Current HIV epidemiological situation in Romania, 2013

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National Focal Point at ECDC Stockholm
UNAIDS:
How to get to ZERO:

ZERO NEW HIV INFECTIONS.

ZERO DISCRIMINATION.

ZERO AIDS-RELATED DEATHS
Epidemiology/key population – Romania

- 30 September 2013: 12,119 people living with HIV/AIDS (19,026 total cumulative number, beginning with 1985).
- High rate of HIV incidence in children who were infected in the 1980s in Romania
  - The maximum number of these patients recorded at the beginning of the 1990s’; >90%: sub-type F1.
- During the same period, HIV incidence rate among the adult population was low, with a slight increase afterwards due to unprotected heterosexual contact, the main route of transmission for the last decade. Also, an increase in IDU use has been registered during the last three years (2011-2013).
- Currently, Romania has a large number of survivors in the 19–24 age group, who belong to the 1987–1990 cohort (>5000).
- A large number of PLWHA who receive specific ARV therapy in relation to the total number of infected persons (>8000 - 30 June 2013 - out of 10,261 in active surveillance).

Compartment for Monitoring & Evaluation of HIV/AIDS Data in National Institute for Infectious Diseases “Prof. Dr. Matei Bals”, Bucharest
HIV incidence in adults and children, between 1985 – 2012 (per 100.000)

Children 2012: 0.31/100.000
Adults 2012: 2.51/100.000

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balş”
AIDS incidence in adults and children, between 1985 – 2012 (per 100,000)

Children 2012: 0.28/100,000
Adults 2012: 1.54/100,000

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M. Balș”
Route of transmission in adults with HIV/AIDS (>14 years at diagnosis date) 30 September 2013 (cumulative no. 1985-2013)

Source: Compartmen for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
I. Evolution of HIV epidemic in Romania
Distribution of ages

Living patients and deceased patients by current age

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania – INBI “Prof.Dr.M.Balş”
Main routes of transmission of HIV infection in Romania, between 2007–2013 (30 September)

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI
“Prof.Dr.M.Balș”
Tendencies in routes of transmission in Romania 2007-2009

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Baş”
Tendencies in the way of transmission in Romania 2010-2013

2010
- Vertical: 3%
- MSM: 6%
- Heterosexual: 5%
- IV Drug use: 11%
- Indeterminate: 75%

2011
- Vertical: 3%
- MSM: 3%
- Heterosexual: 14%
- IV Drug use: 61%
- Indeterminate: 5%

2012
- Vertical: 31%
- MSM: 5%
- Heterosexual: 2%
- IV Drug use: 11%
- Indeterminate: 51%

2013
- Vertical: 30%
- MSM: 2%
- Heterosexual: 2%
- IV Drug use: 11%
- Indeterminate: 55%

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
## Tendencies in routes of HIV transmission
### Romania 2007-2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical</td>
<td>8 (2%)</td>
<td>7 (1%)</td>
<td>20 (4%)</td>
<td>25 (5%)</td>
<td>21 (3%)</td>
<td>21 (2.6%)</td>
<td>15 (3%)</td>
</tr>
<tr>
<td>MSM</td>
<td>14 (3%)</td>
<td>40 (8%)</td>
<td>44 (9%)</td>
<td>60 (11)</td>
<td>95 (13%)</td>
<td>89 (10.8%)</td>
<td>57 (10%)</td>
</tr>
<tr>
<td>IDUs</td>
<td>4 (1%)</td>
<td>3 (1%)</td>
<td>7 (1.4%)</td>
<td>14 (3%)</td>
<td>131 (18%)</td>
<td>252 (30.6%)</td>
<td>170 (29%)</td>
</tr>
<tr>
<td>MSM/IDUs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 (&lt;0.5%)</td>
<td>5 (1%)</td>
<td>6 (1%)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>352 (79%)</td>
<td>397 (76%)</td>
<td>383 (77%)</td>
<td>399 (75%)</td>
<td>440 (61%)</td>
<td>414 (50%)</td>
<td>313 (54%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>67 (15%)</td>
<td>71 (14%)</td>
<td>43 (8.6%)</td>
<td>32 (6%)</td>
<td>28 (4%)</td>
<td>39 (5%)</td>
<td>13 (2%)</td>
</tr>
<tr>
<td>Total</td>
<td>445</td>
<td>522</td>
<td>497</td>
<td>531</td>
<td>720</td>
<td>821</td>
<td>577</td>
</tr>
</tbody>
</table>

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr M. Balș”
Tendencies in the transmission route in Romania 2007-2012

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
II. Romania 2013
Distribution of new HIV/AIDS cases by counties vs.
New HIV/AIDS cases by IDU at 30 September 2013

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
Gender distribution of new HIV/AIDS cases detected in 01.01-30.06.2013

New cases: 577

Masculine: 70%
Female: 30%

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Bals”
Distribution of new HIV/AIDS cases of infection, diagnosed in 2013 by age groups

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Baș”
Distribution of new HIV/AIDS cases diagnosed in 2013, by route of transmission

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balş”
III. Assessment of HIV-IDU cases
Distribution of new HIV/AIDS -IDU cases by counties
30 September 2013

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balş”
### New HIV cases registered in the national database between 2009-2013 vs. new cases of HIV infection in IDUs between 2009-2013

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>January September 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
</tr>
<tr>
<td><strong>Number of HIV infection cases</strong></td>
<td>240</td>
<td>280</td>
<td>414</td>
<td>512</td>
<td>337</td>
</tr>
<tr>
<td><strong>Number of HIV infection cases in IDUs</strong></td>
<td>5</td>
<td>5</td>
<td>102</td>
<td>180</td>
<td>106</td>
</tr>
<tr>
<td><strong>Number of AIDS cases</strong></td>
<td>264</td>
<td>255</td>
<td>318</td>
<td>331</td>
<td>240</td>
</tr>
<tr>
<td><strong>Number of AIDS cases in IDUs</strong></td>
<td>3</td>
<td>10</td>
<td>39</td>
<td>83</td>
<td>71</td>
</tr>
<tr>
<td><strong>Total no. of HIV/AIDS cases</strong></td>
<td>504</td>
<td>535</td>
<td>732</td>
<td>843</td>
<td>577</td>
</tr>
<tr>
<td><strong>Total no. of HIV/AIDS cases in IDUs</strong></td>
<td>8</td>
<td>15</td>
<td>141</td>
<td>263</td>
<td>177</td>
</tr>
</tbody>
</table>

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Baş”
### New HIV/AIDS cases (January-September 2013) through IDU, by age group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Masculine</th>
<th>Feminine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 years</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>20-24 years</td>
<td>19</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>25-29 years</td>
<td>40</td>
<td>9</td>
<td>49</td>
</tr>
<tr>
<td>30-34 years</td>
<td>36</td>
<td>15</td>
<td>51</td>
</tr>
<tr>
<td>35-39 years</td>
<td>15</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>40-49 years</td>
<td>10</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>≥50</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>135</strong></td>
<td><strong>42</strong></td>
<td><strong>177</strong></td>
</tr>
</tbody>
</table>

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Baș”
### IDUs tested prior to the current positive test

<table>
<thead>
<tr>
<th>Year of previous test</th>
<th>No. of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>5</td>
</tr>
<tr>
<td>2012</td>
<td>11</td>
</tr>
<tr>
<td>2011</td>
<td>7</td>
</tr>
<tr>
<td>2010</td>
<td>5</td>
</tr>
<tr>
<td>2009</td>
<td>1</td>
</tr>
<tr>
<td>2007</td>
<td>4</td>
</tr>
<tr>
<td>2005</td>
<td>3</td>
</tr>
<tr>
<td>2004</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total no. of previously tested IDUs</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
HIV-IDUs cases by gender
January 2013

- HIV-IDU masc: 76%
- HIV-IDU fem: 24%

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Baş”
Stages of disease in IDUs’ new HIV/AIDS cases, diagnosed in 2013 (January-September)

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Bals”
Value of CD4 lymphocytes in new cases diagnosed in January-September 2013 Adults

- < 100: 22%
- 101-200: 10%
- 201-500: 34%
- > 500: 22%
- Not assessed: 12%

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof. Dr. M. Balș”
Values of CD4 lymphocytes in IV drug users vs. patients with different routes of transmission, diagnosed with HIV/AIDS infection in 2013

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
Viral load values in new HIV/AIDS cases diagnosed in January-September 2013

Adults

**MASCULINE**
- 101-10000: 30%
- 10001-100000: 23%
- 100001-500000: 13%
- >500000: 34%

**FEMININE**
- 101-10000: 38%
- 10001-100000: 8%
- 100001-500000: 22%
- >500000: 32%

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
## HBV, HCV, STIs screenings in HIV- IDUs

<table>
<thead>
<tr>
<th>Screened for</th>
<th>Number of assessed patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV</td>
<td>136</td>
<td>76.83%</td>
</tr>
<tr>
<td>AgHBV + HCV</td>
<td>22</td>
<td>11.29%</td>
</tr>
<tr>
<td>STIs</td>
<td>25</td>
<td>14.12%</td>
</tr>
</tbody>
</table>
Behaviour assessment of HIV+ drug users revealed:

- Most of them are from Bucharest and its outskirts.
- Low level of education or illiteracy;
- Social cases, homelessness; women- at least 2 children, in care of social services;
- Major behavioural disorders;

Source: M. Mardarescu. *HIV outbreaks in people who inject drugs in Romania. HIV EXPERT MEETING IN VILNIUS* 
11 APRIL 2012
Level of education of IDUs and MSMs IDUs patients, diagnosed HIV+ in 2012

Source: M. Mardarescu. HIV outbreaks in people who inject drugs in Romania. HIV EXPERT MEETING IN VILNIUS 11 APRIL 2012
Most IDUs do not access health services;

Lack of family support;

Many of them spent time in prison in Romania or in other countries;

Another important aspect is *the injecting pattern* which for stimulants involves *6-10 times injections / day* comparing with *3-5 times injections / day* for opiates;

Source: M. Mardarescu. HIV outbreaks in people who inject drugs in Romania. HIV EXPERT MEETING IN VILNIUS 11 APRIL 2012
More than 80% of the cases of IDU HIV+ confirmed in 2011-2012 by the National HIV Data Base were admitted in infectious diseases wards, for pathology associated with drug use, further diagnosed with HIV infection which had as associated risk factor drug consumption.

The new diagnosed cases of HIV and drug consumption benefitted from specific counselling and guidance towards specialised centres in Bucharest.

Due to the behavioural profile of drug users, evaluating their access to these centres after leaving the hospital is difficult.

Source: M. Mardarescu. HIV outbreaks in people who inject drugs in Romania. HIV EXPERT MEETING IN VILNIUS 11 APRIL 2012
HIV related illnesses 01.01 – 30.09.2013

- Recurrent sepsis
- Unspecified lymphoma
- Pulmonary tuberculosis
- Cryptosporidiosis
- CMV disease
- Toxoplasmosis
- Encephalopathy HIV related
- Wasting syndrome
- Oesophageal candidiasis

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Data in Romania— INBI “Prof. Dr. M. Balș”
PULMONARY TBC IN HIV PATIENTS

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof. Dr. M. Balş”
HBV, HCV and HBV+HCV infections in HIV/AIDS children, during 1989-2013

![Graph showing HBV, HCV, and HBV+HCV infections over years from 1989 to 2013]

<table>
<thead>
<tr>
<th>Year</th>
<th>VHB</th>
<th>HCV</th>
<th>VHB+HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>'89</td>
<td>63</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>'90</td>
<td>179</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>'91</td>
<td>91</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>'92</td>
<td>74</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>'93</td>
<td>111</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>'94</td>
<td>97</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>'95</td>
<td>131</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>'96</td>
<td>149</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>'97</td>
<td>216</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>'98</td>
<td>171</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>'99</td>
<td>174</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>'00</td>
<td>167</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>'01</td>
<td>105</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>'02</td>
<td>519</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>'03</td>
<td>12</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>'04</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'05</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'06</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'07</td>
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<td>0</td>
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</tr>
<tr>
<td>'08</td>
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<td>0</td>
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</tr>
<tr>
<td>'09</td>
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</tr>
<tr>
<td>'10</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'12</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>'13</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Baș”
HBV, HCV and HBV +HCV infections in adults with HIV/AIDS during 1985-2013

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Başa”
Surveillance of IDUs at Romanian National Antidrug Agency
HIV/HCV prevalence among IDU’s in treatment

HIV prevalence among IDU’s in treatment 2012

HVC prevalence among IDU’s in treatment 2012

## Number of HIV testings in iDUs performed by District Public Health 2007-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Negative testings</th>
<th>Positive testings</th>
<th>Total</th>
<th>% positive tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>620</td>
<td>6</td>
<td>626</td>
<td>0.95%</td>
</tr>
<tr>
<td>2008</td>
<td>380</td>
<td>3</td>
<td>383</td>
<td>0.78%</td>
</tr>
<tr>
<td>2009</td>
<td>277</td>
<td>6</td>
<td>283</td>
<td>2.12%</td>
</tr>
<tr>
<td>2010</td>
<td>96</td>
<td>1</td>
<td>97</td>
<td>1.03%</td>
</tr>
<tr>
<td>2011</td>
<td>46</td>
<td>3</td>
<td>49</td>
<td>6.12%</td>
</tr>
<tr>
<td>2012</td>
<td>255</td>
<td>19</td>
<td>274</td>
<td>6.93%</td>
</tr>
<tr>
<td>2013</td>
<td>81</td>
<td>22</td>
<td>103</td>
<td>21.36%</td>
</tr>
</tbody>
</table>
ART treatment in the current economical and social context – Romania

The number of people in ARV treatment almost doubled in 10 years.

Due to the epidemiologic particularity, namely the long term survivors, who have experienced multiple therapeutic schemes (~60% > 3 therapeutic schemes), the problem of ART resistance is major, with many implications in the design of potent and more expensive medication schemes.

Therefore it has become difficult to design a new potent combination of ARVs. Establishing an active treatment has a higher cost. In this situation the budget needs to be increased, which is difficult to obtain considering the economic climate.

On the other hand, from the patients’ point of view, adherence to treatment is damaged by the complexity of combinations (high number of pills and high risk of side effects), in addition to the poor adherence caused by therapeutic fatigue.

Also, due to therapeutic fatigue and low adherence, many patients discontinue treatment (>350 in 2012; >250 at June 2013)

Source: ART treatment situation in Romania. Mărdărescu Mariana: EACS Belgrade, 13 October 2011
Compartmen for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI
“Prof.Dr.M.Balș”
**DISTRIBUTION ON AGE GROUPS OF PATIENTS IN ART AT 30 JUNE 2013**

- 0-14 YEARS: 15%
- 15-19 YEARS: 7%
- 20-29 YEARS: 3%
- 30-39 YEARS: 1%
- 40-49 YEARS: 16%
- 50-59 YEARS: 3%
- >=60 YEARS: 1%

**ADULTS (≥ 15 YEARS): NUMBER OF ARV SCHEMES, PRIOR TO THE CURRENT ONE NO. OF PATIENTS**

- 0 schemes: 21%
- 1 scheme: 18%
- 2 schemes: 13%
- 3 schemes: 9%
- 4 schemes: 6%
- 5 schemes: 3%
- 6 schemes: 2%
- 7 schemes: 1%
- 8 schemes: 0%
- 9-14 schemes: 0%

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
Key concerns & complications in Romania

- Difficult adherence for patients who were told late about their HIV status, by their parents, from the long term survivors cohort born at the end of 80s’.

- Advanced stage of the disease along with virological and immunological failure.

- Multiple associated diseases which require specific treatment + ARV therapy.

Management of:
- ART in TB/HIV co infection
- ART in HIV and HBV/HCV co infection
- Particularities of new HIV-IDUs with the so-called “ethnobotanical” drugs (76.83% HCV co-infection, 11% HBV-HCV co-infection in 2013).

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof.Dr.M.Balș”
Key concerns & complications in Romania

Romania’s approach for women living with HIV/AIDS

- The majority of women living with HIV/AIDS in Romania are long-time survivors from the late 80s:
  - This group has experienced multiple therapeutic schemes, with major implications in ART resistance

- >50% of couples are serodiscordant (>50% woman is HIV+).

- Given this context, the rate of materno-fetal transmission has been kept <5%, during the last years, due to the national MTCT program, that has been functioning since 1998.

- The number of HIV-IDU women giving birth and who don’t access Health services is increasing. They are not registered and taken in records.

*National HIV/AIDS Strategy 2012-2015*
The rise in the number of pregnant women, addicted to drugs is directly proportional to the growth in the figures of drugs and new drugs (ethnobotanicals) users.

If women who use drugs are diagnosed with HIV during pregnancy they usually refuse to take specific treatment.

Most of these pregnant women do not go to routine check-ups, this explaining their absence from records as drug users.

Cares provided to newborns of mothers using drugs and new drugs (ethnobotanicals), perinatally exposed to HIV infection are usually associated with hepatitis B, C and with syphilis.
Key concerns & complications in Romania

Romania’s approach for women living with HIV/AIDS

With respect to this:

- Romania’s HIV/AIDS Strategy (2013–2017) includes a distinct chapter with measures to support sexual and reproductive health of people living with HIV/AIDS*
  - free family planning services for PLWHA
  - developing the capacity of PLWHA associations to provide counseling services to their beneficiaries
  - “Positive prevention” components in all the HIV/AIDS treatment facilities
  - developing the capacity of family planning services to offer tailored services for PLWHA and couples, including PLWHA partners

Key concerns & complications in Romania

Romania’s approach for women living with HIV/AIDS

HIV/AIDS National Strategy 2013-2017 also focuses on vertical transmission and its prevention:

- Universal access of pregnant women to HIV counselling and testing, as part of the minimal service pack of antenatal care.

- Universal access of HIV positive pregnant women to the full prevention pack for HIV vertical transmission, established on the basis of national medical guidelines*.

Key concerns & complications in Romania

Romania’s approach for IDU use

• According to the National Agency Against Drugs, in 2010 there was a change in the use pattern, namely the replacement of heroin among users with the so called “ethno-botanic” drugs. These are mostly synthetic cannabinoids and cathiones (part of them have now been regulated and are not legally available since 2011).

• According to 2010 UNODC behaviour study deployed in Bucharest, IDUs that are injecting “etno-bothanics” have an average double number of injections per day compared to the ones injecting heroine. The increase in injecting frequency and the different behaviour may explain the sudden increase in the number of HIV cases.

• Legal highs came to represent 38.9% of the required medical assistance (30% are daily IV users).

UNODC Report 2010: HIV, HBV and HCV Behavioral Surveillance Survey among Injecting Drug Users in Bucharest, Romania
Prevention of HIV transmission among injecting drug users (Romanian HIV Strategy)

Romania’s HIV/AIDS Strategy (2013–2017) includes a distinct chapter with measures to support the reduction of transmission through IDU use:

A. Reducing risks associated with the use of injecting drugs

- Increasing the number and current capacity of the needle exchange programs (fixed and mobile unities).
- Increasing the number and present capacity of programs for treatment with methadone/suboxone against opiates addiction.
- Developing specific programs and services to reduce the risk of HIV infection and to socially integrate young people (10-19 years) who inject drugs.
- Ensuring universal access for IDUs to HIV, STDs, HBV and HVC testing services.

Key concerns & complications in Romania

Key Trends

- Last few years, main transmission route for adults, unsafe heterosexual contact (50% of new cases).

- IDU - increase - 3% in 2010 vs. 29% in 2013

- MSM - increase - 8% in 2009 vs. 10% in 2013

- New diagnosed cases, enter the 20-24 age group and > 35% are “late presenters”

- An overall increase of PLWHA who require specific medical services and ARV therapy.

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI “Prof. Dr. M. Balș”
The evolution of HIV/AIDS phenomenon in Romania should be considered in EU context, even if incidence & prevalence place it in Central Europe, with low value of the above mentioned rates.

ECDC’s Surveillance Report 2010 outlined:

- HIV Infection: a major public health issue for Europe, with specific signs of continuous transmission and no clear evidence of significant reduction of cases.

- HIV heterogeneous in EU/EEA:
  - Main way of transmission: unsafe sexual contact among MSMs;
  - Significant share of heterosexual transmission cases from countries with generalized epidemic.
  - Continuous transmission among IDUs in Eastern European countries.
  - In Eastern Europe, the predominant route of transmission has shifted from IDU to heterosexual contact.

Source: Compartiment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI "Prof.Dr.M.Balș"
Romania has the largest number of long term survivors in Central Europe, with ages between 19-24, with implications in “the future” MTCT.

The new HIV cases are also 19-24 years (in 2013).

The latest concern in our country: new cases - shift to IDUs and MSMs’ beginning with 2011.

The large number of cases of TB.

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI "Prof.Dr.M.Bals"
Funding of prevention has been dual with

- **Public** national HIV/AIDS programme funding traditionally the universal access to HIV testing and diagnosis, including the PMTCT programme, post-exposure prevention and communication campaigns. This was maintained over the period 2008 – 2013

- **International** (GFATM, UN) available until mid-2010 and focused on prevention among vulnerable populations: IDUs, SWs, MSM, young people. From the end of 2010 some of the prevention programmes were continued with funding coming from EU Structural Support for Romania especially for groups where the prevention intervention could be linked with the social reinsertion intervention (IDUs, Roma, SWs)

- The international funding was not replaced by domestic funding to cover the needs for prevention. Only in a small extent the National Anti-Drug Agency started to cover costs for syringes and methadone maintenance
Romania’s proposals

Considering the new local HIV transmission tendencies and in order to limit HIV/AIDS epidemic, Romania opts and pleads, within the European region:

- For an optimal combination of services, treatment and prevention.
- Access of all pregnant women to HIV testing.
- Use of ART as a preventive measure to keep HIV transmission at a low rate, within the general population.
- Access to constant monitoring of ART- immunologic, virologic and resistance test.
- Cooperation and collaboration at European level with respect to the increasing number of I.V. drug users, in order to integrate national efforts within the European tendencies and to benefit of supplementary support.

DEFINITIONS

INCIDENCE = Number of new cases x 100,000/registered population at 1 July 2011

PREVALENCE = Number of new and old cases x 100,000/population registered at 1 July 2011

CHILD = persons framed in the 0-14 age group, according to the CDC definition (1993-1994)

ADULT = person ≥ 15 years, according to the CDC definition 1993-1994
The data is collected from the HIV/AIDS confirmation charts, sent by the nine Regional Centers for Evaluation and Monitoring of HIV/AIDS Data and further processed and elaborated in the National Data Base by Compartment for Monitoring and Evaluation of HIV/AIDS data in Romania, in National Infectious Diseases Institute–Bucharest.
The immunologic and virological data represent the joint effort of laboratories in the nine Regional Centers in collaboration with Compartment for Monitoring and Evaluation of HIV/AIDS data in Romania, in National Infectious Diseases Institute–Bucharest.
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