Pandemi 90-90-90 Hedefini Nasıl Etkiledi? Gelecek Nasıl Planlanmalı?

Uyum

Dr. Dilek Yıldız Sevgi
Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji
Şişli Hamidiye Etfal SUAM

Antiretroviral Tedavi ve Uyum

- Kür yok
- Tedavi ömür boyu
- Tablet sayısı
- Diyet
  İlaç etkileşimleri
- Yan etki
  Kısa ve uzun dönem

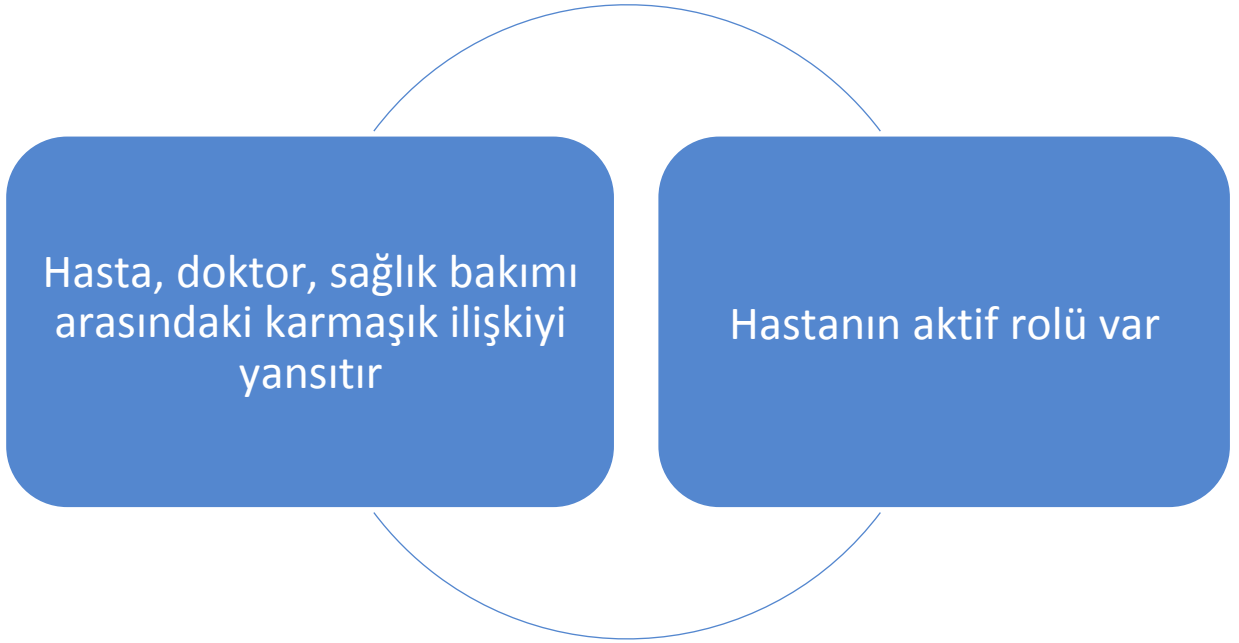
Tran BX et al. Determinants of antiretroviral treatment adherence among HIV/AIDS patients: A multisite study. Glob Health Action 2013;6:19570

Uyum

Compliance (Uyum)

Geleneksel olarak hastanın ilaçlarını alabilmesi

Adherence (Bağlılık)



https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/adherence-continuum-care?view=full

Tedaviye bağlılık

DSÖ tanımı

Kişinin sağlık bakım tavsiyeleri altında

İlaçların alımı

Diyetin takibi

Yaşam stili değişiklikleri davranışlarının ölçüsüdür

Çok boyutlu

Katılımcının davranışları

İstenmeyen etki profili

Hastanın halsizliği

Günlük yaşam rutinine tedavinin yerleşmesi

HIV ve Tedavi Bağlılığı

Virusa maruz kalma süresinde optimum ilaç düzeyini elde etmek için öngörülen ilaçların alınması

Uyum

- Viral supresyon
- Direnç oranınında azalma
- Sağkalımda artış
- Yaşam kalitesinin iyileşmesi

ile bağlantılıdır

1. Martin M et al.: Relationship between adherence level, type of the antiretroviral regimen, and plasma HIV type 1 RNA viral load: A prospective cohort study. AIDS Res Hum Retroviruses 2008;24:1263–1268.
2. Sethi AK et al. Association between adherence to antiretroviral therapy and human immunodeficiency virus drug resistance. Clin Infect Dis 2003;37:1112–1118.
3. 5. Lima VD et al.: The combined effect of modern highly active antiretroviral therapy regimens and adherence on mortality over time. J Acquir Immune Defic Synd

Uyum Ölçümü

Altın standart yok

Viral supresyon en gerçekçi göstergelerden biri

ART başarısı için %95 ve üzeri bağlılık

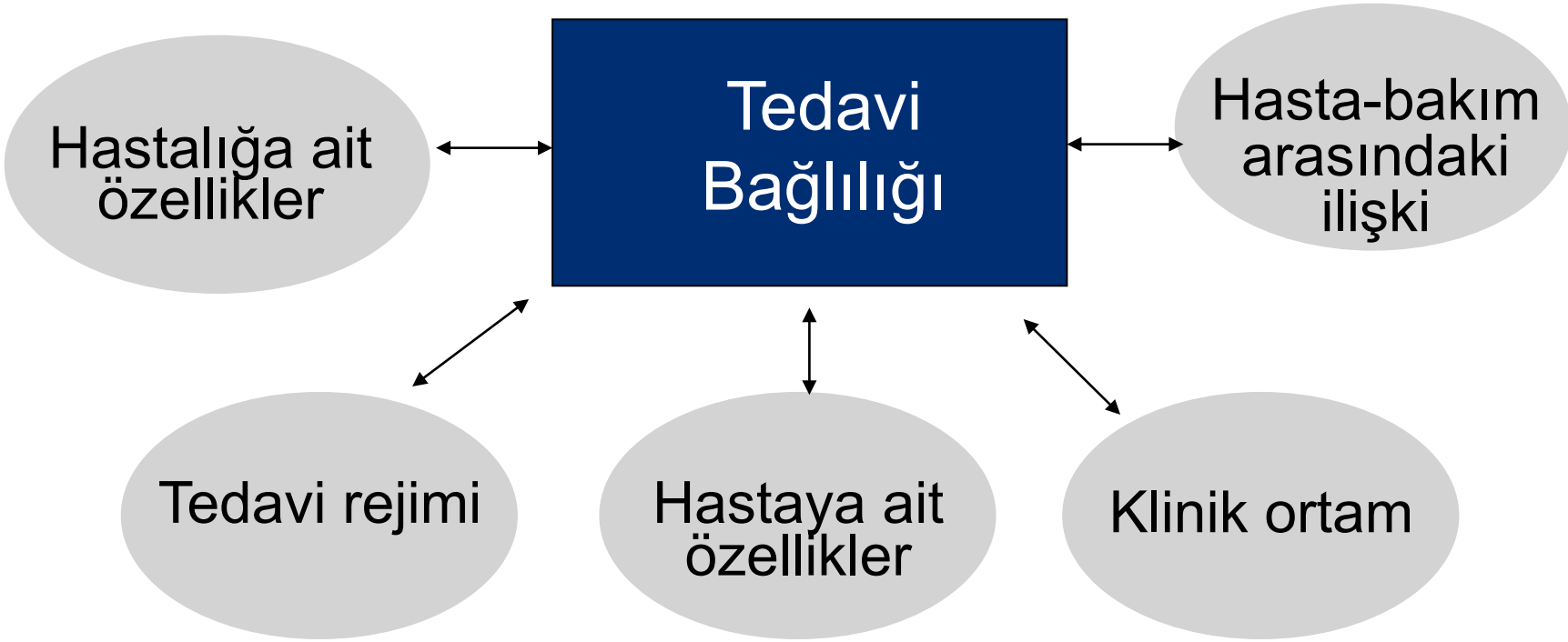
Chesney MA. The elusive gold standard. Future perspectives for HIV adherence assessment and intervention. J Acquir Immune Defic Syndr 2006;43 Suppl 1:S149–S155

Tedavi Bağlılığı Nasıl Ölçülür

- Hasta geri bildirim
- Tablet sayısı
- Eczane kaydı
- Laboratuvar belirteçleri
- Elektronik alet
- İlaç düzeyi ölçümü

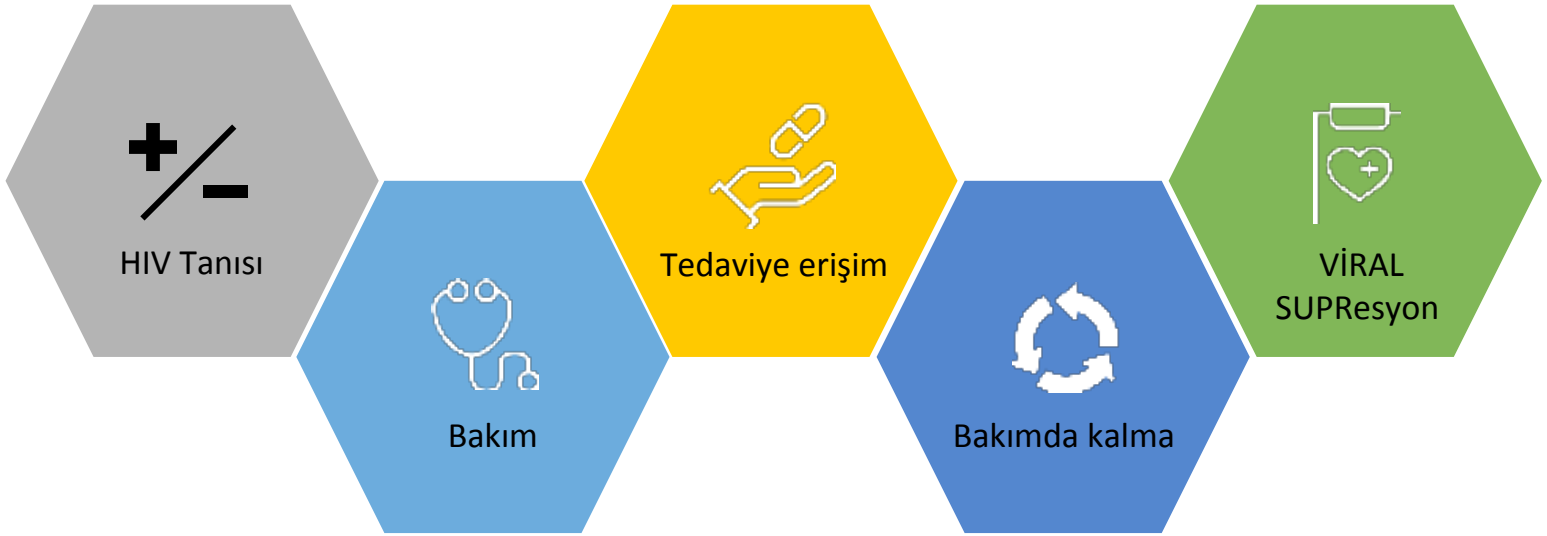
1. Shi L et al. Correlation between adherence rates measured by MEMS and self-reported questionnaires: A meta-analysis. Health Qual Life Outcomes 2010;8:99.
2. McMahon JH et al. Pharmacy adherence measures to assess adherence to antiretroviral therapy: Review of the literature and implications for treatment monitoring. Clin Infect Dis 2011;52:493–506

Tedavi Bağlılığını Etkileyen Faktörler



Adherence to Antiretroviral Therapy in Adults: A Guide for Trainers. Nairobi: Population Council, 2004

HIV Bakım Devamlılığı



https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum

Komorbidite yönetimi
Psikososyal iyilik hali

Fig. 1

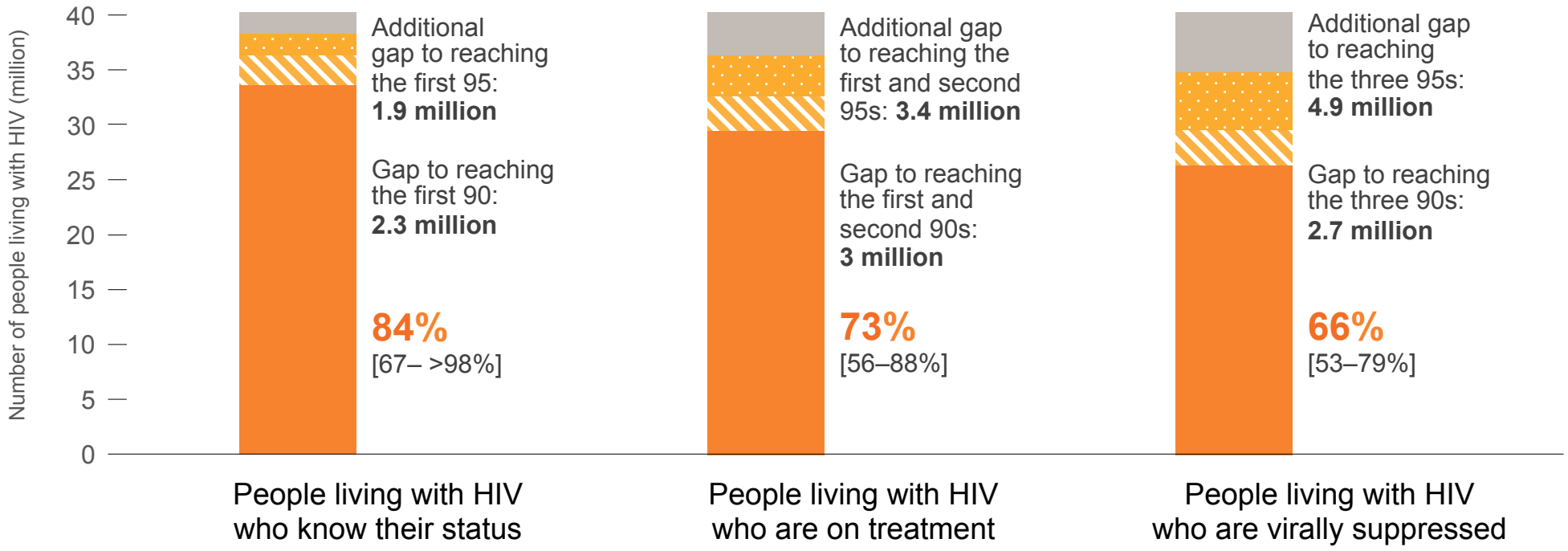
*Adapted from: UNAIDS. 90-90-90: an ambitious treatment target to help end the AIDS epidemic. 2014. default/files/media_asset/90-90-90_en_0.pdf. Accessed on 25 April 2016

The 'fourth 90': proposed revision to the UNAIDS 90-90-

"Moving Fourth": A Vision Toward Achieving Healthy Living with HIV Beyond Viral Suppression

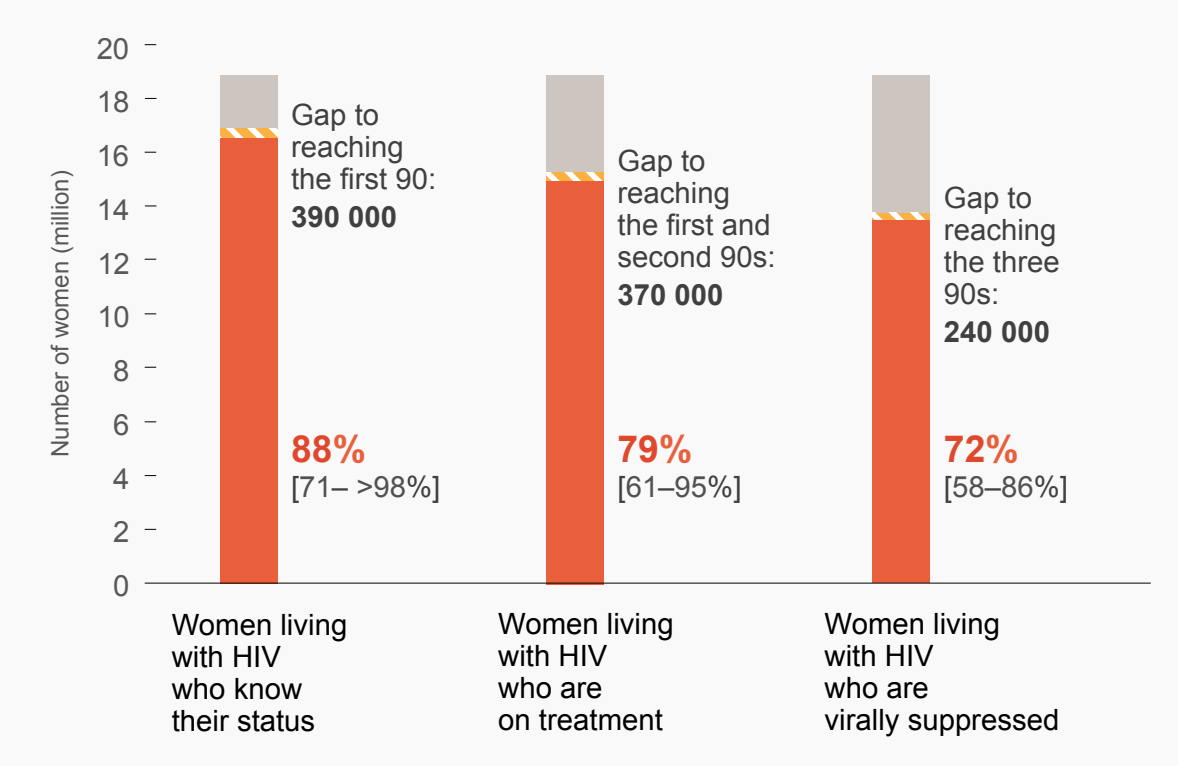
Abstract

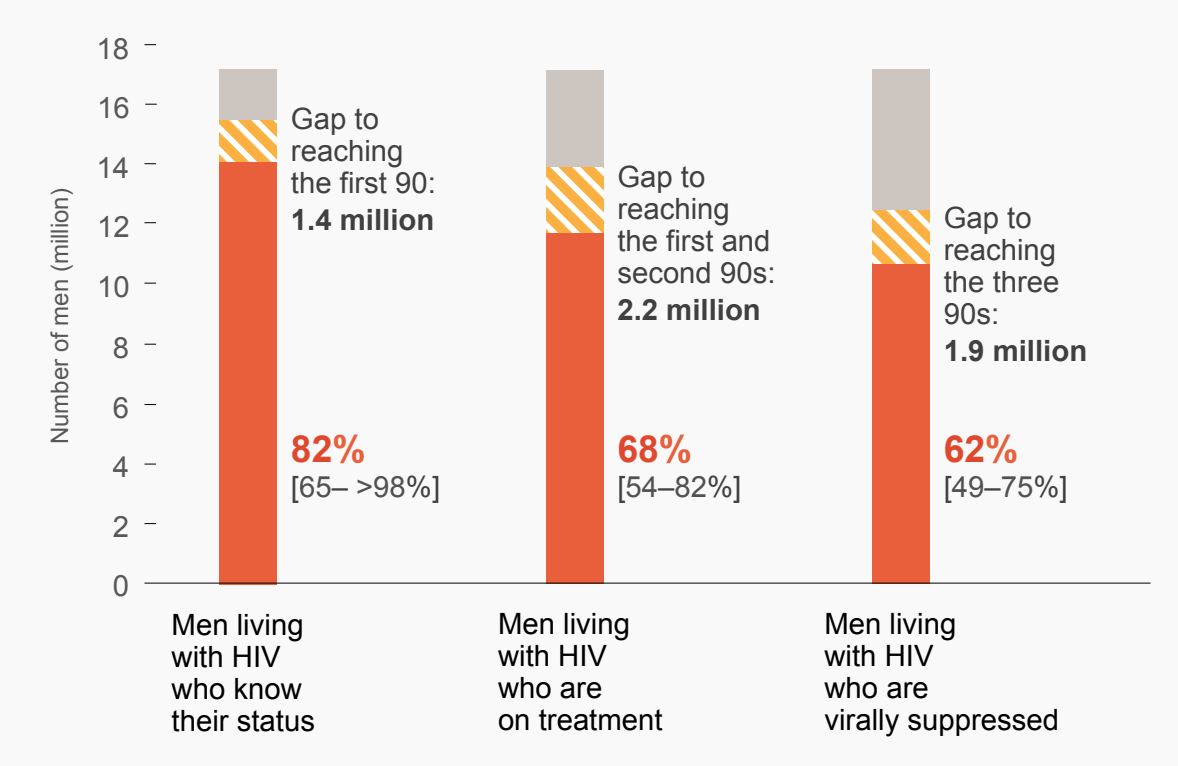
HIV Test ve Tedavi



UNAIDS, 2021

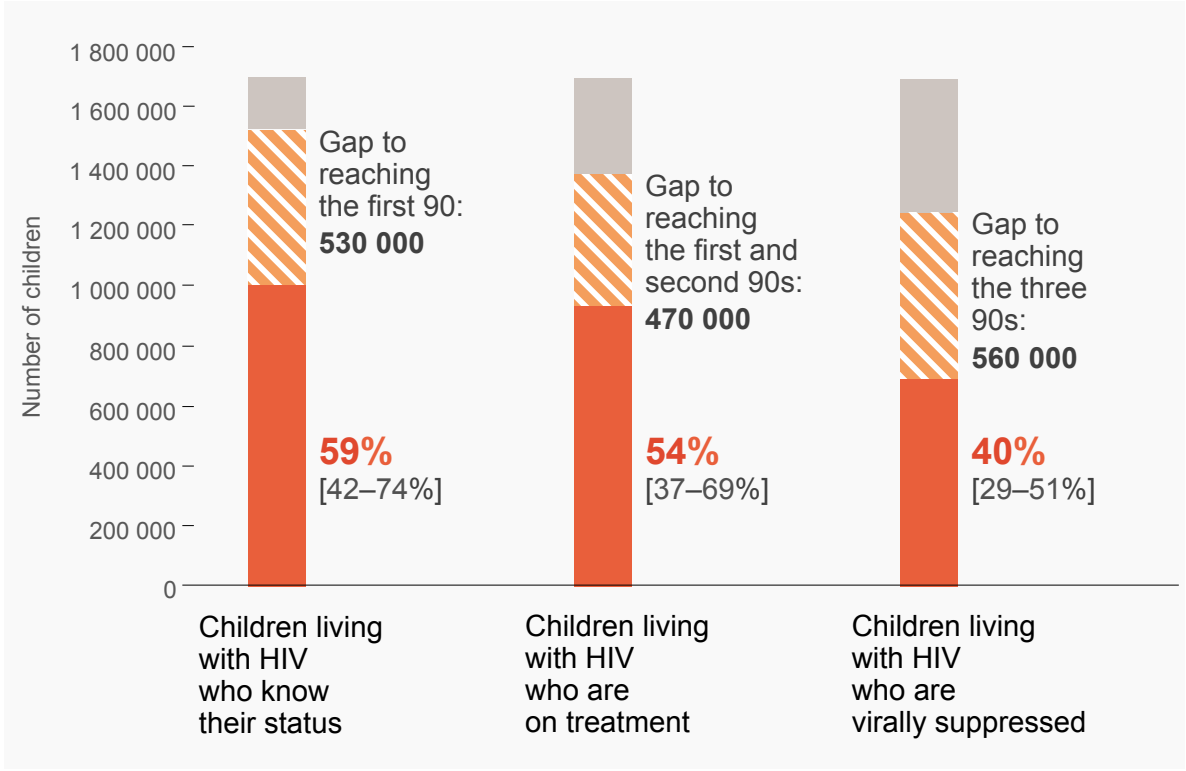
HIV testing and treatment cascade, women (aged 15+ years) compared to men (aged 15+ years), global, 2020

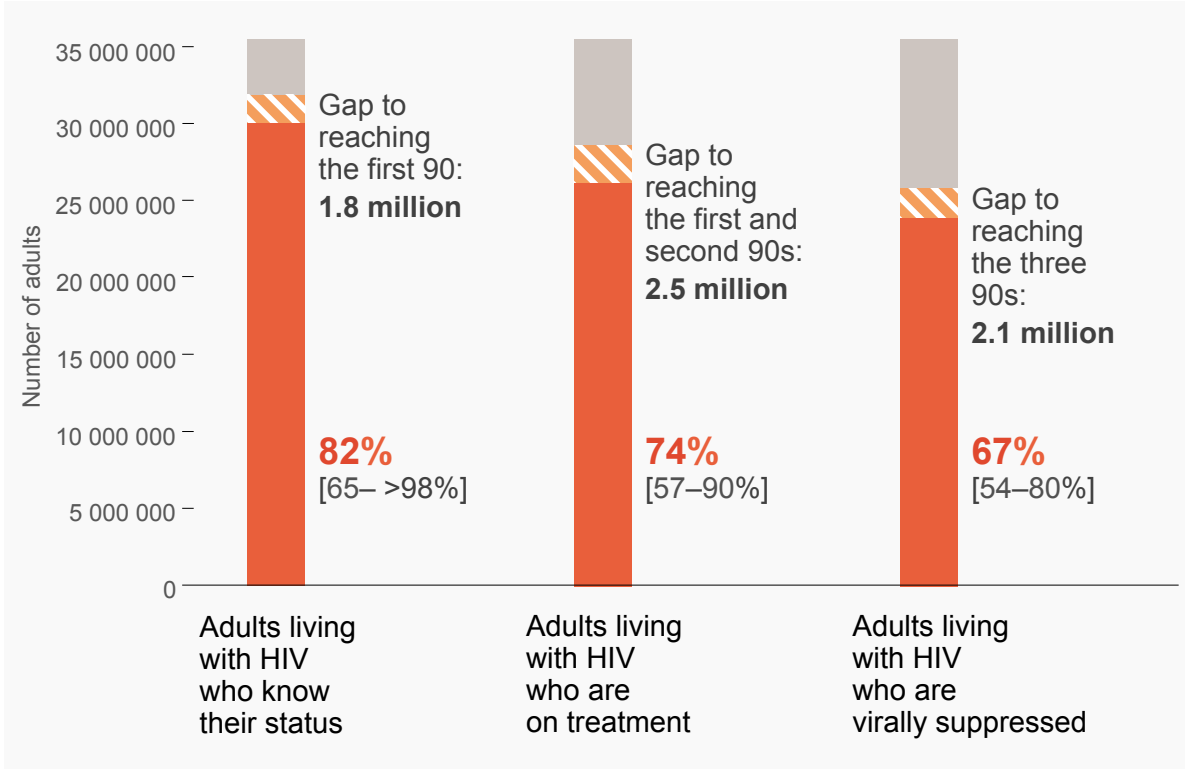




UNAIDS, 2021

HIV testing and treatment cascade, children (aged 0–14 years) compared to adults (aged 15 years and older), global, 2020





UNAIDS, 2021

HIV Tedavi Hedefine Ulaşan Ülkeler, 2020

	90–90–90 value (all)	90–90–90 value (children aged 0–14 years)	90–90–90 value (women aged 15+ years)	90–90–90 value (men aged 15+ years)	Viral suppression level (all)
Eswatini	>98 >98 95	>98 >98 91	>98 >98 95	94 >98 94	97
Switzerland[a]	93 >98 96				88
Rwanda	93 >98 96	54 >98 89	96 >98 96	93 >98 96	89
Qatar[a]	93 >98 96		>98 >98 81	90 97 >98	86
Botswana	91 95 >98	62 >98 94	94.5 >98 >98	88 87 97	85
Slovenia	90 97 96				85
Uganda	91 >98 90	63 >98 78	96 >98 92	88 97 89	85
Malawi	91 94 94	73 >98 73	94 94.9 95	90 92 94	85
Zimbabwe	93 >98 89	72 >98 72	96 >98 91	92 >98 88	82
Kenya	96 89 94	84 >98 86	>98 92 94	91 83 94	81
Namibia	89.9 98 91	81 92 80	92 >98 93	86 94 89	80
Cambodia	84 >98 97	60 >98 88	82 >98 98	86 >98 97	81
Lesotho	94 87 97	83 >98 92	94.6 92 97	93 79 97	80
Burundi	89 >98 89.7	31 >98 70	>98 >98 91	85 96 89	79
Uruguay					79
Norway					79
Thailand	94 84 97	>98 76 87	92 86 97	96 81 97	77
Zambia	86 95 93	58 >98 84	89 94 94	84 95 93	76
Croatia	84 88 >98		80 92 >98	84 87 >98	73

- Reached the 90–90–90 targets
- Reached only the 73% viral load suppression target
- Not reached the 90–90–90 target
- Data not available

[a] Data are not available on testing and treatment coverage for children. However, because children living with HIV represent less than 1% of the total people living with HIV, adult data were used.

Note: In the 2020 Global AIDS Update, Seizing the moment: tackling entrenched inequalities to end epidemics, Australia, Namibia and the Netherlands were among the countries reaching the 90–90–90 targets in 2019. Based on the 2020 data, however, Namibia has fallen short of the targets,mainly because of children falling behind. Australia and the Netherlands did not have full estimates on the cascade this year. In the same report, Ireland and Spain were among the countries reaching their viral suppression target at all population levels. This year, however, there was no viral suppression data available for either country.

Note: The UNAIDS models estimated that in the region of western and central Europe and North America, more than 73% of people living with HIV had suppressed viral loads in 2020.

Note: Countries have been assessed as reaching the 90–90–90 targets if coverage is >= 90.0. Thus coverage of 89.9 is not considered as reaching the target. Please see the Annex on Methods for a description of how regional estimates of the testing and treatment targets are calculated.

Note: In Eswatini, viral load suppression among all people living with HIV is estimated to be slightly higher than the proportion virally suppressed among people on treatment due to the uncertainty in the number of people on treatment and the number of people living with HIV.

UNAIDS, 2021

Bakımı Etkileyen Faktörler

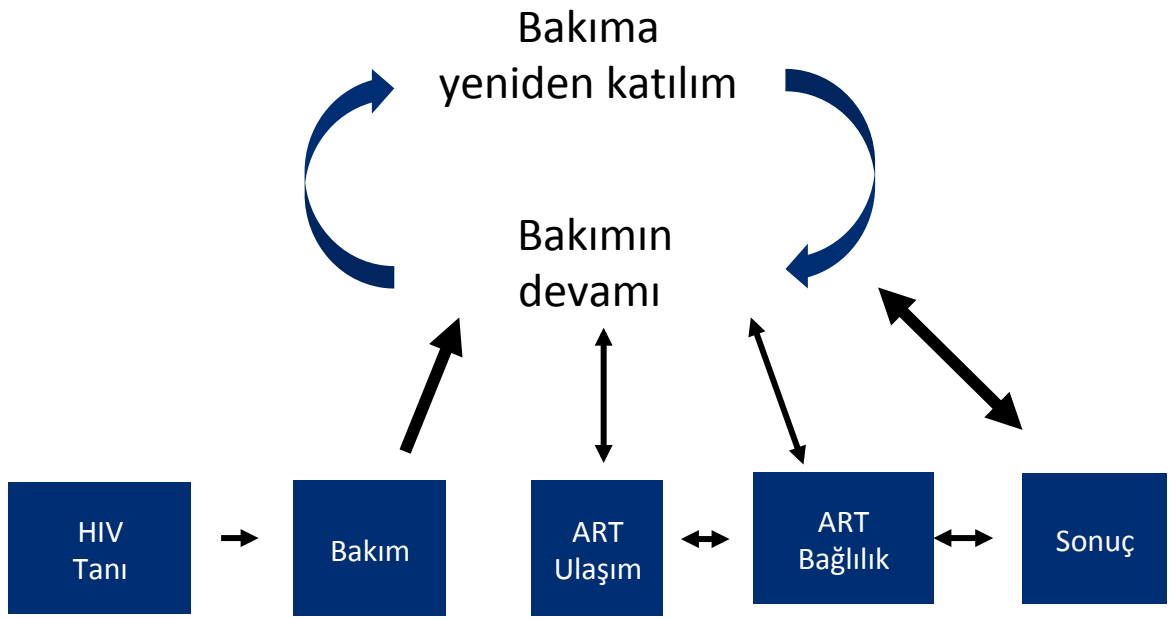
- HIV testi ilişkili olumsuz deneyim
- Açığa çıkma korkusu, ayrımcılık, damgalanma
- Takip / sevk hizmetlerindeki boşluklar
- Motivasyon eksikliği, inkar
- Sağlık sistemine güvensizlik
- Yetersiz sağlayıcı iletişimi
- Ruh sağlığı ihtiyaçları
- Diğer sosyal eşitsizlikler
- Destek sistemi eksikliği
- Sağlık hizmeti konusunda olumsuz deneyim

1.Holtzman. Drugs. 2015;75:445.
2. Mugavero. Clin Infect Dis. 2011;52:S238
3.Thompson M. Et al.Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America, *Clin Infect Dis*, 2020.:1-33.

Bakımı Etkileyen Faktörler

Genç yaş
İleri yaş
Eğitim düzeyi düşük kişiler
Stres
Alkol ya da madde kullanımı
Mental hastalık, özellikle depresyon
İstenmeyen etki
Mali: sağlık sigortasının olmaması
Tedavi yorgunluğu
Rejim karmaşıklığı, tablet sayısı

1.Holtzman. Drugs. 2015;75:445.
2. Mugavero. Clin Infect Dis. 2011;52:S238
3.Thompson M. Et al.Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America, *Clin Infect Dis*, 2020.:1-33.



Holtzman. Drugs. 2015;75:445.
Mugavero. Clin Infect Dis. 2011;52:S238.

UNAIDS
Global AIDS Güncellemesi

Anı yakalamak
Salgınları sona erdirmek için yerleşmiş eşitsizliklerle mücadele

- COVID-19 eşitsizlikleri artırır
- COVID-19 salgını her yerde insanları etkiliyor
- Özellikle geçim kaynakları
- Bu etkiyi daha şiddetli yaşayanlar
  - Sosyoekonomik düzeyi düşük kişiler
  - Altta yatan hastalığı olan kişiler
  - Ötekileştirilmiş kişiler

Pandeminin gizli kurbanları
Hasta veya ölüyor
Ancak virüsden değil

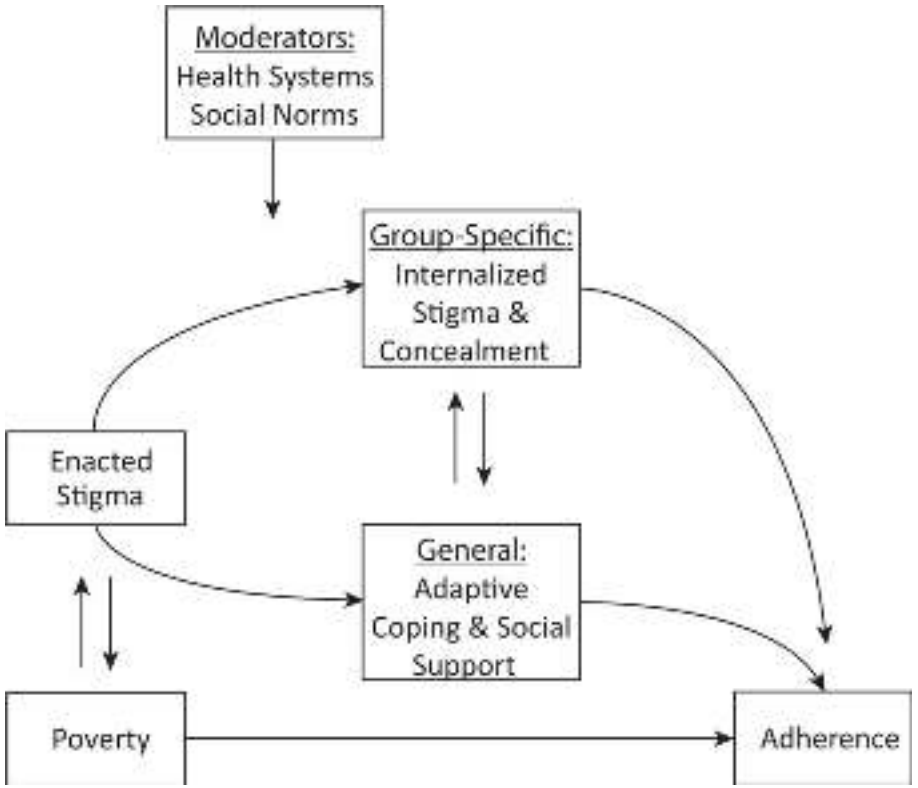
Koronavirüs sağlık sistemini bunaltırken
başka hastalıkları olan insanlar tedaviye ulaşmak için uğraşıyor

COVİD-19'un HIV üzerindeki etkisi
ART ve PrEP raydan çıkması bekleniyor
Yalnızlığı arttırmak
Madde kullanımı artışı
Depresyon

The Denise Grady . **The New York Times** Updated May 14, 2020

HIV ile ilgili damgalanma, katılımcıların ART uyumunu tehlikeye atmaktadır.

ART uyumunu iyileştirmede maksimum etkinliğe sahip olmak için damgalamayı azaltmaya yönelik müdahaleler, birden fazla etki düzeyini hedeflemelidir.



Katz IT et al. Journal of the International AIDS Society 2013, 16(Suppl 2):18640
http://www.jiasociety.org/index.php/jias/article/view/18640 | http://dx.doi.org/10.7448/IAS.16.3.18640

JIAS Journal of the International AIDS Society

Research article

Impact of HIV-related stigma on treatment adherence: systematic review and meta-synthesis

Ingrid T Katz[1,2,3], Annemarie E Ryu[4], Afiachukwu G Onuegbu[2], Christina Psaros[5,6], Sheri D Weiser[7], David R Bangsberg[2,3,5,8] and Alexander C Tsai[1,2,3,4]

*Corresponding author: Alexander C Tsai, Center for Global Health, Room 1525-F3, Massachusetts General Hospital, 100 Cambridge Street, 15th floor, Boston, MA 02114, USA. Tel: +1-617-726-1330. Fax: +1-617-724-1697. (atsai@partners.org)

Abstract

Introduction: Adherence to HIV antiretroviral therapy (ART) is a critical determinant of HIV-1 RNA viral suppression and health outcomes. It is generally accepted that HIV-related stigma is correlated with factors that may undermine ART adherence, but its relationship with ART adherence itself is not well established. We therefore undertook this review to systematically assess the relationship between HIV-related stigma and ART adherence.

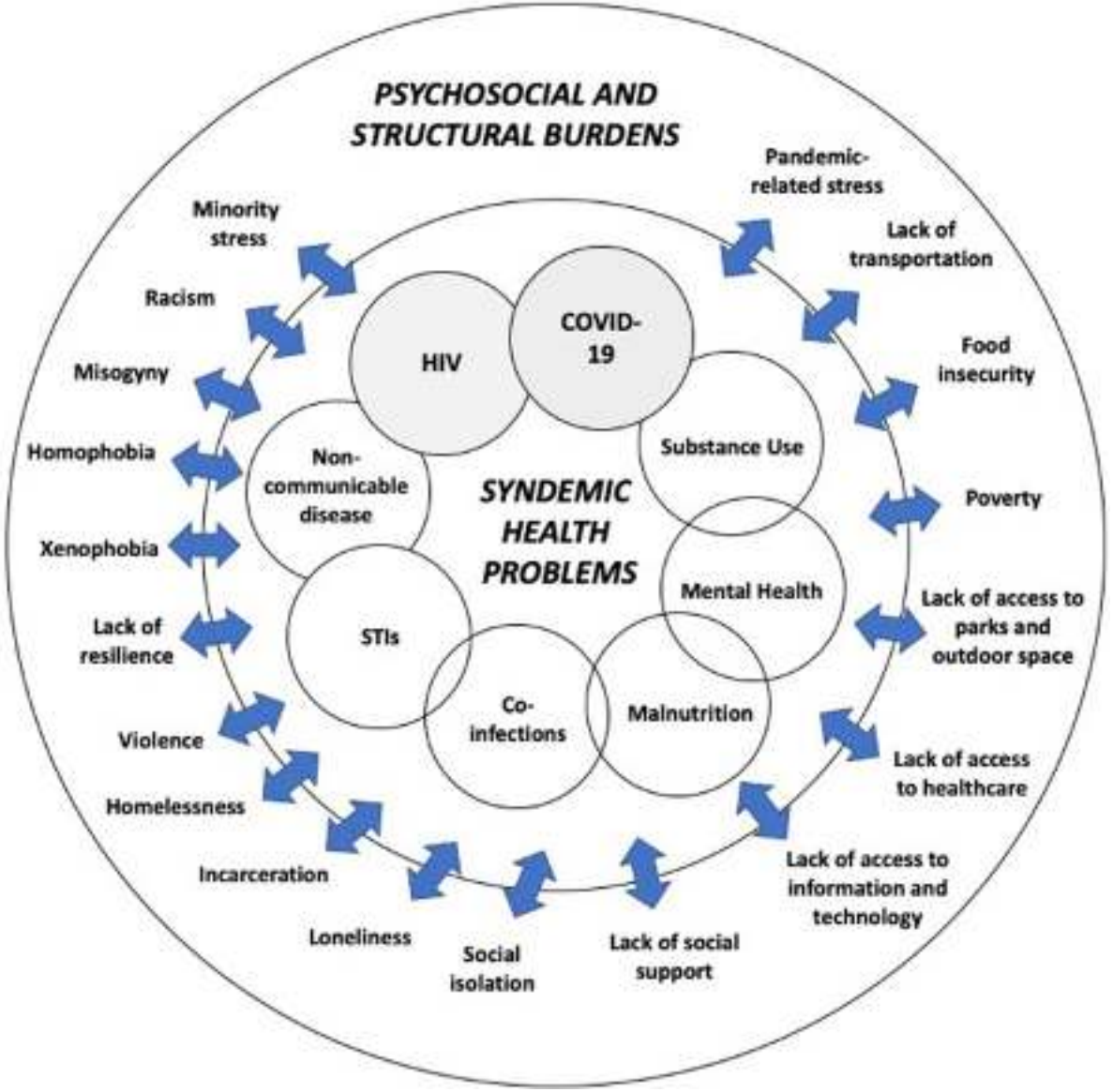
Methods: We searched nine electronic databases for published and unpublished literature, with no language restrictions. First we screened the titles and abstracts for studies that potentially contained data on ART adherence. Then we reviewed the full text of these studies to identify articles that reported data on the relationship between ART adherence and either HIV-related stigma or serostatus disclosure. We used the method of meta-synthesis to summarize the findings from the qualitative studies.

Results: Our search protocol yielded 14,854 initial records. After eliminating duplicates and screening the titles and abstracts, we retrieved the full text of 980 journal articles, dissertations and unpublished conference abstracts for review. We included 75 studies conducted among 36,715 HIV-positive persons living in 32 countries worldwide, with less representation of work from Eastern Europe and Central Asia. Among the 34 qualitative studies, our meta-synthesis identified five distinct third-order labels through an inductive process that we categorized as themes and organized in a conceptual model spanning intrapersonal, interpersonal and structural levels. HIV-related stigma undermined ART adherence by compromising general psychological processes, such as adaptive coping and social support. We also identified psychological processes specific to HIV-positive persons driven by predominant stigmatizing attitudes and which undermined adherence, such as internalized stigma and concealment. Adaptive coping and social support were critical determinants of participants' ability to overcome the structural and economic barriers associated with poverty in order to successfully adhere to ART. Among the 41 quantitative studies, 24 of 33 cross-sectional studies (71%) reported a positive finding between HIV stigma and ART non-adherence, while 6 of 7 longitudinal studies (86%) reported a null finding (Pearson's $\chi^2 = 7.7$; $p = 0.005$).

Conclusions: We found that HIV-related stigma compromised participants' abilities to successfully adhere to ART. Interventions to reduce stigma should target multiple levels of influence (intrapersonal, interpersonal and structural) in order to have maximum effectiveness on improving ART adherence.

COVID-19 ve HIV ile yaşayan kişilerde psikososyal koşullar

- Akıl sağlığı
- Madde kullanımı
- Yoksulluk
- Yalnızlık
- Tıbbi güvensizlik
- Gıda güvensizliği
- Konut güvensizliği
- Irkçılık, homofobi
- …. COVID-19'un halk sağlığı tepkisine göre, HIV ile yaşayan kişileri orantısız olarak etkilemesi muhtemel



Shiau. AIDS and Behavior 2020

- COVID-19'a eşlik eden temel zorluklar: korku, söylentiler ve damgalama
- Damgalanma tarihi: 40 yıllık HIV deneyimi
- Damgalama: Normal olan kişilerden diğerlerini ayırıp etiketleme
- Karışık süreç: Diğer damgalama ile etkileşir
- Salgın: yaşanan zorlukların hikayesi, insanların yaşamı karmaşık, dolu
- Damgalanma …..dayanışma

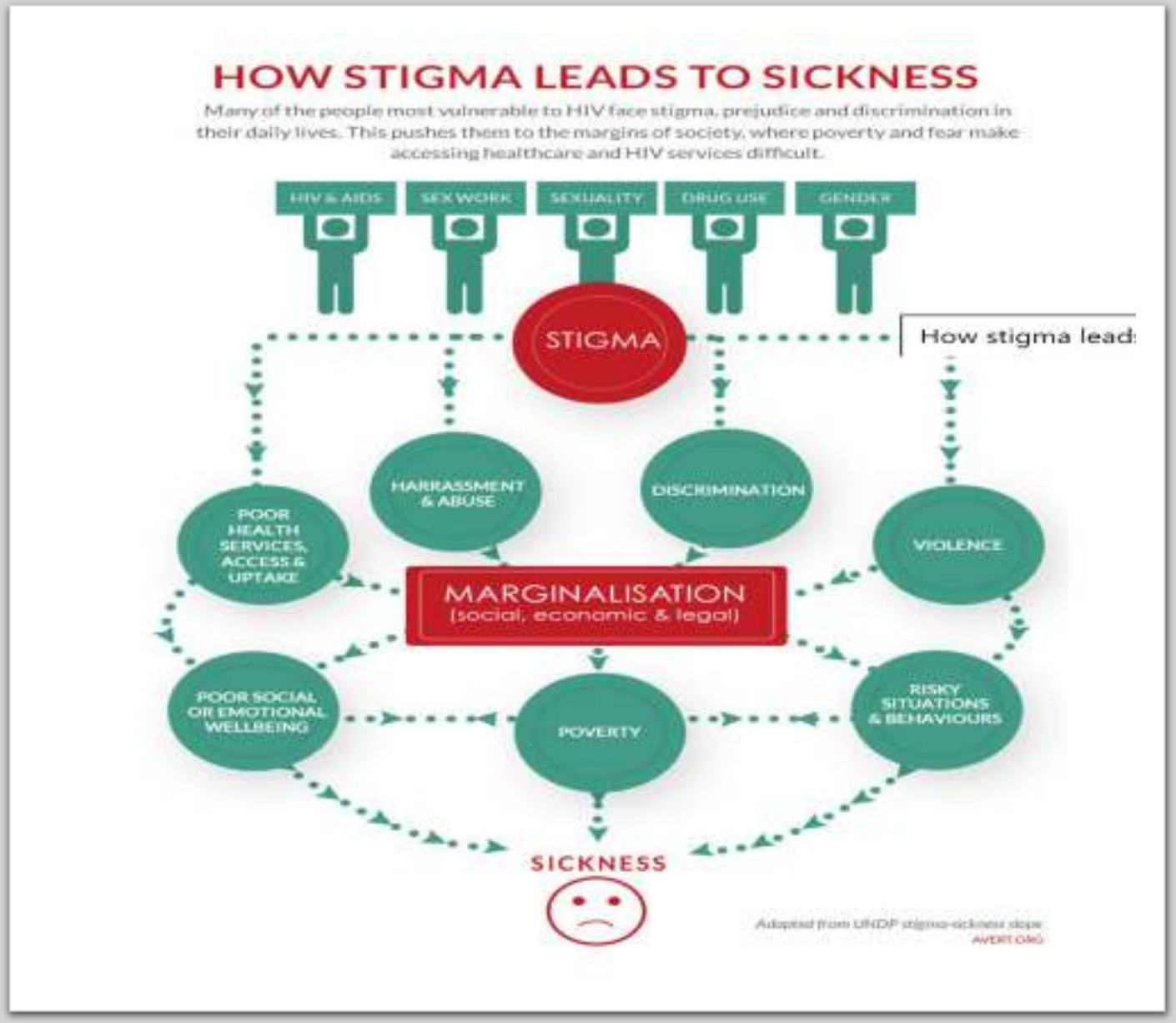

JIAS

VIEWPOINT

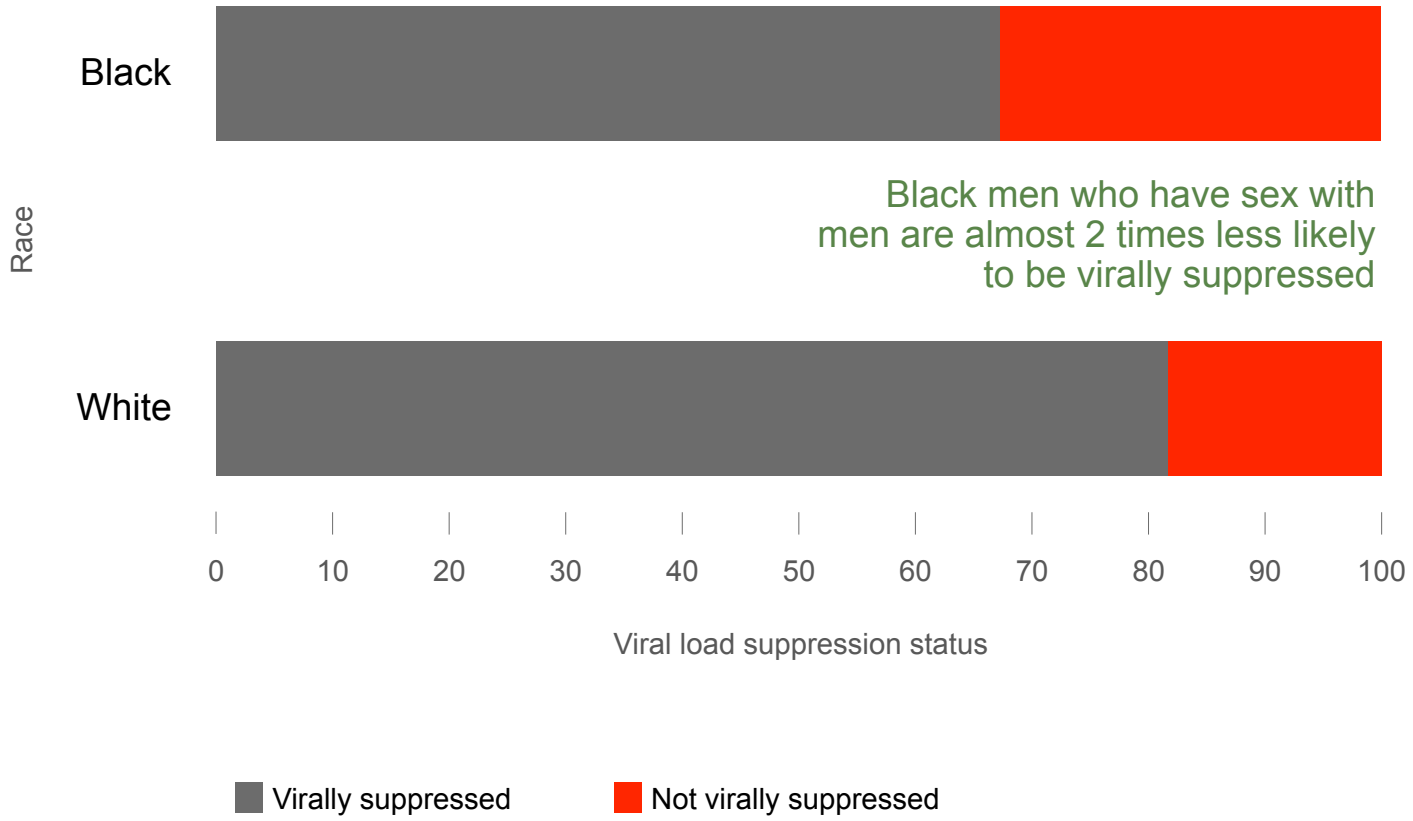
Lessons learned from HIV can inform our approach to COVID-19 stigma

HIV ile Yaşayan Kişilerde Psikososyal Koşullar ve COVID-19

- HIV ile yaşayan kişiler için sağlıklı kaliteli yaşamın önündeki en büyük engel stigma ve ayrımcılık



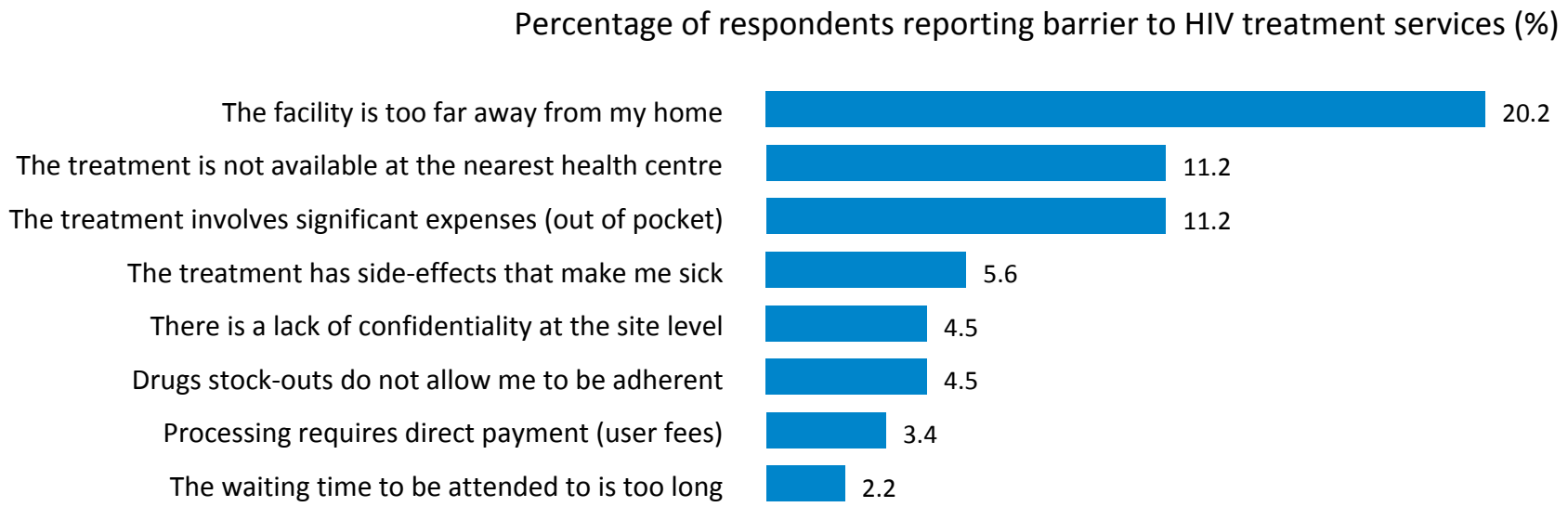
Virolojik supresyon, siyahi ırk MSM kişilerde daha az



Sullivan PS et al. Understanding disparities in viral suppression among Black MSM living with HIV in Atlanta GeorgiaJ Int AIDS Soc. 2021;24(4)

En önemli engel sağlık hizmeti ve tedaviye ulaşım

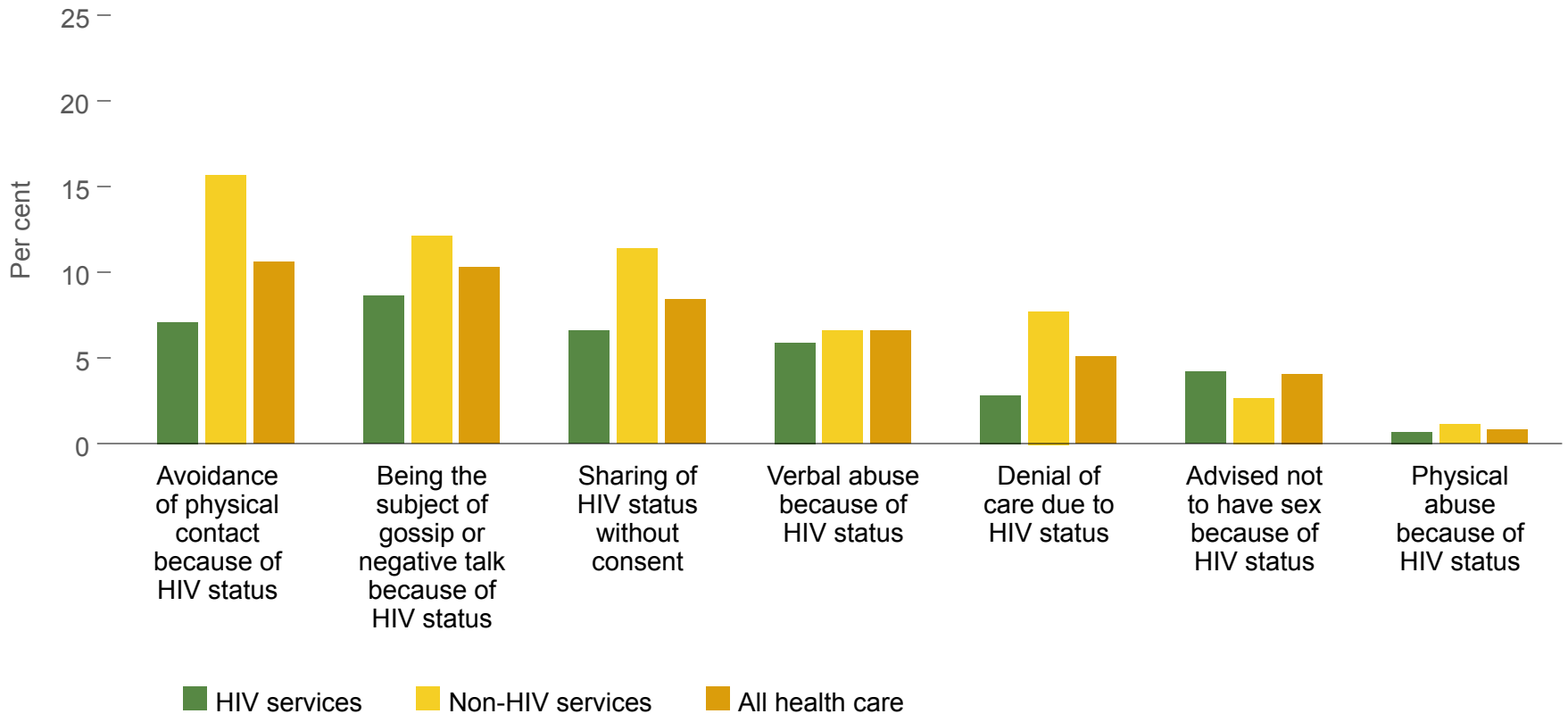
Barriers to HIV treatment services, selected states in Nigeria, September–December 2020



Note: Number of respondents to survey = 89.

Community-led monitoring (CLM) initiative on COVID-19 and HIV in Nigeria, first phase report, March 2021. Abuja: Network of People Living with HIV/AIDS in Nigeria (NEPWHAN); 2021.

Sağlık hizmeti ortamlarında damgalanma ve ayrımcılık yaşadıklarını bildiren HIV ile yaşayan kişilerin yüzdesi



Ukraine People Living with HIV Stigma Index, 2020.

Antivirallerin Topluma Dağıtımı

Progress towards multimonth dispensing and community distribution of antiretrovirals in Latin America and the Caribbean

Country	1. Does it have a MMD policy?	2. Dispensing frequency according to MMD policy	3. Is the MMD policy a consequence of COVID-19?	4. Is the strategy widely implemented?	5. Are there regulations for the community distribution of ARVs?	6. Are regulations for community ARV distribution implemented at the national level?
Argentina	Yes	3 months	Yes	No	No	No
Belize	Yes	2 months	Yes	No	No data	No data
Bolivia (Plurinational State of)	Yes	2 months	Yes	Yes	No	No
Brazil	Yes	3 months	No	Yes	No	No
Chile	Yes	3 months	Yes	Yes	No	No
Colombia	Yes	3 months	Yes	No data	No	No
Costa Rica	No	1 month	No data	No data	No data	No data
Cuba	Yes	2 months	No	Yes	Yes	Yes
Dominican Republic	Yes	6 months	Yes	Yes	Yes	No
Ecuador	Yes	2 months	Yes	Yes	No	No
El Salvador	Yes	2 months	Yes	Yes	Yes	No
Guatemala	Yes	3–6 months	Yes	Yes	Yes	Partly
Guyana	Yes	2 months	No	No	No	No
Haiti	Yes	3 months	No	Yes	Yes	Yes
Honduras	Yes	2 months	Yes	No	No	No
Jamaica	No	1 month	No data	No	No	No
Mexico	Yes	3 months	Yes	No	No	No
Nicaragua	No	1 month	No data	No data	No data	No data
Panama	Yes	3 months	Yes	Yes	No	No
Paraguay	Yes	3 months	No	Yes	Yes	No
Peru	Yes	3 months	No	Yes	No	No
Suriname	Yes	2 months	No	No	No	No
Uruguay	Yes	3 months	Yes	Yes	No	No
Venezuela (Bolivarian Republic of)	Yes	3 months	No	No	No	No

Note: MMD = multimonth dispensing; ARV = antiretroviral medications.

Data from UNAIDS and PAHO/WHO (Status of HIV/STI services in the Context of COVID-19 survey)

Original research article

INTERNATIONAL JOURNAL OF STD & AIDS

HIV care in Istanbul, Turkey: How far is it from the UNAIDS 90–90–90 targets?

International Journal of STD & AIDS
0(0) 1–6
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DOI: 10.1177/0956462419866342
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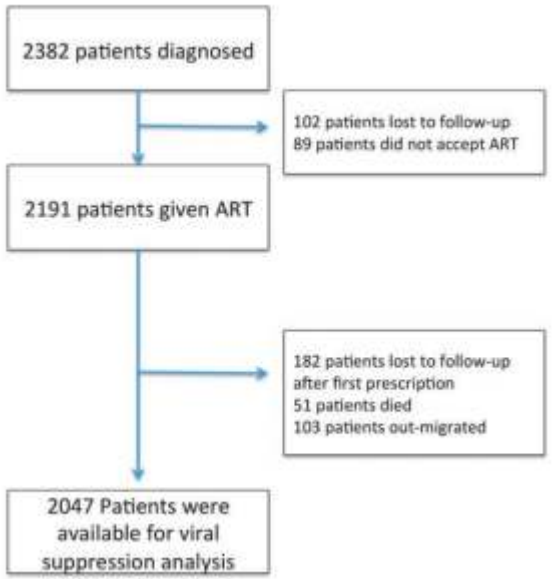
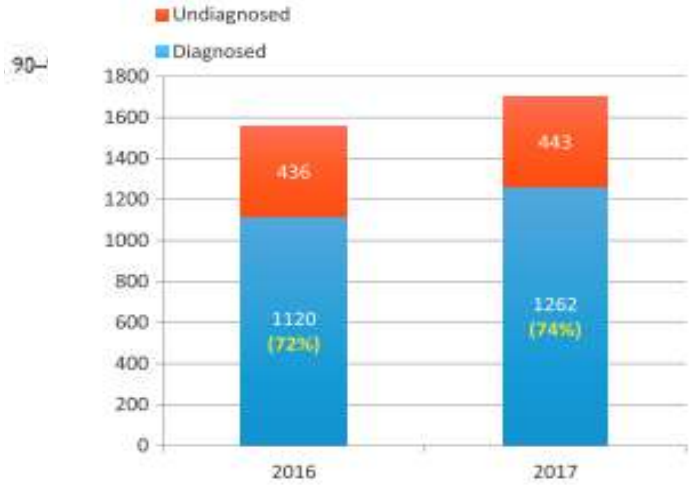
Bilgul Mete[1], Alper Gunduz[2], Sibel Bolukcu[3], ...liha M Koç[3], ... Tabak[1]

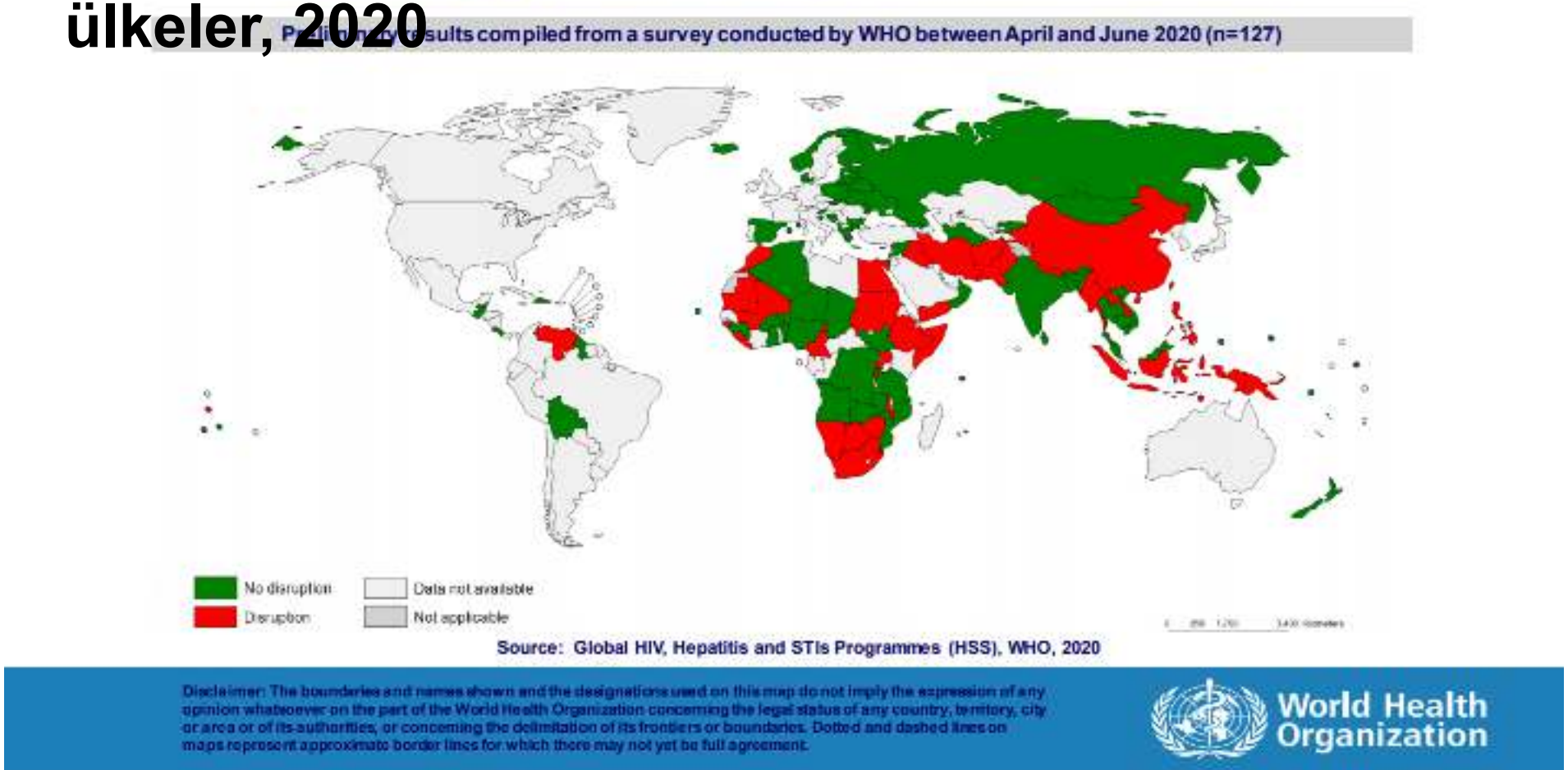
2382 hasta
2082 erkek
%72-74 tanı
%92 ART alan
%70.2 viral supresyon

...tion is low but it is steadily increasing in Turkey. In the ... management with the proposed 90–90–90 targets in a ...2382 patients (2082 male, 300 female, mean age was ...nd HIV-RNA level was 576.235 copies/ml. According to ...seases Control Software, 72 and 74% of all HIV patients ...t target). Among 2382 patients, 2191 (92%) were on ...f virally suppressing those on treatment was achieved ...oth the fraction of those living with undiagnosed HIV and ...d should be targeted to sustain optimal HIV care. Efforts





COVID-19 nedeni ile ART kesilmesi bildiren ülkeler, 2020



- COVİD-19 pandemisi Avrupa bölgesini orantısız vurdu
- Bir çok HIV kliniği çalışan ve imkanlarını paylaşmak zorunda
- 19 Mart 2020, 23 soruluk anket
- Hiçbir ülke HIV kliniğini kapatmamış
- Altı ülkede (% 31.6)HIV klinikleri çalışıyor
- 11 ülkede (% 57,9) klinisyenler HIV + COVID-19 takibi
- 2 hafta içinde ART kesintisi beklenmiyor
- Kaynak kıtlığı
- ART sürekliliği için hazırlık yapılmalı

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Short Communication

HIV care in times of the COVID-19 crisis — Where are we now in Central and Eastern Europe?

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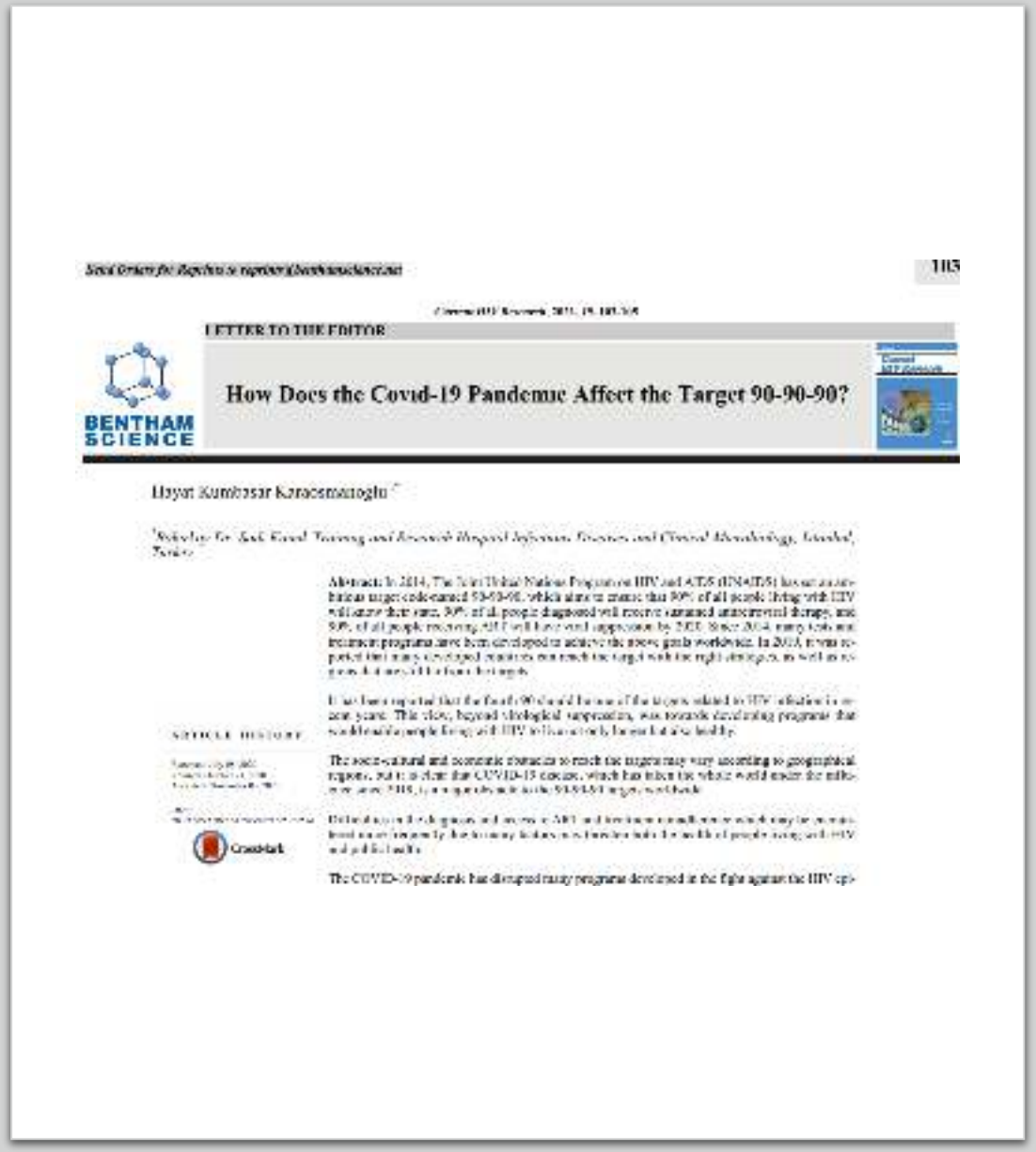
- Pandeminin 90-90-90 hedefi üzerine olumsuz etkisi
- Tanı güçlükleri
- İsimsiz test merkezlerinin kapatılması
- ART erişimi
- Tedavi uyumsuzluğu
- Yaşam kalitesi



LETTER TO THE EDITOR

BENTHAM SCIENCE

How Does the Covid-19 Pandemic Affect the Target 90-90-90?

Hayat Kumbasar Karacetinoglu *

COVID-19 salgını, Kenyalı ALHIV ve haneleri için sosyoekonomik etkileri yıkıcı oldu. ALHIV, bakımın son zamanlarda kesilmesiyle özellikle savunmasız olabilir. Bu kriz sırasında ALHIV, kritik desteğe ihtiyaç duymaktadır.

- HIV ile yaşayan ergenler (ALHIV, 10-19 yaş) antiretroviral tedaviye (ART) uymak ve bakımda kalmak için karmaşık zorluklar yaşar
- COVID-19 pandemisi sırasında kesintilere karşı savunmasız olabilir
- Katılımcılar Kenya'da 3 bölgede devam eden prospektif çalışmadan
- Bakımda kalan 275/308 (%89.3)
- Programa bağlı kalmayan (LTP) 59/70 (%84.3)
- Temmuz 2020-Ocak 2021 arasında, telefon görüşmeleri ile
- Pandemi sırasında, LTP ergenlerinin daha büyük bir kısmı artık okula gitmiyordu (%45.8'e karşı %36.4, p = 0.017)
- Ergenlerin üçte birinden fazlası (120, %35.9) güvendikleri biri için gelir kaybı bildirdi
- Toplamda, 135'i (%40,4) zamanın bir kısmında (%121, %36,2) ya da çoğu (%14,2) yeterli yiyeceğe sahip değildi
- Daha fazla LTP ergeni (4/59, %6.8'e karşı 2/275, %0.7, p = 0.010) ART'yi yeniden doldurmada artan güçlükler bildirdi

PLOS ONE

RESEARCH ARTICLE

Social, economic, and health effects of the COVID-19 pandemic on adolescents retained in or recently disengaged from HIV care in Kenya

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OPEN ACCESS

Citation: Enane LA, Apondi E, Aluoch J, Bakoyannis G, Lewis Kulzer J, Kwena Z, et al. (2021) Social, economic, and health effects of the COVID-19 pandemic on adolescents retained in or recently disengaged from HIV care in Kenya. PLoS ONE 16(9): e0257215. https://doi.org/10.1371/journal.pone.0257215

Editor: Brian C. Zanoni, Emory University School of Medicine, UNITED STATES

Received: May 6, 2021

Accepted: August 25, 2021

Published: September 10, 2021

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Data Availability Statement: All relevant data are within the manuscript.

Funding: Research reported in this publication was supported by the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the NIH under Award Number K23HD095778. Dr. Wools-Kaloustian's and Dr. Vreeman's time, and

Abstract

Introduction

Adolescents living with HIV (ALHIV, ages 10–19) experience complex challenges to adhere to antiretroviral therapy (ART) and remain in care, and may be vulnerable to wide-scale disruptions during the COVID-19 pandemic. We assessed for a range of effects of the pandemic on ALHIV in western Kenya, and whether effects were greater for ALHIV with recent histories of being lost to program (LTP).

Methods

ALHIV were recruited from an ongoing prospective study at 3 sites in western Kenya. The parent study enrolled participants from February 2019–September 2020, into groups of ALHIV either 1) retained in care or 2) LTP and traced in the community. Phone interviews from July 2020–January 2021 assessed effects of the pandemic on financial and food secu-

Teletıp tedavisine geçişten sonra viral baskılama ve bakımda kalma

Ocak/Şubat 2020 - Nisan 2020

COVID-19 öncesi ile karşılaştırıldığında viral baskılanmama olasılığı %32 daha yüksek

(aOR: 1.32; %95 GA: 1.08-1.53)

Nisan 2020'de evsiz bireylerde , diğer gruplara kıyasla 3 kat daha yüksek

Siyah hastalarda, COVID-19'un başlangıcından önce ve sonra viral baskılanma olasılığı daha düşük

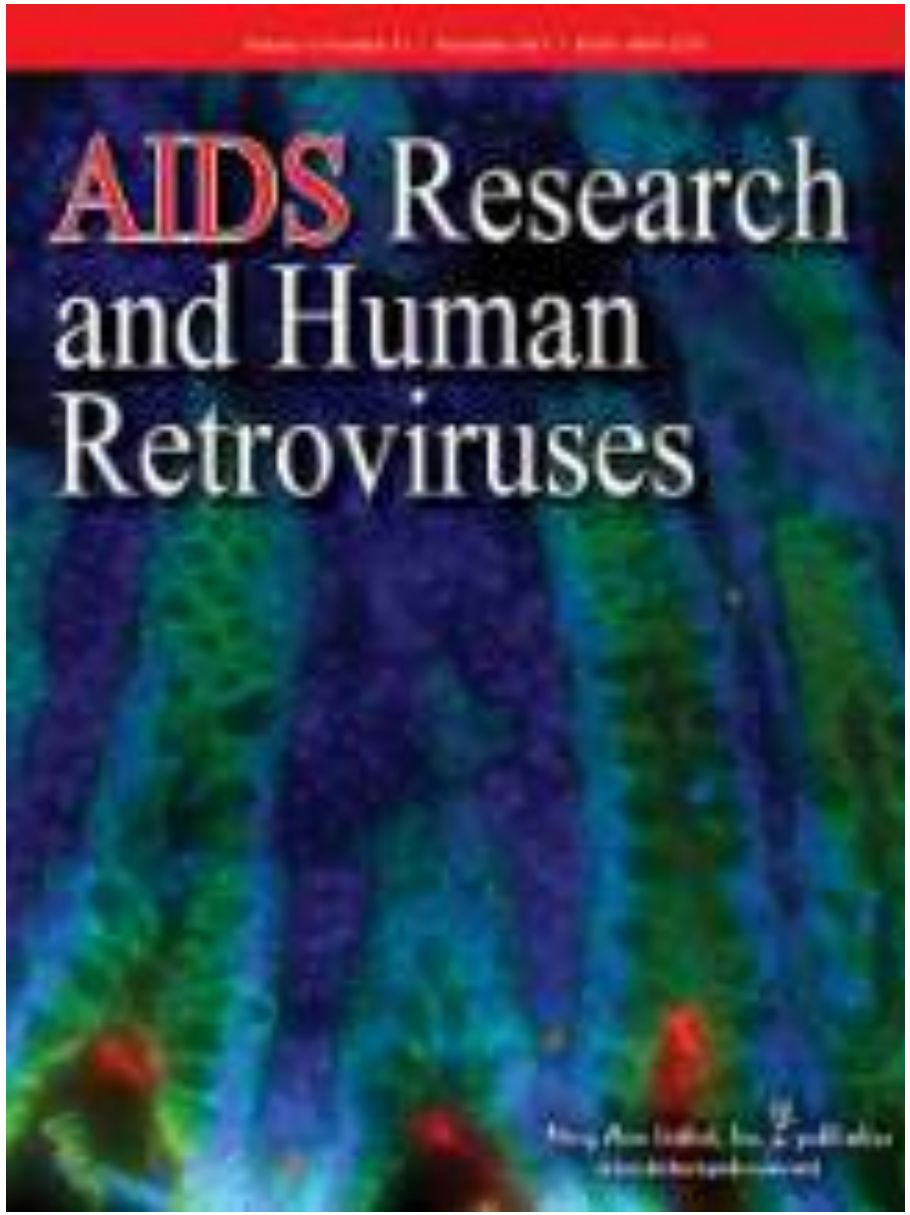
Table 1 - Factors associated with unsuppressed viral load and no-show visits before and after shelter-in-place/COVID-19a.

Factor	Unsuppressed viral load adjusted odds ratio; 95% Confidence Interval	No-show visitAdjusted odds ratio; 95% confidence interval
Post-COVID-19 vs. pre-COVID-19	1.31; 1.08–1.53	0.91; 0.77–1.09
Age under 35[a]	1.29; 1.11–1.51	1.57; 1.28–1.93 (Pre-COVID-19)1.11; 0.82–1.51 (Post-COVID-19)
Female vs. male birth sex	0.94; 0.77–1.15	0.99; 0.80–1.21
Race/ethnicity vs. white		
Black	1.50; 1.33–1.91	1.14; 0.94–1.38
Latin	1.04; 0.63–1.34	1.06; 0.88–1.27
Asian	0.92; 0.63–1.34	1.16; 0.82–1.64
Other	0.96; 0.76–1.19	0.97; 0.77–1.24
Homeless housing status[a]	2.27; 1.91–2.71 (Pre-COVID-19)3.36; 2.74–4.12 (Post-COVID-19)	1.15; 0.95–1.32 (Pre-COVID-19)0.64; 0.48–0.85 (Post-COVID-19)
Telephone vs. in-person visits (post-COVID-19 only)	-	0.56; 0.36–0.86

aEach factor was tested for an interaction with the pre/post COVID-19 time interval indicator. Adjusted odds ratios and 95% confidence intervals are presented separately for before and during COVID-19 time intervals if the test of interaction P-value was <0.1 [6].

AIDS

Spinelli, et al. Factors associated with unsuppressed viral load and no-show visits before and after shelter-in-place/COVID-19. AIDS34(15):2328-2331



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AIDS Research and Human Retroviruses, Vol. 33, No. 12 | Epidemiology

Adherence to Antiretroviral Therapy in Turkey: Results from the ACTHIV-IST Study Group

Dilek Yildiz Sevgi, Alper Gunduz, Ozlem Altuntas Aydin, Bilgul Mete, Fatma Sargin, Hayat Kumbasar Karaosmanoglu, Nuray Uzun, Mucahit Yemisen, Ilyas Dokmetas, and Fehmi Tabak

Published Online: 1 Dec 2017 | https://doi.org/10.1089/aid.2016.0266

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Abstract

Maintaining optimal adherence to antiretroviral therapy (ART) is essential for optimizing the management of HIV infection. The aim of this study is to explore ART adherence rates in Turkey. Included in this study were a total of 263 HIV-infected patients followed up by the ACTHIV-IST (ACTion against HIV in Istanbul) Study Group affiliated with four tertiary hospitals. The study population included patients 18 years of age or older who were on ART for over 12 months. Adherence was assessed by the medication possession ratio (MPR) calculated for each patient using data (a list of all drugs dispensed within the previous year for that patient) obtained from pharmacy medication records. In addition, patients completed a self-report questionnaire addressing missed doses and the AIDS Clinical Trials Group (ACTG) adherence questionnaire. The study was reviewed and approved by the Ethics Committee of Cerrahpasa Medical Faculty. Patient ages ranged from 19 to 71 years. Two hundred and thirty-one patients were male (88%). Two hundred and twenty-four patients (85%) had optimal adherence (MPR ≥95%). During the course of ART, 236 patients (90%) reported no missed doses in the past 4 days of their treatment, whereas 206 patients (78%) reported no missed doses in the past month. Simply forgetting was the most common reason for nonadherence. MPR was associated with virologic rebound. Major factors affecting adherence were being female, taking antituberculosis drugs, having an opportunistic infection, being able to take all or most of the medication as directed, and being aware of the need to take medication exactly as instructed to prevent the development of drug resistance. Adherence to ART measured by MPR and self-report surveys is relatively high in Turkey when compared with other countries, which probably led to high ART success rates.

Günümüzde HIV için kür olmadığından tedavi ömür boyu

Başarılı HIV tedavisi, büyük oranda hastanın tedavi uyumuna bağlı

ACT-HIVIST çalışma grubu olarak tedaviye uyum oranını ve ilişkili faktörleri değerlendirmeyi amaçladık

İstanbul'da dört merkez, 263 hasta, Mart 2014-Mart 2015 arasında

Uyumun ilaç sahip olma oranları, geri bildirim, ACTG ve ACTG takip anketleri ile değerlendirilmesi

Uyum oranı (> %95) → % 85

En sık tablet atlama nedeni unutmak (% 41)

Diğer nedenler evde olmamak, günlük rutinde değişiklik , uyumak

Uyum ile

Olumsuz ilişki

Kadın cinsiyet, fırsatçı infeksiyon, ek ilaç kullanımı

Olumlu ilişki

İlacı almadığında direnç gelişebileceğinin farkında olma

Mayıs 2020- Eylül 2020

Ortalama yaş: 39±10 (18-83), 1755 erkek, 184 kadın

Pandemide % 14.8 iş kaybı, % 8.7 işsiz

Tedavi başlanmayan: 39 hasta

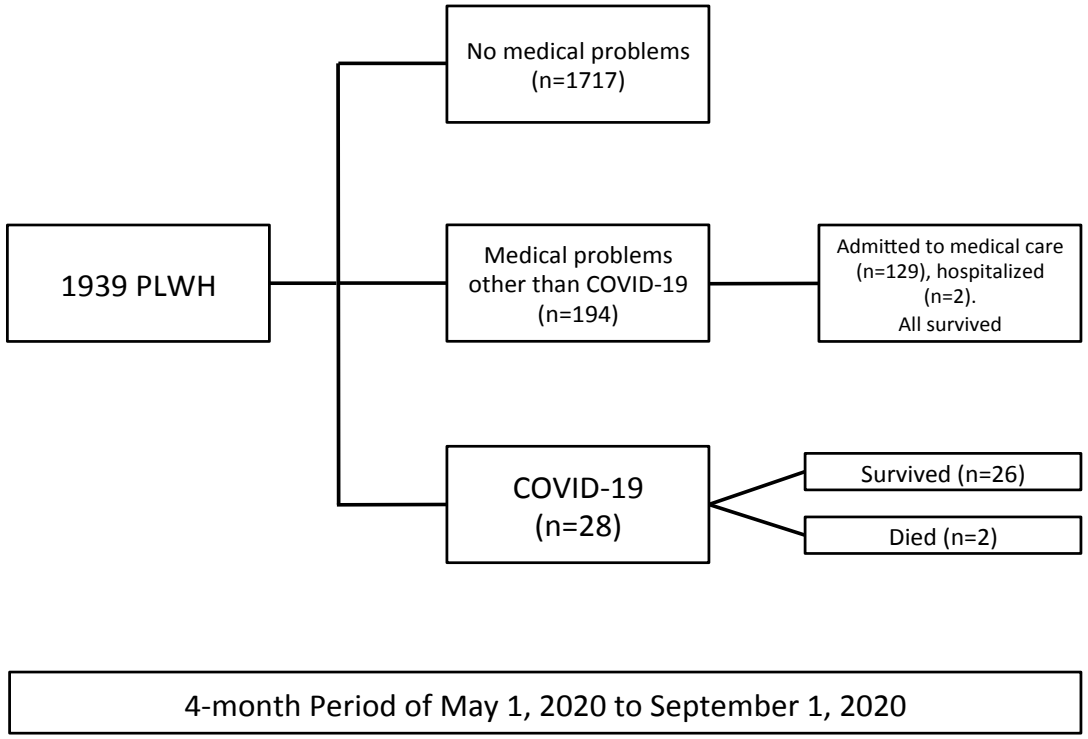
Kalan 1900 hasta

Hastaların büyük çoğunluğu (n=1719) ilaçlarını Sağlık Bakanlığı'nın yeni yönetmeliğine göre reçetesiz olarak eczaneden almış

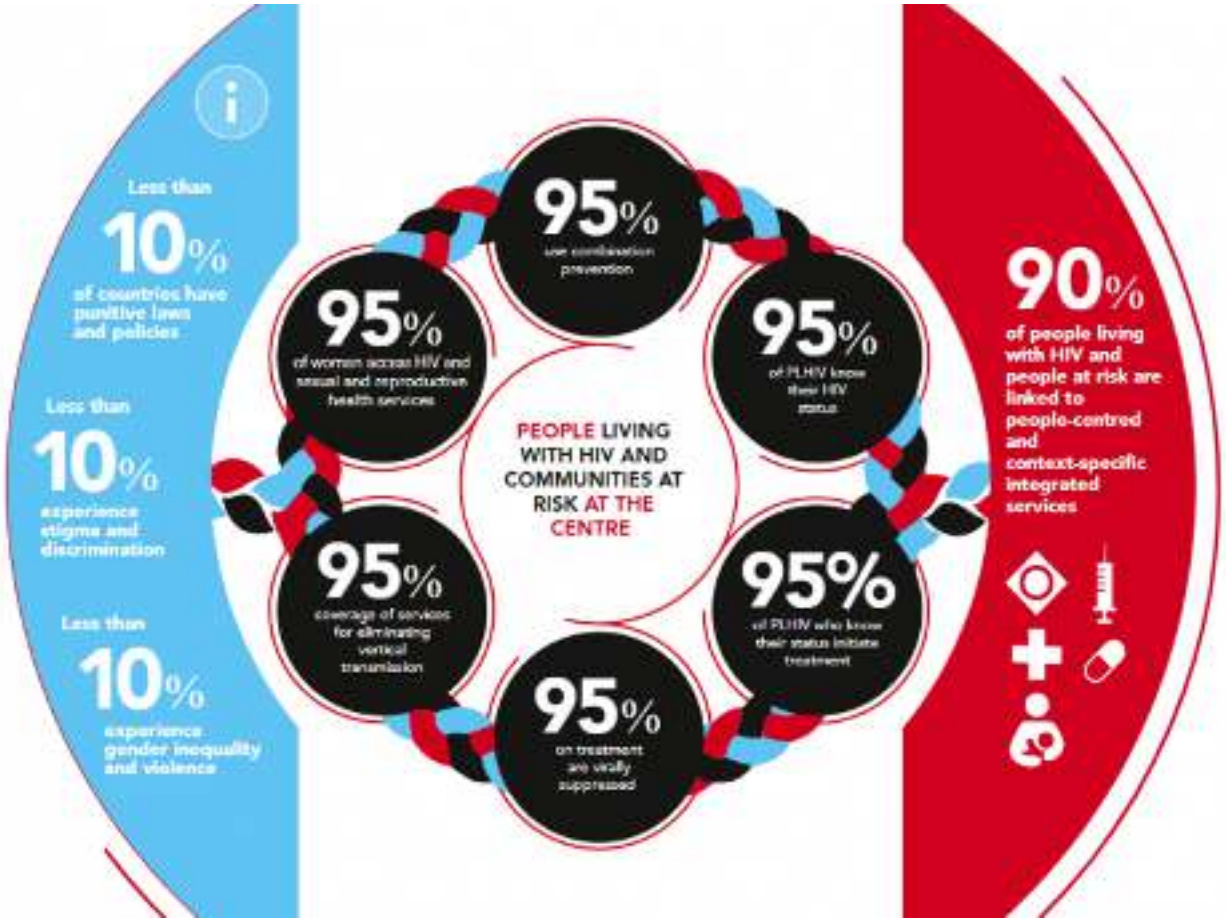
Yüz on bir hasta hastaneye ulaşarak ilaç reçetesi, yedi hasta doktora ulaşarak

Elli üç (%2.79) hasta ilaçlarını alamamış ve tedaviye ara vermiş

HIV Care Continuum During the COVID-19 Pandemic: Turkish Experience Summary



2025 yılı hedefleri



UNAIDS

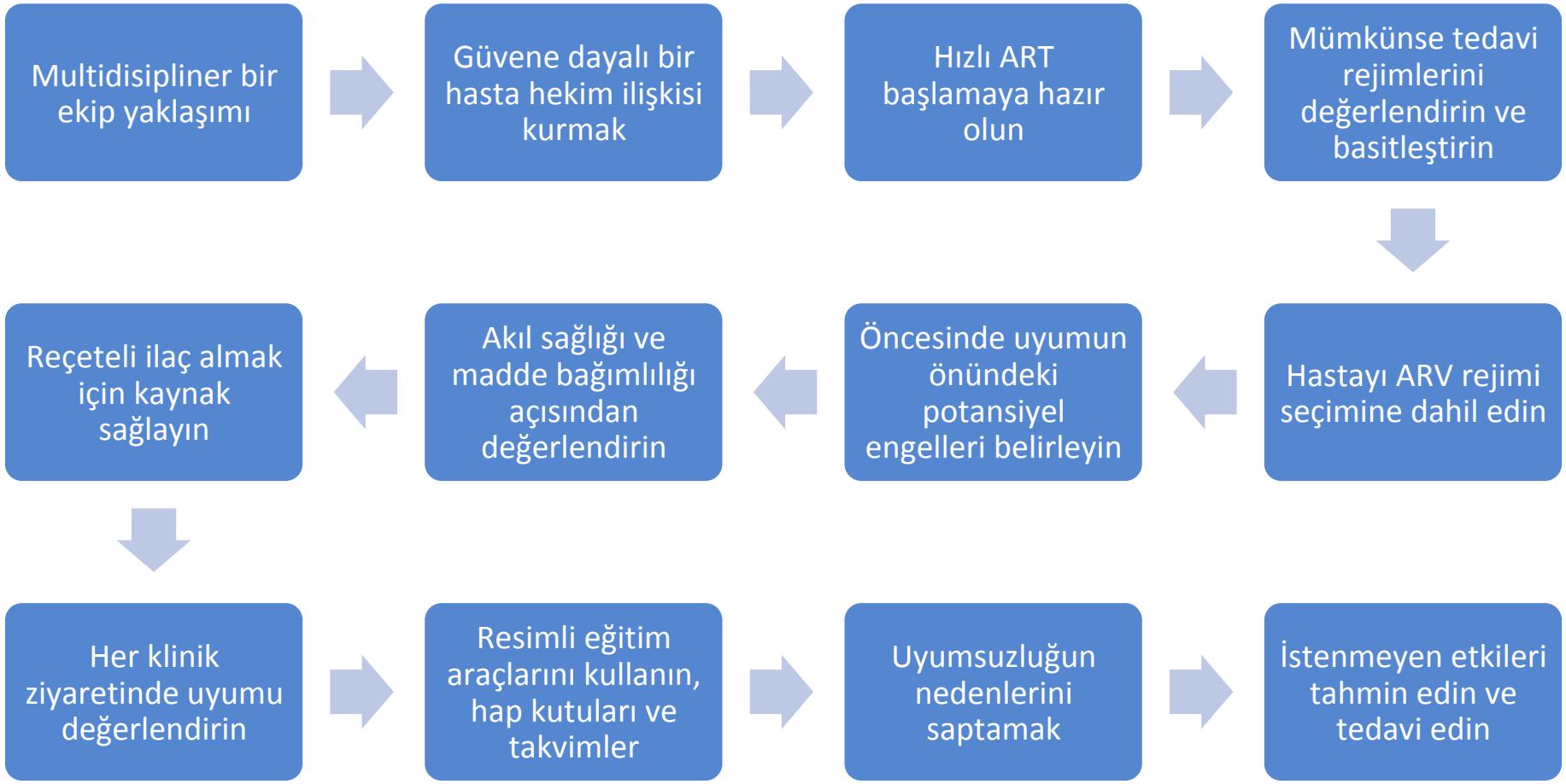
Tedavide Yaşanan Sorunlar

Hastaların virolojik supresyon oranı yüksek
Yeni tanı , henüz ART başlanmamış olan kişiler
ART başlanmış henüz tedaviye alışmamış olan kişiler
İlk dönemde LPV/r kullanan kişiler
İlaçları bulamama endişesi
Sağlık sigortası sorunu olan kişiler
Mülteci olan kişilerde sorun yok
Geri ödeme gecikmesi nedeni ile eczane kaynaklı sorun
Turistik izin, ikamet izni olanlar ilaca ulaşamamış
ART dışındaki tedavi ihtiyaçları önemli bir sorun

İzolasyon ve Stigma ile İlgili Sorunlar

- Hastalarımızın büyük çoğunluğu ilk dönemde tam bir izolasyon uygulamış
- COVID-19 ile ilgili yoğun endişe
- İlerleyen aylarda azalmış
- COVID-19 tanısı ile takip ettiğimiz hasta sayımız az
- En büyük sorun işyeri için idari izin almak
- Kronik hastalığın belirtilmesinin istenmesi

Uyumu İyileştirmek İçin



O'Neill Institute, Treatment Action Campaign, Health Gap, ITPC, ICW, Sexual Minorities Uganda (SMUG) et al. Community-led monitoring of health services: building accountability for HIV service quality. 2020 (https://healthgap.org/wp-content/uploads/2020/02/Community-Led-Monitoring-of_Health-Services.pdf).

COVİD-19 ve ART Uyumu

Hastaların antiretroviral ilaçlara ulaşmasının sağlanması
HIV infekte kişiler kriz ve ekonomik kırılganlık dönemlerinde gıda, barınma, ulaşım ve çocuk bakımı konularında ek yardıma ihtiyaç duyabilir
Bakıma katılımı ve sürekliliği artırmak için hastaların ek sosyal yardım ihtiyacını değerlendirmek, girişimde bulunmak, kaynak bulmak
Sosyal mesafe ve izolasyon, ruh sağlığı ve madde kullanım sorunlarını daha da kötüleştirebilir
Hastaların bu endişelerini değerlendirmeli ve ele almalı, konsültasyonlar düzenlemelidir

https://clinicalinfo.hiv.gov/en/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv

COVİD-19 ve ART Uyumu

Telefon veya video görüşmeleri de dahil olmak üzere telesağlık seçenekleri düşünülmeli

Raporlar, pandemi için tasarlanmış bazı önlemlerin, yakın partner şiddeti ve/veya çocuk istismarı riskini artırabileceğini gösteriyor

Ayrıca kişilerin istismarcılardan uzaklaşma veya dış desteğe erişme imkanı sınırlı olabilir

Hastanın özel olarak konuşma yeteneğinin farkında olarak, yüz yüze veya teletıp yoluyla her klinik karşılaşmada hasta güvenliğini değerlendirmeli

Gebelik planlaması, çocuk doğurma potansiyeli olan tüm kişilerle tartışılmalı

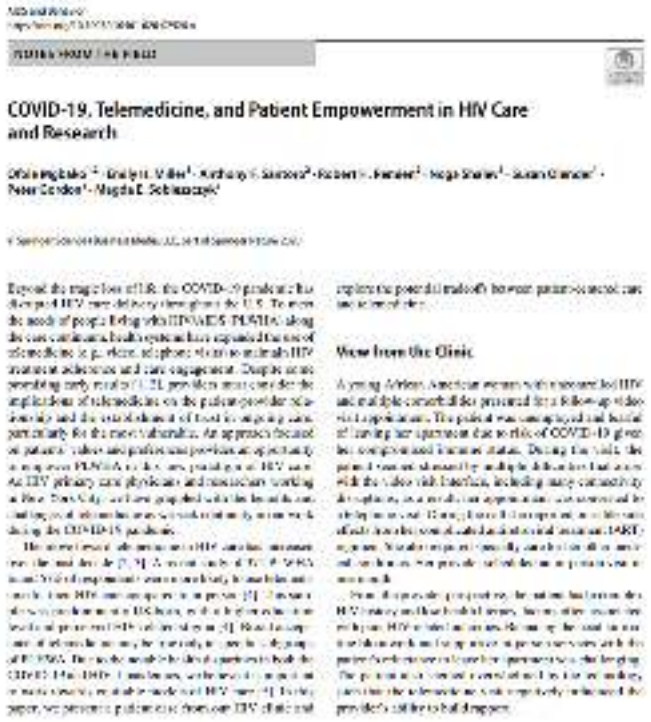
Uygun kontrasepsiyonun sürdürülmesi veya başlatılması ele alınmalı

https://clinicalinfo.hiv.gov/en/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv

Teletıp sistemleri

Public Health

COVID-19 among LGBTQ+ individuals living with HIV/AIDS: psycho-social challenges and care options

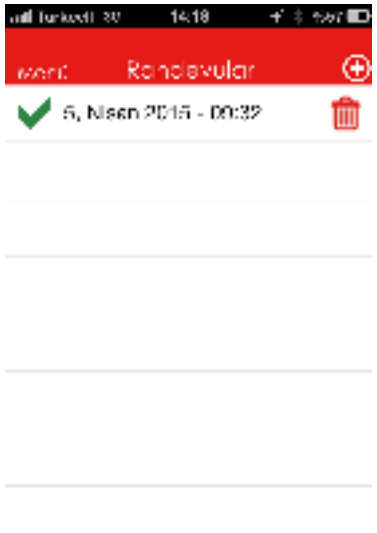


COVID-19, Telemedicine, and Patient Empowerment in HIV Care and Research

The Impact of COVID-19 on HIV Care Provided via Telemedicine—Past, Present, and Future

MOB-HIV

- Hastaların tedaviye uyumunu arttırmak
- Hastalık ve ilaçlar hakkında bilgilere ulaşmalarını sağlamak
- Hastalara ilaç dozlarının ve poliklinik randevularını hatırlatmak



- Uygulama iki arayüzden oluşmaktadır.
- Hekimler bilgisayar,tablet ya da akıllı telefonlardan internet tarayıcısı aracılığıyla uygulamaya girebilecekler.

- HIV ile yaşayan bireyler ise akıllı telefonlar ile uygulamaya katılacaklar.
- Mobil uygulamalara iOS ve Android platformlarından ulaşmak mümkün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Türkiye HIV/AIDS Kontrol Programı 2019 - 2024

T.C. SAĞLIK BAKANLIĞI

Ankara, 2019

Amaç 3. HIV ile yaşayan bireylere yönelik ayrımcılığı ve mahremiyet ihlallerini önlemek	
Hedef 3.1. Sağlık personelinin kişisel verilerin korunması ve mahremiyet ihlali ile ilgili bilgi düzeyi ve farkındalığını artırmak	
Faaliyetler	1. Sağlık personelinin kişisel verilerin korunması ve hasta hakları (özellikle HIV pozitif bireyler) hakkında bilgi düzeyinin artırılması
Hedef 3.2. Toplumsal düzeyde sosyal damgalamanın azaltılmasını sağlayacak programlar geliştirmek	
Faaliyetler	1. HIV pozitif bireylere, ailelerine ve sosyal çevrelerine yönelik eğitimlerin düzenlenmesi ve gerekli destek mekanizmaların planlanması
	2. Dışlanmayı ve ayrımcılığı önlemeye dair medya programları oluşturulması
	3. Toplumda kanaat önderlerinin HIV enfeksiyonu hakkında farkındalıklarınınnın artırılması
	4. Hasta mahremiyetini ihlal eden programların RTÜK tarafından önlenmesi çalışmalarının yürütülmesi
Hedef 3.3. Savunuculuk	
Faaliyetler	1. Ulusal sağlık politikası geliştiren ve paydaş olan yöneticilerin hastalık hakkında farkındalıklarının artırılması
	2. Toplumdaki HIV ile enfekte bireylerin ya da temsilcilerinin program geliştirme sürecine katılımlarının sağlanması.
	3. HIV pozitif bireylerin toplumsal cinsiyet eşitsizliğinden doğan hak kayıplarının ve ayrımcılığın önlenmesine yönelik çalışmalar yürütülmesi
	4. Dünya AIDS Gününde etkinlikler düzenlenmesi

cation

PEN ACCESS

Original research

Undetectable equals untransmittable (U = U): awareness and associations with health outcome among people living with HIV in 25 countries

Chinyere Okoli,[1] Nicolas Van de Velde,[1] Bruce Richman,[2] Brent Allan,[3] Erika Castellanos,[4] Benjamin Young,[5] Garry Brough,[6] Anton Eremin,[7] Giulio Maria Corbelli,[8] Marta Mc Britton,[9] W. David Hardy,[10] Patricia de los Rios

ABSTRACT

Objectives 'Undetectable equals Untransmittable' (U=U) is an empowering message that may enable people living with HIV (PLHIV) to reach and maintain undetectability. We estimated the percentage of PLHIV who ever discussed U=U with their main HIV care provider; and measured associations with health-related outcomes. Secondarily, we evaluated whether the impact of the U=U message varied between those who heard it from their healthcare provider (HCP) vs from elsewhere.

Methods Data were from the 25 country 2019 Positive Perspectives Survey of PLHIV on treatment (n=2389). PLHIV were classified as having discussed U=U with their HCP if they indicated that their HCP had ever told them about U=U. Those who had not discussed U=U with their HCP but were nonetheless aware that 'My HIV medication prevents me from passing on HIV to others' were classified as being made aware of U=U from non-HCP sources. Multivariable logistic regression was used to measure associations between exposure to U=U messages and health outcomes.

Results Overall, 66.5% reported ever discussing U=U with their HCP, from 38.0% (South Korea) to 87.3% (Switzerland). Prevalence was lowest among heterosexual men (57.6%) and PLHIV in Asia (51.3%). Compared with those unaware of U=U, those reporting U=U discussions with their HCP had lower odds of suboptimal adherence (AOR=0.59, 95% CI 0.44 to 0.78) and higher odds of self-reported viral suppression (AOR=2.34, 95% CI 1.72 to 3.20), optimal sexual health (AOR=1.48, 95% CI 1.14 to 1.92) and reporting they 'always shared' their HIV status (AOR=2.89, 95% CI 1.42 to 6.28). While exposure to U=U information from non-HCP sources was beneficial too, the observed associations were attenuated relative to those seen with reported discussions with HCPs.

Conclusion HCP discussion of U=U with PLHIV was

the 25.4 million people living with HIV on treatment are virally non-suppressed. evidence-based campaign, 'Undetectable Untransmittable' (U=U),[2 3] is an em discussion that may help motivate and s PLHIV to reach and maintain undetectabi key message behind this informational is that 'for people who achieve and main suppression, there is effectively no risk of ting HIV to their HIV-negative sexual par

U=U is appealing in its simplicity, pers and potential downstream benefits in p prevention at all levels, including (preventing transmission to uninfected secondary (ensuring regular viral load m and health screenings among PLHIV) an (improving PLHIV's quality of life). By on being 'undetectable', an objectively health state, U=U provides PLHIV with bigenous health target that emphasises responsibility.[3 4] 'Untransmissibility', the 'Undetectability' may be particularly appe serodiscordant couples in a relationship o to start a family. Besides encouraging ant therapy (ART) initiation and adherenc PLHIV, U=U could also recalibrate soci among non-HIV populations, given that sion risk is a major source of fear/stigma.[5]

The U=U message has been incorpora numerous public health campaigns and clini lines.[3 4 6] Discussing U=U in clinical settin because patients perceive information directly from their healthcare providers (being more believable.[4] The impact of H selling has been well demonstrated in ot of public health such as smoking cessatio clinicians are likely the first professionals

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FULL TEXT ARTICLE

Providers should discuss U=U with all patients living with HIV

Sarah K Calabrese and Kenneth H Mayer

Lancet HIV. The, 2019-04-01, Volume 6, Issue 4, Pages e211-e213. Copyright © 2019 Elsevier Ltd

As scientific knowledge surrounding the link between HIV viral suppression and transmission risk evolves, messaging to patients must be updated accordingly. Presenting the results of the multisite, observational PARTNER2 study at the 22nd International AIDS Conference, Alison Rodger reported that no phylogenetically linked infections occurred following more than 76 000 condomless sex acts between virally suppressed men and their HIV-negative male partners. [1] This finding reinforces existing consensus by WHO and more than 750 other organisations worldwide that people whose HIV viral load is stably suppressed cannot sexually transmit the virus. [2] With evidence supporting undetectable=untransmittable (U=U) now overwhelming (table), [1 3 4 5 6] providers should be routinely communicating the message to

Prioritising pleasure and correcting misinformation in the era of U=U

Sarah K Calabrese, Kenneth H Mayer, Julia C Marcus

There is widespread unawareness and disbelief regarding the evidence-based conclusion that people who have a sustained undetectable HIV viral load cannot sexually transmit HIV—ie, undetectable=untransmittable (U=U). Long-standing, misguided fear about HIV transmission persists; consequently, so does the policing of sexual expression and the penalisation of pleasure faced by people with HIV. Many people with HIV with an undetectable viral load have unnecessarily abstained from condomless sex, avoided serodifferent partnering, and had anxiety about onward sexual transmission due to perceived HIV risk that is now known to be non-existent. Some health professionals have refrained from correcting this misinformation because of concerns that people with HIV will engage in more condomless sex or have more sexual partners upon learning of U=U. Withholding information about U=U is thus rooted in behavioural assumptions and is scientifically unfounded. Moreover, withholding such information violates medical ethics, perpetuates health inequities, and infringes on the sexual health and human rights of people with HIV. Health professionals and the broader public health community have an ethical responsibility to actively address misinformation about HIV transmission and disseminate the U=U message to all people.

Lancet HIV 2021; 8: e125–31
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Introduction

transmission risk during patient interactions.[4 5] We

B=B

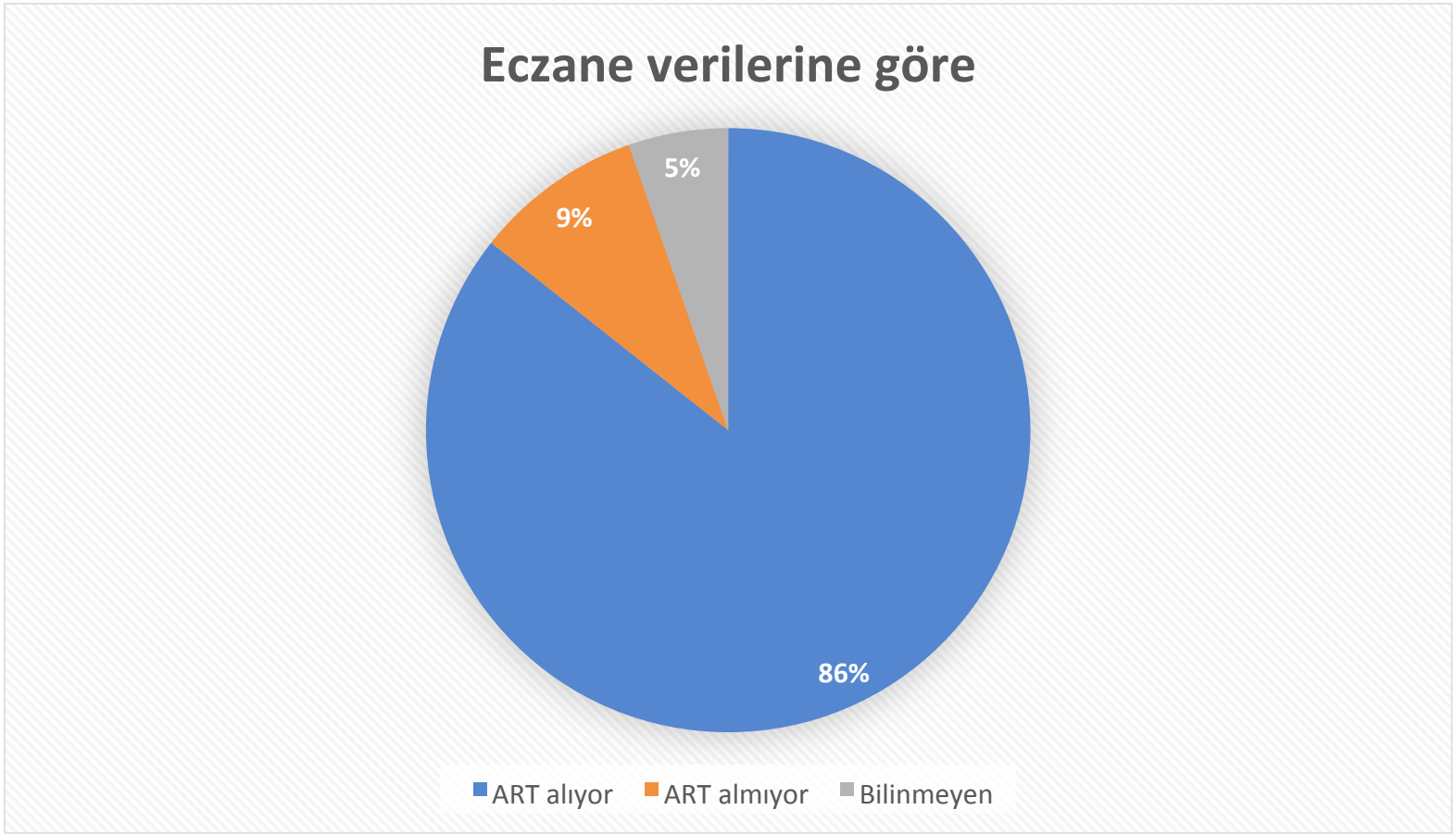
BELİRLENEMEYEN = BULAŞTIRMAYAN

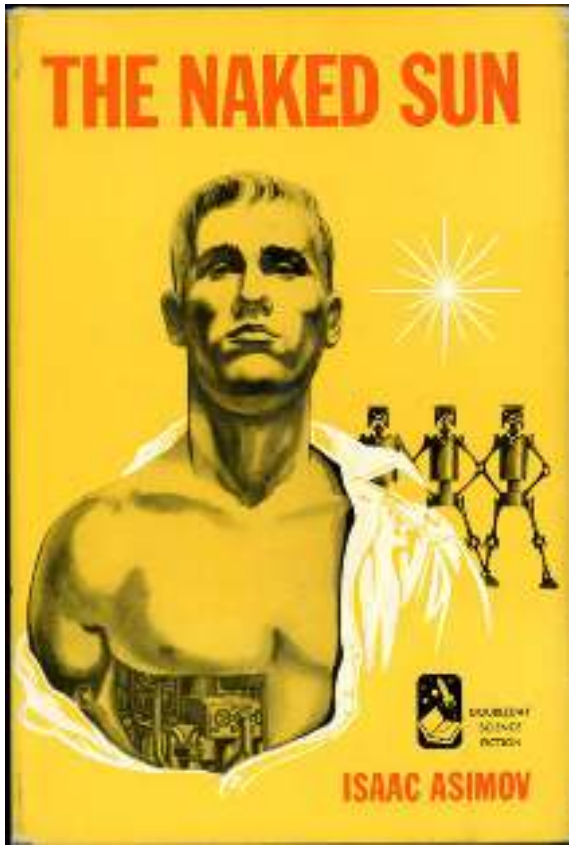
Toplumda ve sağlık merkezlerinde HIV ilişkili damgalama ve ayrımcılığı önlemek

Bulaştırma korkusu ve utancı azaltmak

Tedaviye başlamaya ve tedaviyi sürdürmeye teşvik etmek

Hamidiye Etfal Deneyimi
2010-2014 yılları arasında
Tanı alan 244 hasta





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