

- Pazienti in trattamento 33%

Stima delle nuove infezioni da HIV

3.500-4.300

2010**

Principale modalità di trasmissione: contatti etero/omosessuali: **80,1%**

Età mediana al primo test HIV positivo: **38 anni**

Percentuale di stranieri: **29,8%**

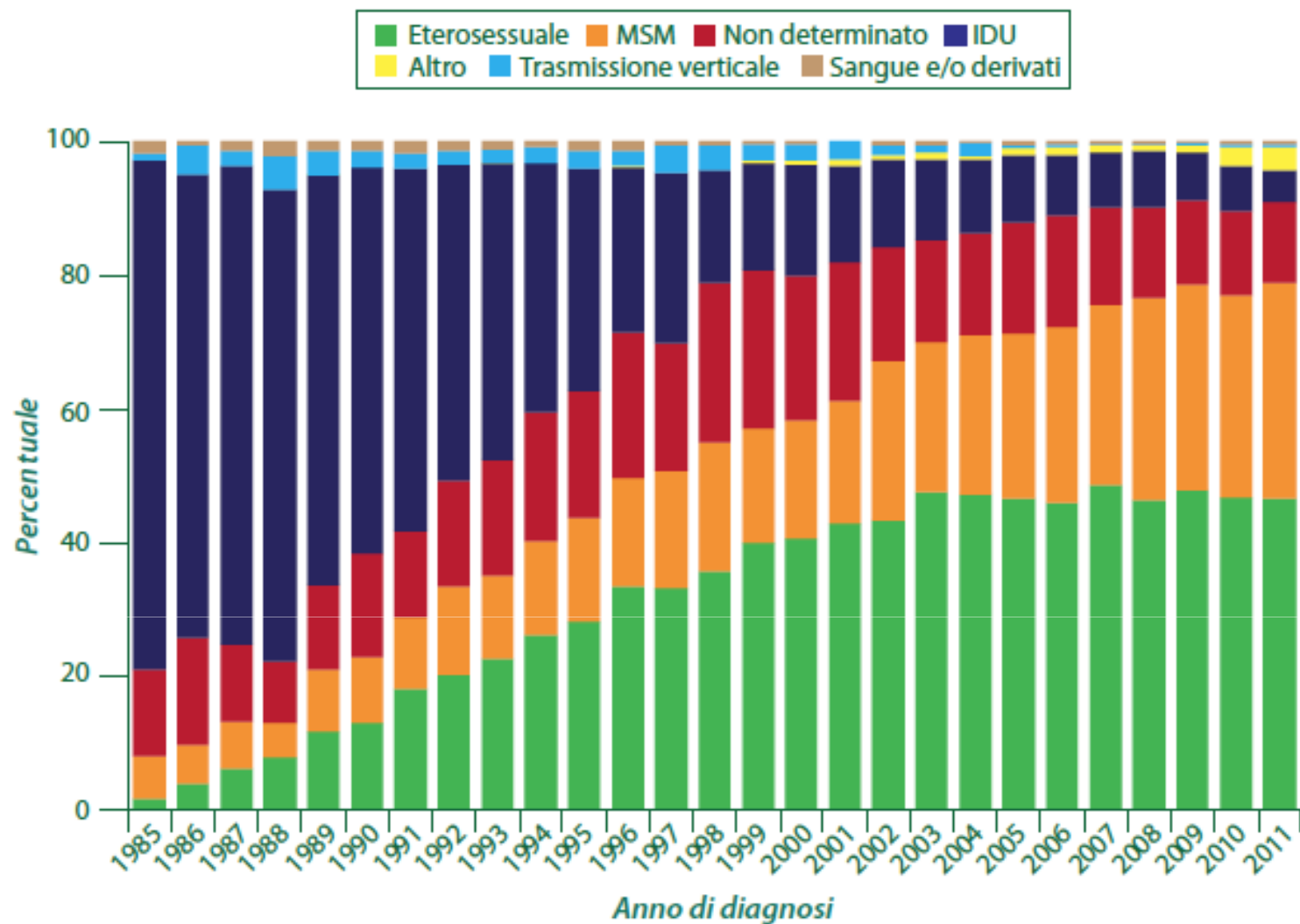


Figura 3 - Distribuzione percentuale delle nuove diagnosi di infezione da HIV, per modalità di trasmissione e anno di diagnosi



Figura 5 - Incidenza delle nuove diagnosi di infezione da HIV (per 100.000 abitanti). Anno 2011

COORDINAMENTO PROVINCIALE AIDS



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Modena



Provincia
di Modena



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero-Universitaria di Modena

Osservatorio provinciale sull'infezione da HIV

Edizione 2012

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Tabella 1 - Notifiche di infezione da HIV - Residenti in provincia di Modena - Anni 1985-2011¹

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Totale
Donne	42	49	52	29	22	22	18	18	26	16	16	21	25	18	29	18	25	21	18	25	18	21	19	14	15	27	13	637
Uomini	135	81	120	80	99	67	73	69	50	48	46	49	52	42	35	35	29	36	43	39	38	43	36	41	46	33	44	1509
Totale	177	130	172	109	121	89	91	87	76	64	62	70	77	60	64	53	54	57	61	64	56	64	55	55	61	60	57	2146

Figura 1 - Andamento delle notifiche per infezione da HIV - Residenti in provincia di Modena - Anni 1985-2011

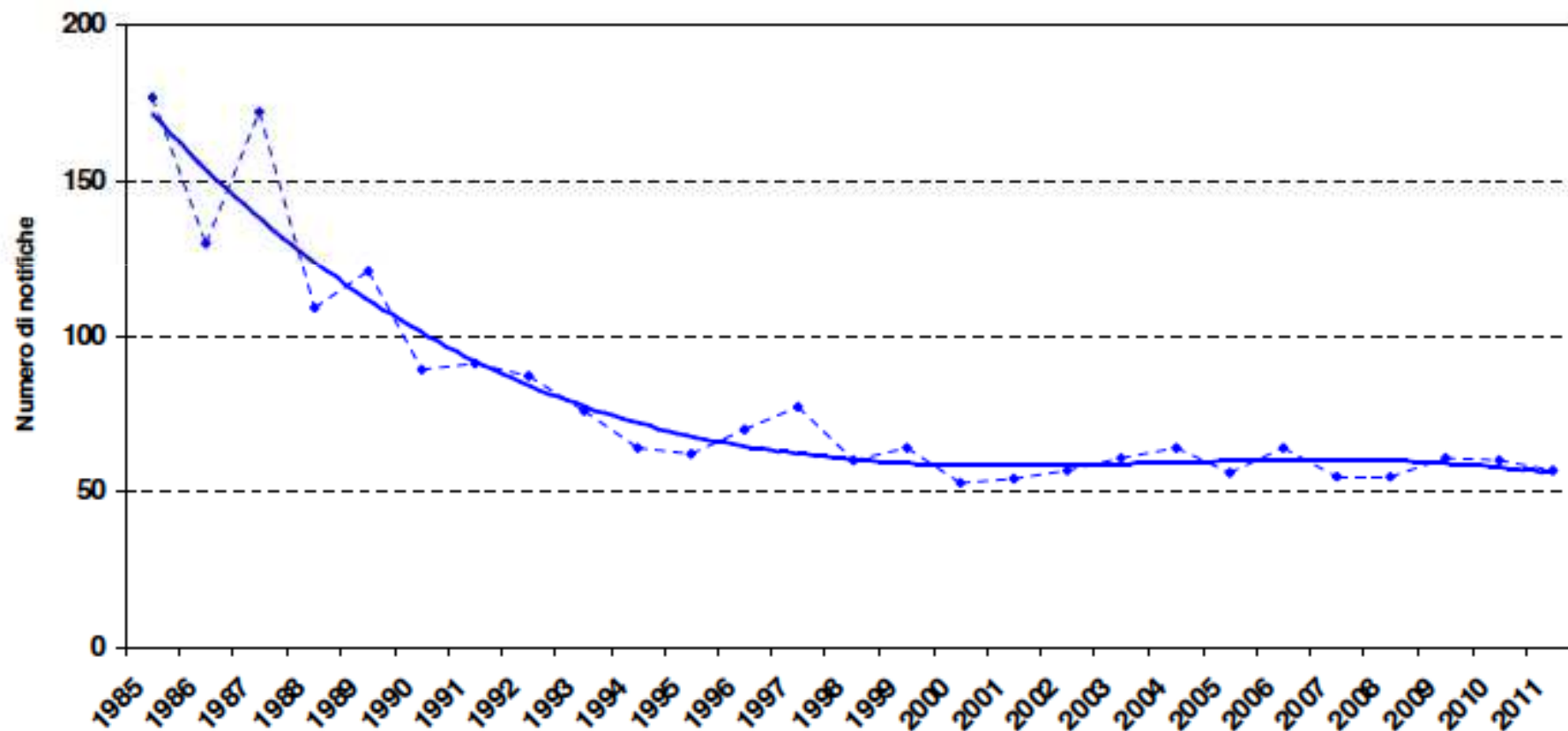


Tabella 3 - Età mediana alla notifica di infezione da HIV - Residenti in provincia di Modena – Anni 1985-2011

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Donne	22	22	24	23	25	27	28	30	31	30	30	30	30	30	28	31	31	28	32	33	32	36	32	36	37	41	39
Uomini	23	25	25	26	28	29	31	32	32	33	33	33	35	35	36	37	39	37	39	43	38	39	40	38	41	39	43
Totale	23	24	25	25	27	28	30	32	32	33	32	32	34	33	33	34	35	33	38	38	37	38	37	36	38	40	43

Figura 2 - Andamento dell'età mediana alla notifica di infezione da HIV - Residenti in provincia di Modena – Anni 1985-2011

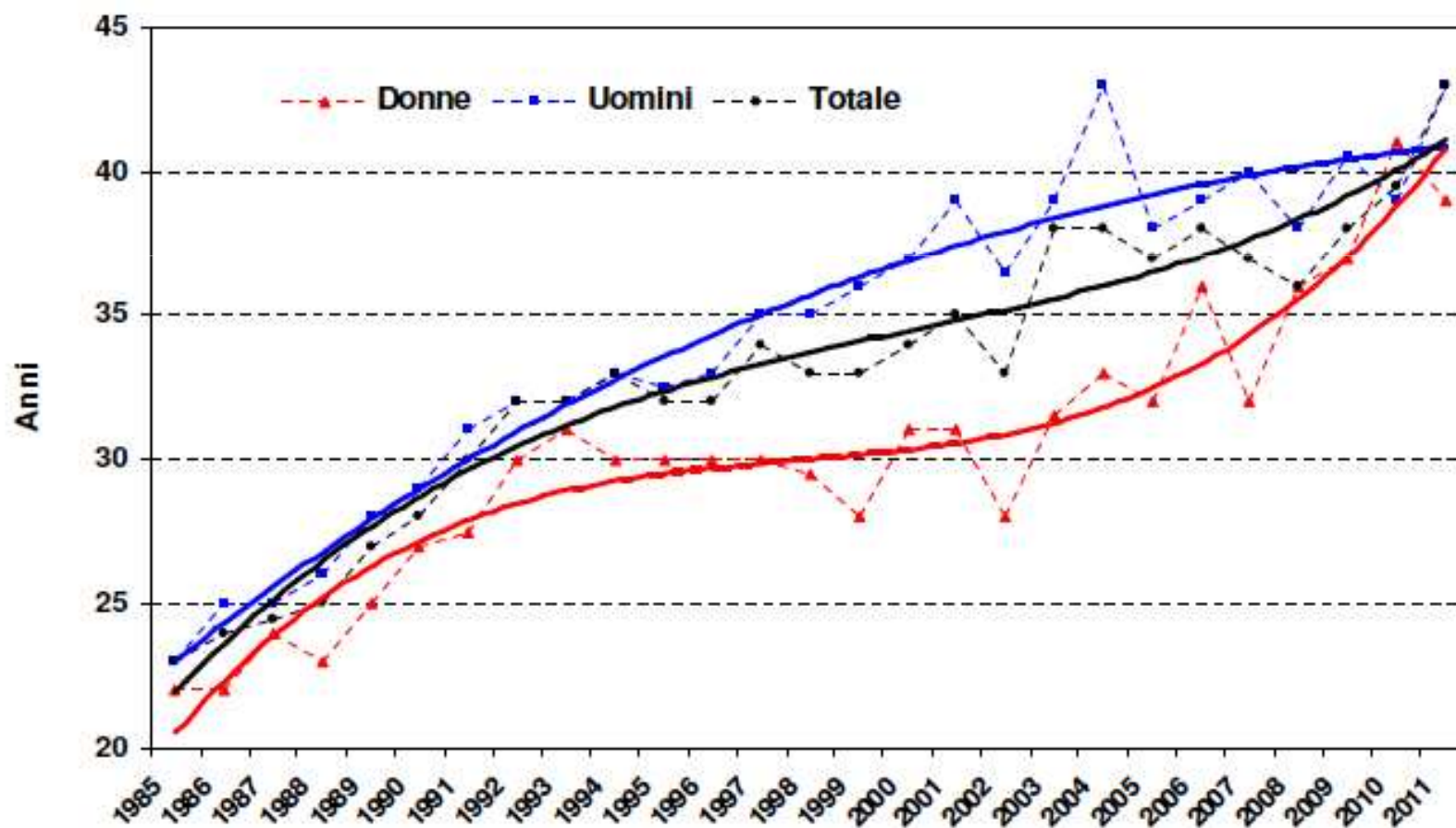


Tabella 4 - Tassi grezzi di incidenza (per 100.000 abitanti) delle notifiche per infezione da HIV per sesso - Residenti in provincia di Modena - Anni 1985-2011

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Donne	13,7	15,9	16,9	9,4	7,1	7,1	5,8	5,8	8,4	5,1	5,1	6,7	7,9	5,7	9,1	5,6	7,7	6,4	5,5	7,5	5,4	6,2	5,6	4,1	4,3	7,6	3,6
Uomini	46,6	28,0	41,6	27,7	34,2	23,0	24,9	23,4	16,9	16,2	15,6	16,5	17,4	14,0	11,6	11,5	9,4	11,5	13,6	12,2	11,7	13,2	10,9	12,3	13,6	9,7	12,8
Totale	29,7	21,8	28,9	18,3	20,2	14,8	15,1	14,4	12,5	10,5	10,2	11,5	12,5	9,7	10,3	8,5	8,5	8,9	9,5	9,8	8,5	9,6	8,2	8,1	8,9	8,6	8,1

Figura 3a - Andamento del tasso grezzo di incidenza (per 100.000 abitanti) - Residenti in provincia di Modena - Anni 1985-2011

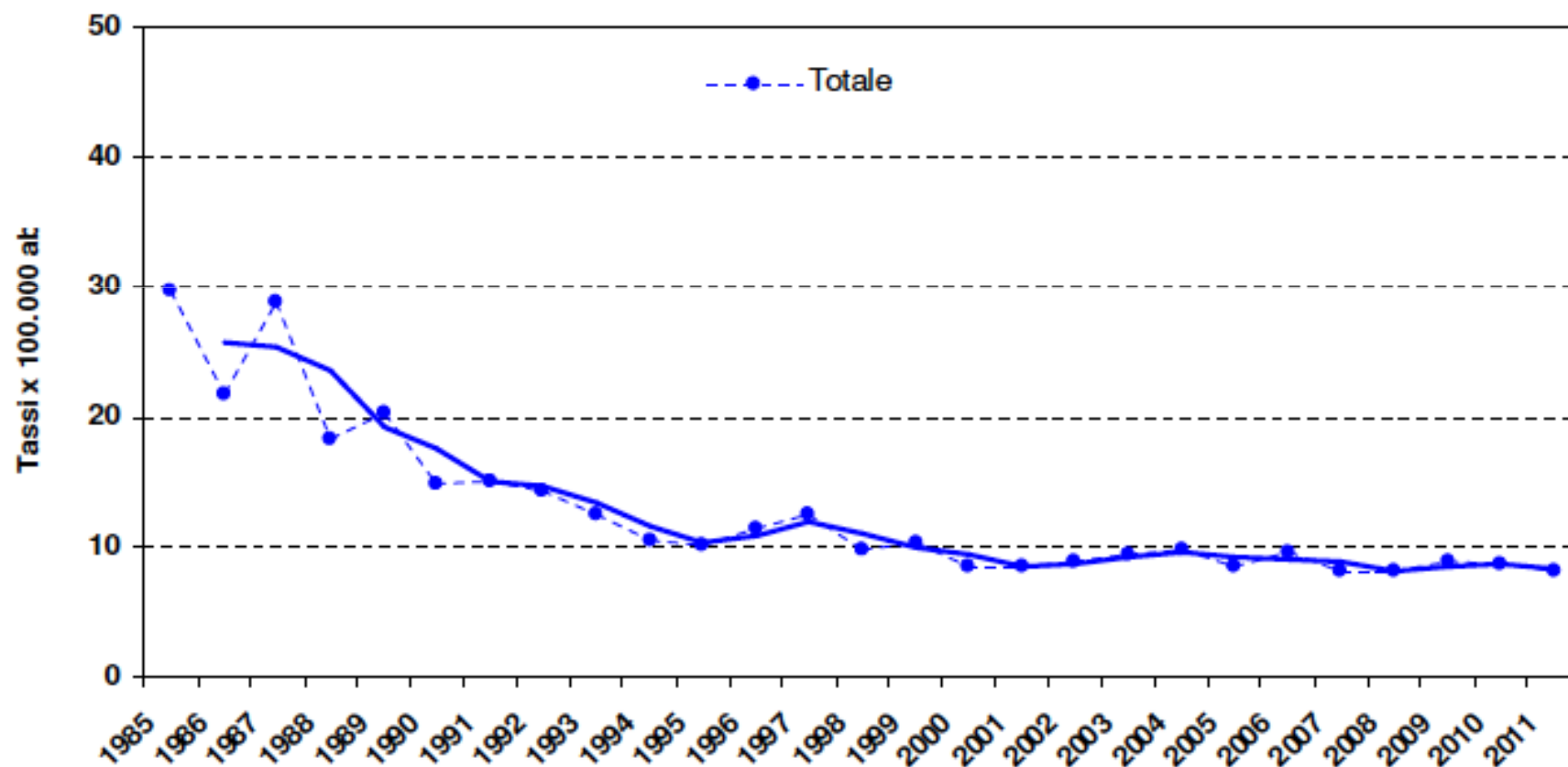


Figura 4 - Andamento dei tassi di incidenza (per 100.000 abitanti) delle notifiche per infezione da HIV specifici per classi di età - Residenti in provincia di Modena - Anni 1985-2011

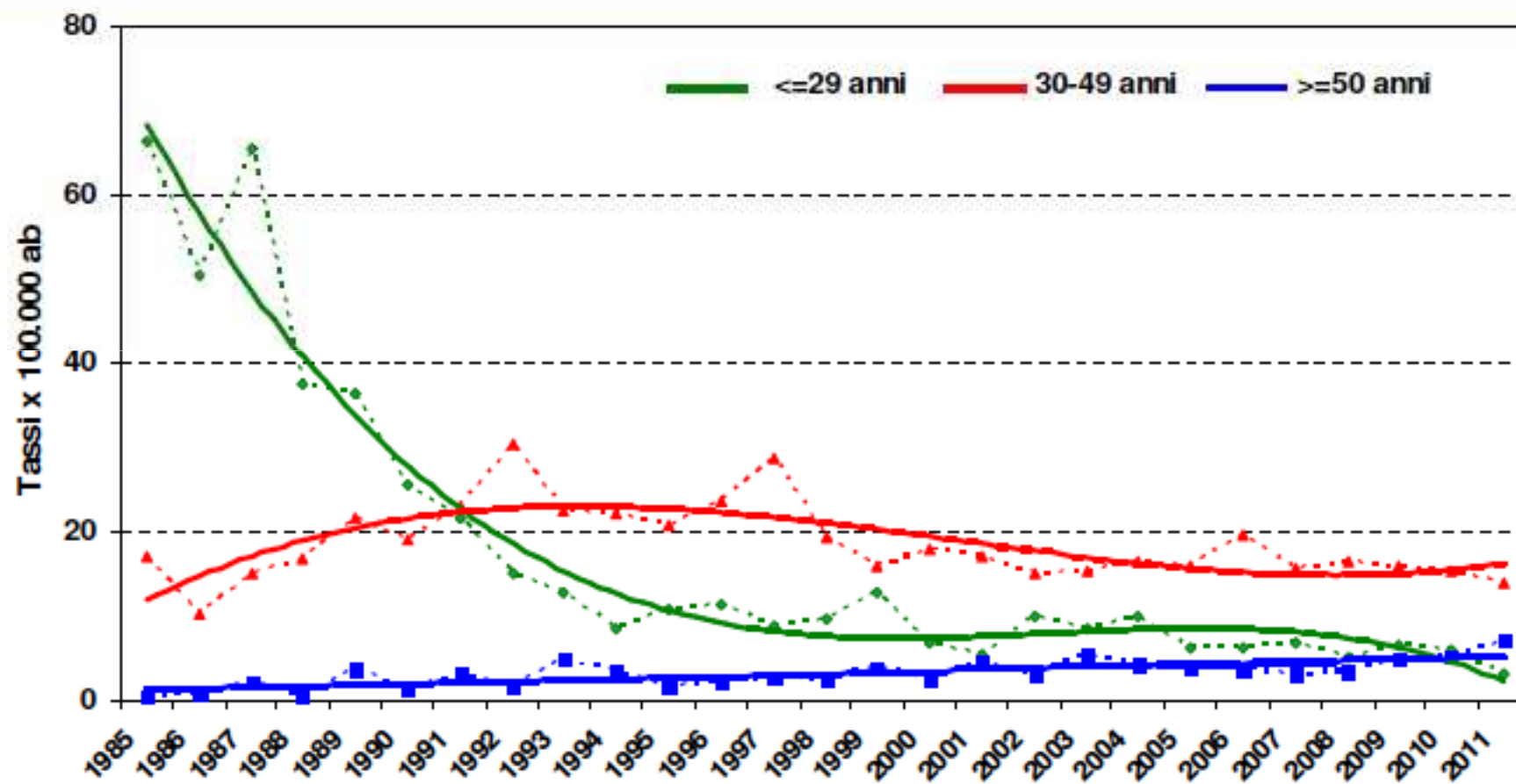
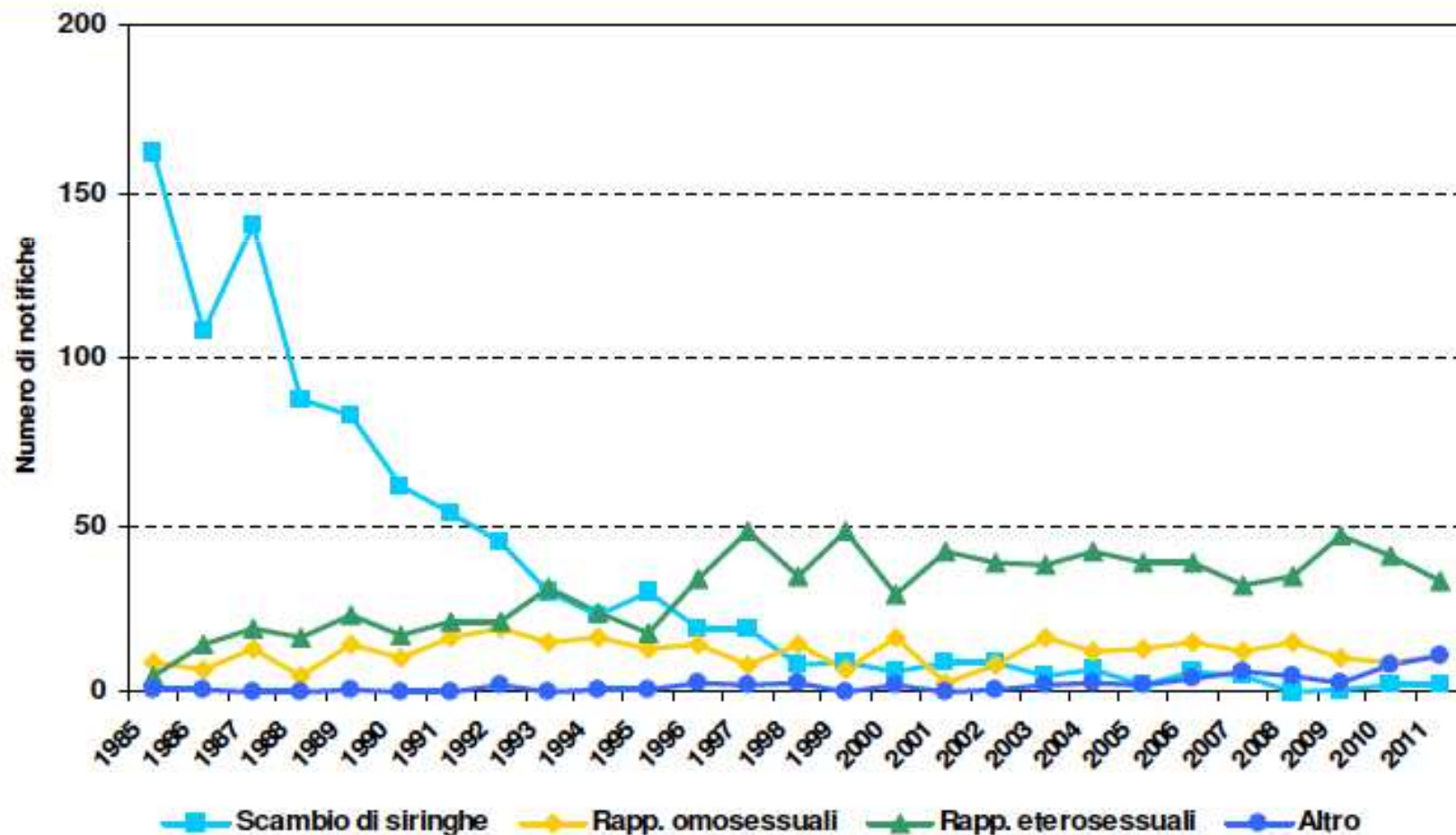


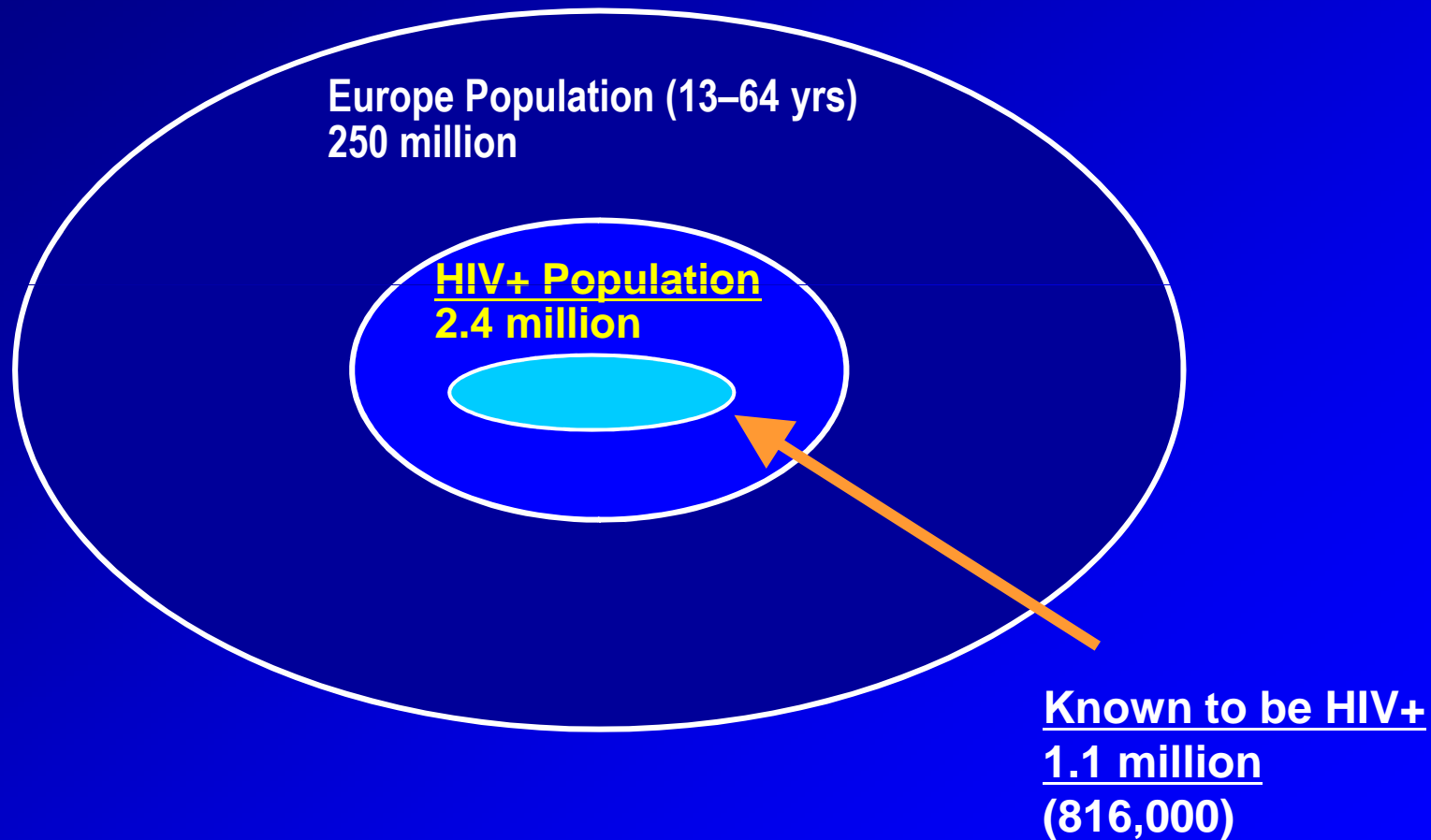
Tabella 9 - Andamento delle notifiche di infezione da HIV per via di trasmissione - Residenti in provincia di Modena
Anni 1985-2011

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Totale
Scambio di siringhe	162	108	140	88	83	62	54	45	30	23	30	19	19	8	9	6	9	9	5	7	2	6	5		1	2	2	934
Rapp. omosessuali	9	7	13	5	14	10	16	19	15	16	13	14	8	14	7	16	3	8	16	12	13	15	12	15	10	9	11	320
Rapp. eterosessuali	5	14	19	16	23	17	21	21	31	24	18	34	48	35	48	29	42	39	38	42	39	39	32	35	47	41	33	830
Altro	1	1			1			2		1	1	3	2	3		2		1	2	3	2	4	6	5	3	8	11	62
Totale	177	130	172	109	121	89	91	87	76	64	62	70	77	60	64	53	54	57	61	64	56	64	55	55	61	60	57	2.146

Figura 6 - Andamento delle notifiche di infezione da HIV per via di trasmissione - Residenti in provincia di Modena
Anni 1985-2011

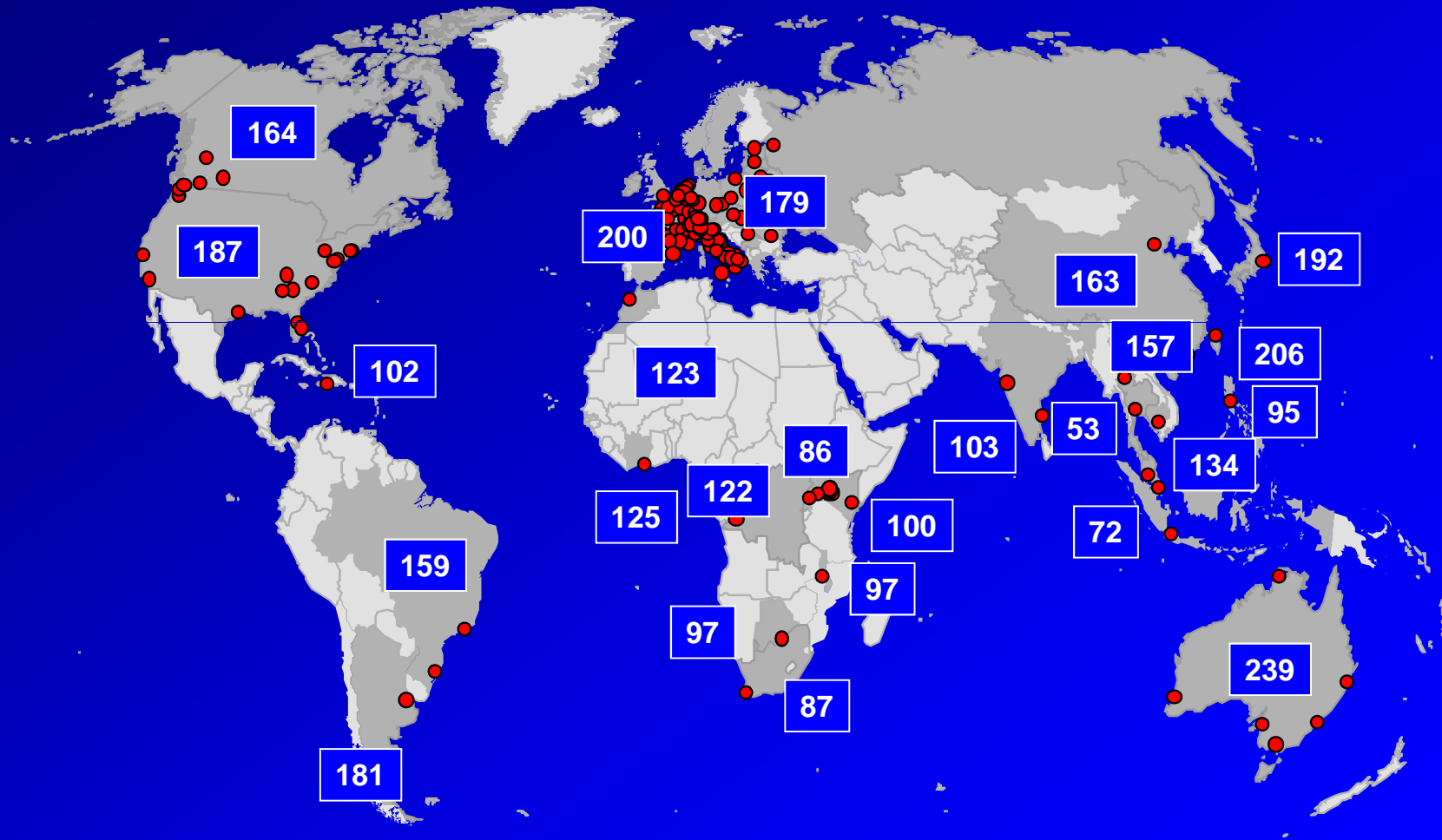


The infectious reservoir in Europe: 60% of HIV-infected persons are not currently aware of their HIV status



CD4 count at start of ART, 2003-2005

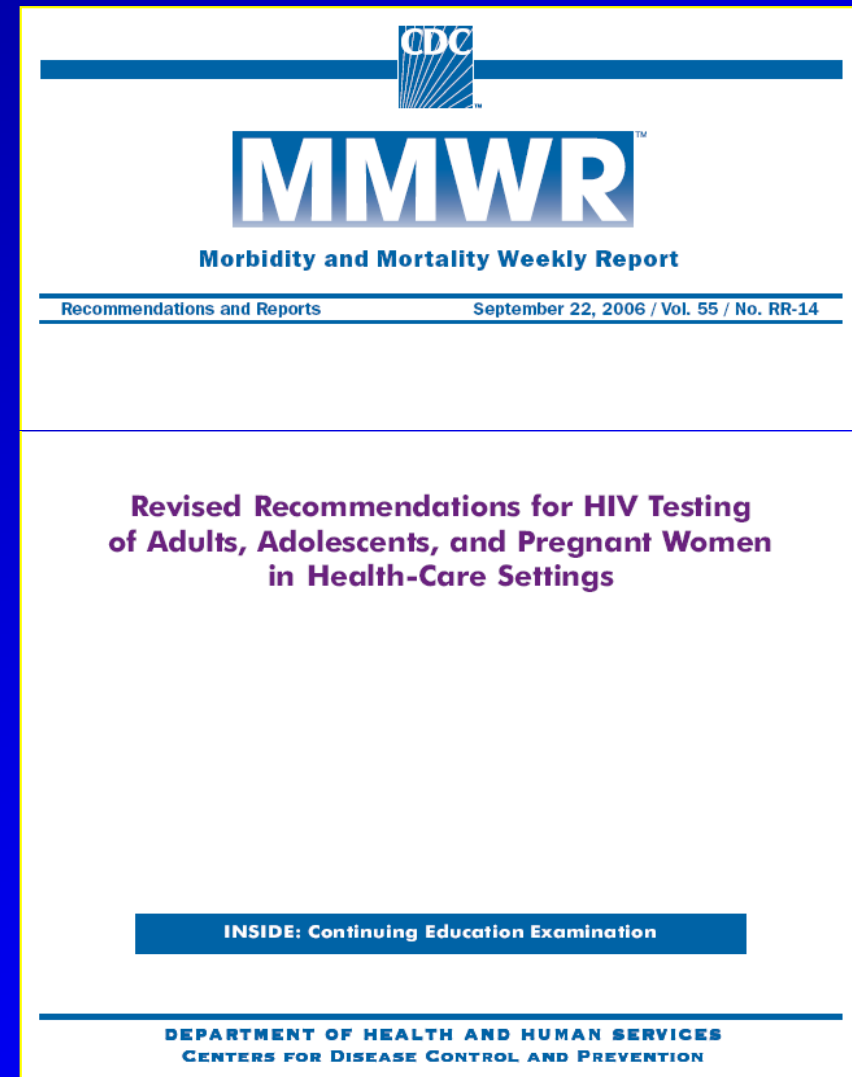
42 countries, 176 sites, 33,008 patients



Numbers are median CD4 counts

CDC Recommendations for HIV Testing in Healthcare Settings

- Routine voluntary testing for patients ages 13 to 64 years in healthcare settings
 - Not based on patient risk
- Opt-out testing
 - No separate consent for HIV
 - Resulting in increases in HIV testing rates
- Pretest counseling not required
- Repeat HIV testing left to discretion of provider, based on risk
- Within the US, 34 states are neutral to supportive of the CDC guidelines while 11 states have taken steps to reduce regulatory barriers
 - 6 states passed legislation (2007)



Indicator Diseases

http://www.hiveurope.eu/Projects/IndicatorDiseases/tabid/72/Default.aspx

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Indicator Diseases

HIV in Europe
Working Together for Optimal Testing and Earlier Care

To identify political, structural, clinical and social barriers to achieving optimal testing and counselling

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HIV Indicator Diseases Across Europe

Most patients infected with HIV across the European continent remain undiagnosed; although this percentage varies markedly from 15-80% across the continent.

Undiagnosed HIV is harmful to the person infected as appropriate health interventions are then delayed until the HIV infection is diagnosed. It is also detrimental to society as persons unaware of their HIV infection may transmit more frequently to others than persons that are aware of their HIV status.

An important public health issue is hence how to diagnose more HIV-infected persons earlier in the course of their infection through earlier testing. Following the recommendations from the HIV in Europe 2007 Conference, this survey aims at developing focused HIV testing in patients presenting with certain clinical conditions and/or diseases (i.e. the indicator disease testing guidelines).

Objectives

News

Spanish EU Presidency HIV Conference Vulnerability and HIV in Europe
Madrid, Spain, 13 April 2010
[See programme here](#)

European Parliament Magazine, Special supplement, December 2009
["Renewing our commitment. Putting HIV/AIDS early diagnosis and care on the EU agenda"](#)

Includes a report from the HIV in Europe 2009 Conference and HIV in Europe comment to the EU communication on combating HIV/AIDS in the EU and neighbouring countries.

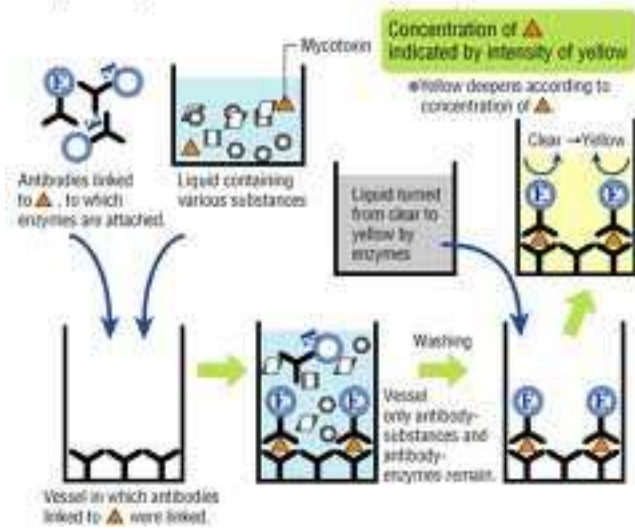
Newsletter - Issue no 3, February 2010
[available here](#)

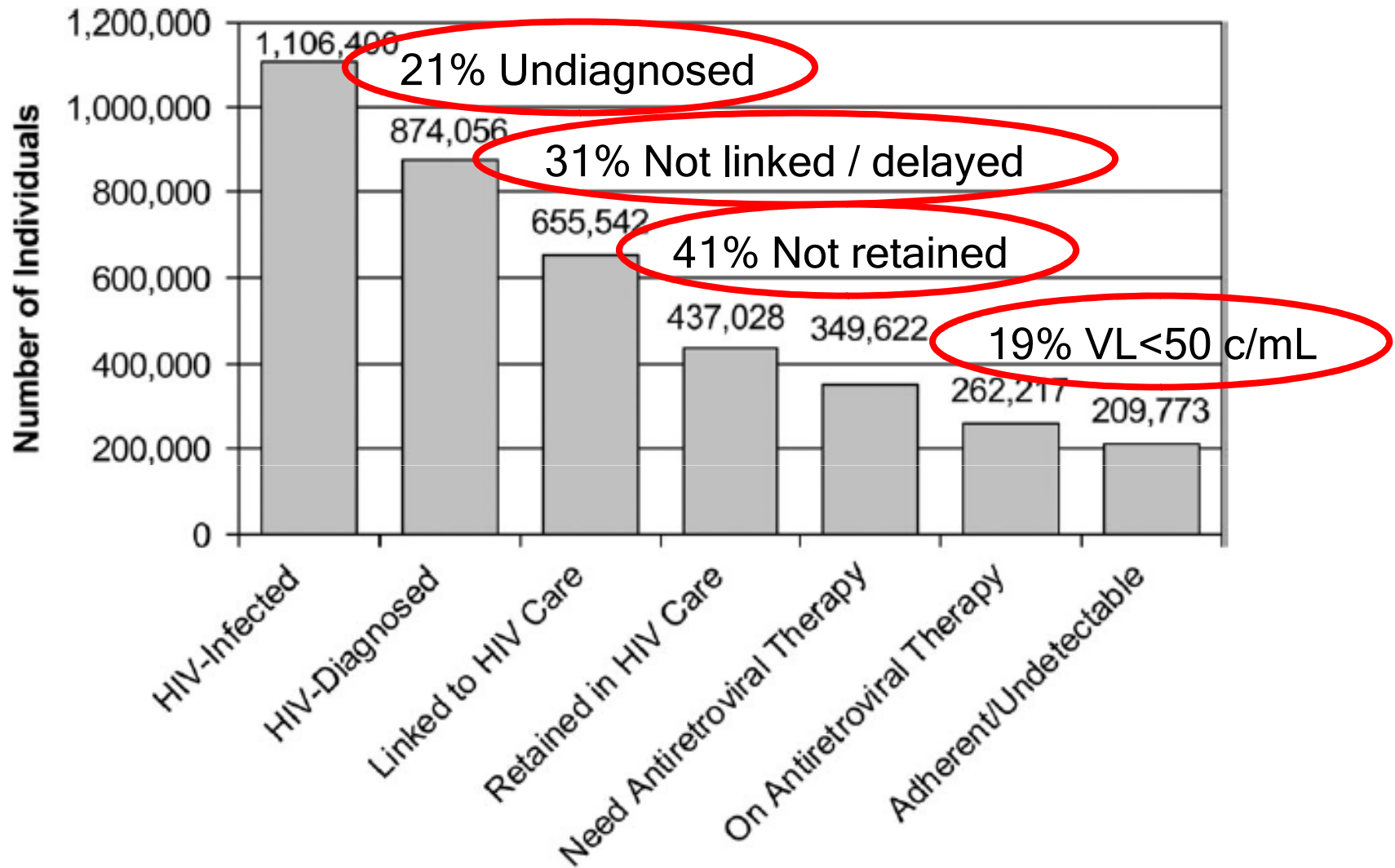
Indications for HIV testing

Survey initiative to assess HIV prevalence for 8 conditions within a specific segment of the population not yet diagnosed with HIV and that present for care.

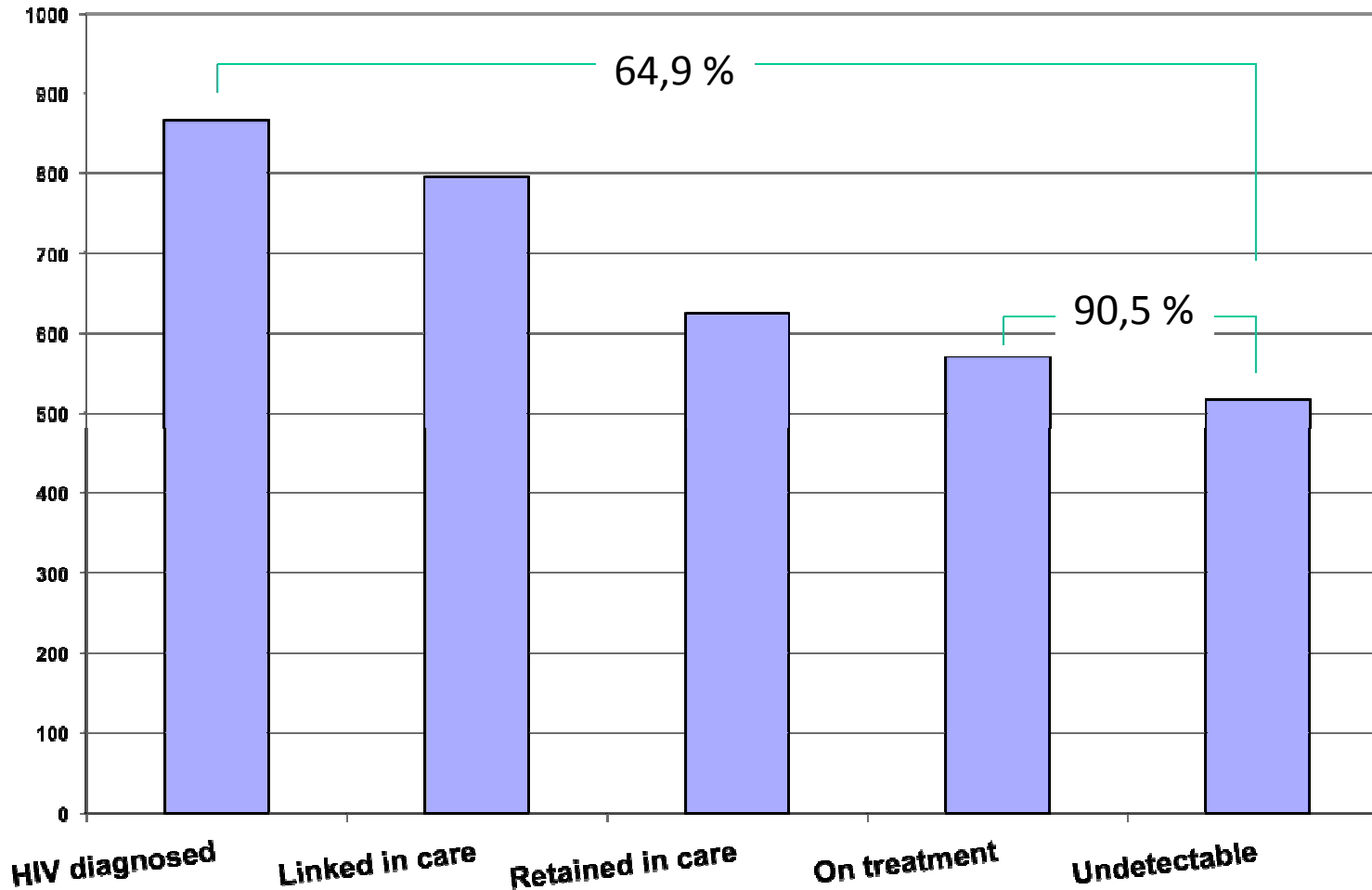
1. Sexually transmitted diseases
2. Malignant lymphoma, irrespective of type
3. Cervical or anal dysplasia or cancer,
4. Herpes zoster in a person younger than 65 years,
5. Hepatitis B or C virus infection
6. Ongoing mononucleosis-like illness
7. Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
8. Seborrheic dermatitis / exanthema

Principle of Enzyme-Linked Immunosorbent Assay (ELISA)





POTREBBE ESSERE CORRELATO AL SISTEMA SANITARIO AMERICANO?



MODENA COHORT

Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons With HIV: Evidence-Based Recommendations From an International Association of Physicians in AIDS Care Panel

Melanie A. Thompson, MD; Michael J. Mugavero, MD, MHSc; K. Rivet Amico, PhD; Victoria A. Cargill, MD, MSCE; Larry W. Chang, MD, MPH; Robert Gross, MD, MSCE; Catherine Orrell, MBChB, MSc, MMed; Frederick L. Altice, MD; David R. Bangsberg, MD, MPH; John G. Bartlett, MD; Curt G. Beckwith, MD; Nadia Dowshen, MD; Christopher M. Gordon, PhD; Tim Horn, MS; P. M. Simoni, PhD; and Jean B. Naciri

Ann Intern Med. 2012;156:817-833.

HIV/AIDS MAJOR ARTICLE

A Low-Effort, Clinic-Wide Intervention Improves Attendance for HIV Primary Care

Lytt I. Gardner,¹ Gary Marks,¹ Jason A. Craw,^{1,2} Tracey E. Wilson,³ Mari-Lynn Drainoni,^{5,7,8} Richard D. Moore,⁹ Michael J. Mugavero,^{11,12} Allan E. Rodriguez,¹³ Lucy A. Bradley-Springer,¹⁵ Susan Holman,^{4,5} Jeanne C. Keruly,⁹ Meg Sullivan,⁹ Paul R. Skolnik,¹⁶ Faye Malitz,¹⁰ Lisa R. Metsch,¹⁴ James L. Raper,^{11,12} and Thomas P. Giordano,^{17,18} for the Retention in Care Study Group⁹

Clinical Infectious Diseases 2012;55(8):1124-34

Establishment, Retention, and Loss to Follow-Up in Outpatient HIV Care

John A. Fleishman, PhD,* Baligh R. Yehia, MD,† Richard D. Moore, MD, MHSc,‡
P. Todd Korthuis, MD, MPH,§ and Kelly A. Gebo, MD, MPH,‡ For the HIV Research Network

J Acquir Immune Defic Syndr 2012;60:249-259



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FILO DIRETTO



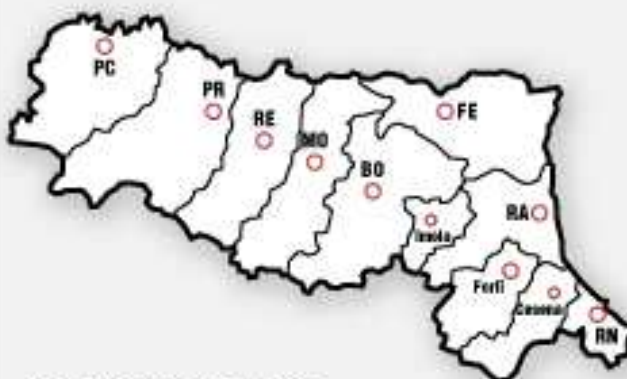
CHIEDI ALL'ESPERTO

Formula i tuoi dubbi e le tue domande sul problema della prevenzione e del controllo sull'HIV



GLI INTERVENTI DELLA REGIONE

LA RETE REGIONALE DEI SERVIZI



› Vai alla tua provincia



Consulta l'elenco dei servizi

AGENDA

12/11/2006

Glasgow (UK) - 8th International Conference on Drug Therapy in HIV Infection

20/10/2006

ROMA - Meeting "HIV & Real Life"

San Francisco (USA) - Workshop internazionale su "Adverse Drug Reactions and Lipodystrophy in HIV"

› Tutti gli appuntamenti

NOTIZIE



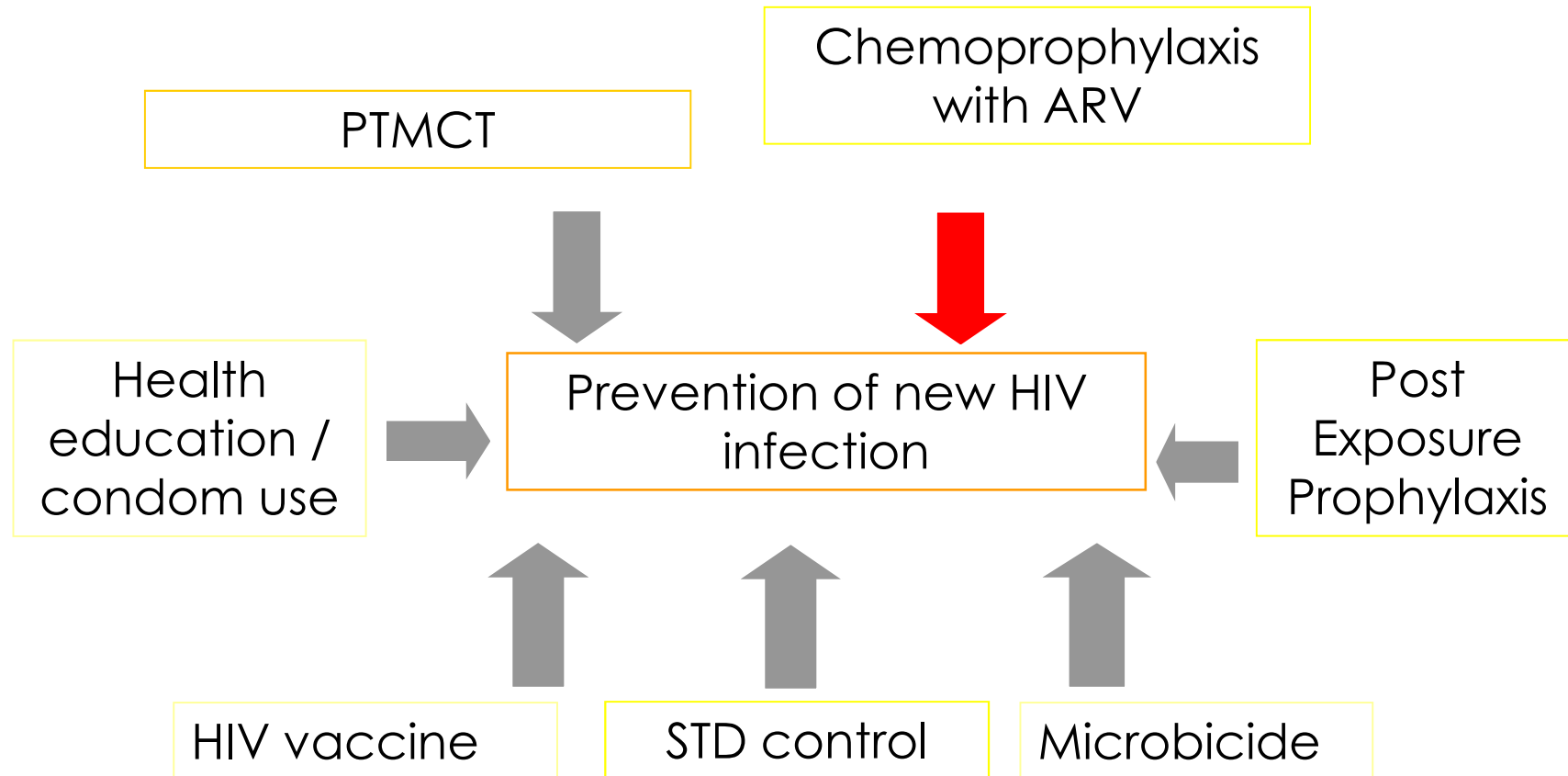
VIII Campagna nazionale sull'Aids



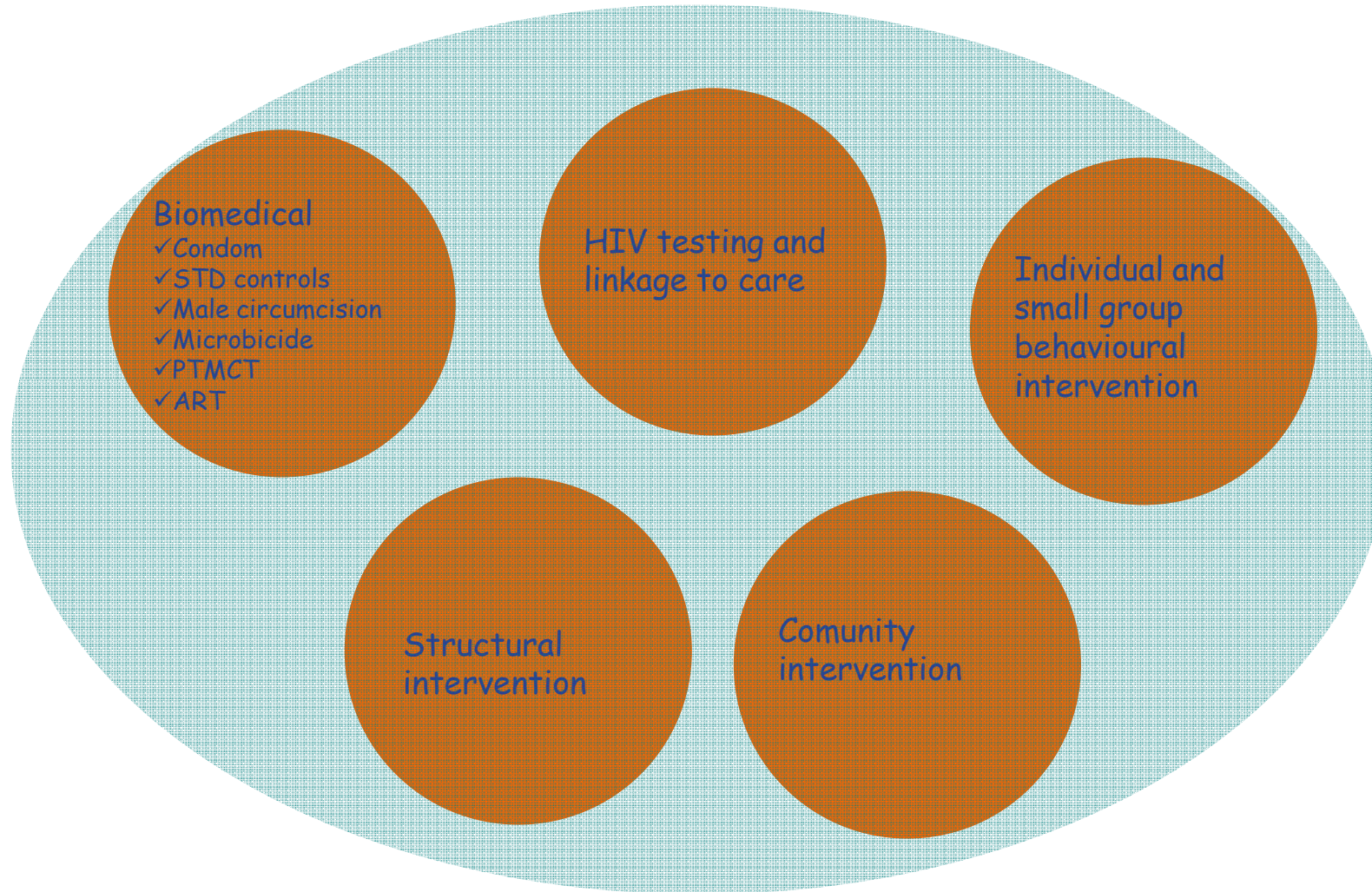
Negli USA decisione storica: il test per l'HIV è negli esami di routine

› Tutte le notizie

Biomedical approaches to HIV prevention



HIV prevention requires multidisciplinary interventions





**WE NEED
YOUR
HELP!**