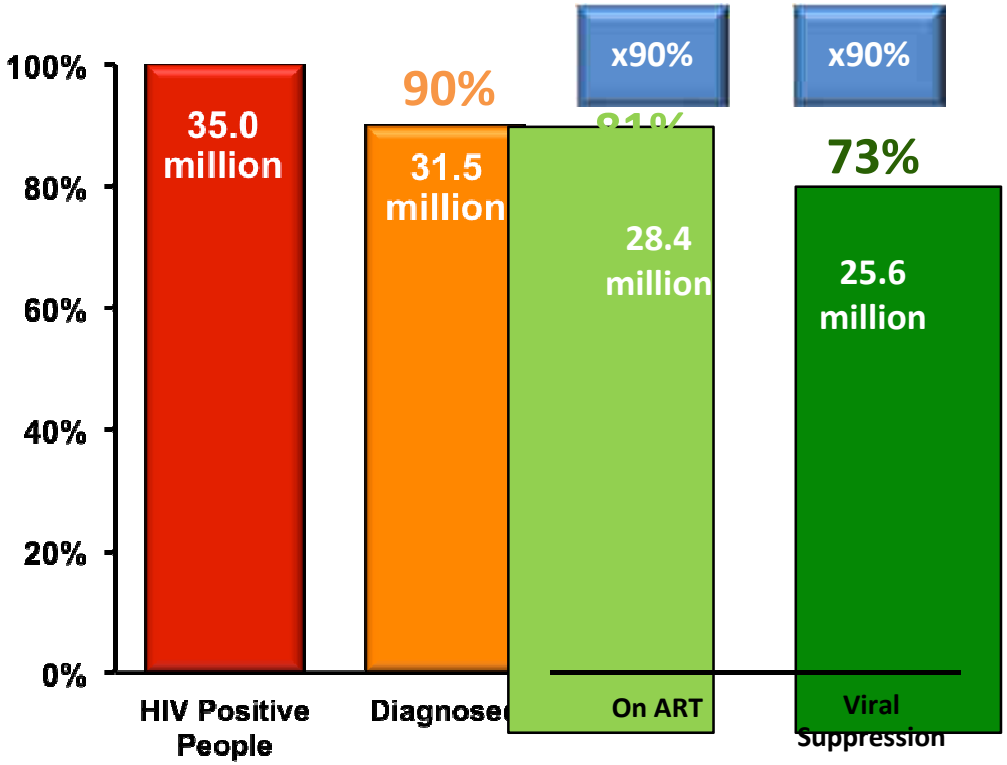


I Martedì dell'Ordine dei Medici di Parma;29 novembre 2016

- UNAIDS 90-90-90 Treatment Targets

HIV Treatment Targets for 2020 with Global 2013 Estimates

Global HIV treatment cascades from 12 countries/regions: Switzerland, Australia, UK, Denmark, Netherlands, France, Brazil, Canada (BC), USA, Sub-Saharan Africa, Georgia, Estonia, Russia



Treatment Target Goals by 2020

- 90% of HIV+ people diagnosed
- 90% of those diagnosed on ART
- 90% of those on ART with undetectable HIV RNA

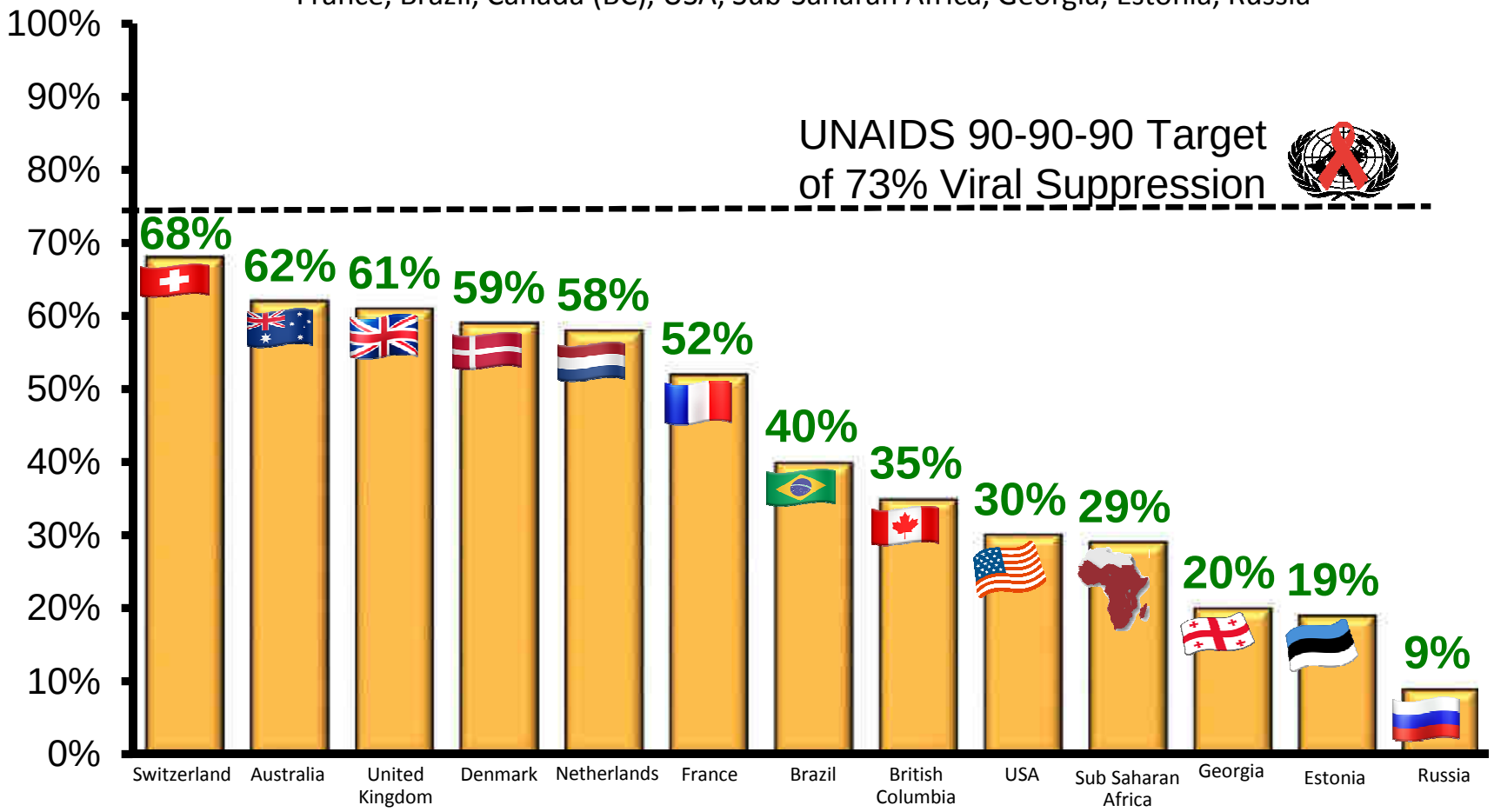
- **No country or region analysed so far met the UNAIDS 90-90-90 coverage target of 73% of HIV positive people achieving undetectable HIV RNA**

Levi J, et al. IAS 2015. Vancouver, Canada. Oral # MOAD0102

- UNAIDS 90-90-90 Treatment Targets

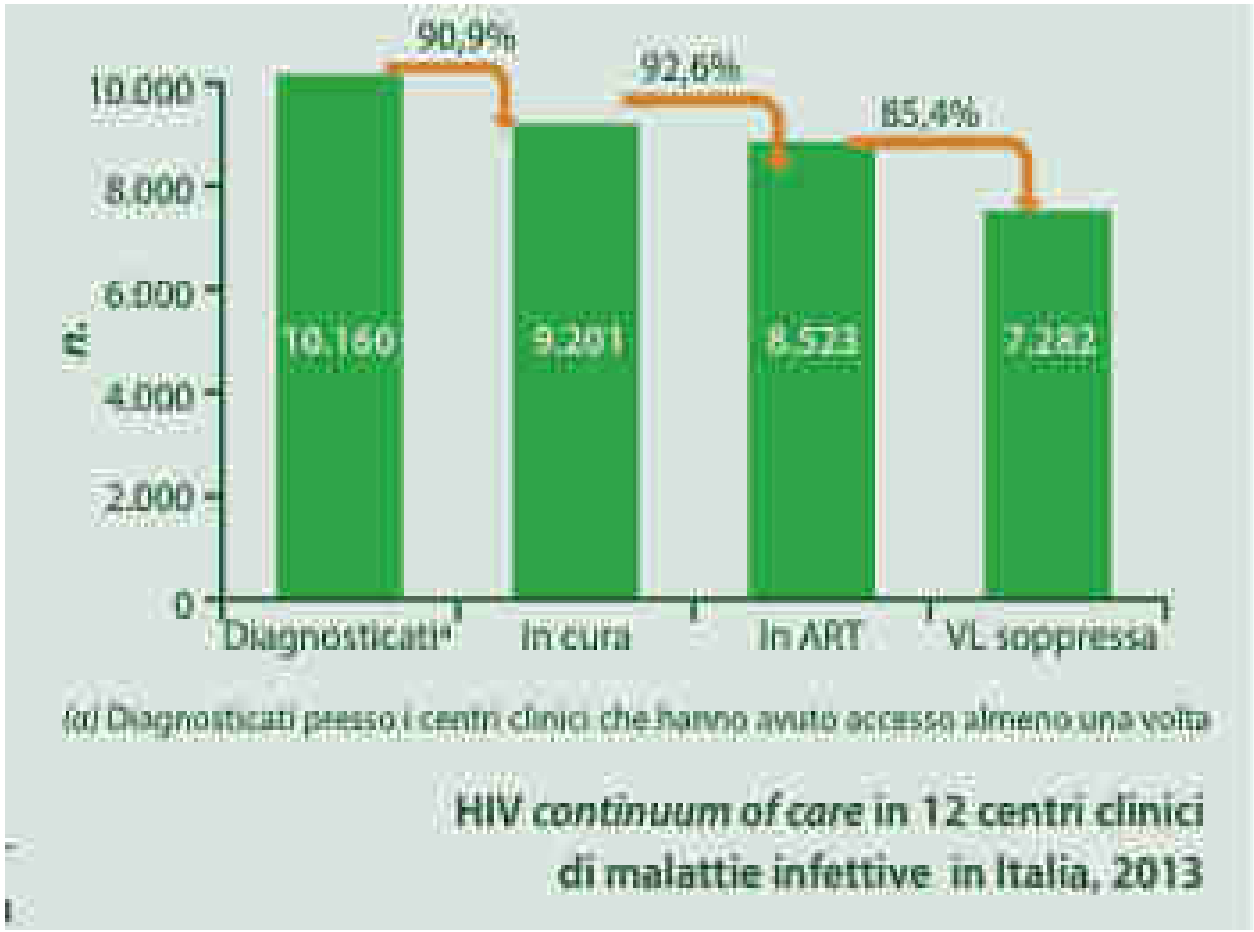
HIV Treatment Targets for 2020 with Global 2013 Estimates

Global HIV treatment cascades from 12 countries/regions: Switzerland, Australia, UK, Denmark, Netherlands, France, Brazil, Canada (BC), USA, Sub-Saharan Africa, Georgia, Estonia, Russia



- **No country or region analysed so far met the UNAIDS 90-90-90 coverage target of 73% of HIV positive people achieving undetectable HIV RNA.**

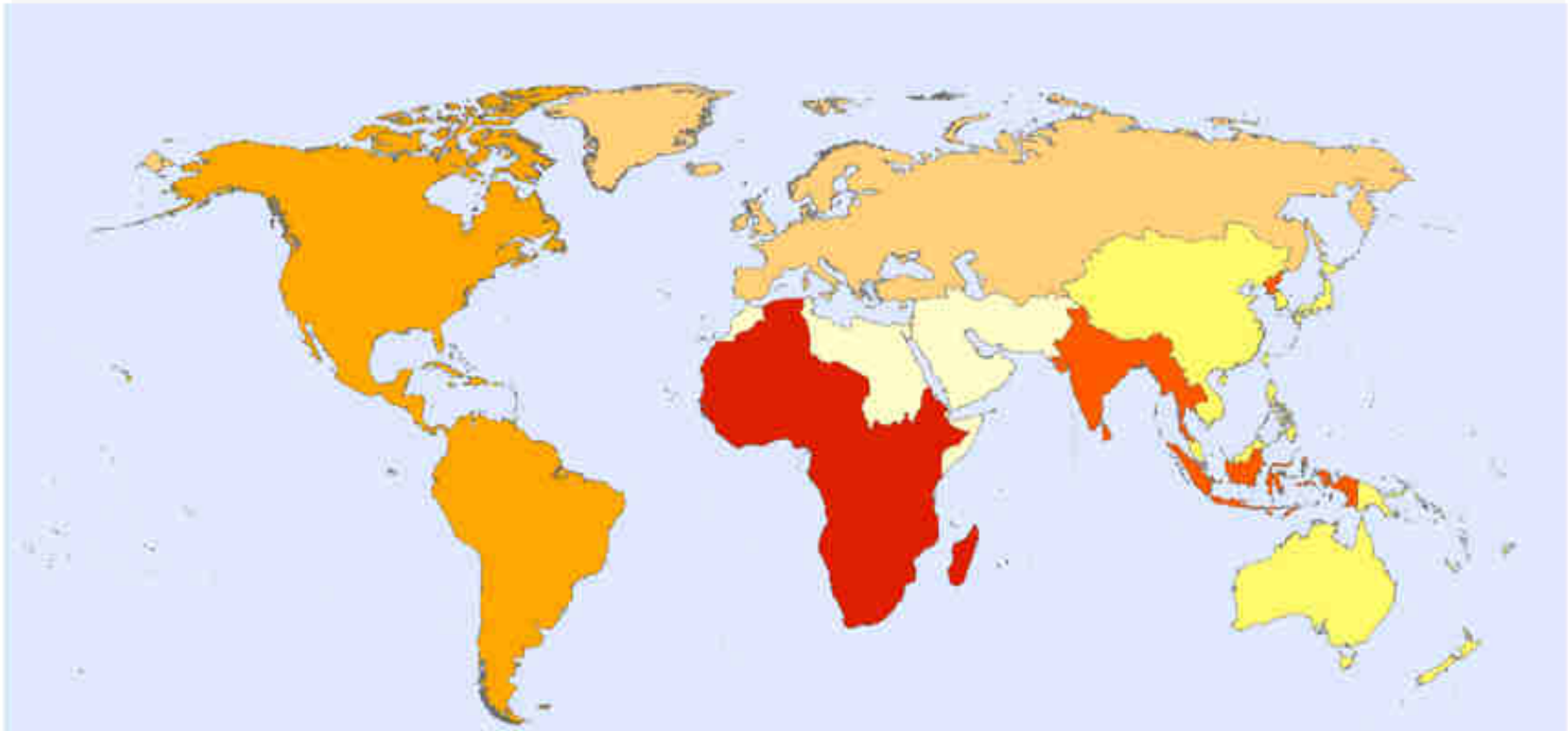
Levi J, et al. IAS 2015. Vancouver, Canada. Oral # MOAD0102



(a) Diagnosticati presso i centri clinici che hanno avuto accesso almeno una volta

HIV *continuum of care* in 12 centri clinici di malattie infettive in Italia, 2013

Adults and children estimated to be living with HIV, 2015
By WHO region



Number of people, by WHO region

- Eastern Mediterranean: 330 000 [240 000–490 000]
- Western Pacific: 1 400 000 [1 100 000–2 000 000]
- Europe: 2 500 000 [2 300 000–2 700 000]
- Americas: 3 400 000 [3 000 000–3 900 000]
- South-East Asia: 3 500 000 [3 000 000–4 100 000]
- Africa: 25 500 000 [23 000 000–28 400 000]

Total: 36 700 000 [34 000 000–39 800 000]

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

World Health Organization

Global summary of the AIDS epidemic | 2015

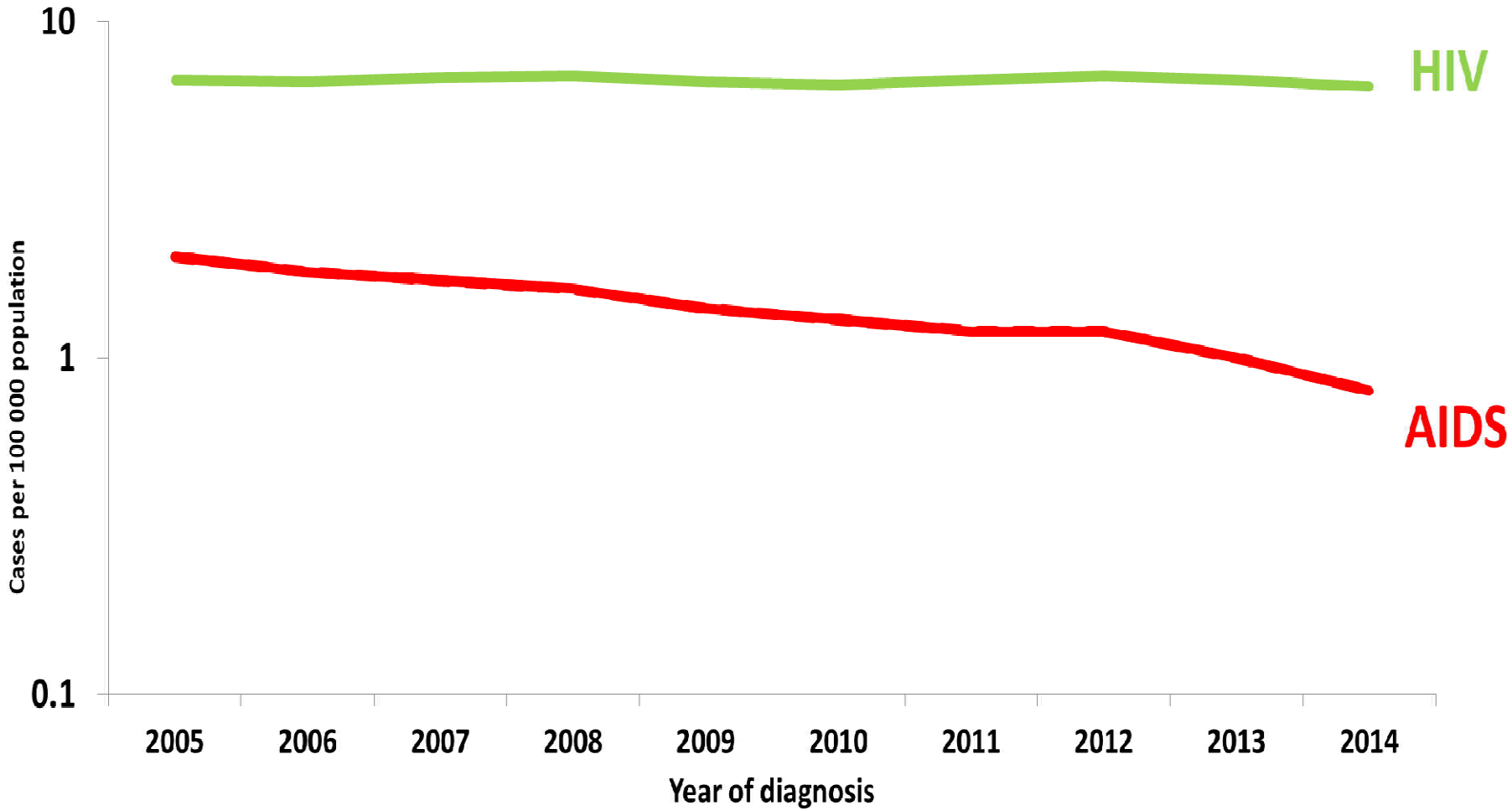
Number of people living with HIV in 2015	**Total**	36.7 million [34.0 million – 39.8 million]
	Adults	34.9 million [32.4 million – 37.9 million]
	Women (15+)	17.8 million [16.4 million – 19.4 million]
	Children (<15 years)	1.8 million [1.5 million – 2.0 million]
People newly infected with HIV in 2015	**Total**	2.1 million [1.8 million – 2.4 million]
	Adults	1.9 million [1.7 million – 2.2 million]
	Children (<15 years)	150 000 [110 000 – 190 000]
AIDS deaths in 2015	**Total**	1.1 million [940 000 – 1.3 million]
	Adults	1.0 million [840 000 – 1.2 million]
	Children (<15 years)	110 000 [84 000 – 130 000]

HIV diagnoses in the EU/EEA, 2014

Reporting countries/Number of countries	31/31
Number of HIV diagnoses	29 992
Rate per 100 000 population (adjusted rate*)	5.9 (6.4)
Percentage age 15-24 years	11.1
Male-to-female ratio	3.3
Transmission mode (%)	
Sex between men	42
Heterosexual	33
Injecting drug use	4
Mother to child transmission	<1
Unknown	20

* Rate adjusted for reporting delay for the most recent year of reporting due to the lag in cases being reported to European level in some countries

New HIV and AIDS diagnoses per 100 000, 2005-2014, EU/EEA



New HIV diagnoses, 2014, EU/EEA

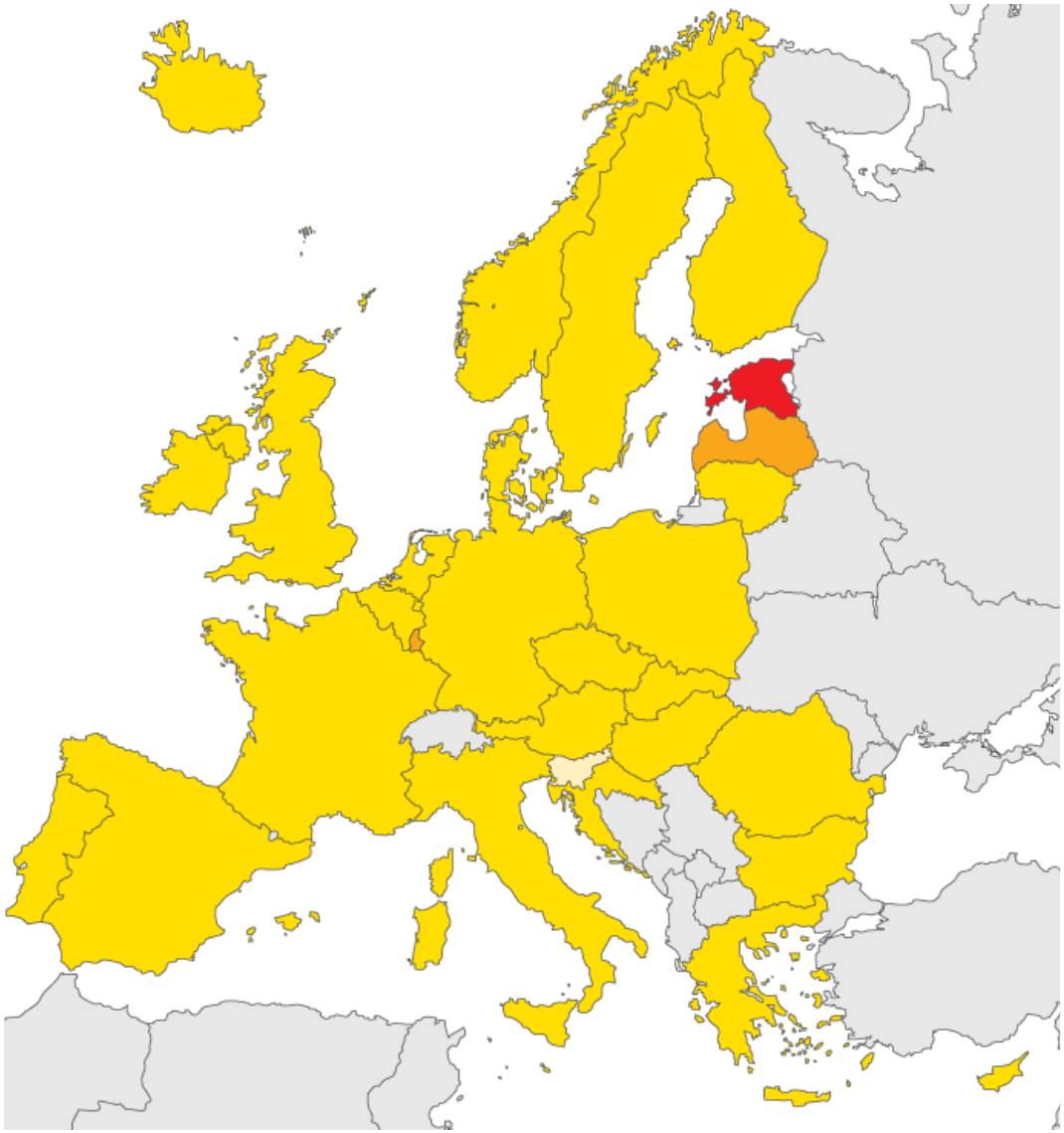
Rate per 100 000 population

- < 2
- 2 to <10
- 10 to <20
- ≥ 20
- Not included or not reporting

EU/EEA rate 5.9 per 100 000*

Non-visible countries

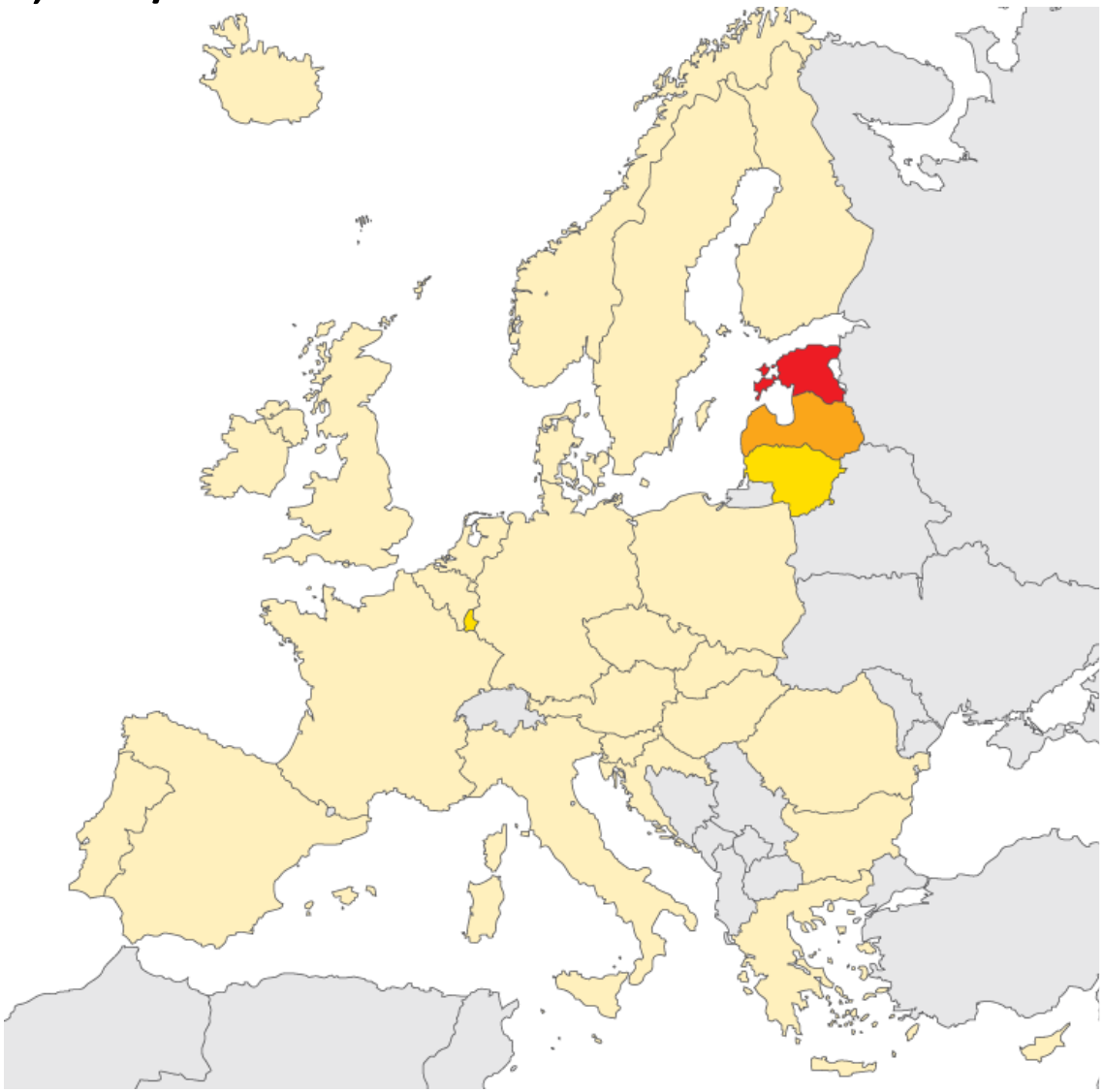
- Liechtenstein
- Luxembourg
- Malta



HIV diagnoses acquired through injecting drug use, 2014, EU/EEA

Rate per 100 000 population

- < 1
- 1 to <3
- 3 to <5
- ≥ 5
- Not included or not reporting



Non-visible countries

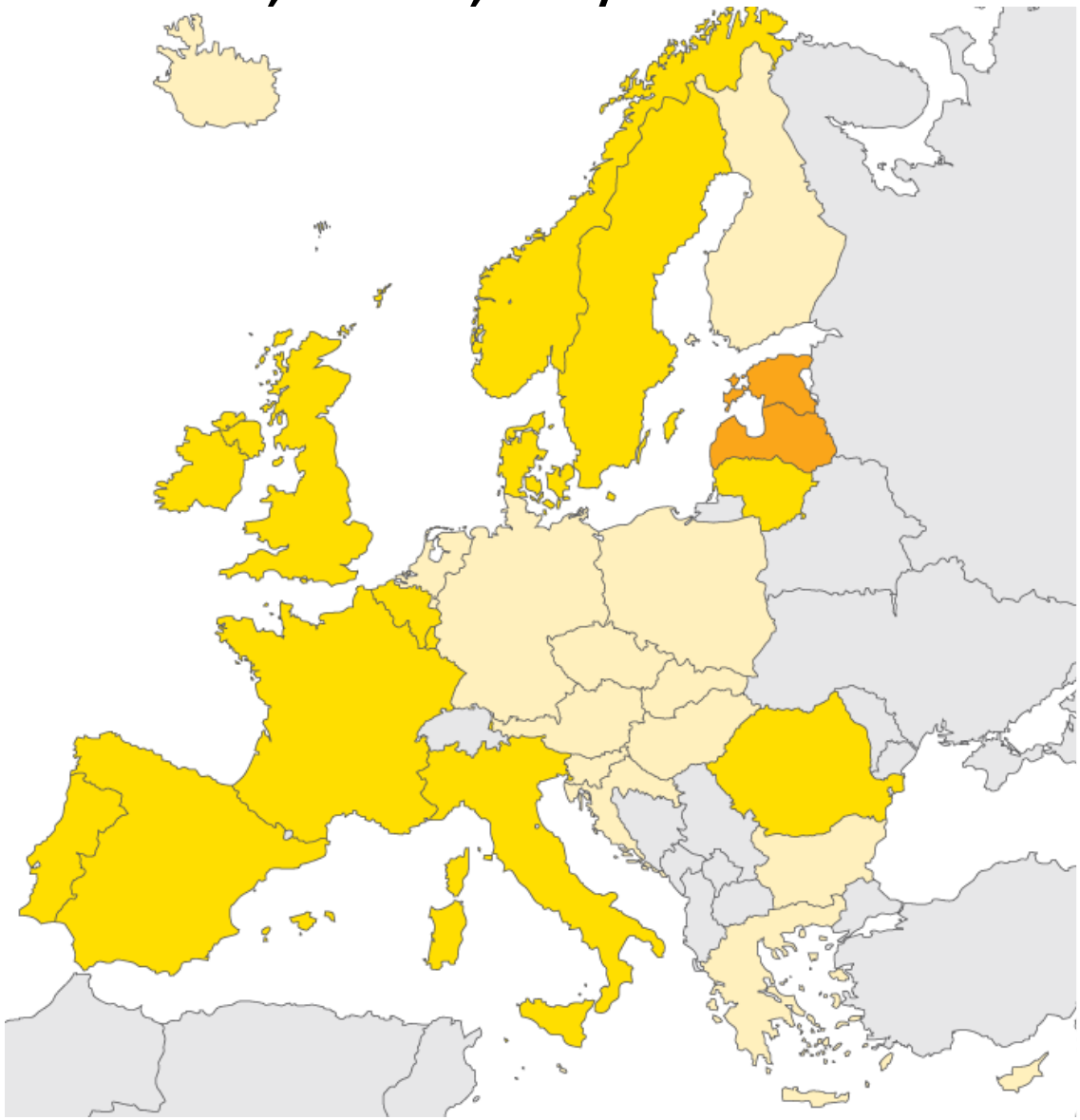
- Liechtenstein
- Luxembourg
- Malta

HIV diagnoses in women, 2014, EU/EEA

Rate per 100 000 female population

- < 2
- 2 to <10
- 10 to <20
- ≥ 20
- Not included or not reporting

EU/EEA rate 2.6 per 100 000



Non-visible countries

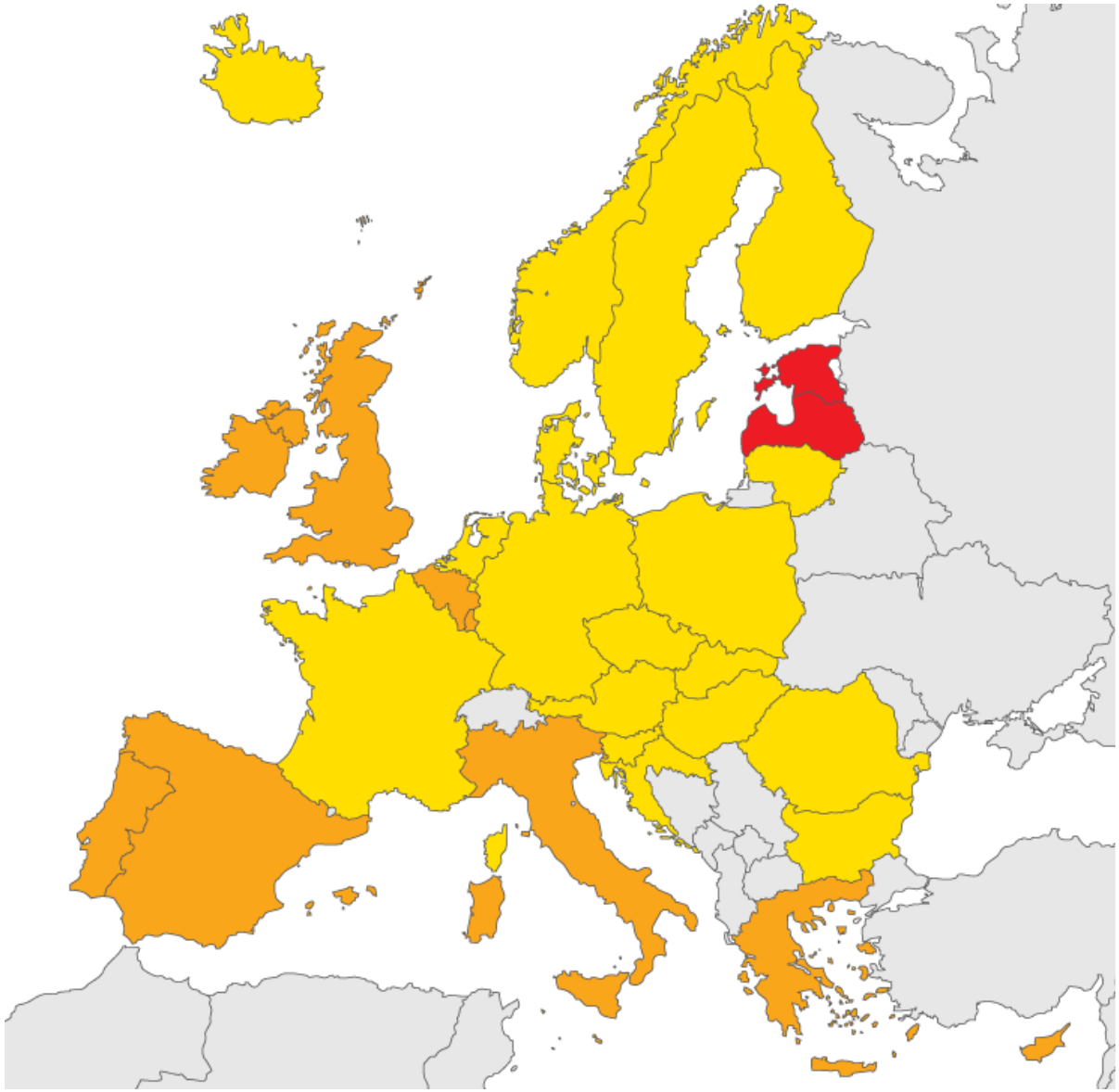
- Liechtenstein
- Luxembourg
- Malta

HIV diagnoses in men, 2014, EU/EEA

Rate per 100 000 male population

- < 2
- 2 to <10
- 10 to <20
- ≥ 20
- Not included or not reporting

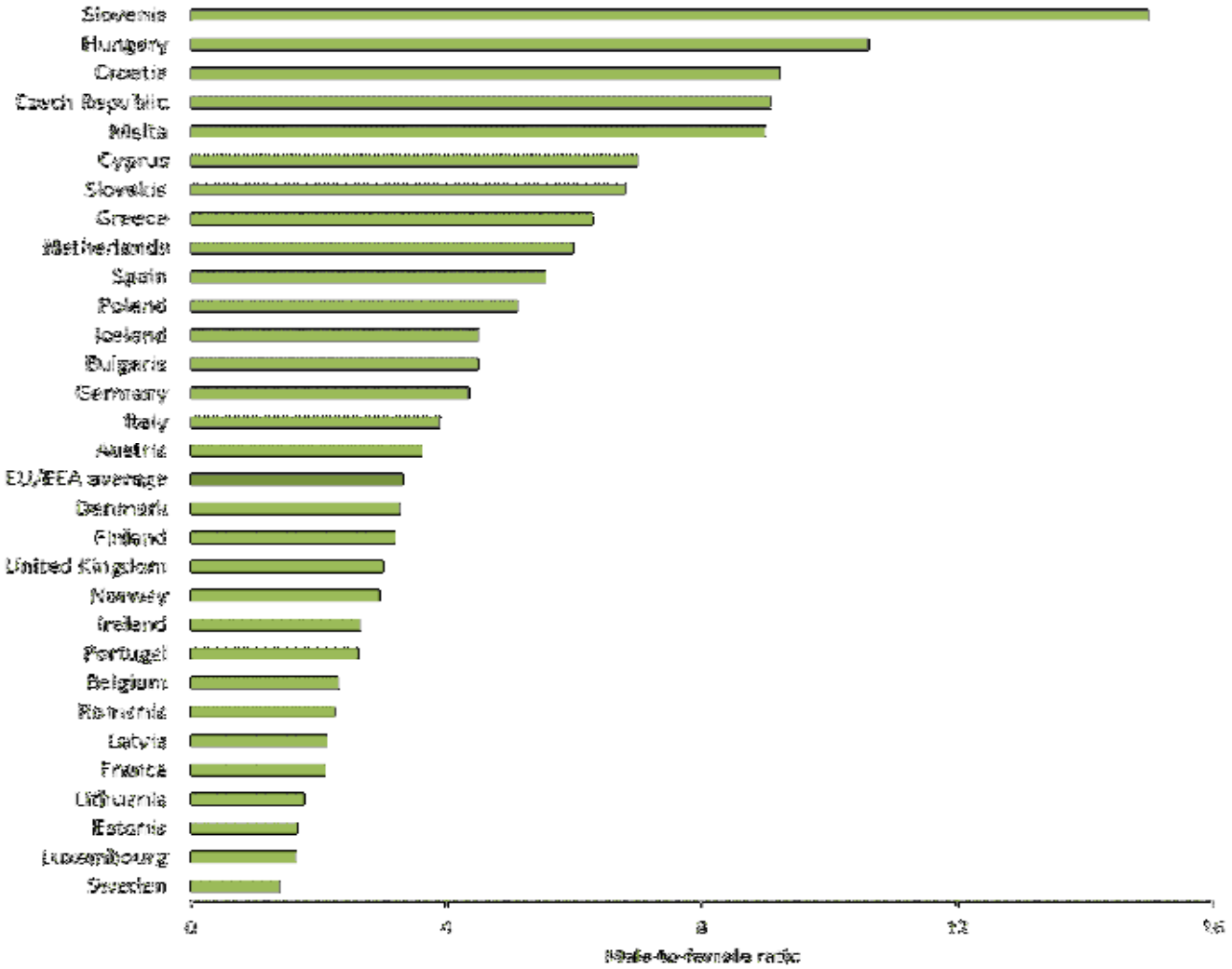
EU/EEA rate 9.2 per 100 000



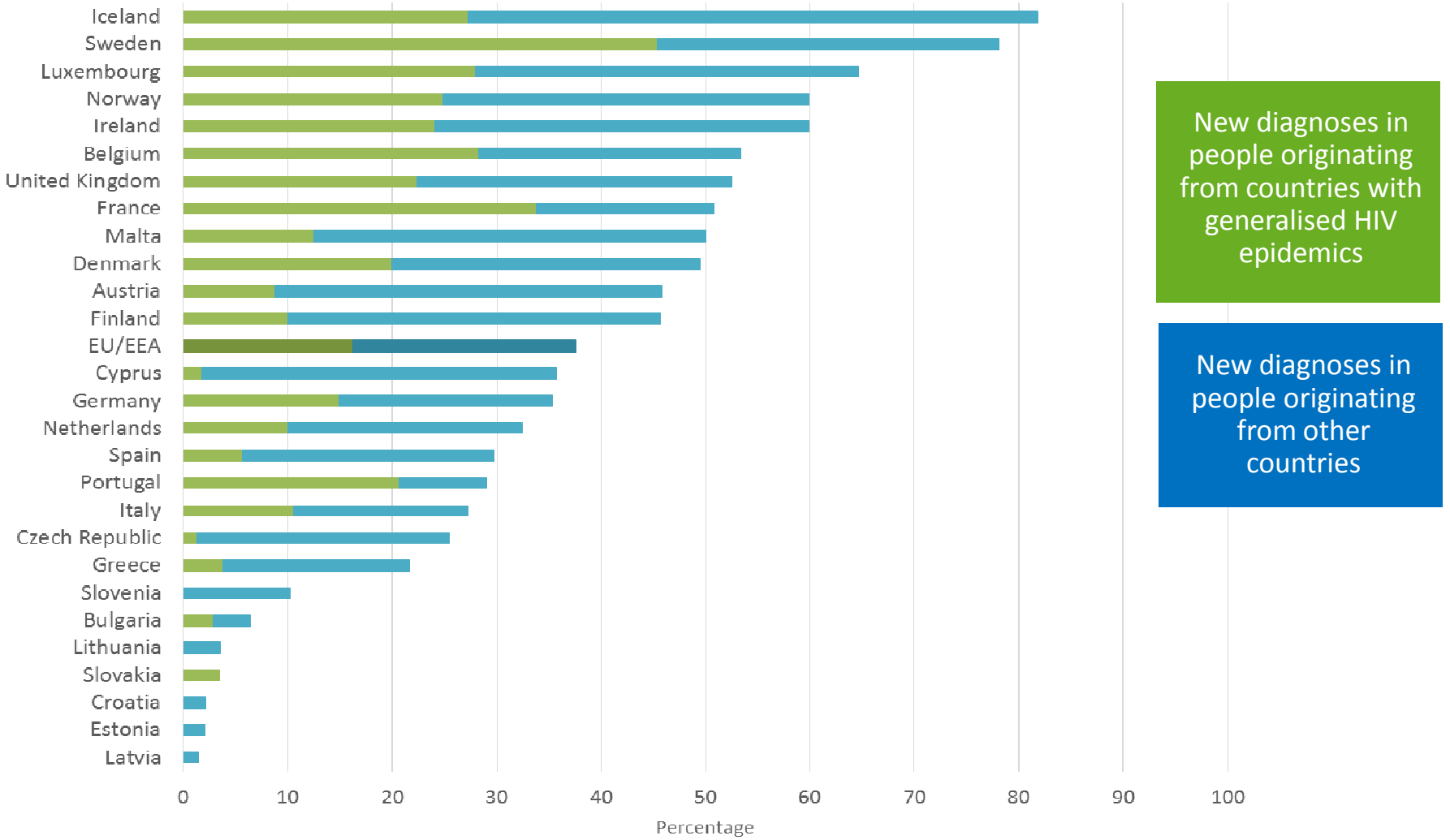
Non-visible countries

- Liechtenstein
- Luxembourg
- Malta

Male-to-female ratio, new HIV diagnoses, by country, EU/EEA, 2014 (n= 29 912)

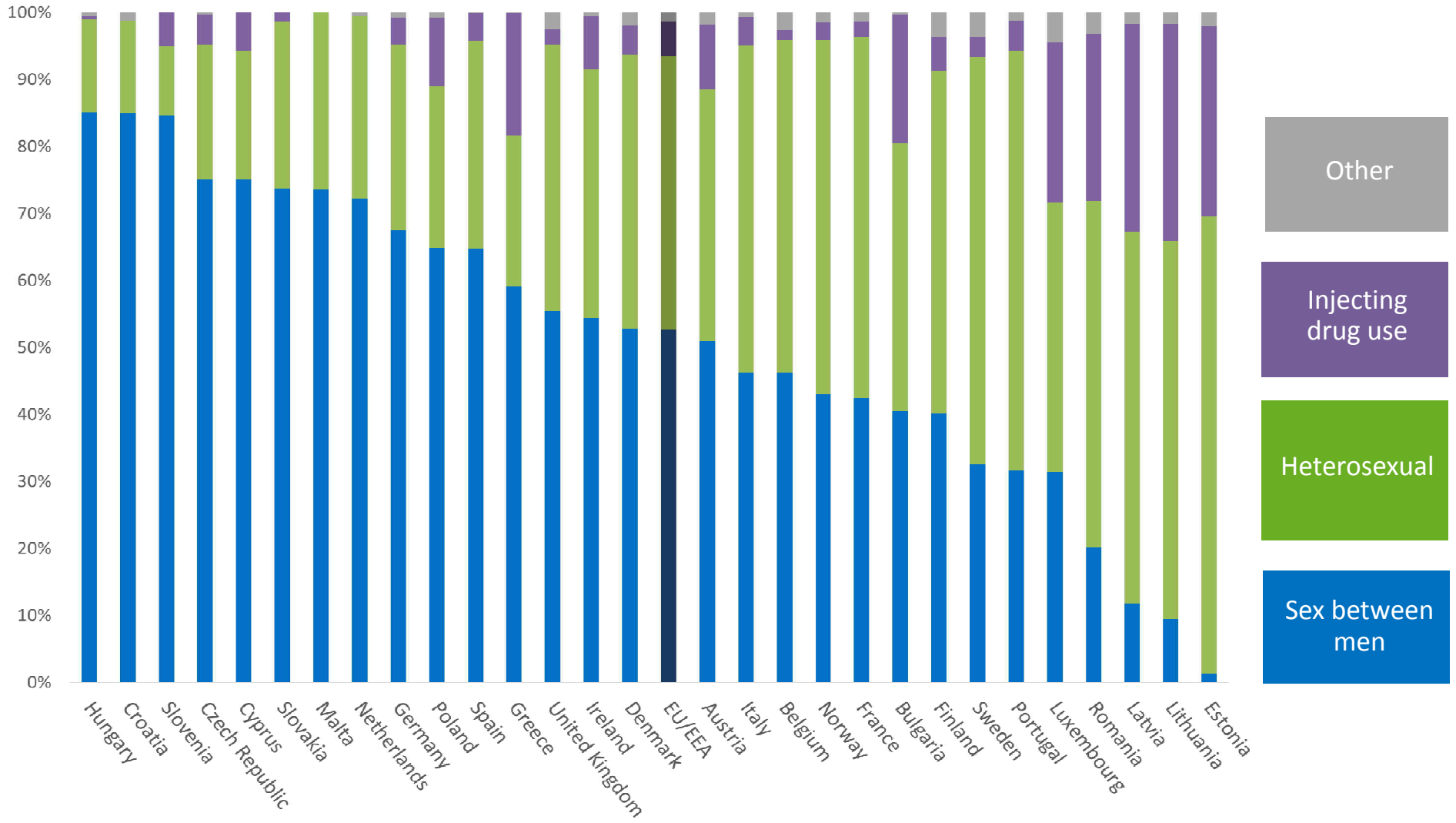


Proportion HIV diagnoses among migrants* by country of report, EU/EEA, 2014 (n= 25 525)

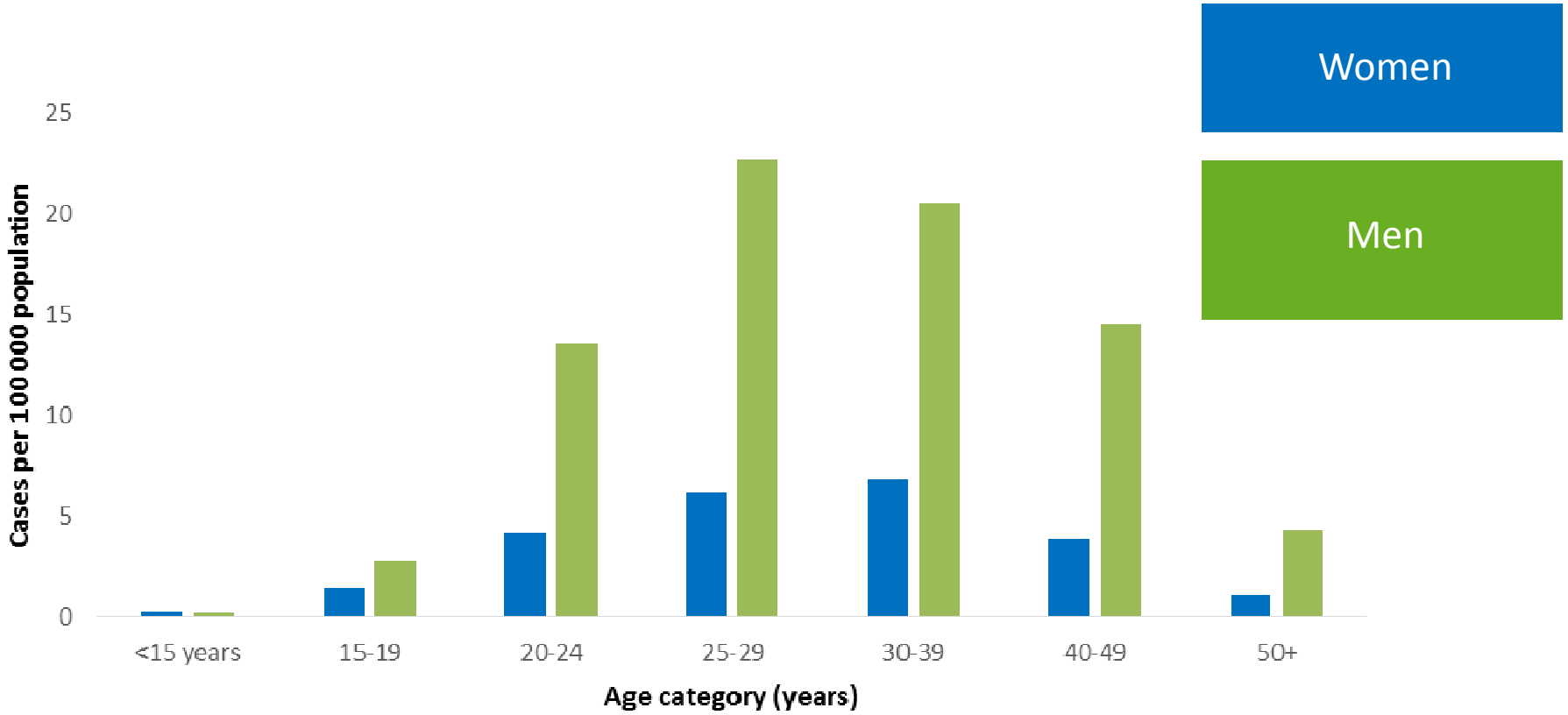


* Migrants are all persons born outside of the country in which the diagnosis was made. Data presented here are among cases with known region of origin; There were no cases reported among migrants in Hungary, Liechtenstein, Poland or Romania

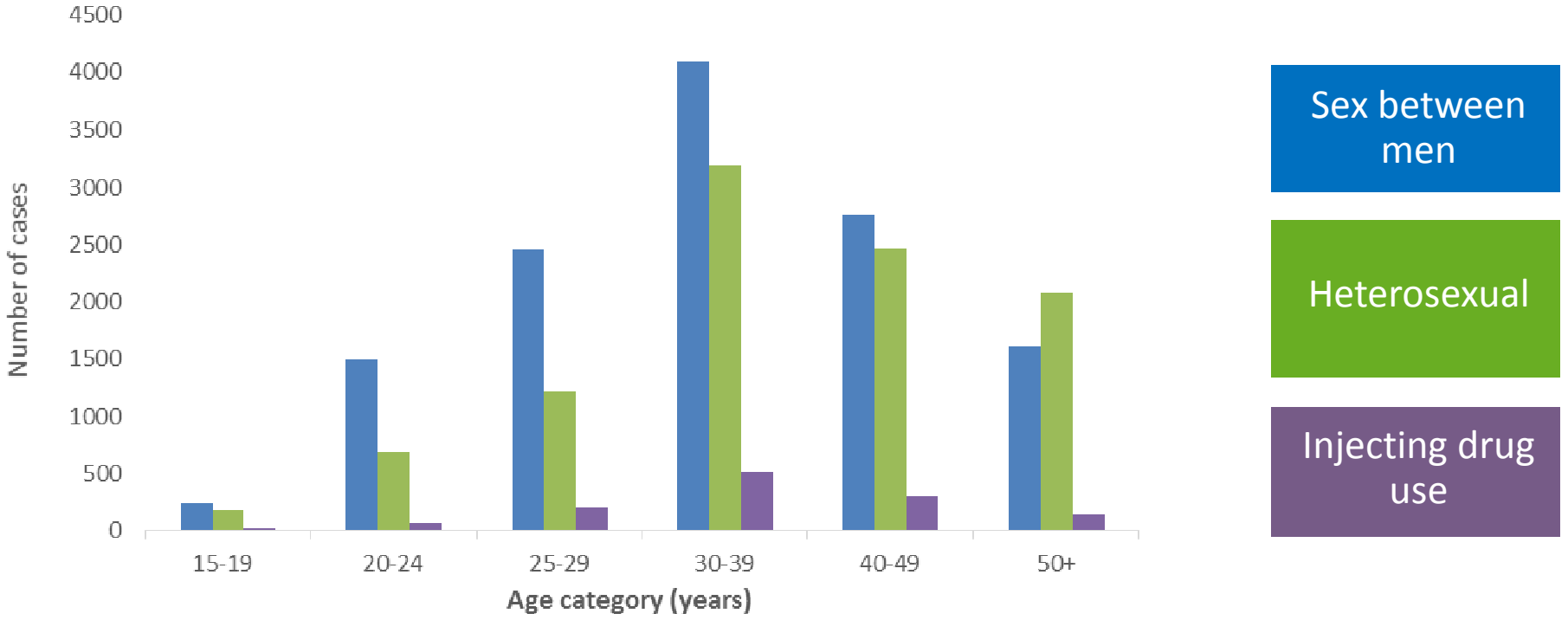
Percentage of new HIV diagnoses with known mode of transmission, EU/EEA, 2014 (n= 24 083)



Age- and gender-specific rates of new HIV diagnoses, EU/EEA, 2014 (n=29 923)



Number of new HIV diagnoses, by age group and transmission mode, EU/EEA, 2014 (n=23 747)



Data from people <15, other/unknown transmission, mother-to-child transmission, transfusion-related transmission, and nosocomial transmission not shown here.

Ritardo diagnostico e Late Presenters

- Late Presenters(LP)=*persone che accedono ai servizi con un numero di CD4+<350/mmc (o con un quadro clinico di AIDS indipendentemente dal numero di CD4+)*
- Advanced HIV Disease Presenters(AHDP)=*persone che accedono ai servizi con un numero di CD4<200/mmc*

Proportion of HIV cases diagnosed late (CD4<350 cells/mm^3), 2014, EU/EEA

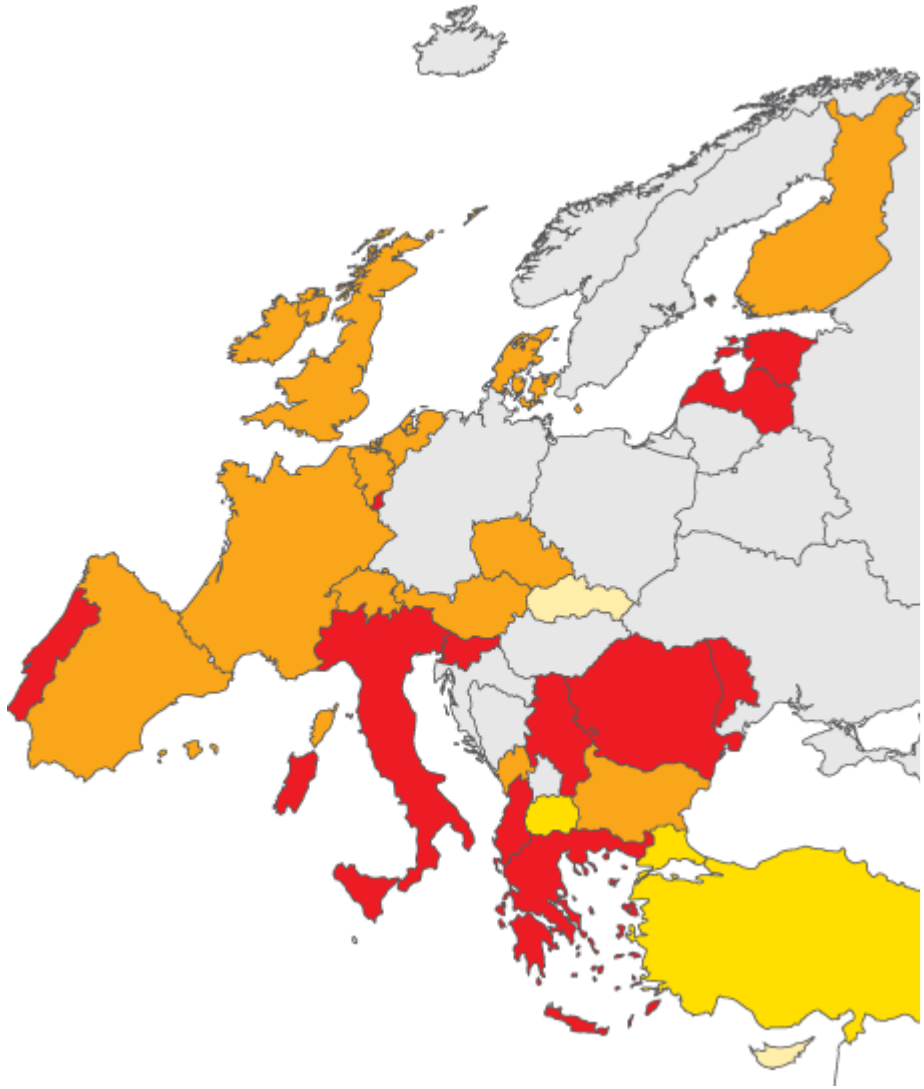
< 30%

30 to <40%

40 to 50%

> 50%

Not included or not reporting



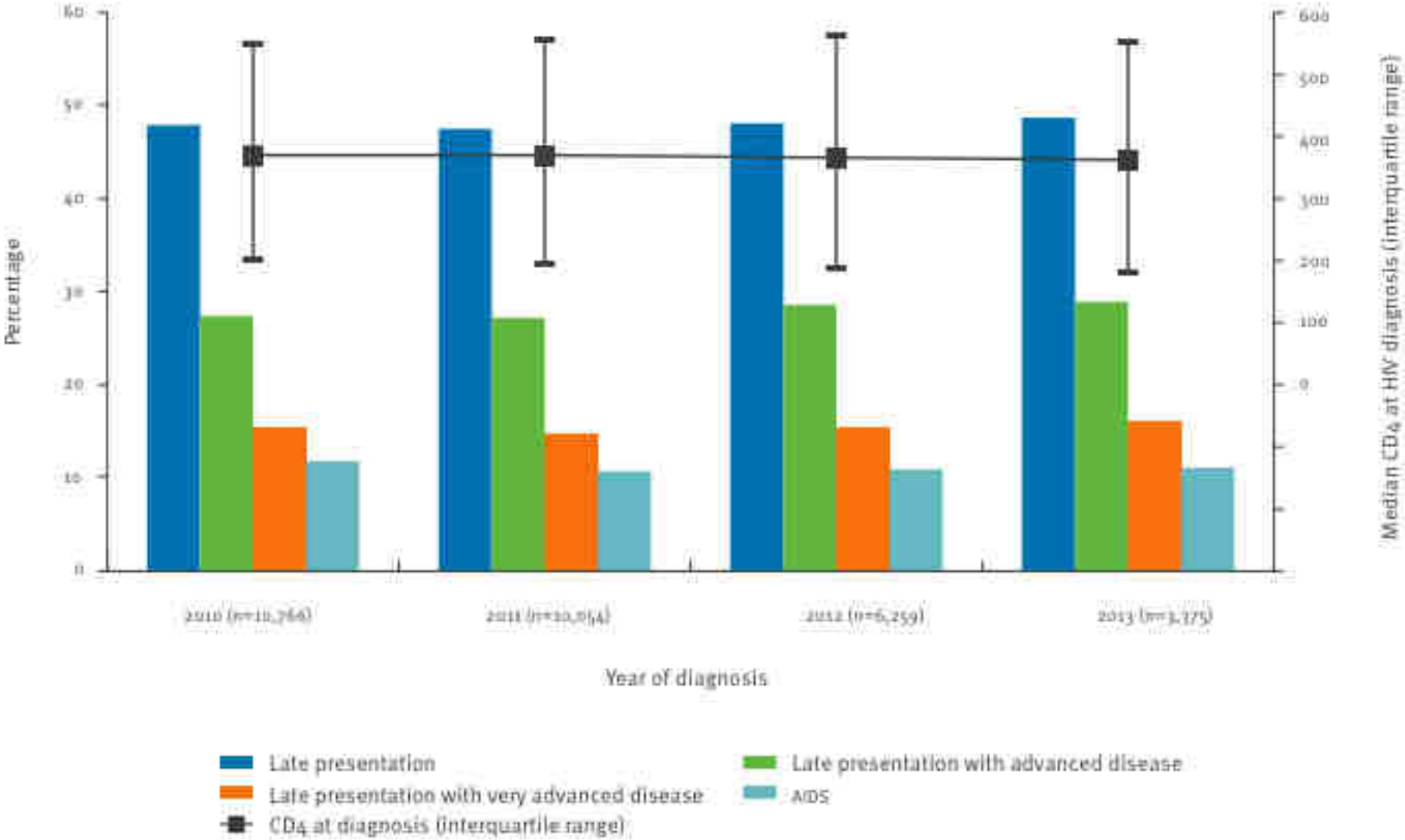
Non-visible countries

Liechtenstein

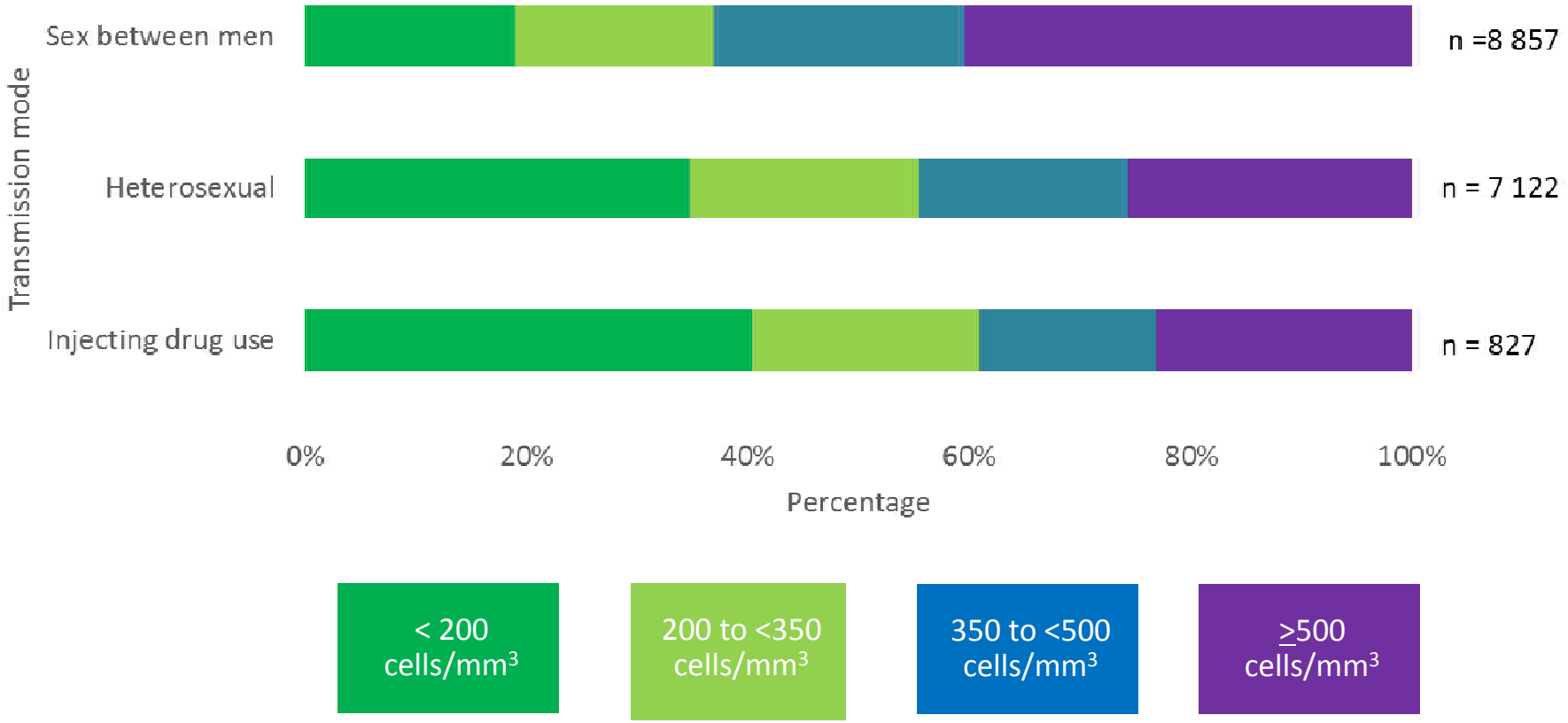
Luxembourg

Malta

Late presentation for HIV care across Europe: update from the Collaboration of Observational HIV Epidemiological Research Europe (COHERE) study, 2010 to 2013



New HIV diagnoses, by CD4 cell count per mm^3 at diagnosis and transmission mode, EU/EEA, 2014



E in Italia chi è il nuovo HIV positivo?

- Anche qui la > parte delle infezioni sono a trasmissione sessuale
- Qual è il comportamento a rischio?
  - -rapporto eterosessuale non protetto
  - -rapporto omo-bisessuale non protetto
  - -uso di droghe per via endovenosa

Figura 1. Numero di nuove diagnosi di infezione da HIV e correzione per ritardo di notifica (2010-2014)

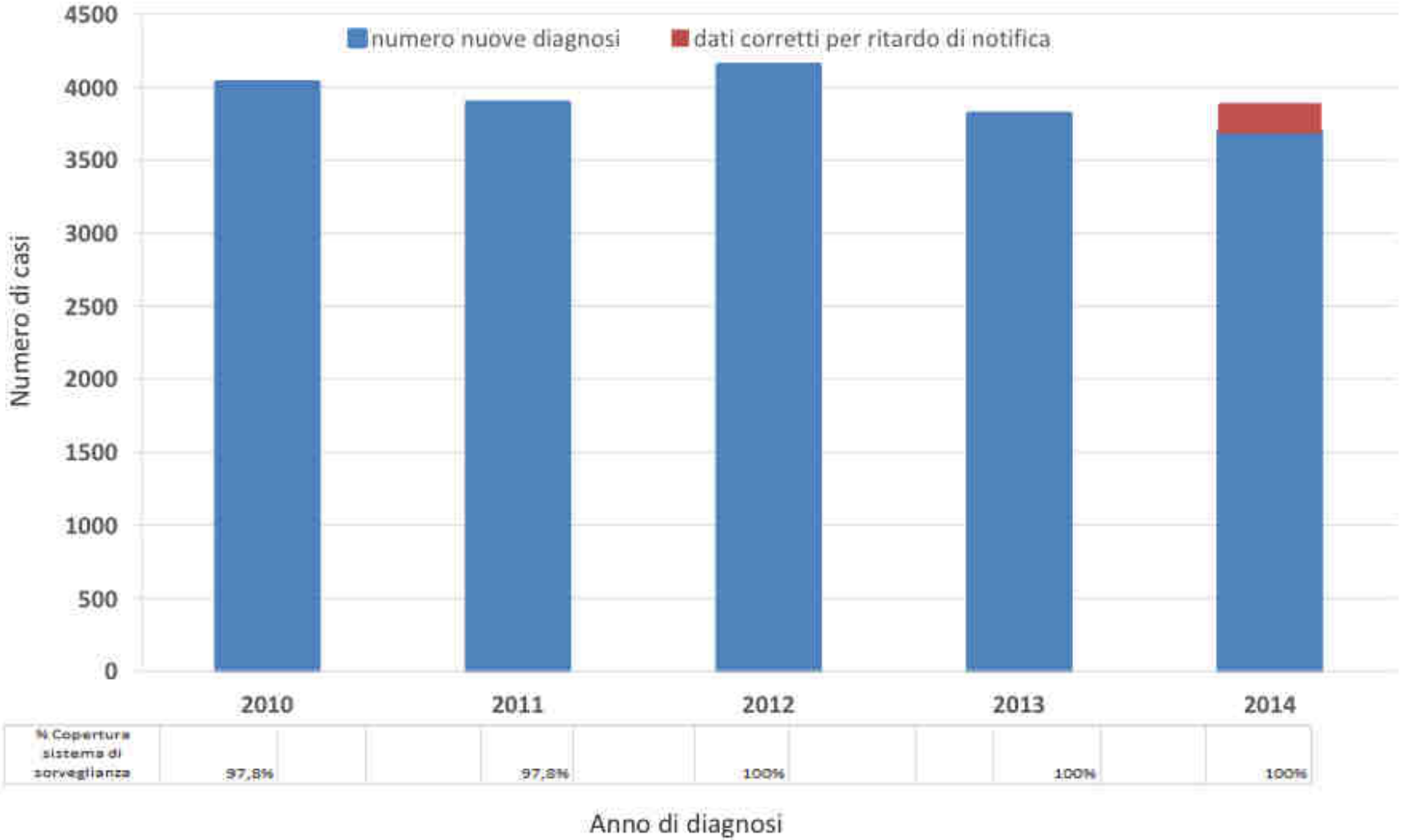


Figura 2. Incidenza delle nuove diagnosi di infezione da HIV, per genere, anno di diagnosi e copertura del sistema di sorveglianza (2010-2014)

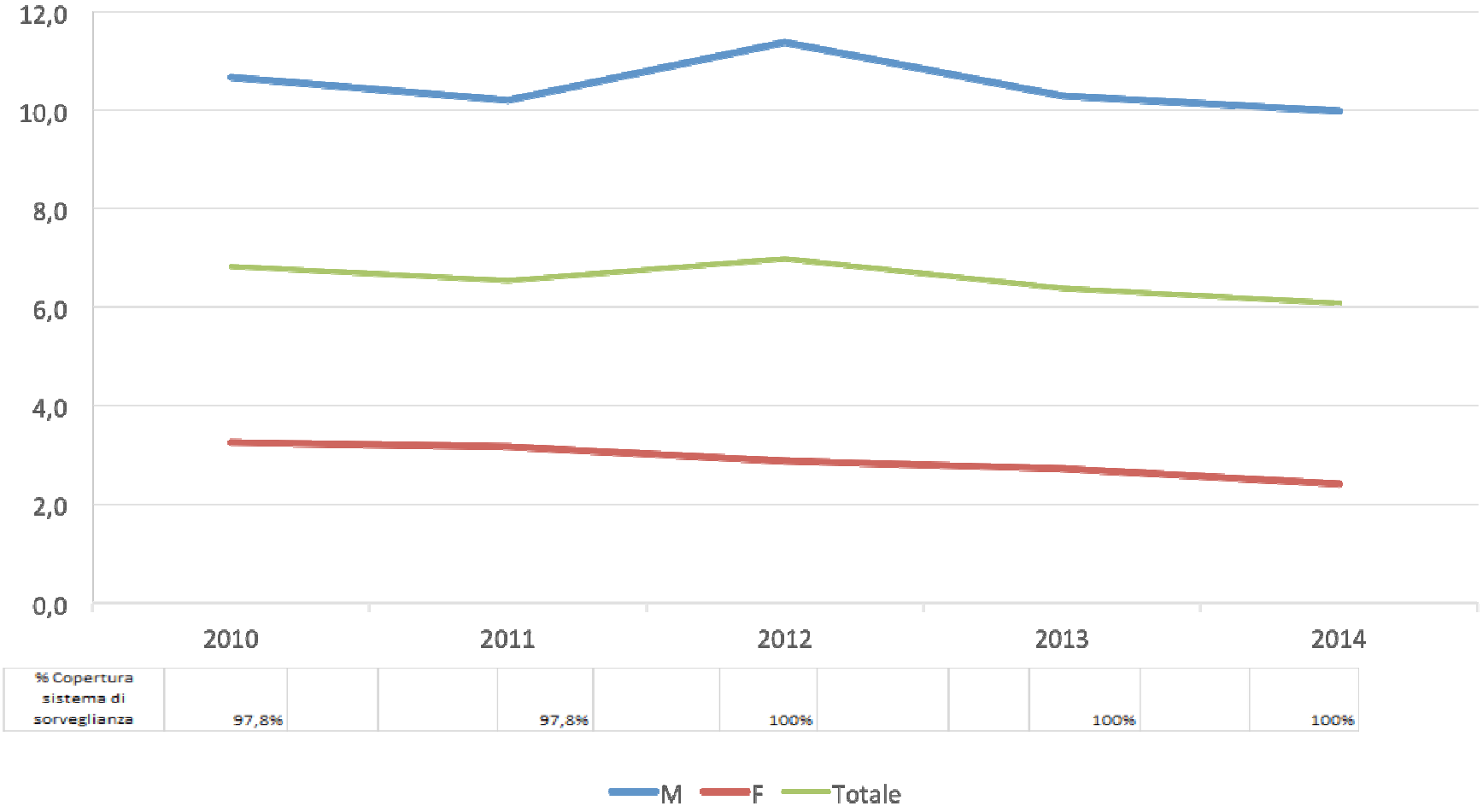


Figura 7. Numero delle nuove diagnosi di infezione da HIV, per modalità di trasmissione e anno di diagnosi (2010-2014)

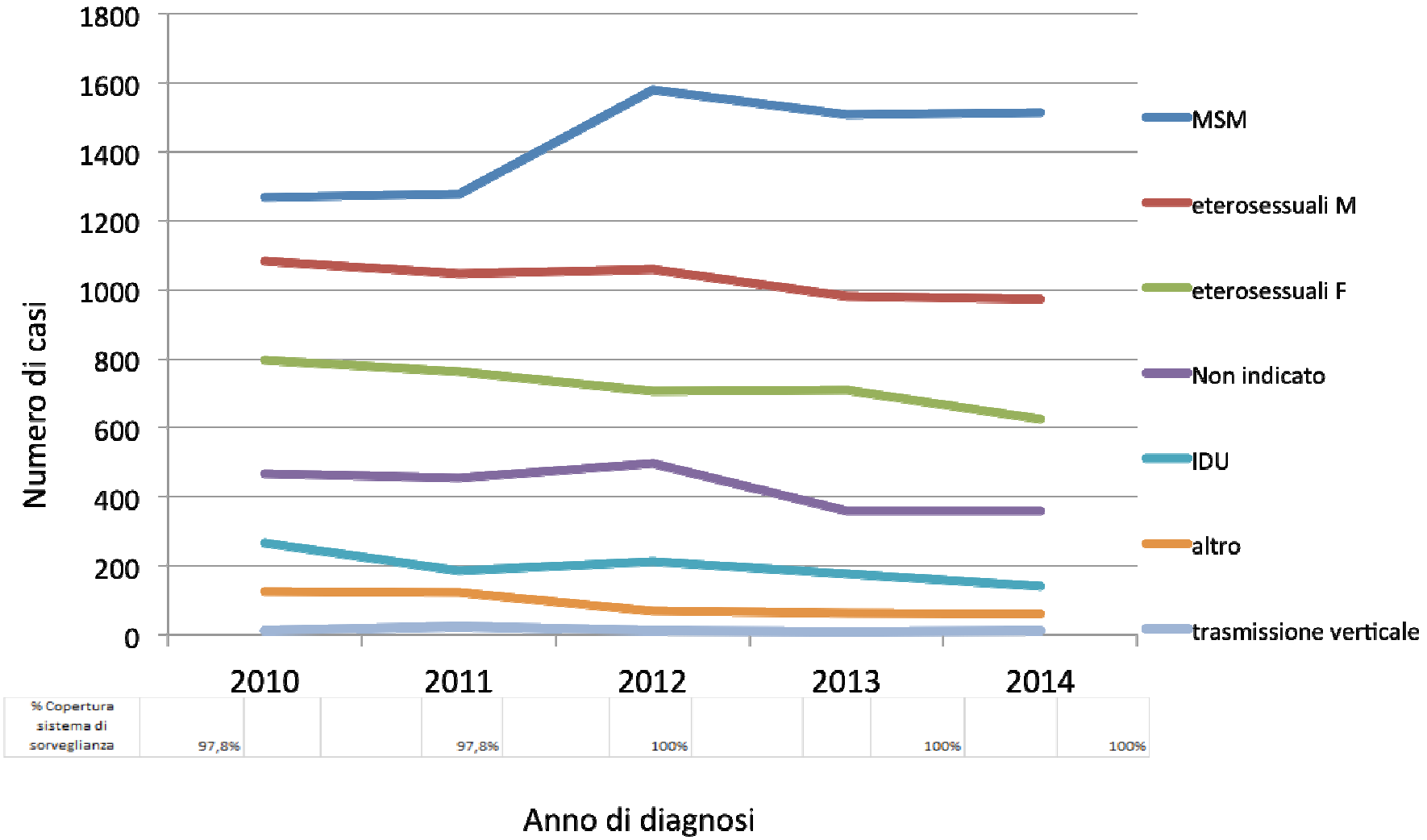
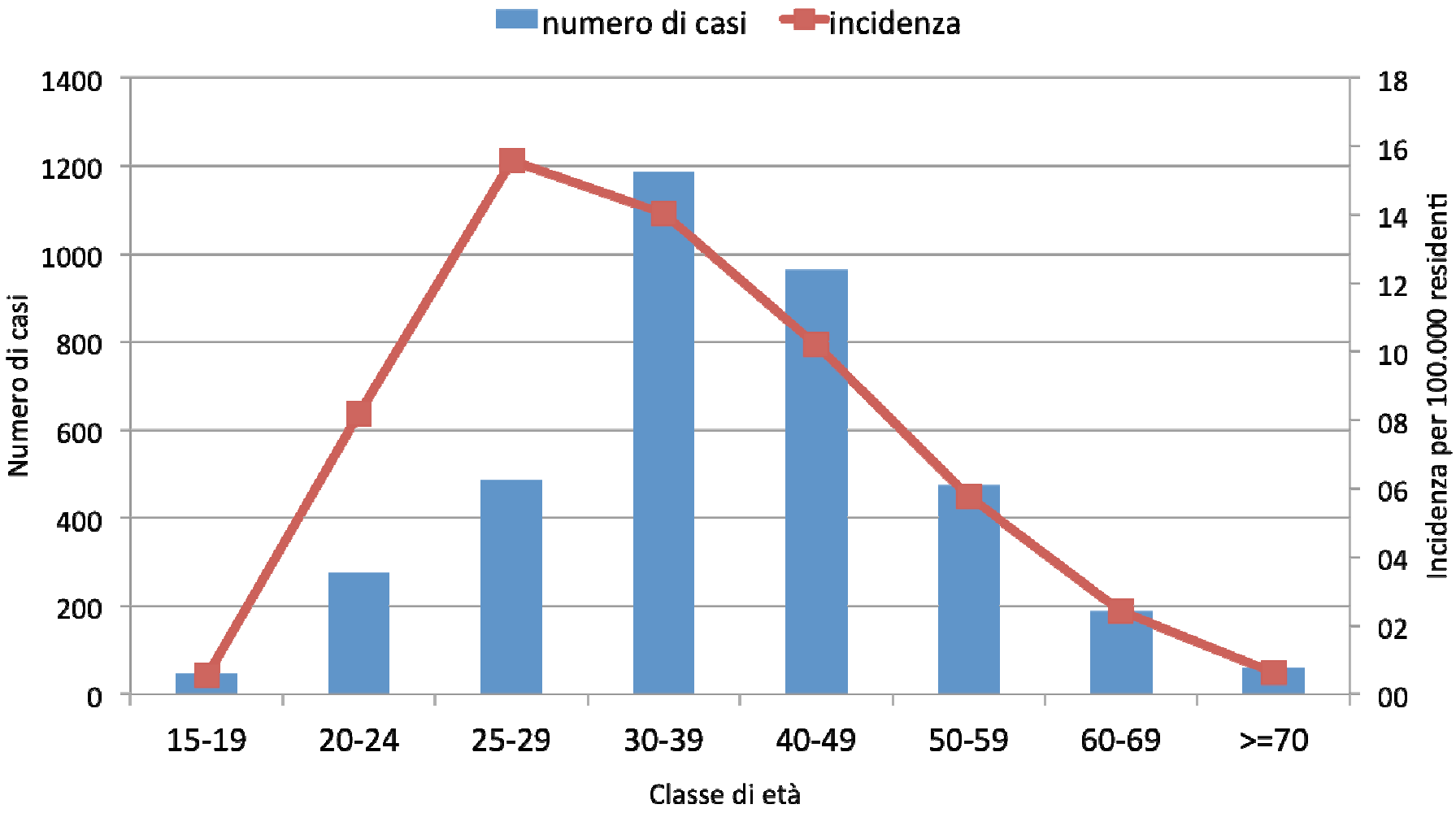


Figura 6. Numero ed incidenza delle nuove diagnosi di infezione da HIV, per classe di età (2014)



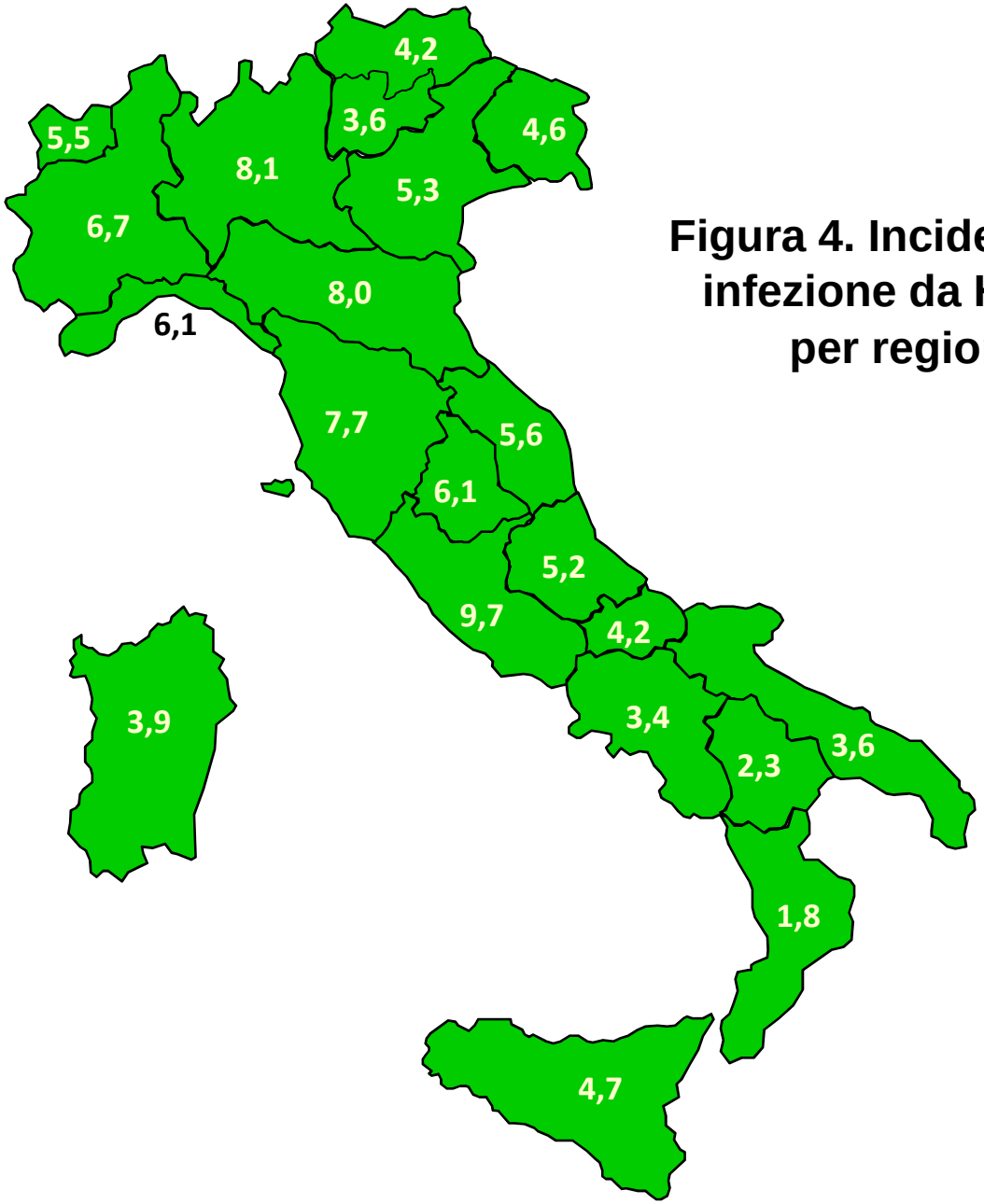


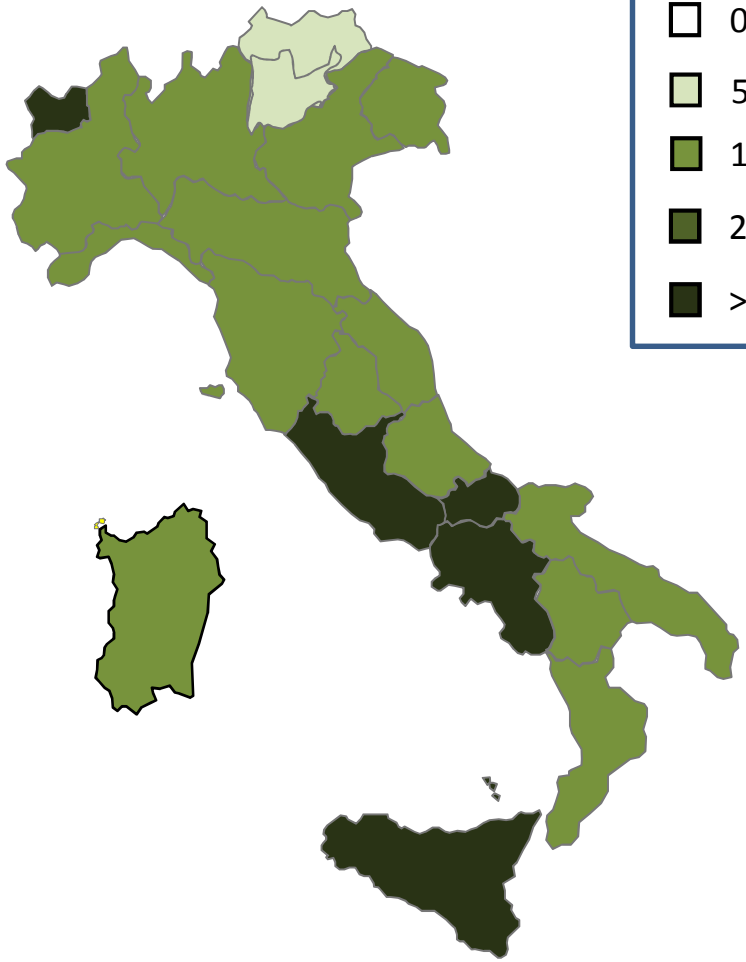
Figura 4. Incidenza delle nuove diagnosi di infezione da HIV (per 100.000 residenti) per regione di residenza (2014)

Figura 11. Incidenza delle nuove diagnosi di infezione da HIV per 100.000 residenti, per nazionalità e regione di residenza (2014)

Italiani

Incidenza: 4,7 per 100.000 italiani residenti

Stranieri



Incidenza: 19,2 per 100.000 stranieri residenti

Figura 9. Distribuzione percentuale delle nuove diagnosi di infezione da HIV, per nazionalità genere e anno di diagnosi (2010-2014)

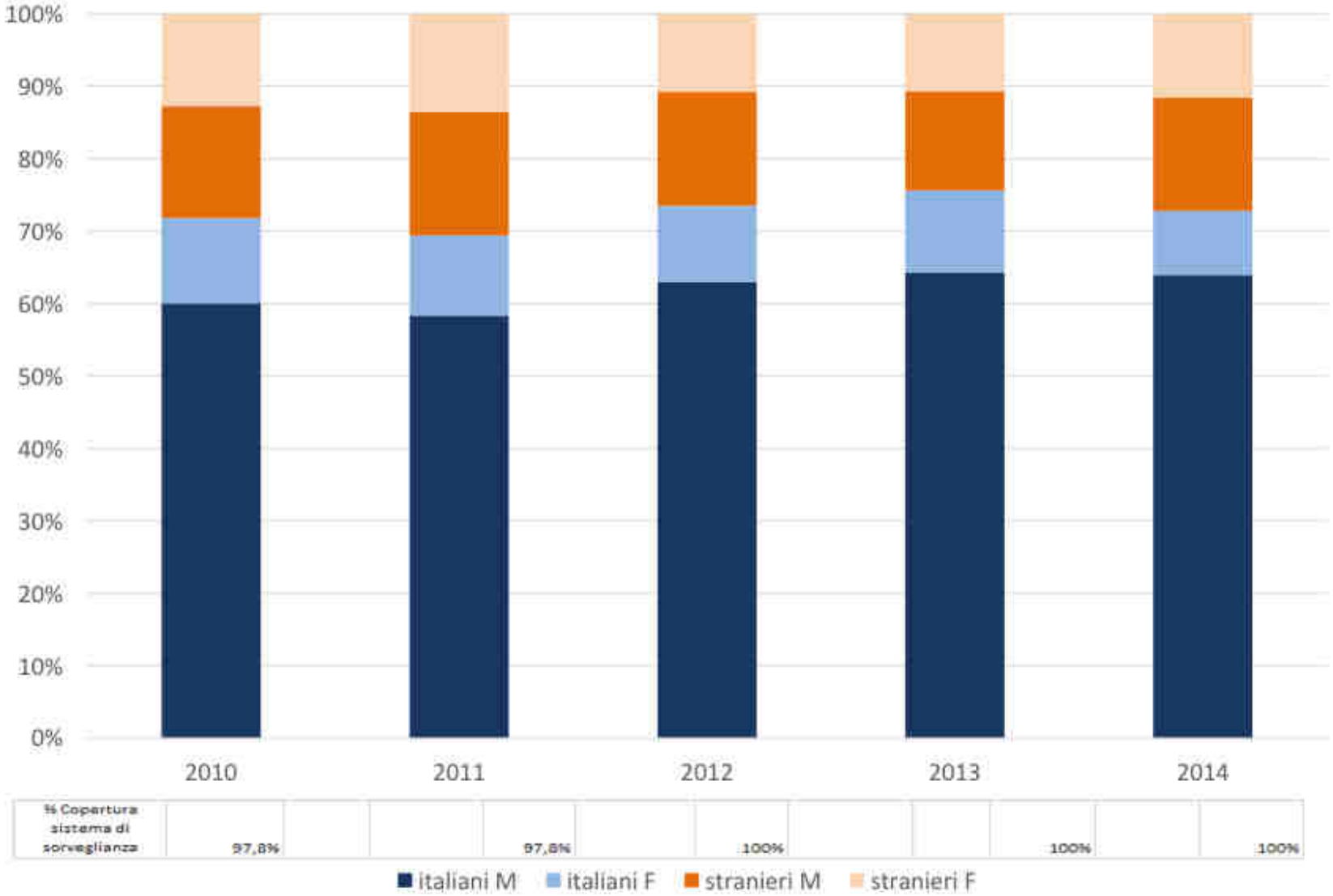
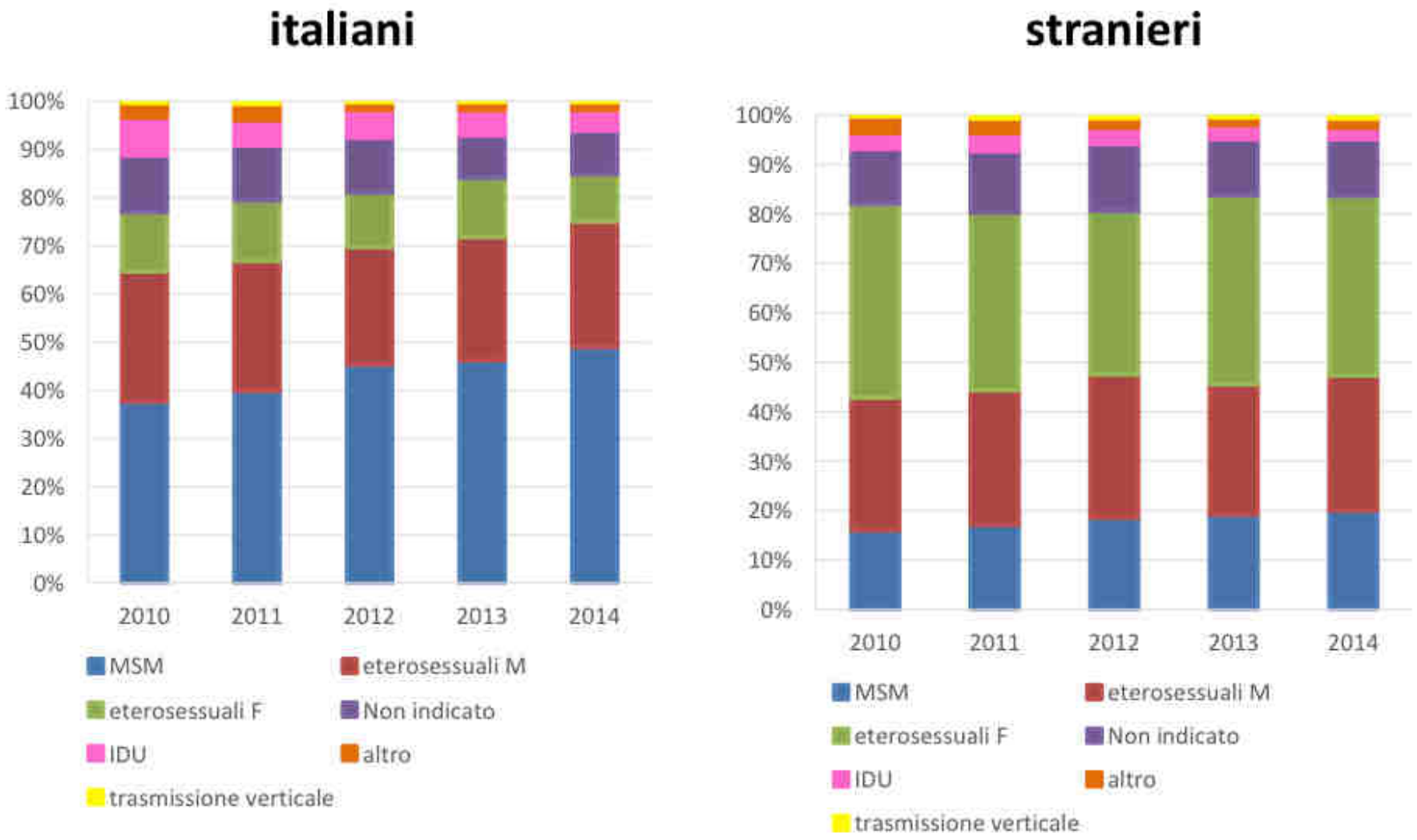


Figura 10. Distribuzione delle nuove diagnosi di infezione da HIV, per modalità di trasmissione, anno di diagnosi e nazionalità (2010-2014)



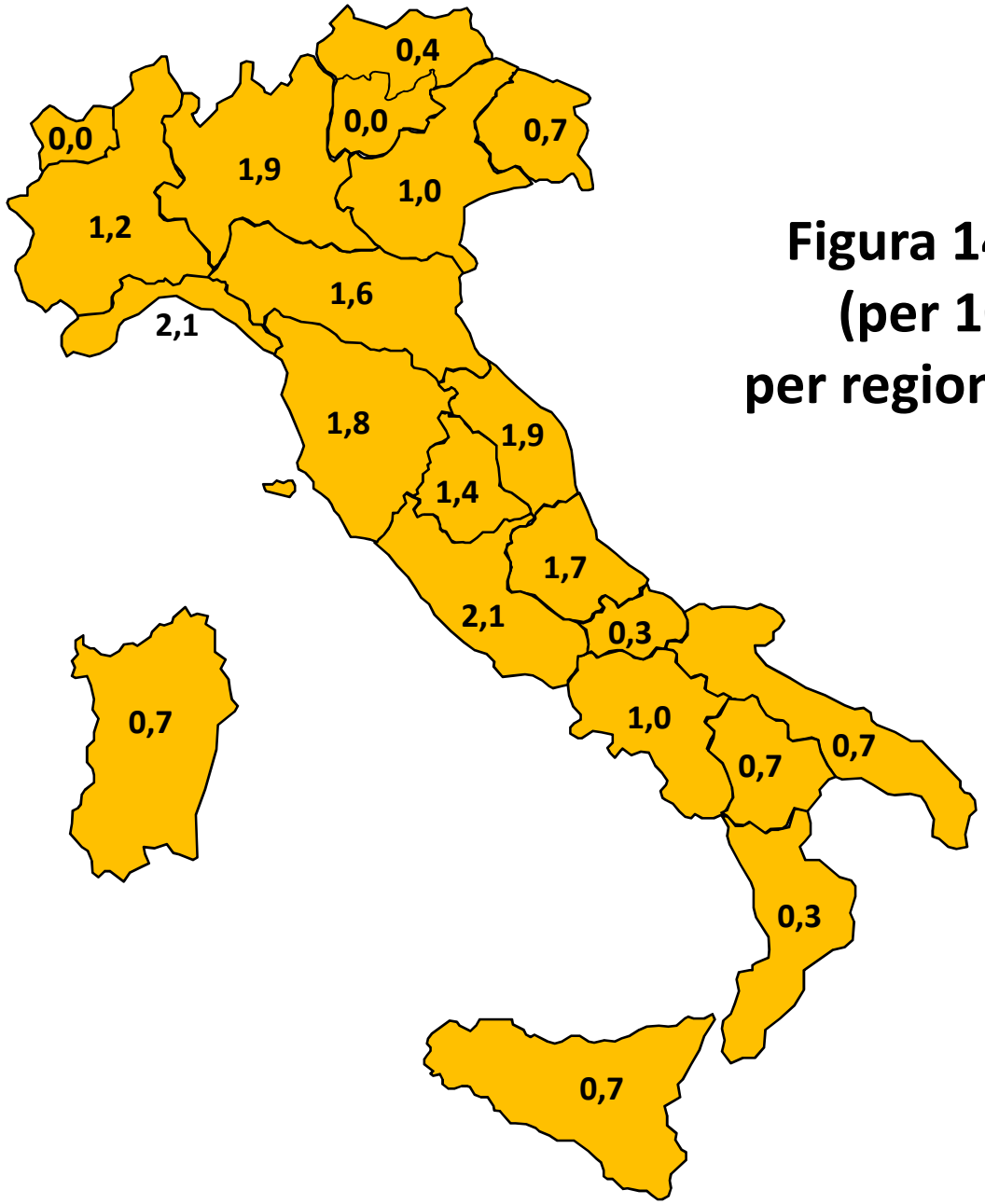
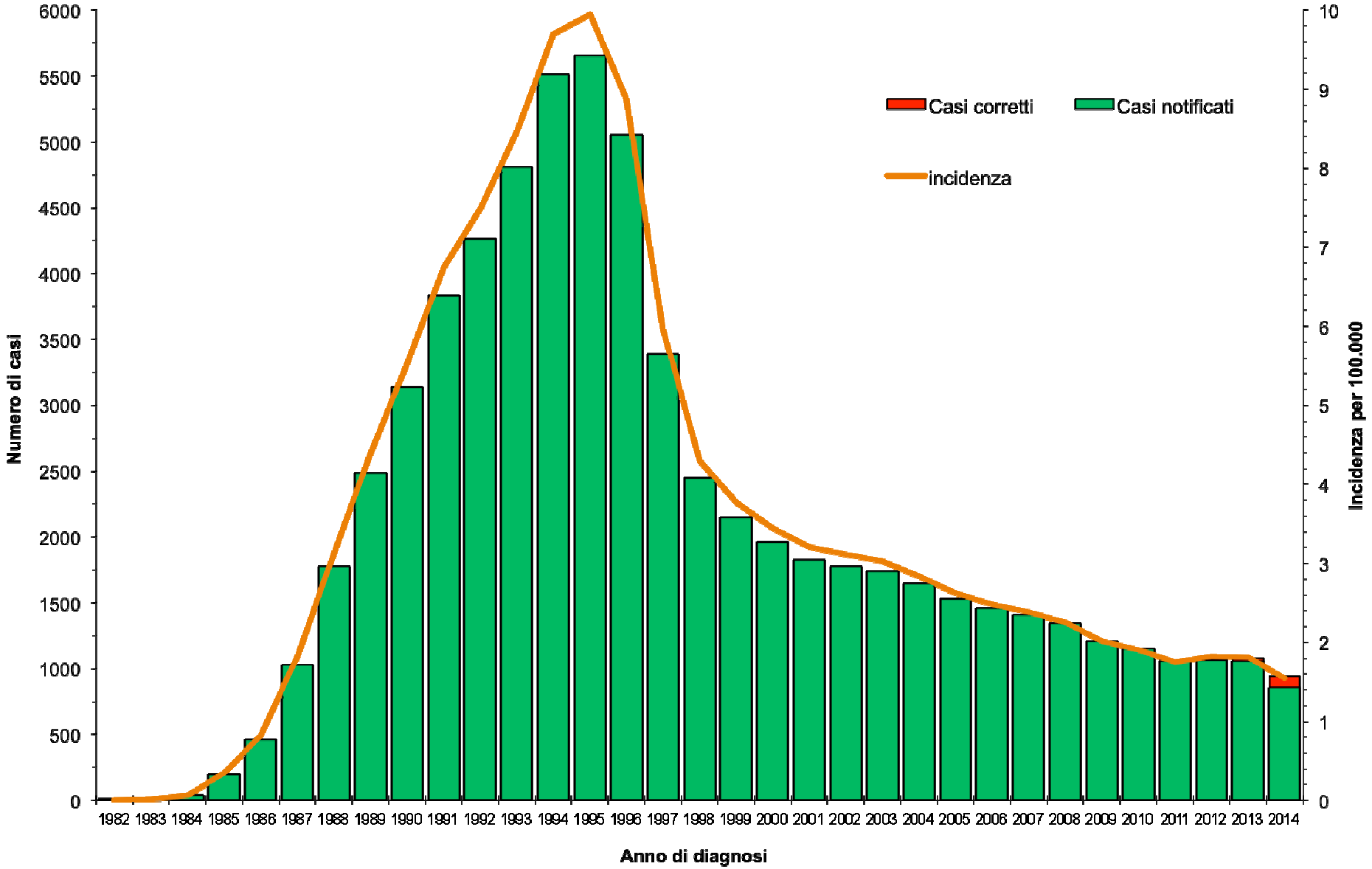


Figura 14. Incidenza di AIDS (per 100.000 residenti) per regione di residenza (2014)

Figura 13. Numero dei casi di AIDS e incidenza per anno di diagnosi, corretti per ritardo di notifica(1982-2014)



HIV and AIDS

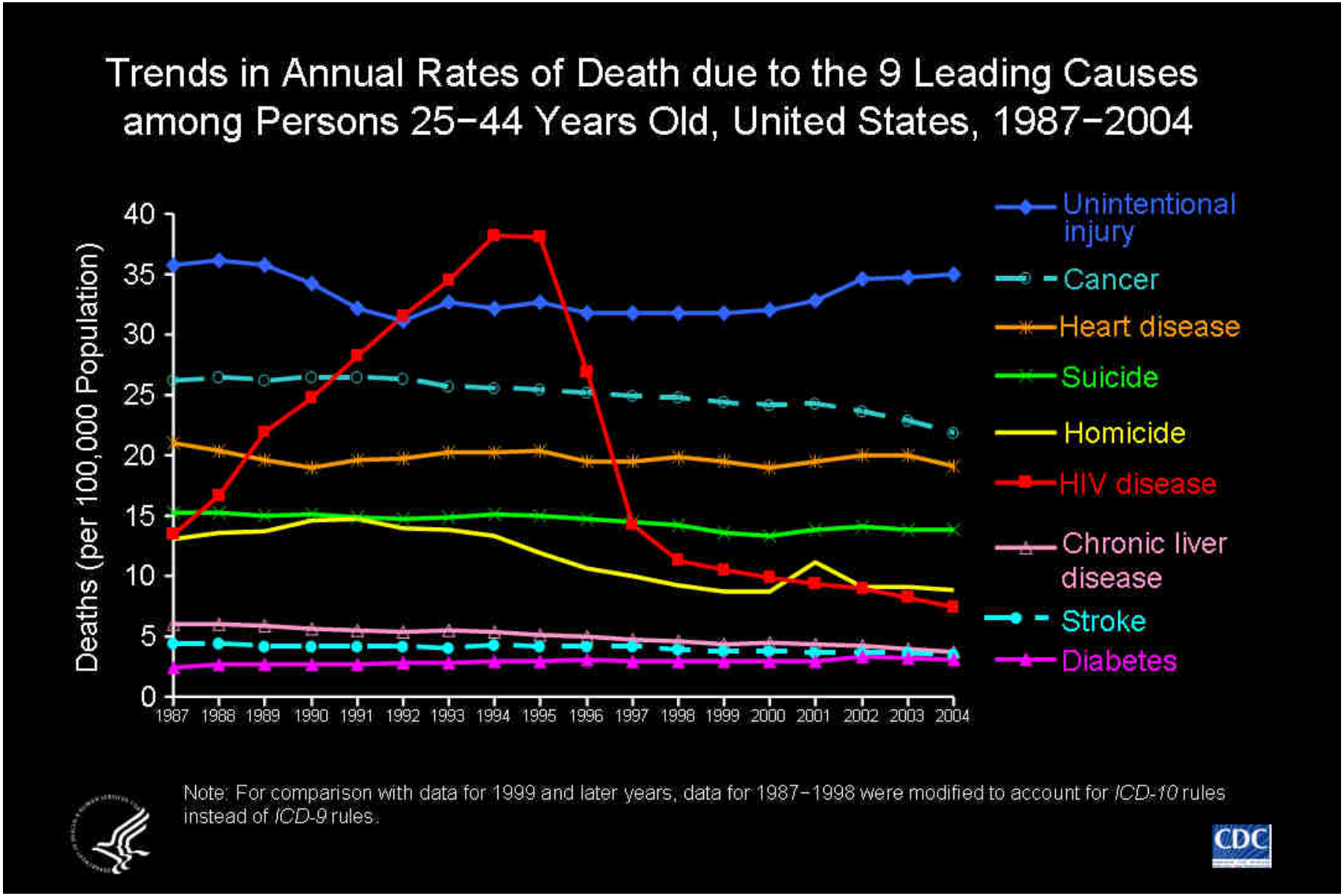
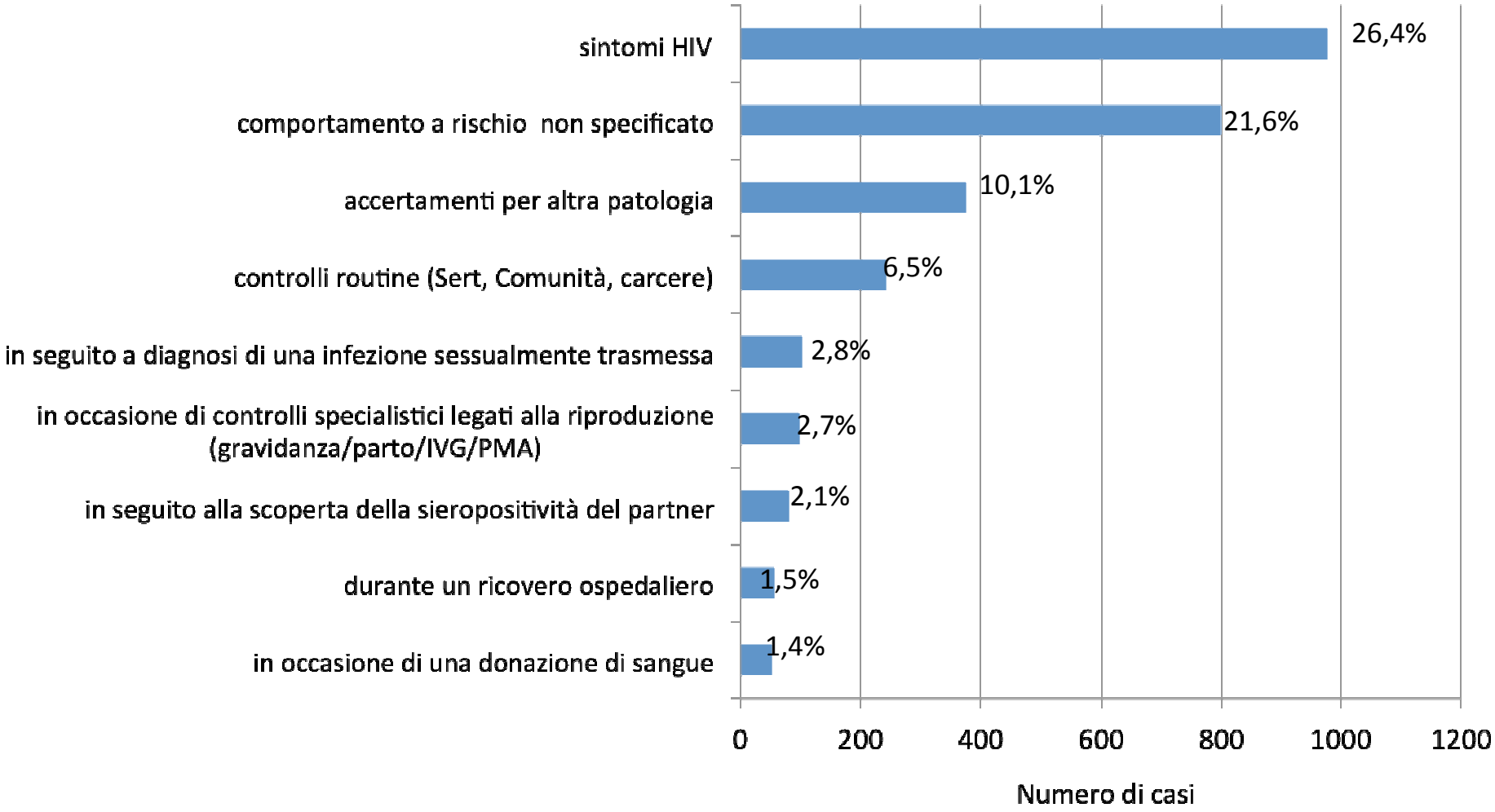
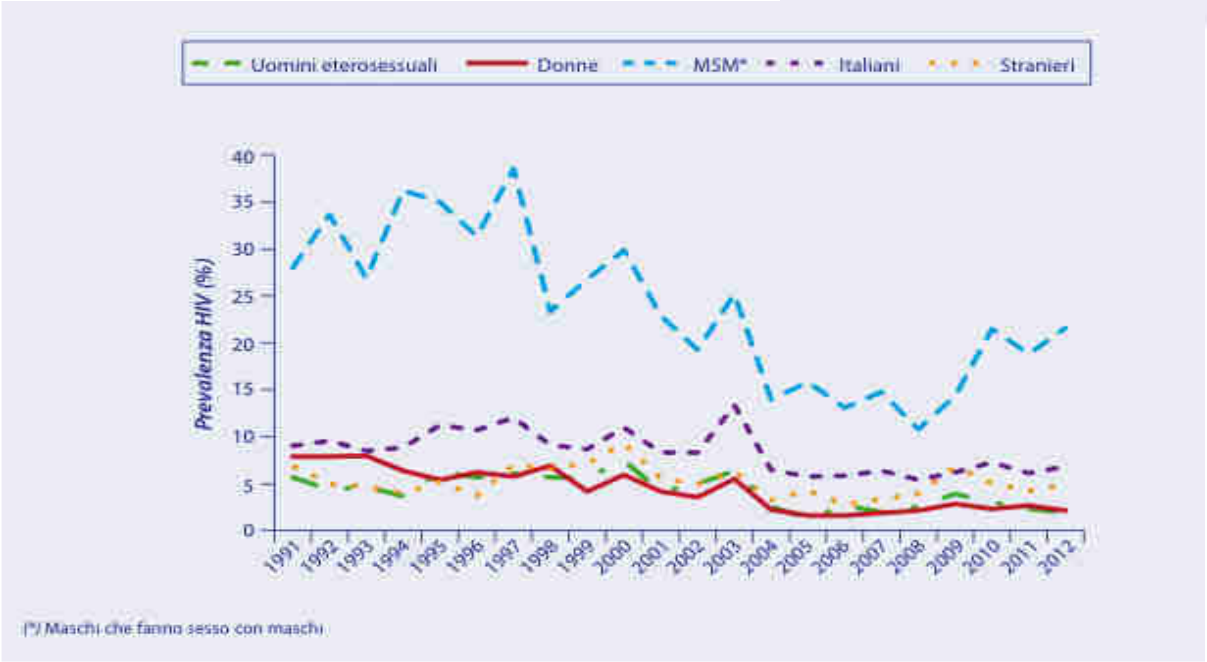

Trends in Annual Rates of Death due to the 9 Leading Causes among Persons 25–44 Years Old, United States, 1987–2004
Deaths (per 100,000 Population)
0
5
10
15
20
25
30
35
40
1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004
Unintentional injury
Cancer
Heart disease
Suicide
Homicide
HIV disease
Chronic liver disease
Stroke
Diabetes
Note: For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.
CDC

Figura 12. Motivo di esecuzione del test delle nuove diagnosi di infezione da HIV (2014)



Dati osservatorio ISS per IST

Nel 2012 testati per HIV solo il 67%
dei soggetti con IST con una prevalenza
del 6,4%



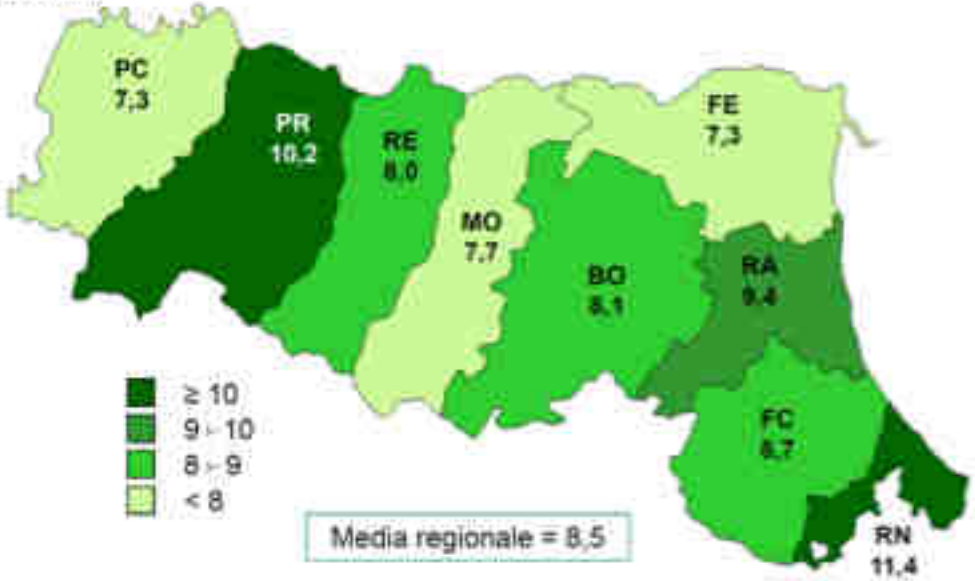
Prevalenza di HIV+nei soggetti
con IST:maschi 8,5% vs donne 4,3%

Tabella 2 – Casi segnalati residenti e non residenti con nuova diagnosi di HIV. Emilia-Romagna, 2006-2014.
(valori assoluti, percentuali e incidenza per 100.000 abitanti)

		Anno di diagnosi									
		2006	2007	2008	2009	2010	2011	2012	2013	2014	2006-2014*
Residenti	N. casi	368	386	426	416	386	361	365	299	337	3.348
	%	*90,2*	*88,5*	*88,8*	*85,1*	*87,6*	*84,3*	*84,5*	*84,7*	*88,9*	*87,0*
	Incid.	*8,8*	*9,1*	*10,0*	*9,6*	*8,8*	*8,1*	*8,2*	*6,7*	*7,6*	*8,5*
Non residenti	N. casi	40	50	54	73	55	67	67	54	42	502
	%	*9,8*	*11,5*	*11,2*	*14,9*	*12,4*	*15,7*	*15,5*	*15,3*	*11,1*	*13,0*
Totale segnalati	**N. casi**	**408**	**436**	**480**	**491**	**443**	**428**	**432**	**353**	**379**	**3.850**
	%	*100,0*	*100,0*	*100,0*	*100,0*	*100,0*	*100,0*	*100,0*	*100,0*	*100,0*	*100,0*

** L'incidenza media annuale è calcolata sulla popolazione media del periodo 2006-2014.*

Figura 10 – Incidenza media delle nuove diagnosi di infezione da HIV, per provincia di residenza. Emilia-Romagna, 2006-2014.
(per 100.000 abitanti)



* *L'incidenza media annuale è calcolata sulla popolazione media del periodo 2006-2014.*

Figura 11 – Incidenza media delle nuove diagnosi di infezione da HIV nei maschi, per provincia di residenza. Emilia-Romagna, 2006 – 2014. *(per 100.000 abitanti)*

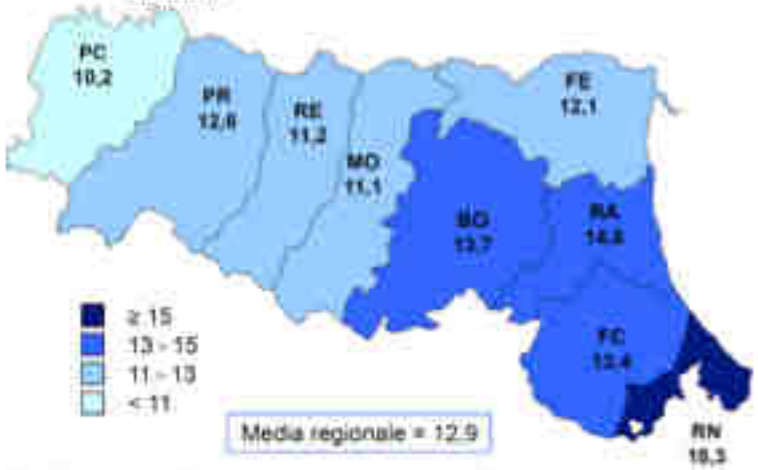
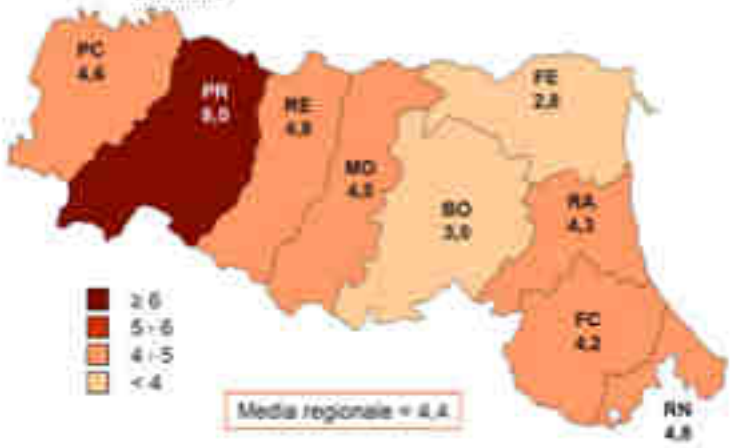


Figura 12 – Incidenza media delle nuove diagnosi di infezione da HIV nelle femmine, per provincia di residenza. Emilia-Romagna, 2006 – 2014. *(per 100.000 abitanti)*



* *L'incidenza media annuale è calcolata sulla popolazione media del periodo 2006-2014.*

Figura 18 – Distribuzione percentuale delle nuove diagnosi di infezione da HIV per modalità di trasmissione e anno di diagnosi. Emilia-Romagna, 2006-2014.

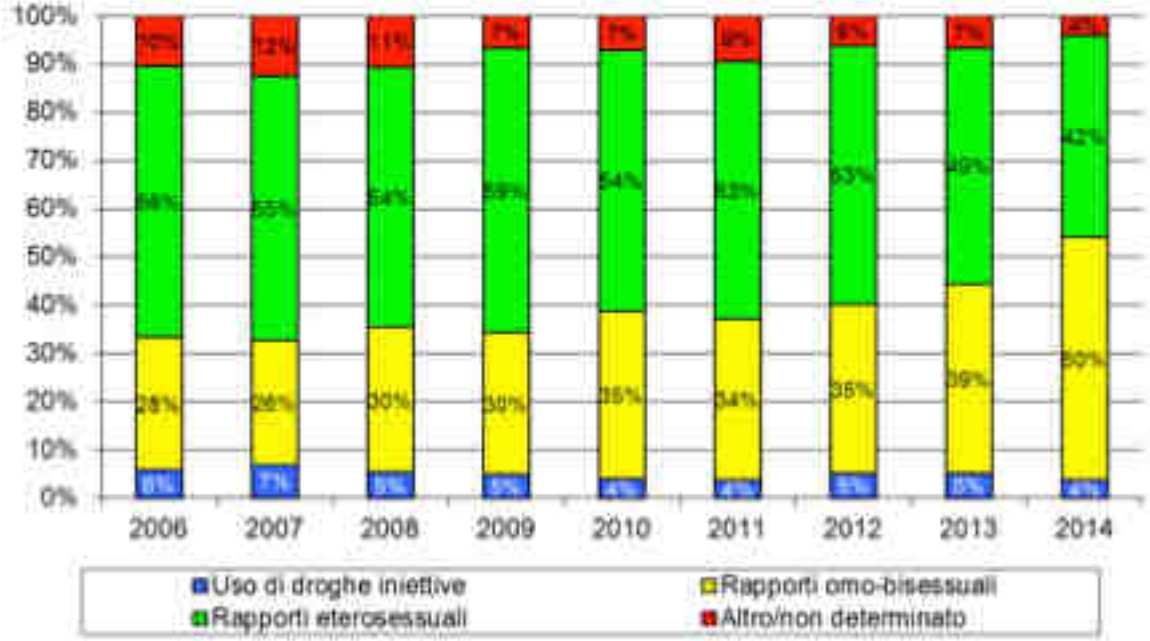


Tabella 9 – Nuove diagnosi di infezione da HIV, per modalità di trasmissione e Paese di nascita. Emilia-Romagna, 2006-2014.
(valori assoluti e percentuali)

Modalità di trasmissione	Stranieri		Italiani		Totale	
	N	%	N	%	N	%
Rapporti eterosessuali	740	*76,0*	1.038	*43,7*	1.778	*53,1*
Rapporti omo-bisessuali	137	*14,1*	990	*41,7*	1.127	*33,7*
Uso di droghe iniettive	23	*2,4*	140	*5,9*	163	*4,9*
Trasfusione	4	*0,4*	4	*0,2*	8	*0,2*
Verticale	4	*0,4*	4	*0,2*	8	*0,2*
Altro	20	*2,1*	49	*2,1*	69	*2,1*
Rischio non determinato	46	*4,7*	149	*6,3*	195	*5,8*
Totale	**974**	***100,0***	**2.374**	***100,0***	**3.348**	***100,0***

Figura 33 – Distribuzione dei casi rispetto al numero di linfociti CD4 al momento della diagnosi. Emilia-Romagna, 2006-2014. *(valori percentuali)*

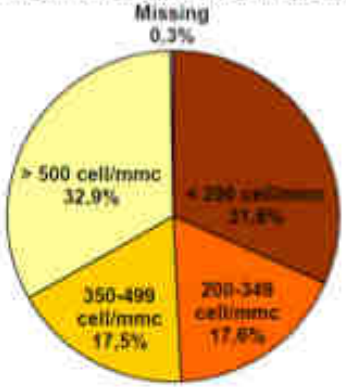
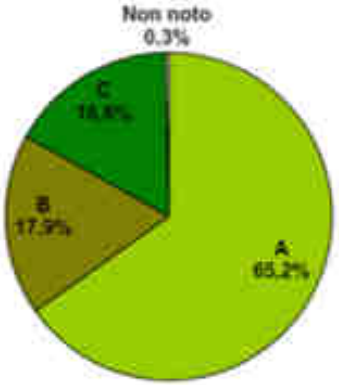
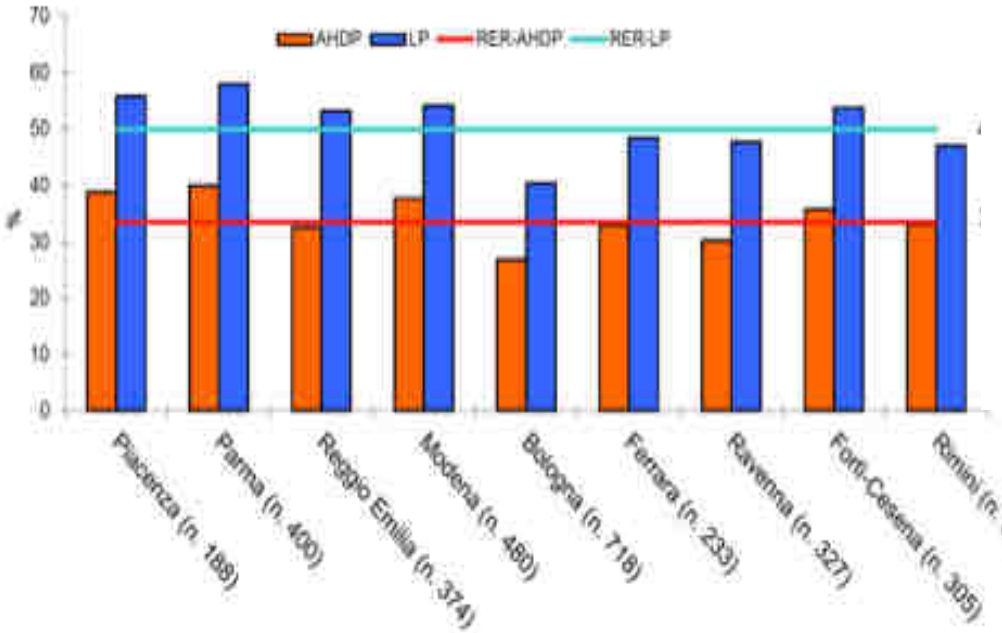


Figura 34 – Distribuzione dei casi rispetto allo stadio clinico al momento della diagnosi. Emilia-Romagna, 2006-2014. *(valori percentuali)*





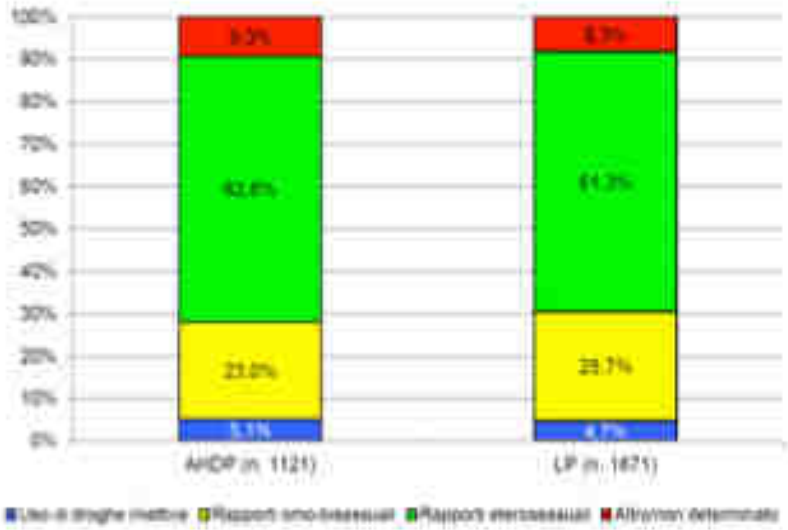
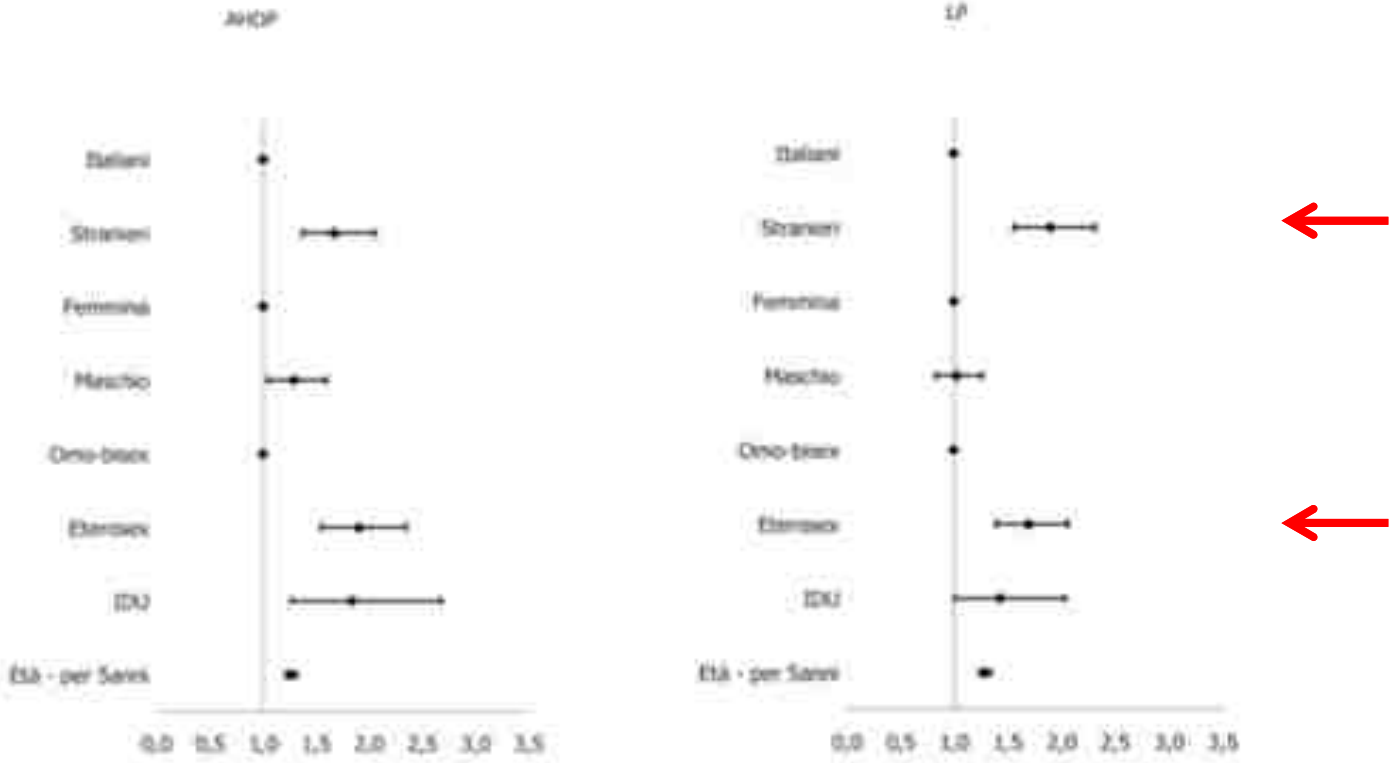


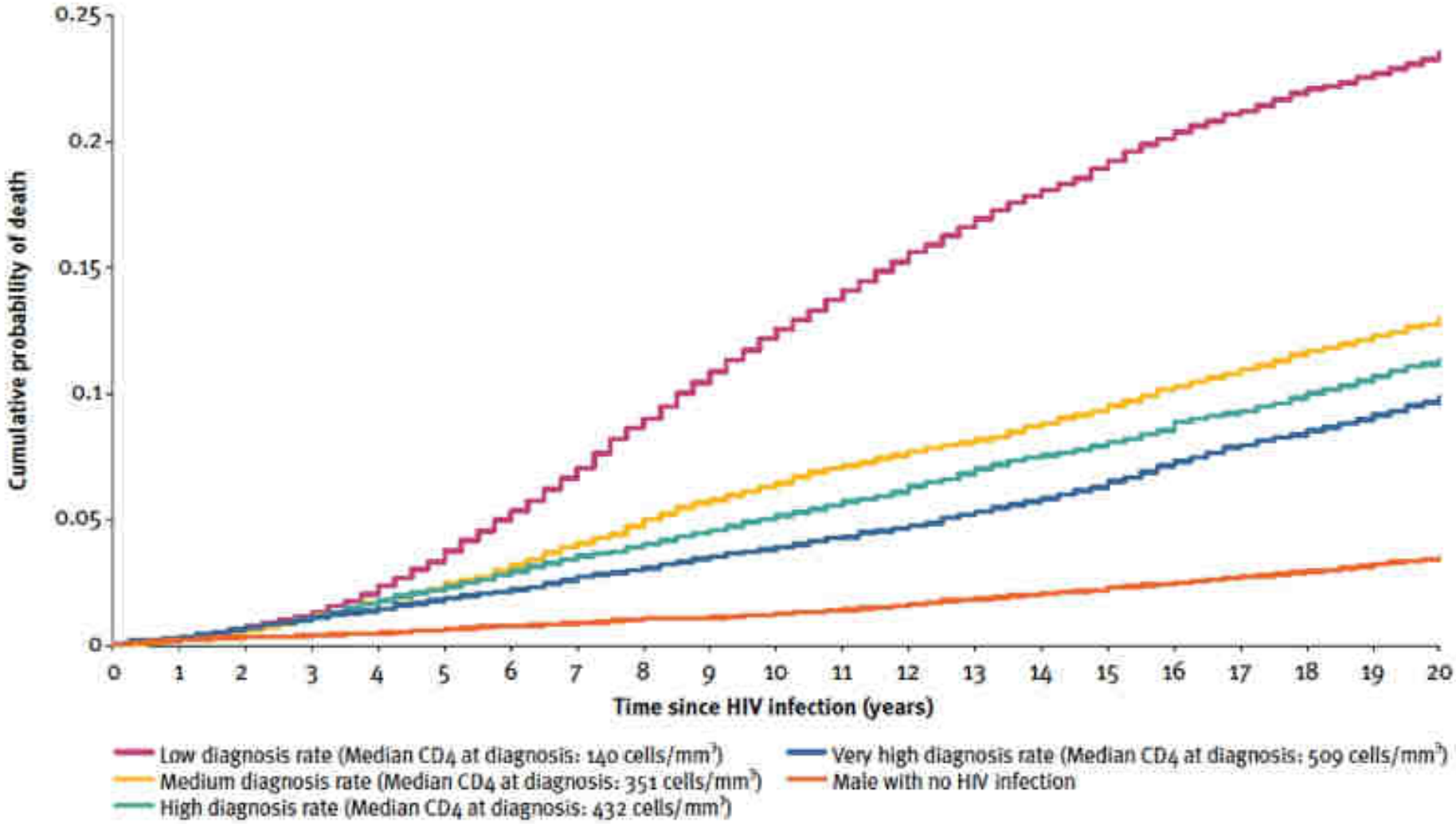
Tabella 16 – Odds Ratio, intervalli di confidenza al 95% e p-values per AHDP e LP. Emilia-Romagna, 2006-2014.

Caratteristica	AHDP				LP			
	O.R.	I.C. al 95%		p-value	O.R.	I.C. al 95%		p-value
Italiani	1				1			
Stranieri	1,68	1,39	2,04	0,000	1,85	1,53	2,23	0,000
Femmina	1				1			
Maschio	1,25	1,02	1,53	0,033	1,02	0,83	1,24	0,868
Omo-bisex	1				1			
Eterosex	1,68	1,54	2,29	0,000	1,69	1,40	2,03	0,000
IDU	1,83	1,28	2,63	0,001	1,47	1,05	2,07	0,025
Età (per incrementi di 5 anni)	1,28	1,23	1,33	0,000	1,29	1,25	1,34	0,000

Figura 37 – Rappresentazione grafica degli *Odds Ratio* dell'analisi logistica multivariata sui casi AHDP e LP, con i rispettivi intervalli di confidenza al 95%. Emilia-Romagna, 2006-2014.

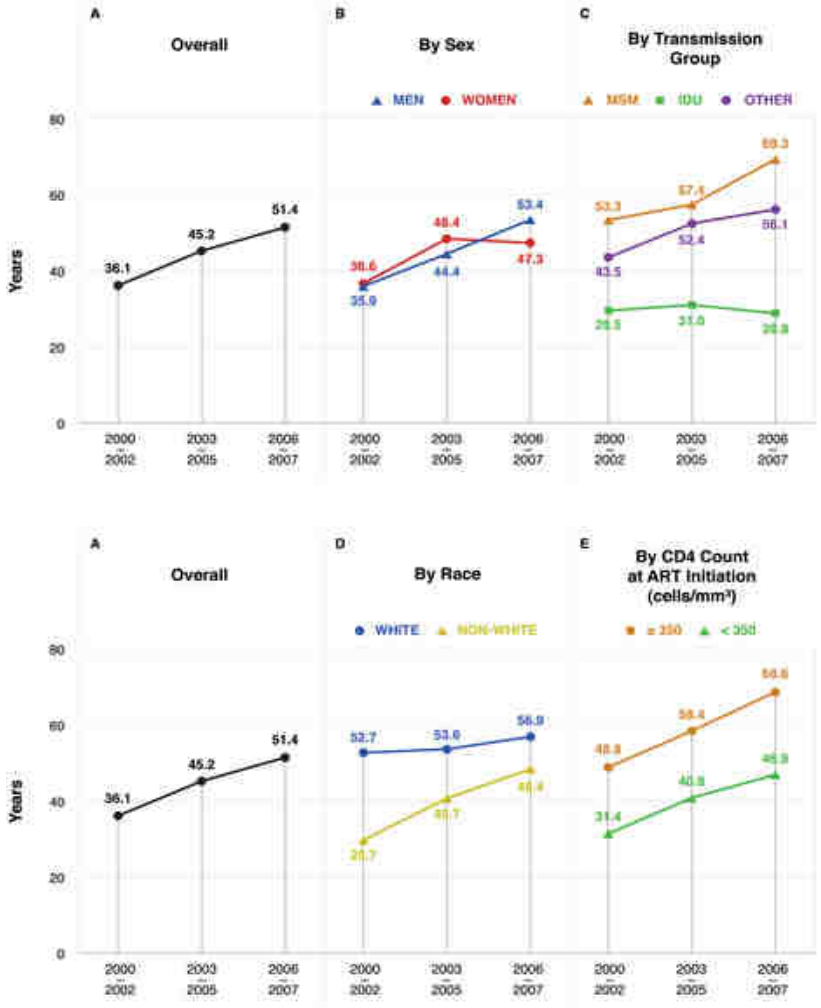


Late presentation and life expectancy



Nakagawa F, et al. AIDS 2012;26(3):335-343

Figure 2. Mid-point life expectancy estimates at age 20 years in three calendar periods, overall and by sociodemographic characteristics, 2000–2007.



Samji H, Cescon A, Hogg RS, Modur SP, Althoff KN, et al. (2013) Closing the Gap: Increases in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada. PLoS ONE 8(12): e81355. doi:10.1371/journal.pone.0081355
http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0081355

Kaiser Life Expectancy Cohort

Narrowing the Gap in Life Expectancy for HIV+ versus HIV- Subjects

Kaiser cohort data from 1996-2011 evaluating life expectancy between HIV+ (n=25,768; 46% on ART at BL) and HIV- (n=257,600) subjects

- Mortality rate of 1,827 vs. 326 per 100,000 person-years, respectively
- Abridged life tables were used to estimate years of life remaining at age 20

	HIV+	HIV-	Difference	*P* value
Overall	49.3	62.3	13.1 (11.5-14.6)	<0.001
HIV+ and initiated ART with CD4 >500	54.5	62.3	7.9 (5.1-10.6)	<0.001
+ No hepatitis B or C	55.4	62.6	7.2 (4.4-10.0)	<0.001
+ No drug/alcohol abuse	57.2	63.8	6.6 (3.9-9.3)	<0.001
+ No smoking	58.9	64.3	5.4 (2.2-8.7)	<0.001

- **Even with early ART initiation, a life expectancy gap remains between HIV+ and HIV- subjects.**
- **Mitigation of risk factors, like smoking, may further reduce the survival disparity.**

Marcus J, et al, CROI 2016. Boston, MA. Oral 54

Obiettivi del test HIV

-Identificare I soggetti HIV+ il più presto possibile e agganciarli alla cura

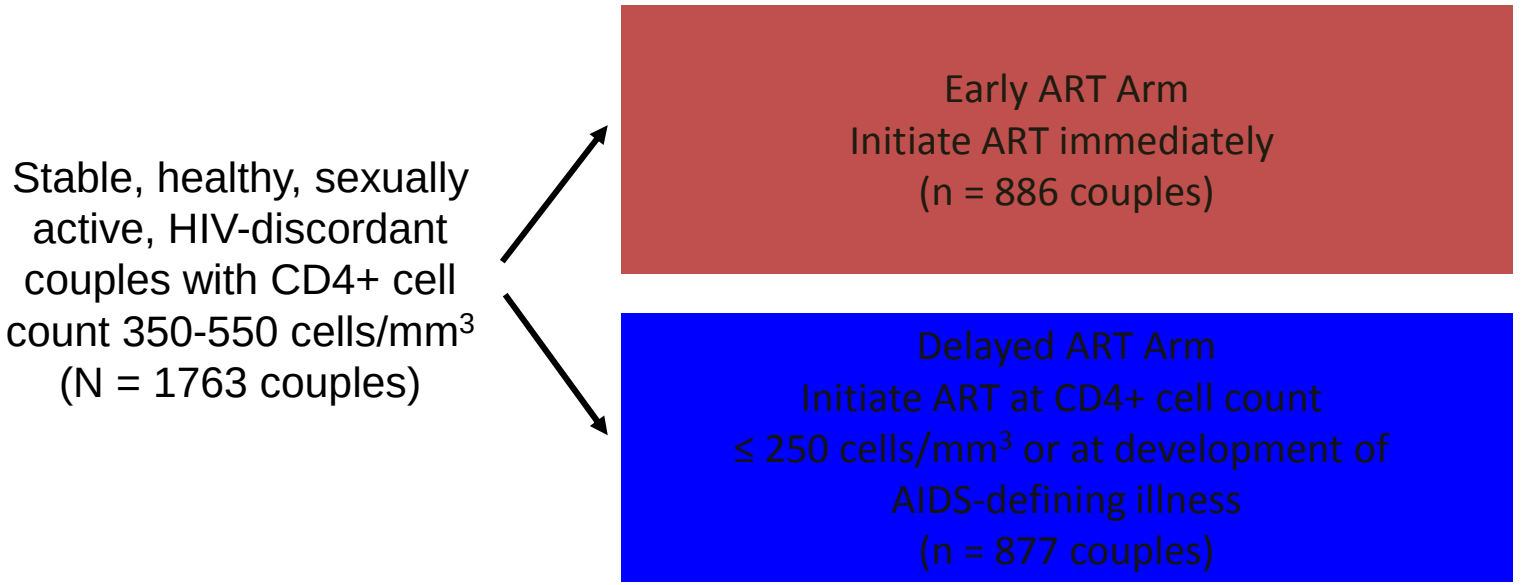
-Offrire un counselling ai soggetti HIV negativi a rischio di infezione

-Fornire counselling, testing e indirizzo ai servizi di prevenzione ai partners della persona HIV positiva

-Ridurre la trasmissione di HIV dal soggetto infetto ad altri(**TASP**)

HPTN 052: ART for Prevention of HIV Transmission in Serodiscordant Couples

- International, randomized, controlled trial

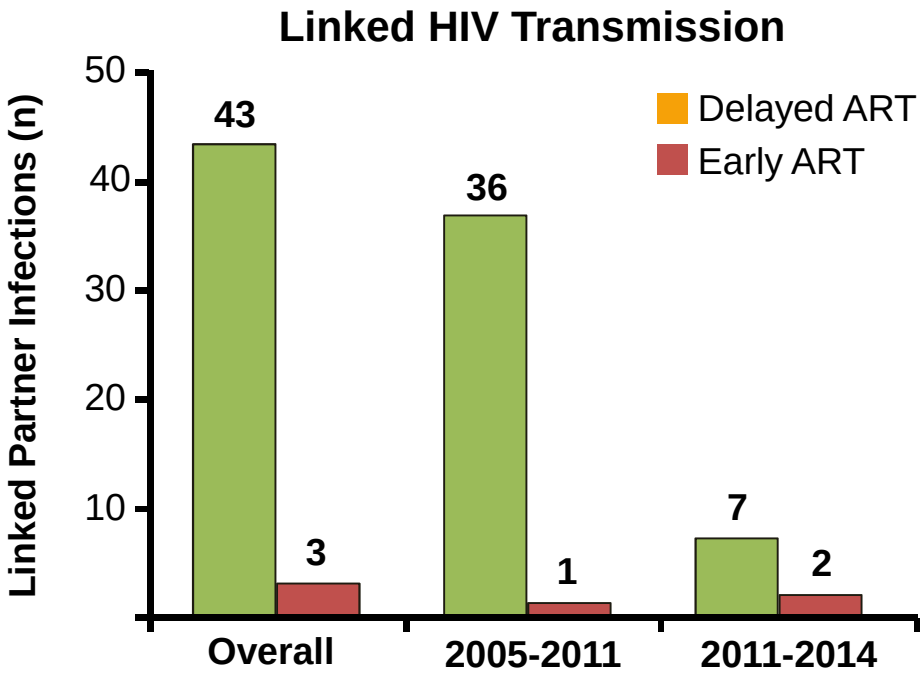


Cohen MS, et al. IAS 2015. Abstract MOAC0101LB.

Slide credit: clinicaloptions.com

HPTN 052: Key Results

- N = 46 linked HIV transmissions to HIV-negative partner observed[1]
  - Overall 93% reduction in risk of transmission with early therapy
- N = 8 linked partner infections diagnosed after index partner started ART[1]
  - Recently initiated ART (n = 4)
  - Virologic failure (n = 4)
- No linked HIV transmissions where index partner suppressed on ART[1]
- Rate of unlinked infections similar between arms: 0.32/100 PY early ART vs 0.29/100 PY delayed ART[1]



For pts in early ART group who experienced tx failure (n = 85), resistance increased from 8.2% at BL to 35.3% at failure; higher BL HIV RNA levels were associated with new resistance at ART failure (P = .005)[2]

1. Cohen MS, et al. IAS 2015. Abstract MOAC0101LB.
2. Sabin D, et al. IAS 2015. Abstract TUPEB285.

DOCUMENTO DI CONSENSO SULLE POLITICHE DI OFFERTA E LE MODALITÀ DI ESECUZIONE DEL TEST PER HIV IN ITALIA

4.2 Condizioni cliniche nelle quali il test va offerto attivamente

Il test deve essere attivamente offerto in tutte le condizioni cliniche che possano essere riferite all'infezione da HIV, indipendentemente da una valutazione di rischio comportamentale incluse le patologie comprese nella definizione di caso di AIDS e patologie associate quali: linfomi, sindrome similmononucleosica, dermatite seborroica/esantemi di natura non determinata, leucocitopenia, trombocitopenia, herpes zoster multimetamerico, candidosi orofaringea, febbre di origine ignota, cancro o displasia cervicale, cancro o displasia anale.

Il test per la diagnosi di infezione da HIV deve essere, inoltre, attivamente offerto a tutte le persone che si rivolgano a strutture assistenziali per i seguenti motivi: infezioni a trasmissione sessuale, infezione da virus dell'epatite a trasmissione ematica/sessuale, tubercolosi.

HIV Indicator Diseases Across Europe Study – Phase 2

- Open call to European centres
- Routine offer of HIV test to patients (18-65 yrs) presenting with indicator condition
- Simple demographic data collected; additional data items for those newly diagnosed HIV+
- **Primary endpoint:** demonstration of previously undiagnosed HIV infection >0.1% in each indicator condition (IC)
- Projected n=11 000
- Open 2012 - 2014

Disease Area	Indicator Conditions
Malignancies	Lymphoma Cervical dysplasia or cancer (CIN II and above) Anal dysplasia or cancer (AIN II and above) Primary lung cancer
Viral infections	Hepatitis B infection Hepatitis C infection Hepatitis B & C co-infection Ongoing mononucleosis-like illness
Haematological disorders	Leucocytopaenia and / or thrombocytopaenia Lymphadenopathy
Dermatological	Severe psoriasis Seborrhoeic dermatitis
Other	Pneumonia (hospitalised) Peripheral neuropathy

HIV prevalence by indicator condition

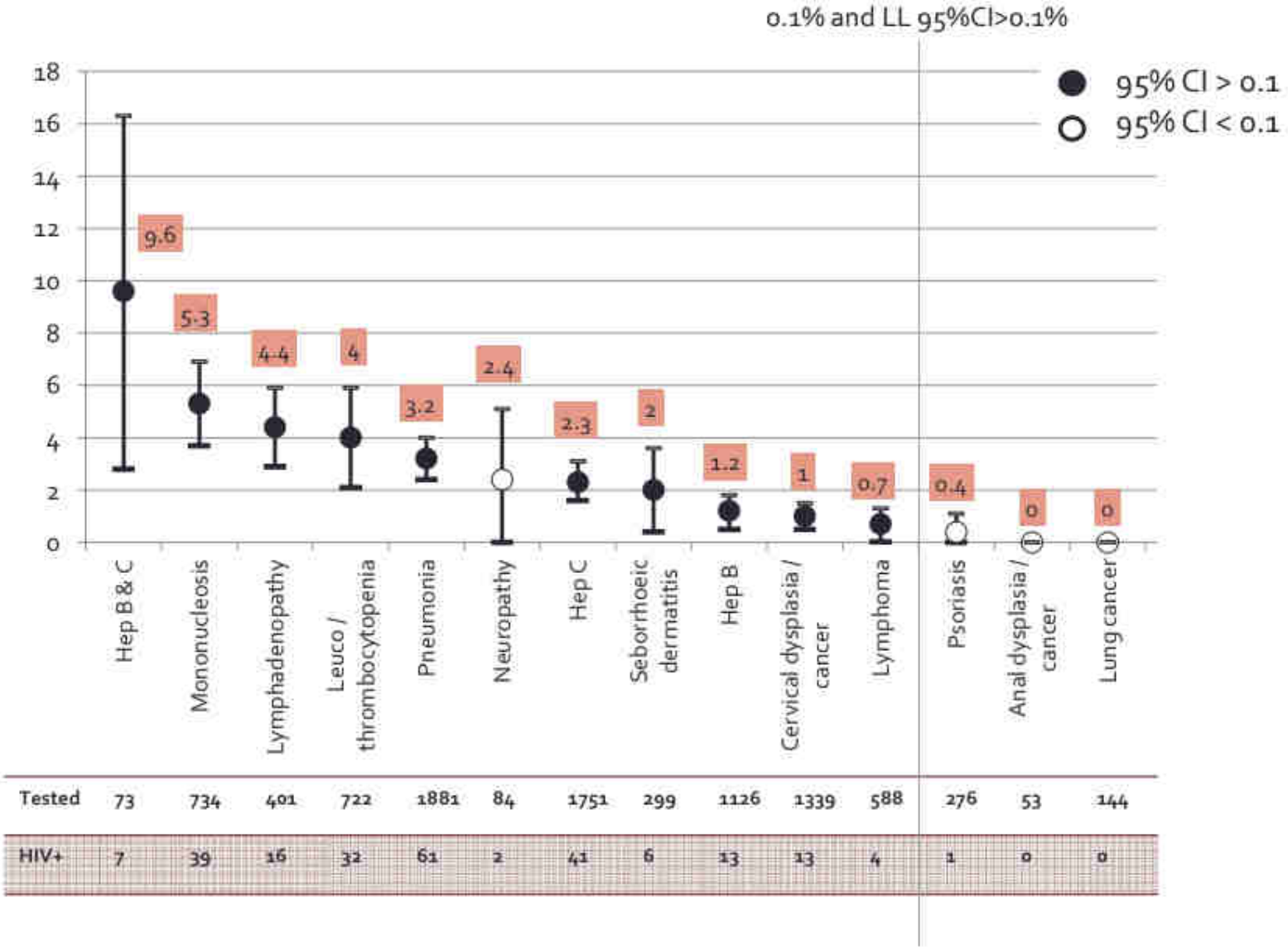


Table 1: Definitions of indicator conditions and recommendations for HIV testing

1. Conditions which are AIDS defining among PLHIV*

Strongly recommend testing

Neoplasms:
- Cervical cancer
- Non-Hodgkin lymphoma
- Kaposi's sarcoma

Bacterial infections
- Mycobacterium Tuberculosis, pulmonary or extrapulmunary
- Mycobacterium avium complex (MAC) or Mycobacterium kansasii, disseminated or extrapulmonary
- Mycobacterium, other species or unidentified species, disseminated or extrapulmunary
- Pneumonia, recurrent (2 or more episodes in 12 months)
- Salmonella septicaemia, recurrent

Viral infections
- Cytomegalovirus retinitis
- Cytomegalovirus, other (except liver, spleen, glands)
- Herpes simplex, ulcer(s) >1 month/bronchitis/pneumonitis
- Progressive multifocal leucoencephalopathy

Parasitic infections
- Cerebral toxoplasmosis
- Cryptosporidiosis diarrhoea, >1 month
- Isosporiasis, >1 month
- Atypical disseminated leismaniasis
- Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)

Fungal infections
- Pneumocystis carinii pneumonia
- Candidiasis, oesophageal
- Candidiasis, bronchial/ tracheal/ lungs
- Cryptococcosis, extra-pulmonary
- Histoplasmosis, disseminated/ extra pulmonary
- Coccidiodomycosis, disseminated/ extra pulmonary
- Penicilliosis, disseminated

2a. Conditions associated with an undiagnosed HIV prevalence of >0.1 %**

Strongly recommend testing

- Sexually transmitted infections
- Malignant lymphoma
- Anal cancer/dysplasia
- Cervical dysplasia
- Herpes zoster
- Hepatitis B or C (acute or chronic)
- Mononucleosis-like illness
- Unexplained leukocytopenia/ thrombocytopenia lasting >4 weeks
- Seborrheic dermatitis/exanthema
- Invasive pneumococcal disease
- Unexplained fever
- Candidaemia
- Visceral leishmaniasis
- Pregnancy (implications for the unborn child)

2b. Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1%

Offer testing

- Primary lung cancer
- Lymphocytic meningitis
- Oral hairy leukoplakia
- Severe or atypical psoriasis
- Guillain-Barré syndrome
- Mononeuritis
- Subcortical dementia
- Multiplesclerosis-like disease
- Peripheral neuropathy
- Unexplained weightloss
- Unexplained lymphadenopathy
- Unexplained oral candidiasis
- Unexplained chronic diarrhoea
- Unexplained chronic renal impairment
- Hepatitis A
- Community-acquired pneumonia
- Candidiasis

3. Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management despite that the estimated prevalence of HIV is most likely lower than 0.1%

Offer testing

- Conditions requiring aggressive immuno-suppressive therapy:
  - Cancer
  - Transplantation
  - Auto-immune disease treated with immunosuppressive therapy
- Primary space occupying lesion of the brain.
- Idiopatic/Thrombotic thrombocytopenic purpura

* Based on CDC and WHO classification system [46]
** References in appendix 2

Updates to the table based on future evidence of HIV prevalence in indicator conditions under 2b can be found at www.hiveurope.eu

Poster No. PE21/28

15th European AIDS Conference 2015

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Ongoing Mononucleosis-like Illness – a clear indicator condition for HIV testing: Results from the HIDES 2 Study – Single Arm Extension

D Raben[1], A Sullivan[2], A Mocroft[3], J Lundgren[1] on behalf of the HIDES Mono Extension Study Group

[1]CHIP, Centre for Health & Infectious Diseases Research, Department of Infectious Diseases, Section 2100, Rigshospitalet, University of Copenhagen, Denmark; [2]Directorate of Sexual Health and HIV Medicine, Chelsea and Westminster NHS Foundation Trust, London, United Kingdom; [3]University College London, London, United Kingdom

Percentage testing HIV+ with lower 95% CL

Region	Total N	N HIV+	Prevalence (95% Confidence Limit)	Lower 99% confidence limit for estimated prevalence
Total	1569	85	5.4 (4.3 – 6.5)	3.9
East	994	67	6.7 (5.2 – 8.3)	4.7
West	61	2	3.3 (0 – 7.7)	0
South	84	6	7.1 (1.6 – 12.7)	0
North	430	10	2.3 (0.9 – 3.8)	0.5
North/West/ South	575	18	3.1 (1.7 – 4.6)	1.3
West/South	145	8	5.5 (1.8 – 9.2)	0.6

CONCLUSIONS

Infectious mononucleosis-like presentation can mimic acute HIV sero-conversion and has the highest positivity rate observed in the HIDES study, this IC in particular offers opportunities for earlier diagnosis. Interestingly when compared to other regions the sero-positivity rate was slightly less in the North which might in part be explained by site of recruitment and the patients being tested and their underlying prevalence of HIV. As little difference is observed between regions, the routine offer of an HIV test for patients presenting with MON should be urgently adopted into HIV testing and IC specialty guidelines across Europe.

Infezione acuta (PHI)

Febbre, astenia, faringodinia, malessere, artro-mialgie

Nausea, vomito

Cefalea

Linfoadenomegalie

Rash cutaneo maculo-papuloso

Calo ponderale

Infezione acuta

Più raramente

Candidosi oro-faringea

Orticaria, desquamazione cutanea, alopecia

Meningoencefalite, neuropatie periferiche

Sindrome di Guillain-Barré

Ulcerazioni muco-cutanee

Deficit cognitivo

Diagnosi di infezione acuta

-**Pensarci!**
-La diagnosi sierologica può non essere completa, i.e.
a)Elisa negativo-ripetizione, ricerca test virologico
b)Elisa positivo, W.B. negativo-indeterminato
c)HIV-RNA Positivo, in genere alte cariche virali (>1000000 c/ml)
-il livello dei CD4+ inizialmente scende <500/mmc, a volte anche <200/mmc

Invio a reparto di malattie infettive per inizio precoce della terapia per:
-risoluzione dei sintomi
-riduzione reservoir virale
-arresto della trasmissione dell'infezione

GRAZIE!