

Prevenzione dell'Hiv e delle infezioni sessualmente trasmesse nei maschi che fanno sesso con altri maschi (MSM)



- ❖ hiv & msm: che relazione c'è?
- ❖ diamo i numeri: verso una nuova epidemiologia
- ❖ passiamo all'azione! prevenire, come?
- ❖ qualcosa si sta muovendo



hiv & msm: che relazione c'è?

RARE CANCER SEEN IN 41 HOMOSEXUALS

Outbreak Occurs Among Men
in New York and California
—8 Died Inside 2 Years

By LAWRENCE K. ALTMAN

Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made.

The cause of the outbreak is unknown, and there is as yet no evidence of contagion. But the doctors who have made the

- ❖ fin dai primi casi, l'aids è stato definito la "peste gay", cioè si è creata una identificazione tra aids e persone omosessuali

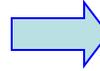
hiv & msm: che relazione c'è? i motivi biologici

Table 2. Summary of studies addressing risk of transmission for different sex acts.

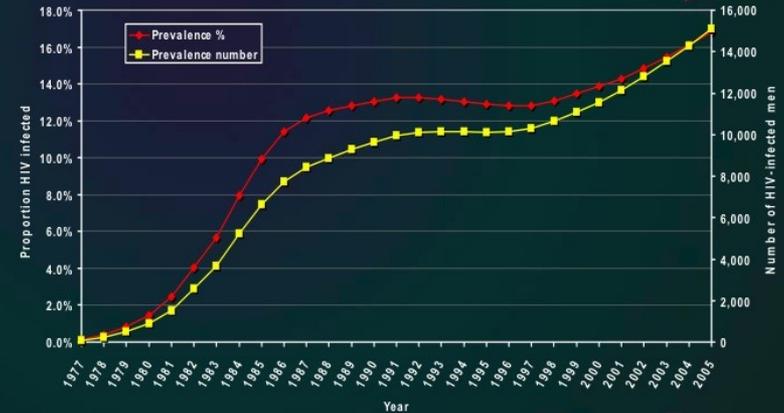
Type of sex act	Risk of HIV transmission per exposure	95% Confidence interval	Reference	Risk group studied
Receptive anal	0.00102		Mastro <i>et al.</i> [62] Grant <i>et al.</i> [51]	Review N = 343 high risk MSM and bisexual HIV-1-negative men, prospective, San Francisco, USA
	0.00042–0.0012		Royce <i>et al.</i> [85] Samuel <i>et al.</i> [52]	Review N = 329 HIV-1-negative MSM in three prospective studies. Nested case (n = 83 incident HIV-1), control (n = 246 HIV negative controls), USA
	0.0082		Vittinghoff <i>et al.</i> [53]	N = 1583 high risk HIV-1 negative MSM and bisexual HIV-1-negative men prospective USA
	0.005–0.03		De Gruttola <i>et al.</i> [54]	N = 155 HIV-1 serodiscordant MSM couples, retrospective, Boston, USA
	0.005		Varghese <i>et al.</i> [18] Kaplan <i>et al.</i> [51]	Review N = 1034 MSM mathematical modelling using data from Grant <i>JID</i> 1987
	0.001–0.03		Fisher <i>et al.</i> [19]	British Association for Sexual Health and HIV guidelines
	0.014	0.002–0.025	Baggaley <i>et al.</i> [76]	Systematic review, meta-analysis of heterosexual and MKSM studies
0.0143	0.0048–0.0285	Jin <i>et al.</i> [84]	N = 1427 Prospective community-based HIV negative MSM, Sydney, Australia	
	0.017	0.003–0.089	Boily <i>et al.</i> [31]	Systematic review, meta-analysis of heterosexual studies only
Receptive anal with no ejaculation	0.0065	0.0015–0.0153	Jin <i>et al.</i> [84]	N = 1427 Prospective community-based HIV negative MSM, Sydney, Australia
Receptive vaginal	0.001		Royce <i>et al.</i> [85] De Vincenzi <i>et al.</i> [55]	Review N = 305 heterosexual HIV-1 serodiscordant couples (HIV-1-negative partners n = 163 women and 93 men), prospective, prospective, European multicentre study
	0.001		Varghese <i>et al.</i> [18]	Review
	0.0009		Gray <i>et al.</i> [12]	N = 525 heterosexual HIV-1 serodiscordant couples prospective, (HIV-1 negative partners n = 97 females and 428 males Rakai, Uganda
	0.0007		Leynaert <i>et al.</i> [56]	N = 359 heterosexual HIV-1 serodiscordant, prospective, European multicentre (HIV-1 negative partners n = 359 women)
	0.0006–0.0009		Shiboski <i>et al.</i> [57]	N = 384 heterosexual HIV-1 serodiscordant couples, retrospective (HIV-1-negative partners n = 384 females), multicentre retrospective, California, USA
	0.0005		Downs <i>et al.</i> [58]	N = 563 heterosexual HIV-1 serodiscordant couples within European study group (HIV-1-negative partners n = 148 women and 377 men), retrospective
	0.0015			N = 563 heterosexual HIV-1 serodiscordant couples within European study group (HIV-1 negative partners n = 73 females and 73 males), prospective
	0.0004–0.006		Donnelly <i>et al.</i> [91]	N = 425 HIV-1 negative female CSW, prospective, Dakar, Senegal

hiv & msm: che relazione c'è? gli effetti

• **PRO** risposta forte nella comunità omosessuale, soprattutto in USA



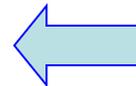
Modeled HIV prevalence among MSM Ontario, 1977-2005



Dr. Robert S. Remis
Public Health Sciences, University of Toronto



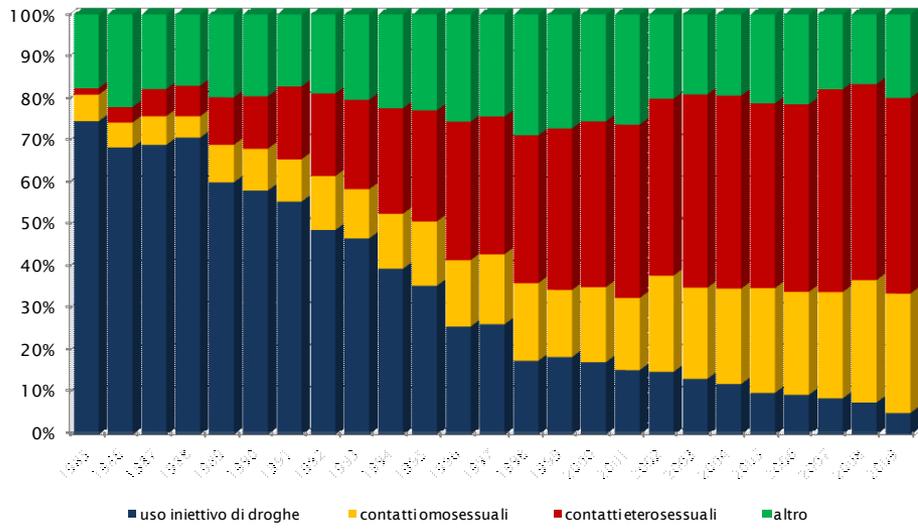
source: Epidemiologic trends in HIV infection among men who have sex with men in Ontario: The situation in 2007 Robert S. Remis and Juan Liu Ontario HIV Epidemiologic Monitoring Unit Department of Public Health Sciences University of Toronto Gay Men 10 HIV Prevention Summit AIDS Bureau, Ontario Ministry of Health and Long-term Care Toronto, Ontario, February 21, 2008



• **CONTRO** maggiore difficoltà a parlare di aids, soprattutto al resto della popolazione

Distribuzione percentuale delle nuove diagnosi di infezione da HIV, per modalità di esposizione

(Valle d'Aosta, Piemonte, Liguria, Lombardia, Friuli Venezia-Giulia, Veneto, Bolzano, Trento, Emilia-Romagna, Lazio, Puglia, Marche, Calabria, Umbria, Pescara, Sassari e Catania)



identificazione e identità

sono un uomo che
fa sesso con uomini



ma



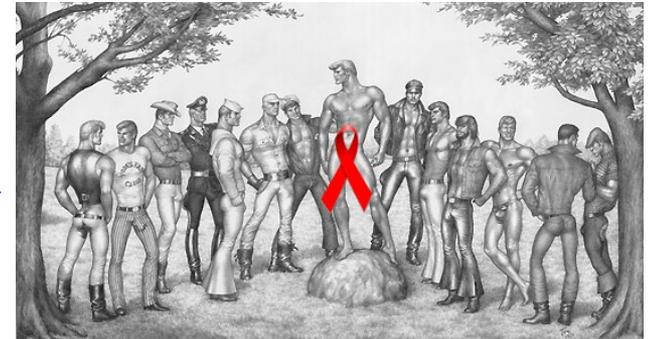
non voglio essere
identificato come "gay"



perché



la comunità gay è
identificata con l'aids



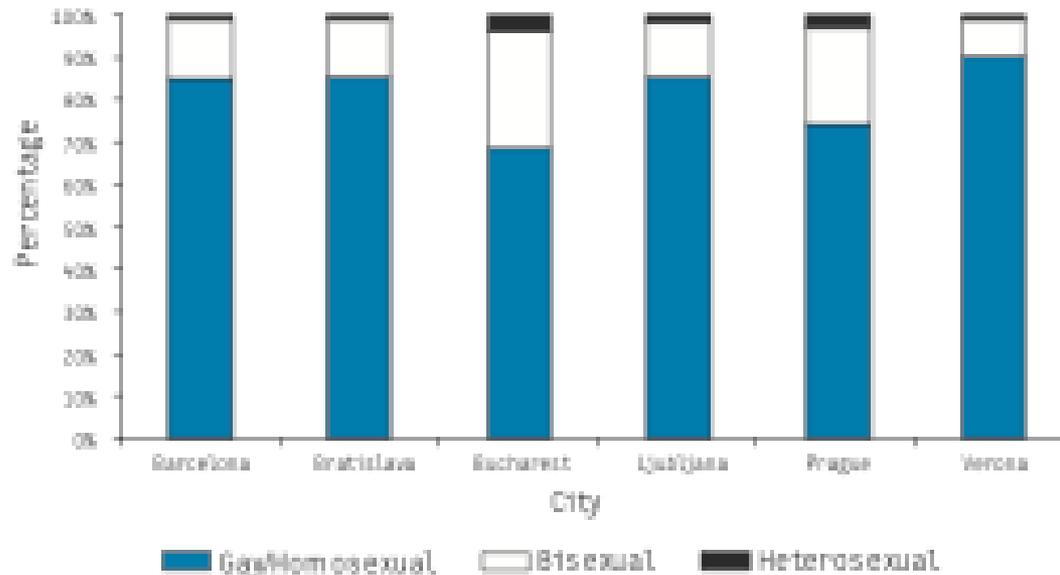
perciò "viaggio da solo":

- non voglio sentire parlare di aids
- è più difficile raggiungermi
- il mio ambiente non sa del mio orientamento
- puoi indicarmi con msm

identificazione e identità

FIGURE 2

Percentage of men who have sex with men (MSM) who self-identified themselves as gay/homosexual, bisexual and heterosexual; HIV bio-behavioural survey among men who have sex with men in Barcelona, Bratislava, Bucharest, Ljubljana, Prague and Verona, 2008-2009



fonte: HIV BIO-BEHAVIOURAL SURVEY AMONG MEN WHO HAVE SEX WITH MEN IN BARCELONA, BRATISLAVA, BUCHAREST, LJUBLJANA, PRAGUE AND VERONA, 2008-2009

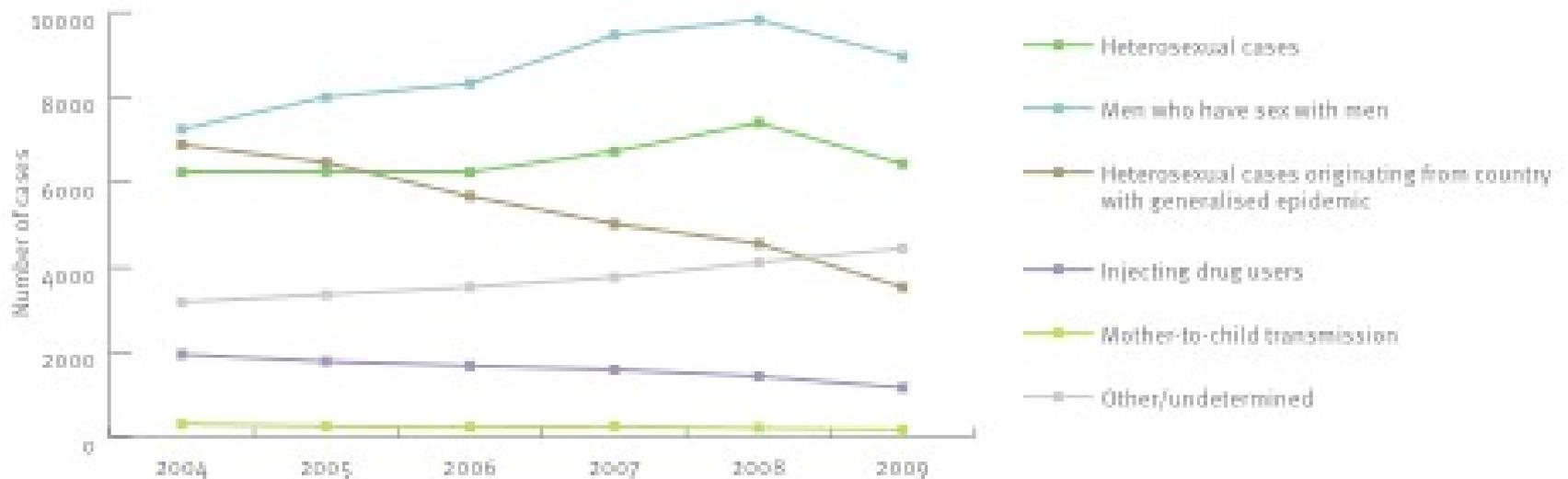
M Mirandola et al for the SIALON network

la grande domanda

gli msm stanno attenti all'hiv?

di nuovo più infezioni tra msm

Figure C: HIV infection by transmission group and origin in EU/EEA countries, 2004–09



Data from Austria, Estonia and Poland not included

fonte: HIV Surveillance Report 2009, ECDC:

http://www.ecdc.europa.eu/en/publications/Publications/101129_SUR_HIV_2009.pdf

alta prevalenza

Table A: Characteristics of newly diagnosed cases of HIV infection reported in the WHO European Region and by geographical area, 2009

	WHO European Region ^a	West ^a	Centre ^a	East ^a
Number of HIV cases	53 427	24 703	1 612	27 112
Rate per 100 000 population	8.5	6.7	1.4	18.9
Percentage of cases				
Age 15–24 years	12.2%	9.8%	18.9%	14.8%
Female	34.7%	28.4%	19.9%	41.4%
Transmission mode^{bb}				
Heterosexual	42.7%	35% ^{ccc}	24.0%	45.9%
Men who have sex with men	18.7%	36.6%	29.5%	0.6%
Injecting drug use	22.0%	3.9%	8.8%	39.4%
Unknown	15.9%	18.7%	37.1%	10.7%

^a No data from the West: Austria, Monaco; Centre: Turkey; East: Russia.

^{bb} Cases with unknown age and gender excluded from the percentages.

^{ccc} Excludes individuals originating from countries with generalised epidemics.

• nei paesi dell'UE e dell'area economica europea, assimilabili con quelli occidentali, la quota maggiore del numero totale di nuovi casi di Hiv continua a essere diagnosticata negli MSM. Nonostante il numero assoluto di casi diagnosticati in questi gruppi sia relativamente basso, i consumatori di sostanze iniettive (IDU) e gli MSM sono sproporzionatamente toccati dall'epidemia di Hiv in confronto con la popolazione omosessuale a causa delle dimensioni relativamente piccole delle popolazioni e dei maggiori livelli di Hiv in questi gruppi.

fonte: HIV Surveillance Report 2009, ECDC: http://www.ecdc.europa.eu/en/publications/Publications/101129_SUR_HIV_2009.pdf

Table 8: HIV infections* newly diagnosed by geographical area, sex, transmission mode and year of diagnosis (2004–09)

trend

fonte: HIV Surveillance Report 2009, ECDC: http://www.ecdc.europa.eu/en/publications/Publications/101129_SUR_HIV_2009.pdf

Table 8a: EU/EEA and non-EU/EEA countries

Transmission mode	2004		2005		2006		2007		2008		2009			Cumulative total**			
	Men	Women	Unknown	Men	Women	Unknown	Total										
EU/EEA																	
Men who have sex with men	7 263	0	8 034	0	8 341	0	9 501	0	9 85	0	8 975	0	2	16 126	0	3	194 129
Injecting drug use	1 013	419	1 440	347	1 328	358	1 291	365	1 105	285	929	242	3	23 866	7 059	817	31 762
Heterosexual contact	5 845	7 503	5 450	7 292	5 236	6 659	5 324	6 457	5 553	6 454	4 644	5 331	11	58 327	72 387	542	131 256
Mother-to-child	1	159	392	138	104	118	113	147	188	112	85	10	8	1845	1 956	16	3 817
Haemophilic/transfusion recipient	36	55	45	46	40	47	37	33	21	29	35	25	0	2 813	1 073	29	3 893
Nosocomial infection	9	15	9	13	6	11	12	9	9	8	12	8	0	882	804	0	1 686
Other/undetermined	2 014	1 168	2 942	1 220	2 313	1 222	2 527	1 249	2 815	1 307	1 800	362	28	27 194	12 825	1 090	41 109
Total EU/EEA	16 666	9 319	17 232	9 048	17 368	8 426	18 773	8 263	19 516	8 195	17 769	962	45	229 073	96 104	2 475	327 652
Non-EU/EEA																	
Men who have sex with men	315	0	439	0	487	0	546	0	61	0	668	0	0	6 443	0	0	6 443
Injecting drug use	5 729	1 603	6 486	1 598	7 609	1 811	8 016	1 860	7 985	1 713	8 178	1 687	0	83 585	22 757	2 016	108 278
Heterosexual contact	2 904	3 497	2 366	4 053	2 829	4 875	3 528	4 873	4 096	6 813	4 514	7 271	1	29 117	43 849	497	73 463
Mother-to-child	94	17	30	39	42	31	39	59	76	67	128	106	0	548	492	634	1 674
Haemophilic/transfusion recipient	9	9	5	13	8	8	7	7	6	3	5	7	0	220	135	105	460
Nosocomial infection	0	0	2	1	26	0	20	33	32	22	23	0	0	128	88	13	229
Other/undetermined	419	249	403	241	520	314	507	315	591	347	530	319	6	15 908	7 987	2 984	26 879
Total non-EU/EEA	8 481	5 375	9 781	5 945	11 588	7 863	12 296	7 134	13 338	8 995	16 045	9 403	7	135 669	25 388	6 249	217 424
Total WHO European Region	25 261	14 694	26 983	14 993	28 966	15 489	31 479	15 397	32 912	17 190	31 814	16 465	52	364 942	121 412	8 724	545 078

+24%

50%

+112%

+27%

Table 8b: Geographical areas, WHO European Region

Transmission mode	2004		2005		2006		2007		2008		2009			Cumulative total**			
	Men	Women	Unknown	Men	Women	Unknown	Total										
West																	
Men who have sex with men	7 372	0	8 131	0	8 498	0	9 632	0	9 919	0	9 042	0	0	16 089	0	1	116 090
Injecting drug use	1 407	397	1 356	345	1 229	346	1 114	337	1 031	261	751	212	3	23 099	7 244	826	31 169
Heterosexual contact	5 745	7 435	5 594	7 378	5 299	6 776	5 343	6 516	5 594	6 582	4 440	5 308	12	60 072	74 692	570	135 334
Mother-to-child	162	153	136	128	103	140	113	149	107	118	85	180	1	1 890	2 016	16	3 922
Haemophilic/transfusion recipient	37	55	45	47	42	46	34	34	22	27	38	29	0	2 725	1 007	7	3 739
Nosocomial infection	4	9	5	12	5	9	10	8	8	7	12	8	0	97	104	0	301
Other/undetermined	1 925	1 094	2 080	1 168	2 271	1 175	2 526	1 231	2 848	1 370	3 078	1 370	14	37 562	17 428	3 632	58 422
Total West	16 682	9 345	17 257	9 078	17 447	8 484	18 773	8 277	19 486	8 230	17 646	7 027	30	241 534	102 491	5 652	349 977
Centre																	
Men who have sex with men	174	0	205	0	254	0	323	0	40	0	420	0	2	3 628	0	2	3 630
Injecting drug use	21	4	22	4	17	8	14	12	7	7	29	11	0	155	94	832	1 390
Heterosexual contact	182	157	195	172	160	150	173	139	173	144	172	157	0	2 255	2 821	340	4 616
Mother-to-child	7	6	8	11	10	9	6	8	4	5	5	1	0	127	120	27	374
Haemophilic/transfusion recipient	7	9	3	5	1	4	4	4	3	3	1	0	0	281	172	103	556
Nosocomial infection	5	6	4	1	1	1	2	2	1	1	1	0	0	786	780	0	1 486
Other/undetermined	101	64	71	53	60	46	55	43	62	36	74	33	20	999	694	331	2 024
Total Centre	507	246	578	246	529	218	628	208	742	196	758	202	22	8 548	3 861	1 635	13 976
East																	
Men who have sex with men	32	0	57	0	80	0	93	0	14	0	174	0	0	852	0	0	852
Injecting drug use	5 785	1 621	6 370	1 596	7 733	1 815	8 097	1 876	8 426	1 730	9 271	1 706	0	83 829	22 478	1 075	107 481
Heterosexual contact	1 812	3 108	2 117	3 795	2 404	4 608	3 336	4 675	3 922	6 641	4 346	7 137	0	25 117	39 523	129	64 769
Mother-to-child	15	15	18	16	13	13	16	19	11	16	123	100	0	376	312	607	1 295
Haemophilic/transfusion recipient	1	0	2	7	5	2	2	2	2	1	1	2	0	27	29	2	58
Nosocomial infection	0	0	2	1	26	0	20	33	32	21	23	0	0	127	88	13	228
Other/undetermined	467	259	394	240	502	313	453	293	496	303	468	278	0	4 541	2 690	111	7 342
Total East	8 072	5 193	9 148	5 649	10 990	6 787	12 078	6 912	12 684	8 764	13 419	9 236	0	114 868	65 120	2 037	182 925
Total WHO European Region	25 261	14 694	26 983	14 993	28 966	15 489	31 479	15 397	32 912	17 190	31 814	16 465	52	364 942	121 412	8 724	545 078

+23%

+144%

+444%

* Data from Austria, Estonia, Monaco, Poland, Turkey, Uzbekistan are not included
 ** Cumulative total is the total number of cases reported by country since the start of reporting

manca
di dati

Table 4: HIV infections newly diagnosed in men who have sex with men by country and year of diagnosis (2004–09) and cumulative totals, in EU/EEA and non-EU/EEA countries of the WHO European Region

Country	Year of diagnosis						Cumulative total*
	2004	2005	2006	2007	2008	2009	
EU							
W Austria	-	-	-	-	-	-	-
W Belgium	286	247	291	292	352	332	4440
C Bulgaria	0	4	10	24	37	28	154
C Cyprus	8	16	7	20	9	9	206
C Czech Republic	31	53	55	77	92	107	780
W Denmark	107	120	100	142	133	108	2238
E Estonia	-	-	-	-	-	-	93
W Finland	45	32	63	68	47	44	845
W France	1216	1358	1335	1427	1433	1162	8933
W Germany	1079	1254	1385	1564	1575	1629	16199
W Greece	280	224	212	242	262	232	4615
C Hungary	45	56	38	62	93	85	933
W Ireland	63	60	89	80	100	128	1285
W Italy	373	364	391	421	585	622	2756
E Latvia	7	14	15	15	22	15	204
E Lithuania	4	3	9	4	9	9	101
W Luxembourg	20	6	12	16	23	19	348
W Malta	3	5	6	0	0	3	20
W Netherlands	561	617	620	733	775	535	9385
C Poland	33	41	43	30	52	47	857
W Portugal	281	218	284	256	333	289	2992
C Romania	6	14	11	8	25	0	88
C Slovakia	12	9	14	25	33	35	205
C Slovenia	15	31	25	30	34	29	274
W Spain	446	488	558	945	1093	962	4835
W Sweden	77	101	95	115	101	114	3072
W United Kingdom	2426	2662	2624	2858	2613	2471	47797
Total EU	7224	7997	8292	9454	9811	8934	113615
EEA							
W Iceland	2	3	2	0	2	2	99
W Norway	70	56	90	77	92	87	1365
Total EU+EEA	7296	8056	8384	9531	9905	9023	115079
Non-EU/EEA							
C Albania	0	0	0	1	2	1	15
W Andorra	0	3	0	2	2	1	14
E Armenia	0	2	2	2	3	5	16
E Azerbaijan	4	0	3	3	1	2	16
E Belarus	0	2	1	4	5	10	47
C Bosnia and Herzegovina	0	3	5	0	1	2	28
C Croatia	27	33	37	30	52	41	393
C Former Yugoslav Republic of Macedonia, the	0	0	1	1	0	3	7
E Georgia	6	8	4	11	6	7	57
W Israel	67	89	77	122	122	140	1245
E Kazakhstan	2	3	8	4	12	10	63
E Kyrgyzstan	0	0	1	1	0	0	2
E Moldova	0	5	2	0	2	12	30
W Monaco	-	-	-	-	-	-	-
C Montenegro	0	3	2	5	3	5	29
E Russia	-	-	-	-	-	-	-
W San Marino	1	0	0	0	0	0	17
C Serbia	30	43	45	40	65	83	558
W Switzerland	169	225	264	272	273	242	3590
E Tajikistan	0	0	0	0	0	0	0
C Turkey	11	25	28	25	-	-	183
E Turkmenistan	0	0	0	0	0	0	0
E Ukraine	9	20	35	48	64	94	316
E Uzbekistan	9	10	0	0	0	1	29
Total non-EU/EEA	395	474	515	571	613	669	6655
Geographical area							
West	7372	8132	8498	9432	9916	9042	116050
Centre	218	331	321	378	478	475	4670
East	41	67	80	92	124	175	974
Total WHO European Region	7631	8530	8899	10102	10518	9692	121734

* Cumulative total is the total number of cases reported by country since the start of reporting

fonte: HIV Surveillance Report 2009, ECDC: http://www.ecdc.europa.eu/en/publications/Publications/101129_SUR_HIV_2009.pdf

meeting LI

1/40

Prevalenza HIV in omosessuali (MSM)

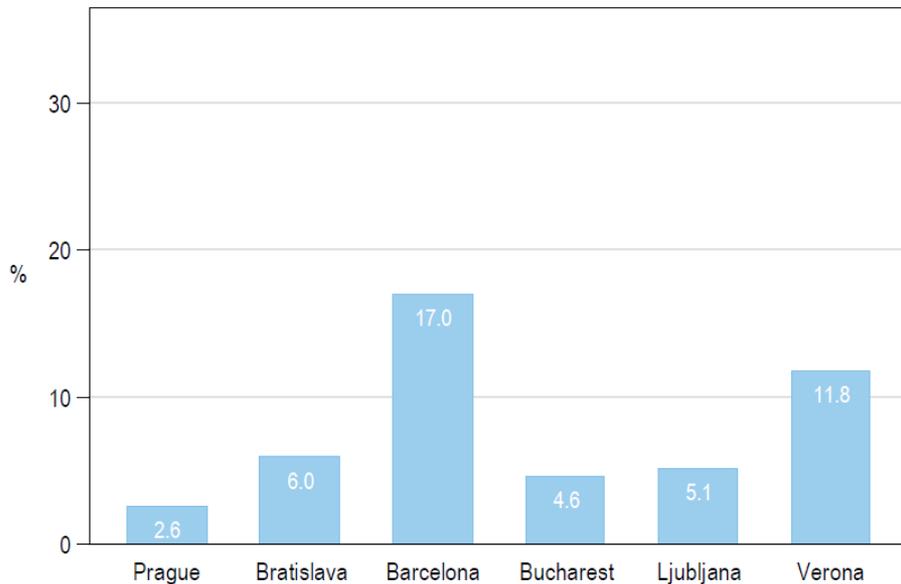
Popolazione	Anno di rilevazione	n. soggetti testati	Prevalenza HIV	Autore
Omosessuali	2005	4.690 M	4,0%	MODI.DI.
≤ 25 anni *			0,8%	
26-30 anni			2,7%	
31-40 anni			5,8%	
≥ 41 anni			9,7%	
Omosessuali (gay venue di VR)	2008	405	11,6% (il 45,5% era inconsapevole)	SIALON study
Omosessuali	2008	349	10.6%	LILA

* Più della metà dei soggetti < di 25 anni non aveva mai eseguito un test per HIV

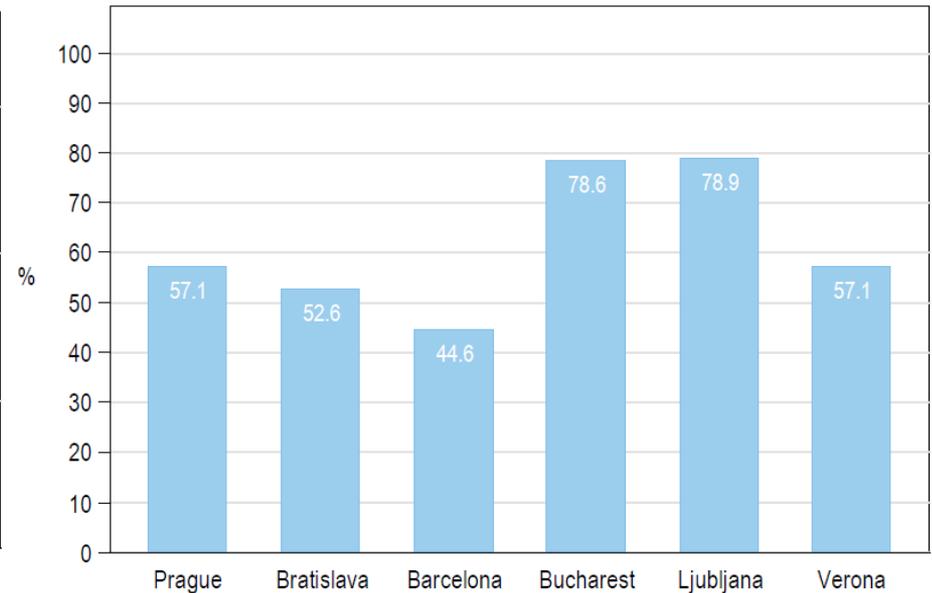
accesso al test

HIV PREVALENCE (OF) AND PERCENTAGE OF HIV UNDIAGNOSED MSM BY CITY

HIV Prevalence (Oral Fluid Test)



Undiagnosed HIV+ MSM



56% of all HIV+ MSM were not aware of their HIV+ status. Fonte: SIALON

comportamenti a rischio

Le diagnosi di malattie a trasmissione sessuale sono in aumento tra i gay italiani

AIDS: ROMA, INFEZIONI HIV TRIPLICATE DAL 2000 FRA UOMINI GAY

+12% DALL'85, LAZIO UNICA REGIONE ANCHE CON COSTANTE AUMENTO SIFILIDE

Roma, 27 nov. (Adnkronos Salute) - Sono triplicati, dal 2000 a oggi, i nuovi casi di infezione da Hiv fra la popolazione omosessuale maschile romana: se dal 1985 al 2000 si è assistito a un aumento del 4%, con un andamento dell'epidemia assai altalenante ma senza picchi che potessero preoccupare, i dati aggiornati al 2007 parlano di una crescita totale del 12%.

"Ciò significa che negli ultimi sette anni la guardia si è abbassata all'interno della coorte di uomini gay sotto osservazione: duemila persone seguite da oltre 20 anni, che hanno evidentemente smesso di prendere precauzioni durante i rapporti sessuali, nonostante abbiano visto tanti amici morire di Aids". A lanciare l'allarme è Massimo Farinella, responsabile Salute del circolo di cultura omosessuale 'Mario Mieli', oggi a Roma durante la presentazione di una nuova iniziativa, chiamata 'Progetto Coroh', studiata per estendere a sempre più individui le informazioni sulla prevenzione dell'Hiv e gli strumenti per la diagnosi precoce della malattia.

E se l'Aids, 'capostipite' delle patologie a trasmissione sessuale, ricomincia a preoccupare soprattutto all'interno della comunità gay, che per alcuni anni era rimasta 'spettatrice' dell'aumento dell'epidemia di fronte alle migliaia di nuovi casi registrati fra gli eterosessuali, anche i numeri sull'incidenza della sifilide fanno riflettere: il Lazio è l'unica regione italiana a mostrare ancora un costante aumento delle diagnosi. (segue)

TABLE 3

Factors associated with unprotected anal intercourse with casual partners (previous 12 months) in a convenience sample of men who have sex with men in Catalonia, 2006. Univariate logistic regression analysis.

	UAI %	OR	95% CI	p
Age (years)				
19-30	35.6	1.00		
>30	31.2	0.82	0.51-1.31	0.400
Recruitment site				
Gay venues	32.2	1.00		
Mailing list: Coordinadora Gay- Lesbiana	28.4	0.83	0.57-1.22	0.346
Country of origin				
Spain	26.4	1.00		
Immigrant (Latin America)	45.1	2.28	1.43-3.64	0.001
Immigrant (other)	40.9	1.93	1.13-3.29	0.017
No answer	32.4	1.33	0.90-1.96	0.149
Educational level				
Non-university	32.2	1.00		
University	30.5	0.92	0.68-1.27	0.629
Sexual orientation				
Homosexual	30.5	1.00		
Other ¹	39.0	1.46	0.91-2.35	0.116
Insults and/or attacks ²				
No	30.3	1.00		
Yes	41.3	1.61	1.00-2.60	0.048
Internalised homophobia ³				
>2.5-4	30.1	1.00		
1-2.5 (high)	45.5	1.94	1.13-3.34	0.016
Use of alcohol ²				
No	32.7	1.00		
Yes	31.1	0.93	0.67-1.29	0.667
Number of drugs used ⁴				
No	26.6	1.00		
1-3	31.5	1.27	0.90-1.79	0.172
4-6	46.8	2.43	1.39-4.25	0.002
More than 6 drugs	76.9	9.21	2.47-34.31	0.001
Sex with a stable partner ²				
No	32.5	1.00		
Yes	28.8	0.84	0.61-1.16	0.294
Number of male sexual partners ²				
1-10	24.7	1.00		
11-20	23.7	0.95	0.58-1.54	0.831
More than 20	39.1	1.96	1.35-2.86	0.000
Met casual partners on the Internet ²				
No	27.5	1.00		
Yes	35.7	1.46	1.07-2.00	0.017
Have you charged for sex ²				
No	30.6	1.00		
Yes	45.5	1.89	0.93-3.82	0.076
STI ²				
No	30.4	1.00		
Yes	35.2	0.81	0.55-1.18	0.271
Self-reported HIV result				
Negative/unknown	28.6	1.00		
Positive	43.8	1.95	1.32-2.89	0.001

comportamenti a rischio

Source: SEXUAL RISK BEHAVIOUR AND ITS DETERMINANTS AMONG MEN WHO HAVE SEX WITH MEN IN CATALONIA, SPAIN
C Folch et al.;
<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19415>

me

¹Bisexual, heterosexual, not resolved, or does not know;
²Previous 12 months;
³Heterosexuals excluded;
OR: Odds ratio

second generation surveillance

- ❖ non abbiamo solo bisogno di più dati, ma anche di prevedere cosa potrà accadere
- ❖ alcuni indicatori ci possono aiutare:
 - sorveglianza delle malattie a trasmissione sessuale
 - comportamenti a rischio
 - determinanti legati all'ambiente sociale (disponibilità di condom o test)
- ❖ questa è la **second generation surveillance**
 - Second generation surveillance for HIV/AIDS is the regular, systematic collection, analysis and interpretation of information for use in tracking and describing changes in the HIV/AIDS epidemic over time. Second generation surveillance for HIV/AIDS also gathers information on risk behaviours, using them to warn of or explain changes in levels of infection. As such, second generation surveillance includes, in addition to HIV surveillance and AIDS case reporting, STI surveillance to monitor the spread of STI in populations at risk of HIV and behavioural surveillance to monitor trends in risk behaviours over time. These different components achieve greater or lesser significance depending of the surveillance needs of a country, determined by the level of the epidemic it is facing: low level, concentrated or generalized.[WHO definition]
 - esempi: EMIS survey (www.emis-project.eu); SIALON (www.sialon.eu)

second generation surveillance

www.sessotest.org

gli indicatori UNGASS

Core Indicators for the Implementation of the Declaration of Commitment on HIV/AIDS

gli indicatori UNGASS a livello nazionale sono suddivisi in tre categorie:

- national commitment and action
- national knowledge and behaviour
- national-level programme impact

Indicators	Data Collection Frequency	Method of Data Collection
National Commitment and Action		
Expenditures		
1. Domestic and international AIDS spending by categories and financing sources	Ad hoc based on country request and financing, by calendar or fiscal year	National AIDS Spending Assessment Financial resource flows
Policy Development and Implementation Status		
2. National Composite Policy Index (Areas covered: prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	Every 2 years	Desk review and key informant interviews
National Programmes (blood safety, antiretroviral therapy coverage, prevention of mother-to-child transmission, co-management of TB and HIV treatment, HIV testing, prevention programmes, services for orphans and vulnerable children, and education)		
3. Percentage of donated blood units screened for HIV in a quality assured manner	Annual	Programme monitoring/ special survey
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy*	Annual	Programme monitoring and estimates
5. Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission	Annual	Programme monitoring and estimates
6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	Annual	Programme monitoring
7. Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know the results	Every 4–5 years	Population-based survey
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	Every 2 years	Behavioural surveys
9. Percentage of most-at-risk populations reached with HIV prevention programmes	Every 2 years	Behavioural surveys
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	Every 4–5 years	Population-based survey
11. Percentage of schools that provided life skills-based HIV education within the last academic year	Every 2 years	School-based survey

gli indicatori UNGASS

Indicators

Data Collection Frequency

Method of Data Collection

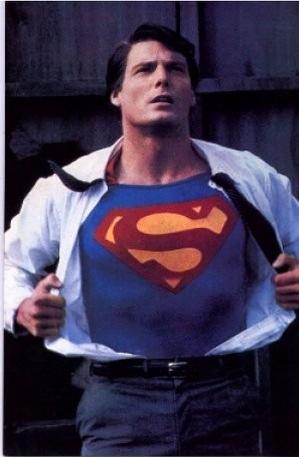
Knowledge and Behaviour

12. Current school attendance among orphans and among non-orphans aged 10–14*	Every 4–5 years	Population-based survey
13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	Every 4–5 years	Population-based survey
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Every 2 years	Behavioural surveys
15. Percentage of young women and men who have had sexual intercourse before the age of 15	Every 4–5 years	Population-based survey
16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Every 4–5 years	Population-based survey
17. Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	Every 4–5 years	Population-based survey
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	Every 2 years	Behavioural surveys
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Every 2 years	Behavioural surveys
20. Percentage of injecting drug users who reported the use of a condom at last sexual intercourse	Every 2 years	Special survey
21. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	Every 2 years	Special survey

Impact

22. Percentage of young women and men aged 15–24 who are HIV infected*	Annual	HIV sentinel surveillance and population-based survey
23. Percentage of most-at-risk populations who are HIV infected	Annual	HIV sentinel surveillance
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Every 2 years	Programme monitoring
25. Percentage of infants born to HIV-infected mothers who are infected	Annual	Treatment protocols and efficacy studies

passiamo all'azione!



1. empowerment:
diritti umani, stigma e discriminazione



2. accesso ai servizi sanitari



3. prevenzione

diritti umani, stigma, discriminazione

- ❖ “Long-term success in responding to the epidemic will require sustained progress in reducing human rights violations associated with it, including gender inequality, stigma and discrimination”.

2008 Report on Global AIDS Epidemic, UNAIDS

- ❖ “The only decrease in rates occurred among white MSM (-9%) in metropolitan areas of more than 2.5 million residents.”

HIV/AIDS Trends Among U.S. Men Who Have Sex With Men, From U.S. Centers for Disease Control and Prevention, July 1997

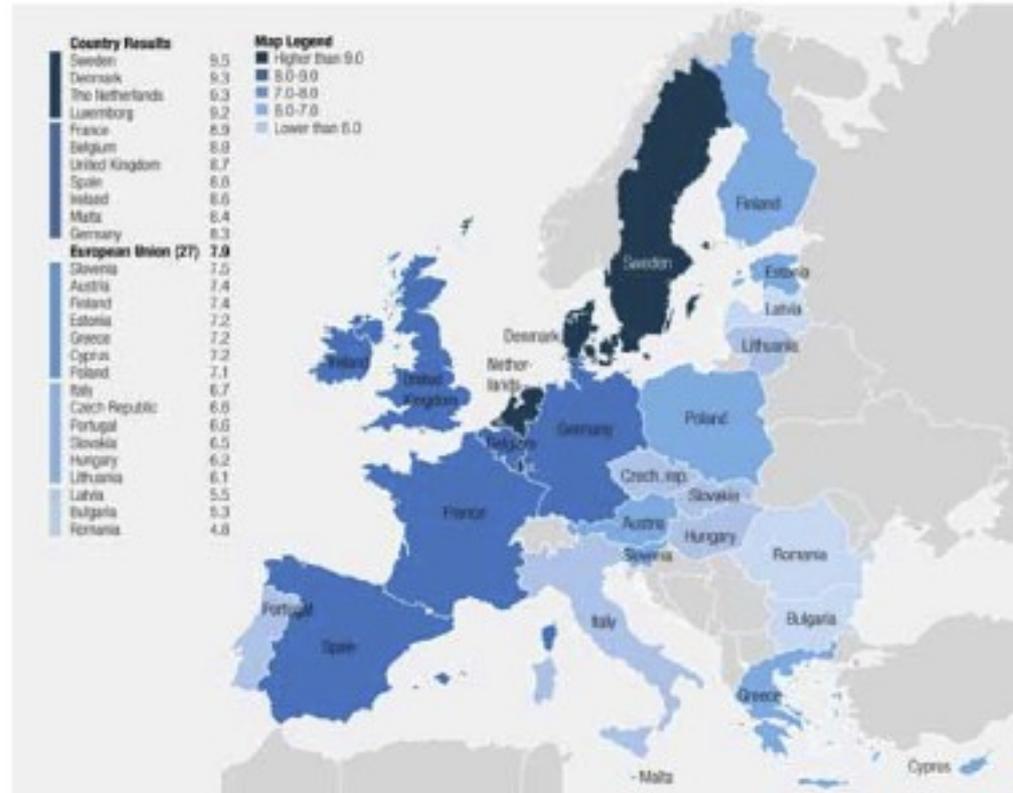
- ❖ hiv e omosessualità sono ancora considerati un tabù nella popolazione generale

- ❖ hiv è considerato un tabù anche nella comunità gay

diritti umani, stigma, discriminazione

Figure 1.1: Attitudes towards having a homosexual as a neighbour

Scale of 1-10. 1 = 'very uncomfortable'; 10 = 'very comfortable'



fonte: HOMOPHOBIA AND DISCRIMINATION ON GROUNDS OF SEXUAL ORIENTATION AND GENDER IDENTITY IN THE EU MEMBER STATES
European Agency for Fundamental Rights 2009

accesso ai servizi sanitari

Gender, Sexuality, Rights and HIV An overview for community sector organizations, ICASO 2007

Gli attuali indicatori suggeriscono che **meno del dieci per cento** degli MSM e delle persone transgender globalmente hanno accesso a servizi per la prevenzione dell'Hiv e la cura dell'Aids di cui hanno bisogno. Molti fattori contribuiscono a questa situazione, inclusi **rifiuto sociale o dalla comunità, stigma e discriminazione e violazioni dei diritti umani**. Moltiplicare gli interventi per gli MSM è difficile perché farlo spesso aumenta la loro stessa visibilità. Questo ha conseguenze per le relazioni interpersonali e di comunità e la sicurezza personale (specie in contesti dove il sesso tra uomini è un tabù, è criminalizzato o rifiutato). L'accesso ai servizi per l'Hiv rimane limitato per gli MSM e questo incrementa la loro vulnerabilità all'Hiv.

Current indicators suggest that **less than ten percent** of MSM and transgender people globally have access to the HIV prevention and AIDS care services they need. Many factors contribute to this situation, including **societal and community denial, stigma and discrimination, and human rights abuses**. Scaling-up interventions for MSM is difficult because doing so often raises the visibility of the men themselves. This has consequences for interpersonal and community relationships and personal safety (especially in contexts where sex between men is taboo, criminalized, or denied). Access to HIV services remains limited for MSM which increases their vulnerability to HIV.

accesso ai servizi sanitari

“Temo di ricevere un trattamento peggiore a causa del mio orientamento sessuale, quando mi rivolgo a medici o infermieri”

molto d'accordo	10,6 %
abbastanza d'accordo	21,0 %
poco d'accordo	27,6 %
per niente d'accordo	34,1 %
non so	6,7 %

Conoscenza dell'orientamento sessuale da parte del medico di medicina generale

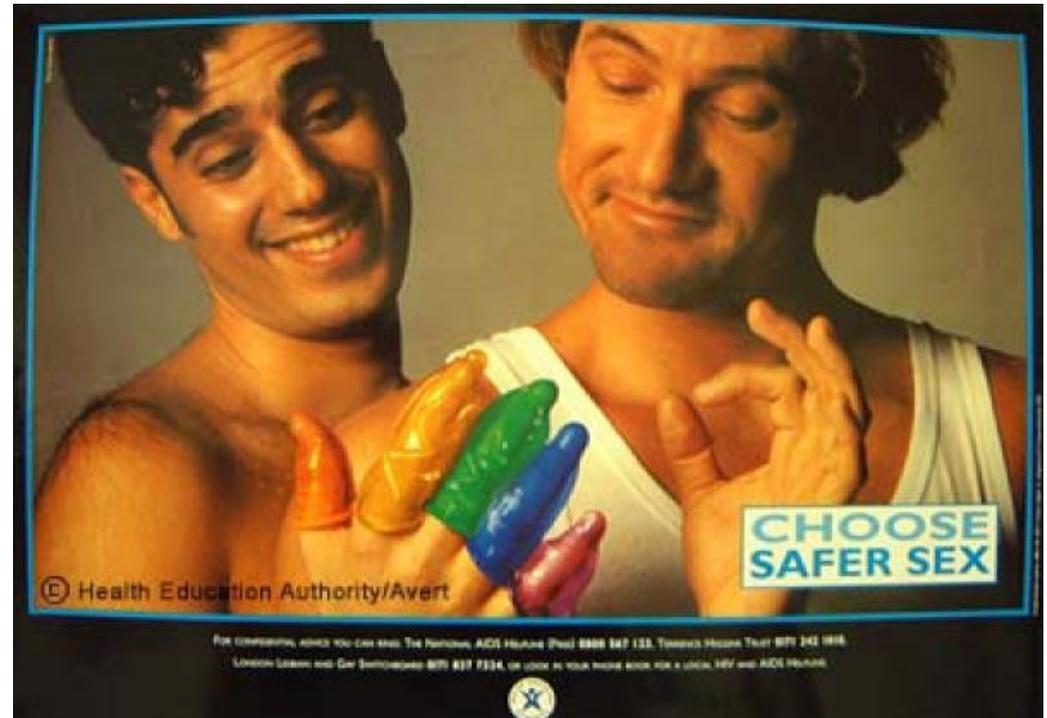
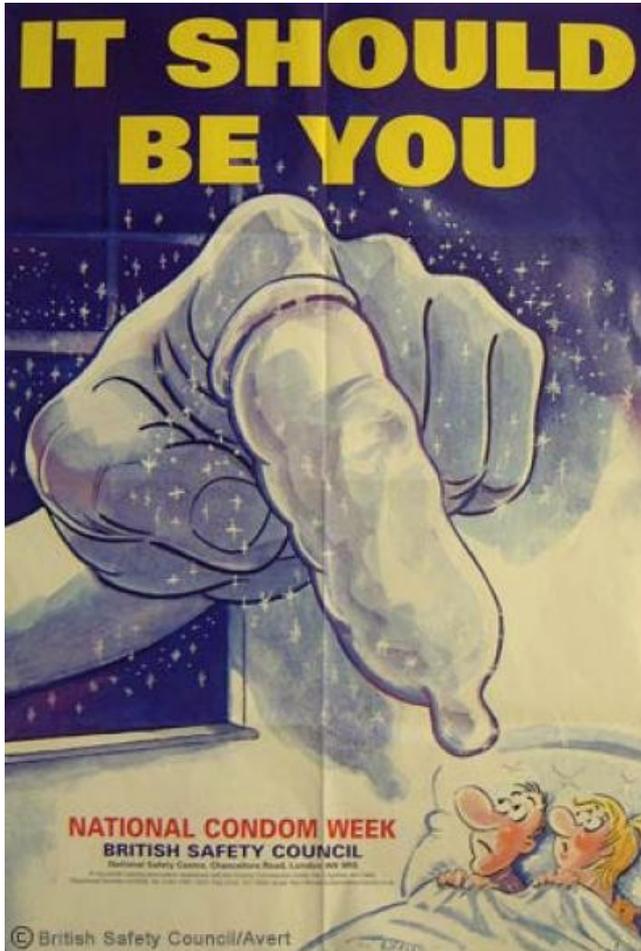
sì	22,0 %
no	68,5 %
non so	9,5 %

Più i soggetti sono giovani e meno rivelano al medico di base la propria omosessualità (80,4% degli under-25 contro il 52,8% dei soggetti over-40). Vi è un effetto della distribuzione geografica sulla rivelazione dell'orientamento: al Nord la percentuale delle persone che hanno una relazione più aperta con il medico è del 23,9%; al Centro del 23,5%; al Sud ed Isole del 13%.

fonte: MODIDI SESSO E SALUTE DI LESBICHE, GAY E BISESSUALI OGGI IN ITALIA, Arcigay 2005

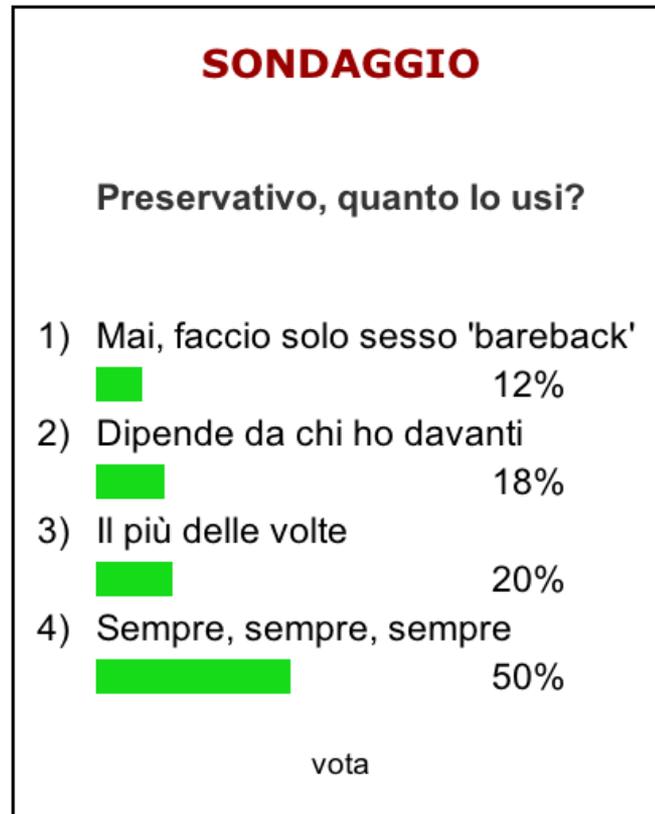
prevenzione: che vuol dire?

forse il messaggio “usa il preservativo”
non è più sufficiente



Historical HIV/AIDS Poster collection: AVERT - <http://www.avert.org/aids-posters.htm>

il barebacking esiste



Fonte: www.gay.it/sondaggi realizzato a novembre 2010

nuovi metodi di prevenzione

prevenzione biomedica



www.globaliprex.com

USE OF HIV MEDICATIONS REDUCES RISK OF HIV INFECTION IN UNINFECTED PEOPLE

Major Study Published in the *New England Journal of Medicine* Demonstrates the Effectiveness of a New HIV Prevention Tool, Pre-Exposure Prophylaxis (PrEP)

(San Francisco, CA) – In a finding with the potential to fundamentally change strategies to slow the global HIV epidemic, a new study called iPrEx shows that individuals at high risk for HIV infection who took a single daily tablet containing two widely used HIV medications, emtricitabine and tenofovir (FTC/TDF), experienced an average of 43.8% fewer HIV infections than those who received a placebo pill (95% CI 15.4 to 62.6%; P=0.005). The study, reported in the *New England Journal of Medicine*, is the first evidence that this new HIV prevention method, called pre-exposure prophylaxis or PrEP, reduces HIV infection risk in people.

A total of 2,499 individuals at high risk of HIV infection participated in the six-country iPrEx study. All study participants received a comprehensive package of prevention services designed to reduce their risk of HIV infection throughout the trial, including HIV testing, intensive safer sex counseling, condoms and treatment and care for sexually transmitted infections. Half of study participants also received the PrEP pill, while the other half received a placebo.

In all, 64 HIV infections were recorded among the 1,248 study participants who received a placebo pill, while 36 HIV infections were recorded among the 1,251 participants who received the study drug. The average reduction in HIV infection risk of 43.8% includes all study participants – even those who did not take the daily pill consistently.

nuovi metodi di prevenzione

alcuni problemi:

- costi
- reazioni avverse
- aderenza e resistenza
- ...

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Morbidity and Mortality Weekly Report (MMWR)

Text size: S M L XL

MMWR

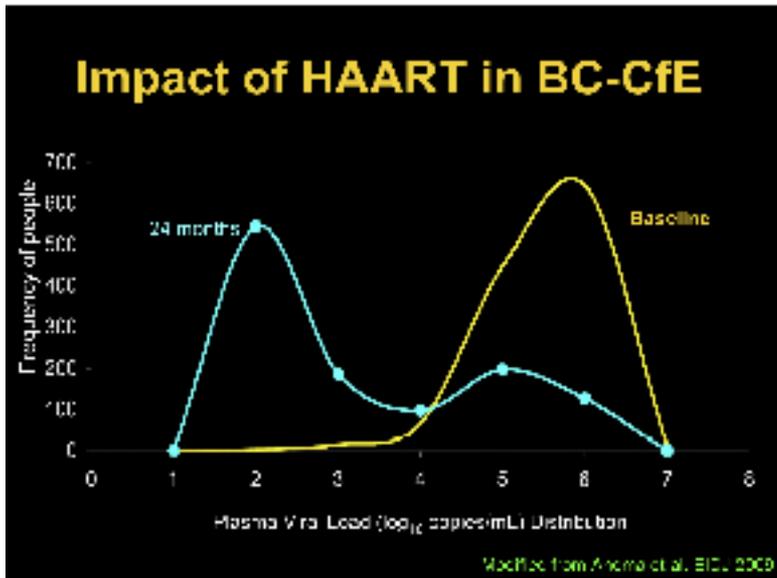
Interim Guidance: Preexposure Prophylaxis for the Prevention of HIV Infection in Men Who Have Sex with Men

Weekly
January 28, 2011 / 60(03);65-68

An estimated 56,000 human immunodeficiency virus (HIV) infections occur each year in the United States (1). Men who have sex with men (MSM) account for 53% of the estimated incident infections, and surveillance data suggest that the annual number of new HIV infections among MSM has been rising since the mid-1990s (1). Strategies for reducing the acquisition of HIV infection by MSM have included 1) expanded HIV testing so that infected persons can be treated and their risk for transmitting infection minimized; 2) individual, small-group, and community-level behavioral interventions to reduce risk behaviors (2); 3) promotion of condom use; 4) detection and treatment of sexually transmitted infections (3); and 5) mental health and substance abuse counseling when needed. On November 23, 2010, investigators for the Pre-Exposure Prophylaxis Initiative (PrEP) study announced results from a multinational, randomized, double-blind, placebo-controlled, phase III clinical trial of daily oral antiretrovirals (tenofovir disoproxil fumarate [TDF] and emtricitabine [FTC]) to prevent acquisition of HIV infection among uninfected but exposed MSM (4). This report provides interim guidance to health-care providers based on the reported results of that trial, which indicated that TDF plus FTC taken orally once a day as preexposure prophylaxis (PrEP) is safe and partially effective in reducing HIV acquisition among MSM when provided with regular monitoring of HIV status and ongoing risk-reduction and PrEP medication adherence counseling.

nuovi metodi di prevenzione

treatment as prevention



Julio Montaner, British Columbia

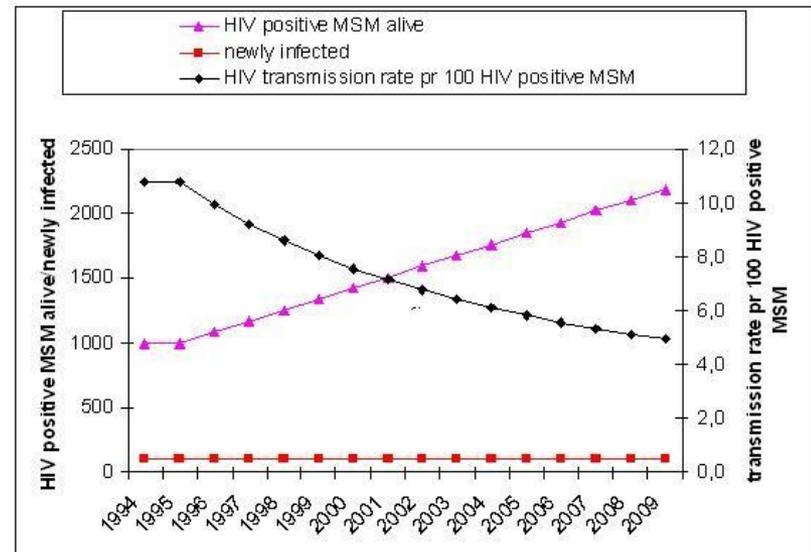
Association of highly active antiretroviral therapy coverage, population viral load, and yearly new HIV diagnoses in British Columbia, Canada: a population-based study

Interpretation We have shown a strong population-level association between increasing HAART coverage, decreased viral load, and decreased number of new HIV diagnoses per year. Our results support the proposed secondary benefit of HAART used within existing medical guidelines to reduce HIV transmission.

Susan Cowan et al. Denmark

New paradigm for positive prevention: "Test and treat" - testing for and treating HIV has lowered transmission rate in Denmark in spite of increased unsafe sex among MSM,

Conclusions: The most likely explanation for the conflicting trends is a high proportion of HIV-positive MSM who are ART-treated and thus do not transmit HIV. The ongoing transmission among MSM is driven by undiagnosed or untreated/inadequately treated HIV-positive MSM. A new prevention paradigm is needed that takes this into account.



nuovi metodi di prevenzione



Media inquiries:

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FOR IMMEDIATE RELEASE:

Thursday, 12 May 2011, 11 am EST

**Initiation of Antiretroviral Treatment
Protects Uninfected Sexual Partners from HIV Infection (HPTN Study 052)**

*96% reduction in HIV transmission, according to study conducted
by HIV Prevention Trials Network*

Washington, DC - Men and women infected with HIV reduced the risk of transmitting the virus to their sexual partners through initiation of oral antiretroviral therapy (ART), according to findings from a large multinational clinical study conducted by the HIV Prevention Trials Network (HPTN), a global partnership dedicated to reducing the transmission of HIV through cutting-edge biomedical, behavioral, and structural interventions.

positive prevention

HIV positive men HIV negative men

have a have a

RESPONSIBILITY

to protect to protect

their partners themselves

Your sexual partners may not always insist on using condoms.
Stopping transmission of HIV is your responsibility.

For more information on HIV, AIDS and safer sex call THT Direct Helpline on 0845 122 1200
Mon-Fri 10am-10pm; Sat-Sun 12noon-6pm or visit www.metro8.org.uk/responsibility

GMEA
the gay men's health charity

LONDON GAY MEN'S
HIV Prevention Partnership

MetroM8

positive prevention sono tutti gli sforzi di prevenzione Hiv indirizzati alle persone Hiv positive

razionale:

- “le persone sieropositive formano il 50% delle persone presenti in ogni evento di trasmissione dell’Hiv eppure sono una minoranza della popolazione”
(Gus Cairns, *Positive prevention by positive men*, 2005)
- le persone che vivono con l’Hiv hanno il diritto a una vita sessuale soddisfacente, perciò hanno bisogno di sapere come averla in modo sicuro per se stessi e per i loro partner
- questo potrebbe aiutarli ad evitare comportamenti sessuali a rischio

e qualche problema:

- “Innanzitutto conoscere e poi rivelare lo status Hiv sono passi cruciali e necessari perché queste strategie funzionino”
(Gus Cairns, *Positive prevention by positive men*, 2005)
- “il timore di subire stigma o rifiuto inibiscono le persone con Hiv a fare il miglior uso di queste strategie”
(Gus Cairns, *Positive prevention by positive men*, 2005)
- ogni target ha bisogno del suo messaggio

qualcosa si sta muovendo...



linee guida OMS per la prevenzione Hiv tra gli MSM

Good Practice	Key Recommendations
Enabling Environments - Society	Legislators and other government authorities should establish anti-discrimination and other protective laws, derived from international human rights standards, in order to eliminate discrimination and violence faced by men who have sex with men and transgender people, in order to reduce their vulnerability to infection with HIV and the impacts of HIV and AIDS.
Enabling Environments – Health Systems	Health services should be made inclusive of men who have sex with men and transgender people, based on the principles of medical ethics and the right to health.
Individual sexual behaviour	Key Recommendations
1) Condom use	Using condoms consistently during anal intercourse is strongly recommended over not using condoms among MSM and transgender people. <i>Strong recommendation, moderate quality evidence¹</i>
2) Serosorting	Using condoms consistently is strongly recommended over serosorting for HIV-negative MSM and transgender people. <i>Strong recommendation, very low quality evidence</i> Serosorting is suggested over not using condoms among HIV-negative MSM and transgender people under specific circumstances as a harm reduction strategy. <i>Conditional recommendation, very low quality evidence²</i>
HIV Testing and Counselling	Key Recommendations
3) HIV testing and counselling	Offering HIV testing and counselling is strongly recommended over not offering such intervention for MSM and transgender people. <i>Strong recommendation, low quality evidence.</i>
4) Community based HIV testing and counselling linked to care and treatment	Offering community based HIV testing and counselling linked to care and treatment is suggested over not offering such programs to MSM and transgender people. <i>Strong recommendation, very low quality evidence.</i>
Behavioural Interventions and Information, Education, Communication	Key Recommendations
5) Individual level behavioural interventions	Implementing individual-level behavioural interventions for the prevention of HIV and STIs is suggested over not implementing such interventions among MSM and transgender people. <i>Conditional recommendation, moderate quality evidence.</i>
6) Community level behavioural interventions	Implementing community-level behavioural interventions for the prevention of HIV and STIs is suggested over not implementing such interventions among MSM and transgender people.

	<i>Conditional recommendation, low quality evidence.</i>
7) Targeted internet based strategies	Offering targeted internet-based targeted information to decrease risky sexual behaviours and increase uptake of HIV testing is suggested over not offering such information among MSM and transgender people. <i>Conditional recommendation, very low quality evidence.</i>
8) Social marketing-based strategies	Using social marketing strategies to increase uptake of HIV/STI testing and HIV services is suggested over not using such strategies among MSM and transgender people. <i>Conditional recommendation, very low quality evidence.</i>
9) Sex venue-based outreach strategies	Implementing sex venue-based outreach strategies to decrease risky sexual behaviour and increase uptake of HIV testing is suggested over not implementing such strategies among MSM and transgender people. <i>Conditional recommendation, very low quality evidence.</i>
Substance use, prevention of blood-borne infection, male circumcision	Key Recommendations
10) Mental health interventions for substance use	MSM and transgender people with harmful alcohol or other substance use should have access to evidence based brief psychosocial interventions, involving assessment, specific feedback and advice. <i>In line with existing WHO guidance</i>
11) Harm reduction for injecting drug use	MSM and transgender people who inject drugs should have access to needle and syringe programs and opioid substitution therapy. <i>In line with existing WHO guidance</i>
12) Safe injections for transgender people	Transgender people who inject substances for gender enhancement should use clean injecting equipment and practice safe injection to reduce the risk of infection with blood borne pathogens such as HIV, hepatitis B and hepatitis C. <i>In line with existing WHO guidance</i>
13) Male circumcision	Not offering adult male circumcision for the prevention of HIV and STI is suggested over offering it to MSM and transgender people. <i>Conditional recommendation, very low quality evidence</i>
HIV Care and Treatment	Key Recommendations
14) Antiretroviral therapy	MSM and transgender people living with HIV should have access to ART the same as other populations. ART should be initiated at CD4 counts of ≤ 350 cells/mm ³ (and for those with WHO clinical stage 3 or 4 if CD4 testing is not available) Access should also include management of opportunistic infections, co-morbidities and management of treatment failure <i>In line with existing WHO guidance</i>

15) Other prevention and care interventions for MSM and transgender people living with HIV	MSM and transgender people living with HIV should have access to essential interventions to prevent illness and HIV transmission, including but not limited to care and support, testing and counselling and antiretroviral therapy. <i>In line with existing WHO guidance</i>
STI Prevention and Care	Key Recommendations
16) STI syndromic management	MSM and transgender people with symptomatic STIs should seek and be offered syndromic management and treatment <i>In line with existing WHO guidance</i>
17) Asymptomatic testing for Chlamydia trachomatis and Neisseria gonorrhoea	<p>Offering periodic testing for asymptomatic urethral and rectal <i>N. gonorrhoea</i> infections using NAAT is suggested over not offering such testing for MSM and transgender people. <i>Conditional recommendation, low quality evidence.</i></p> <p>Offering periodic testing for asymptomatic urethral and rectal <i>C. trachomatis</i> infections using NAAT is suggested over not offering such testing for MSM and transgender people. <i>Conditional recommendation, low quality evidence.</i></p> <p>Not offering periodic testing for asymptomatic urethral and rectal <i>N. gonorrhoea</i> infections using culture is suggested over offering such testing for MSM and transgender people. <i>Conditional recommendation, low quality evidence</i></p>
18) Asymptomatic testing for syphilis	Offering periodic serologic testing for asymptomatic syphilis infection is strongly recommended over not offering such screening for MSM and transgender people. <i>Strong recommendation, moderate quality evidence.</i>
19) Hepatitis B vaccination	MSM and transgender people should be included in catch-up HBV immunization strategies in settings in which infant immunization has not reached full coverage. <i>In line with existing WHO guidance</i>

FEMP 2011



The Future of European Prevention among MSM

FEMP 2011 will be held in

Stockholm, Sweden: 10-11 November 2011

organized by:

- SMI, the Swedish Institute for Communicable Disease Control
- Staffan Hallin, former member of SMI
- Carlson Wagonlit Travel Meetings and Events
- founded by European Commission under the Public Health Programme 2008-2013

FEMP 2011 Tracks/Themes & keywords

1. Understanding the epidemic

- ▣ Epidemiology
- ▣ Social and Behavioral Sciences
- ▣ Second Generation Surveillance
- ▣ Risk behaviors
- ▣ Testing and infection surveillance

2. Vulnerability and social determinants

- ▣ Prisoners, migrants, age, transgender, religious minorities, poor people, sex workers, etc..
- ▣ Human rights, stigmatization and discrimination
- ▣ Determinants of sexual behavior and behavioral change
- ▣ Mental health
- ▣ Needs description and assessment

3. Response, Prevention, Intervention and Performance

- ▣ Academy, Knowledge and Practice – community based research and best practice – a mutual dependence
- ▣ Access to good quality health services
- ▣ health services response
- ▣ Criminalization
- ▣ Innovative approaches

4. Positive Sex and Prevention

- ▣ Sexual Health in for positive men
- ▣ Inclusion of men who have HIV as target group and agent in the prevention

FEMP 2011 cross-cutting themes

- ❖ european regional differences
- ❖ intersectoral co-operation (academic/government/civil society/business collaboration)
- ❖ sustainability
- ❖ empowerment (eg health choices)
- ❖ innovative approaches

grazie per l'attenzione

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breveglieri (regione veneto), smiljka de lussigny (oms europe), antonio carlos gerbase (oms)**

meeting LILA 14 maggio 2011

40/40