



AAWS Workshop
DÖAK 2013

HIV-Spät Diagnosen in Nordrhein Westfalen: Daten aus der Resina Kohorte

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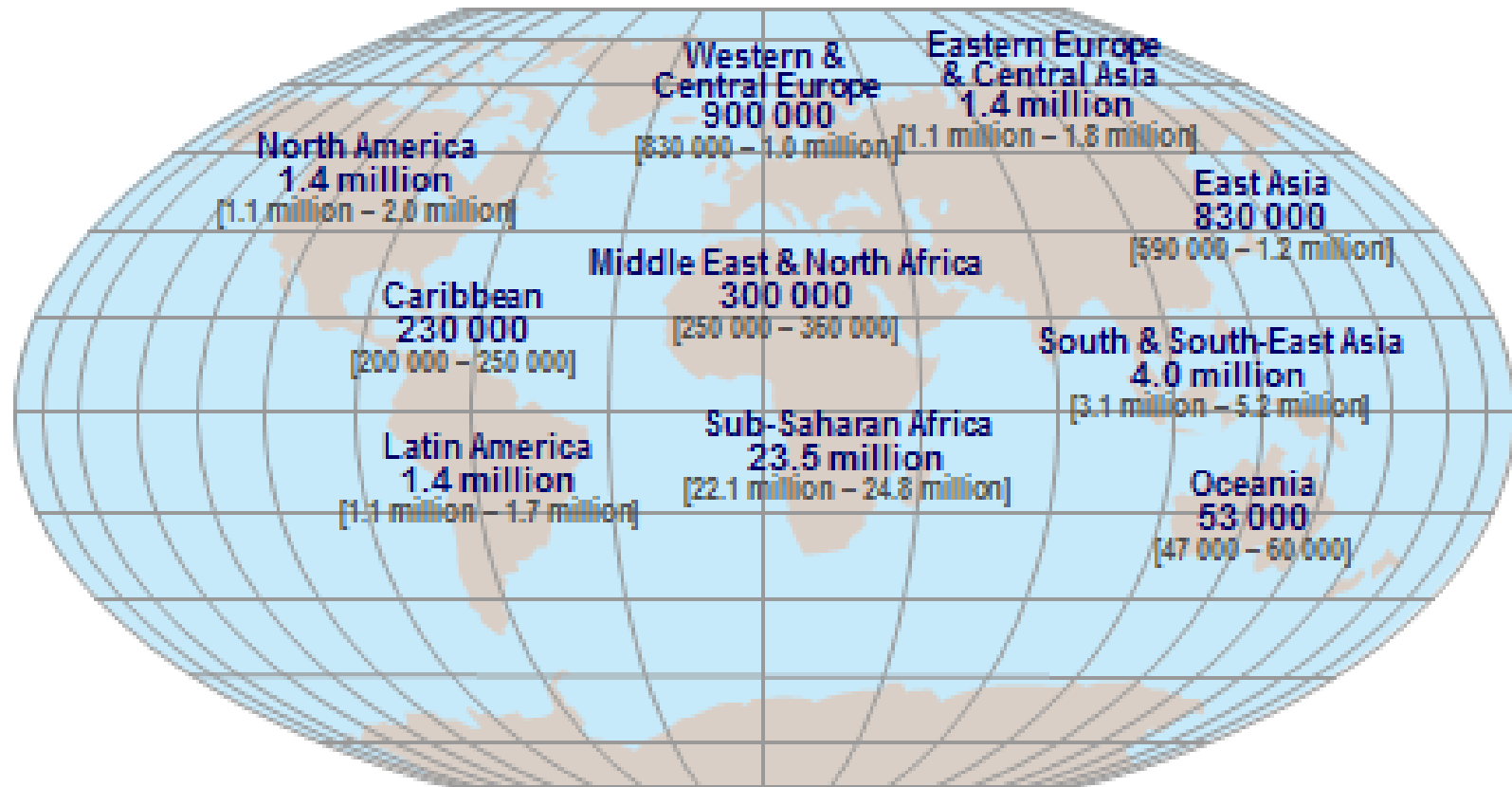


Resina

(Genotypic HIV-Resistance in Treatment-Naives)

- Ongoing prospective study in Nordrhein-Westfalen
- Inclusion: Untreated HIV-infected subjects before HAART initiation
- Study period: 2001-2012
- Aims of study:
 - Epidemiology of primary resistance in chronically HIV-infected patients
 - Evaluation of efficacy of HAART guided by resistance testing
 - Bioinformatic analysis of resistance data
 - Subgroup analyses
- Until end of 2012: 2859 patients in 36 centers
- Funding:
 - Federal Ministry of Health and Social Security
 - Heinz-Ansmann-Foundation for AIDS-Research

Adults and children estimated to be living with HIV | 2011



Total: 34.0 million [31.4 million – 35.9 million]

84.4% of women living with HIV are African

ASIA
4.8 MILLION

EASTERN EUROPE
1.4 MILLION

LATIN AMERICA
1.4 MILLION

NORTH AMERICA,
WESTERN AND
CENTRAL EUROPE
2.3 MILLION

OCEANIA
53 000

CARIBBEAN
230 000

MIDDLE
EAST
AND
NORTH
AFRICA
300 000

China
780 000

Thailand
490 000

Indonesia
380 000

Brazil
490 000

United States of America
1.3 million

SUB-SAHARAN AFRICA
23.5 MILLION

United Republic of Tanzania
1.6 million

South Africa
5.6 million

Uganda
1.4 million

Nigeria
3 million

Mozambique
1.4 million

Zambia
970 000

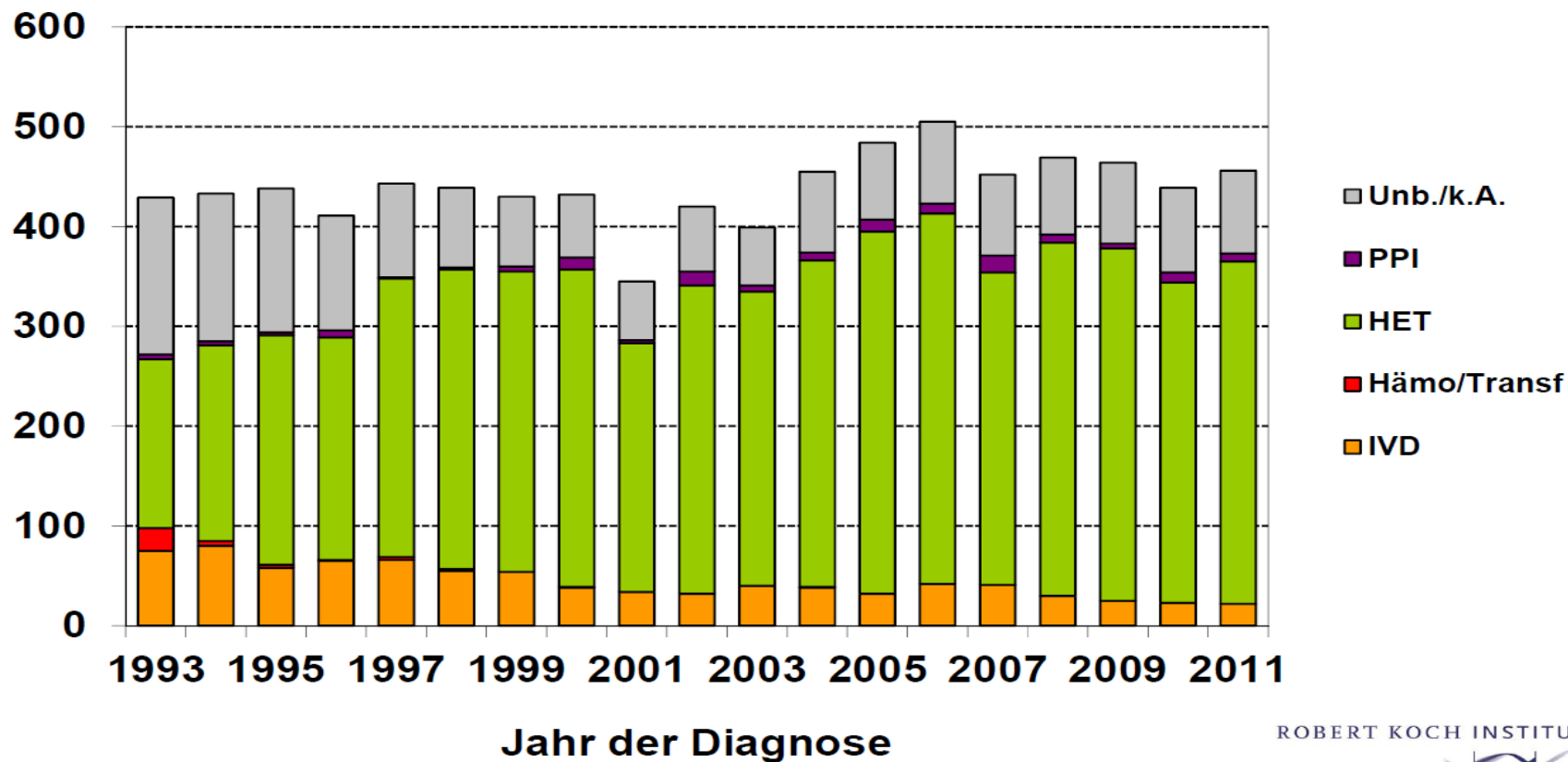
Zimbabwe
1.2 million

Kenya
1.6 million

Ethiopia
790 000



Neu diagnostizierte HIV-Infektionen in Deutschland bei Frauen (08/2012) nach Infektionsweg und Diagnosejahr





Wie definieren wir Spät Diagnosen?

Late presentation : < 200 CD4

Very late: < 50 cells/ μ l, and/or if an AIDS-defining condition has already occurred.

**International in fast allen
Studien üblich, Mukolo et al 2013**

Late Presentation: < 350 CD4 or presenting AIDS-defining event at any CD4

Presenting with advanced HIV-Disease: < 350 CD4 or AIDS-defining event, at any CD4

Late presentation of HIV infection: a consensus definition



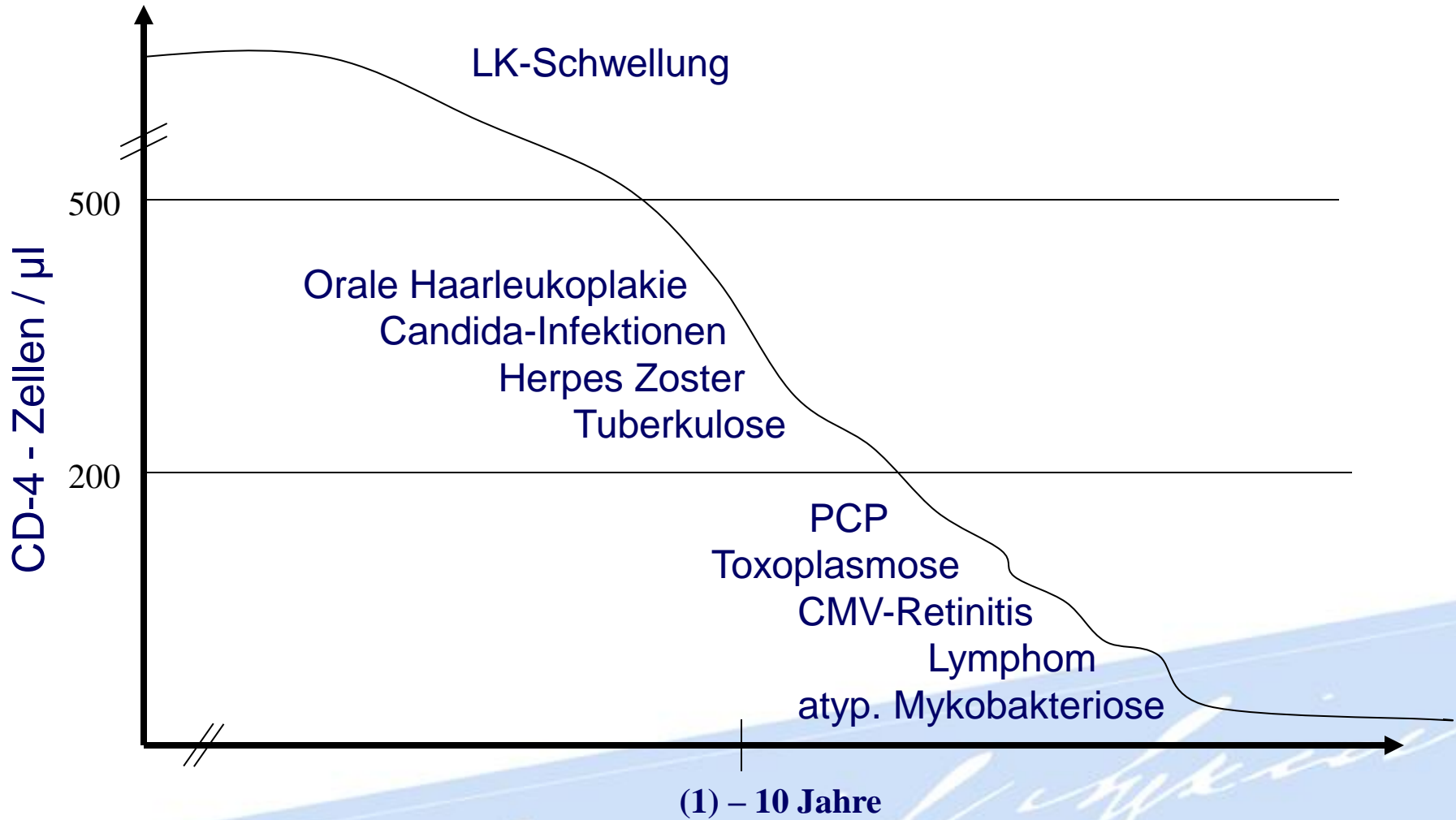
CDC Klassifikation

Klinik / CD4-Zellen	asymptomatisch oder akute HIV-Krankheit	Symptomatisch aber nicht A oder C	AIDS-Erkrankung*
> 500/ μ l	A1	B1	C1
200 – 499/ μ l	A2	B2	C2
< 200/ μ l	A3	B3	C3

Definition von 1993

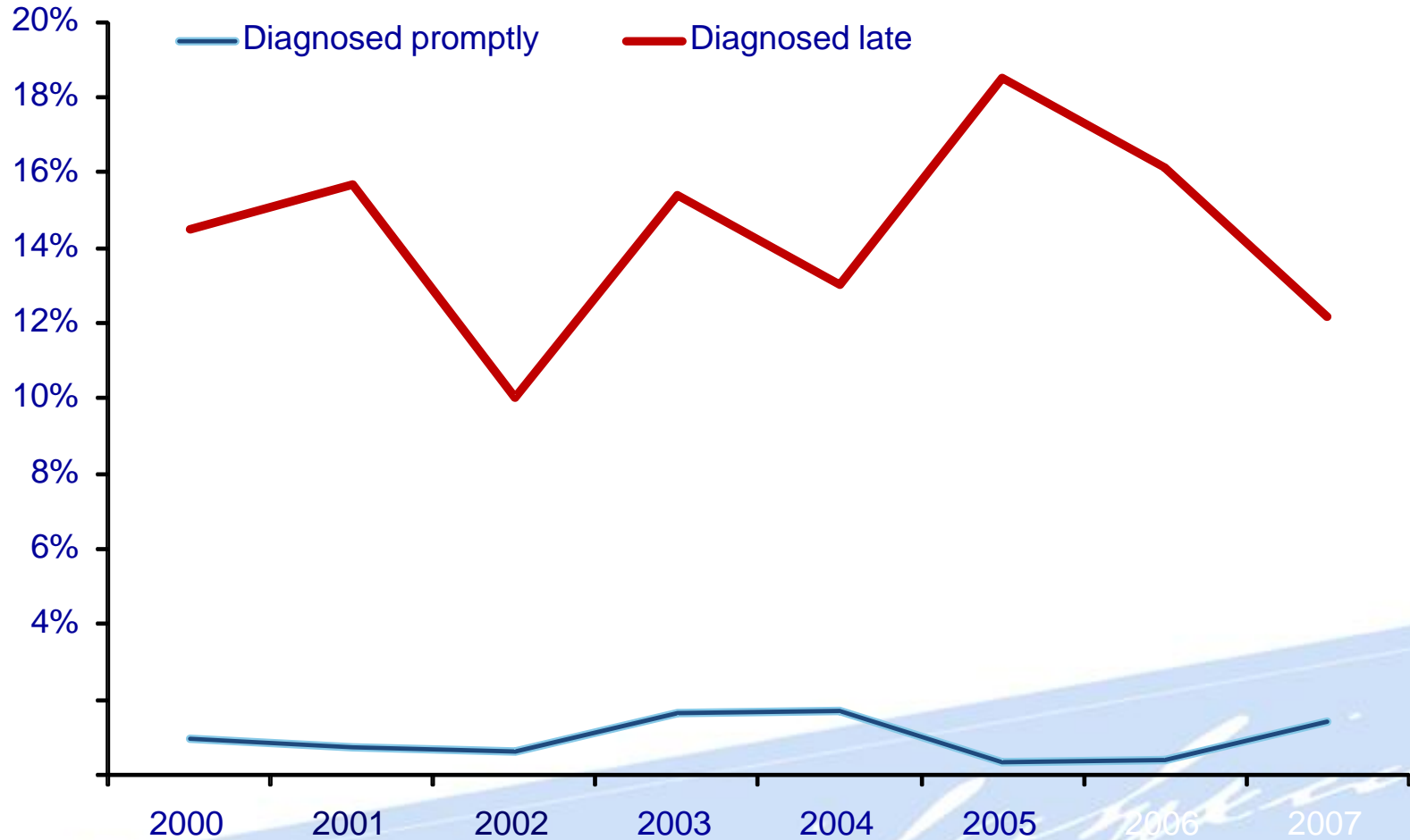


Klinischer Verlauf ohne Therapie





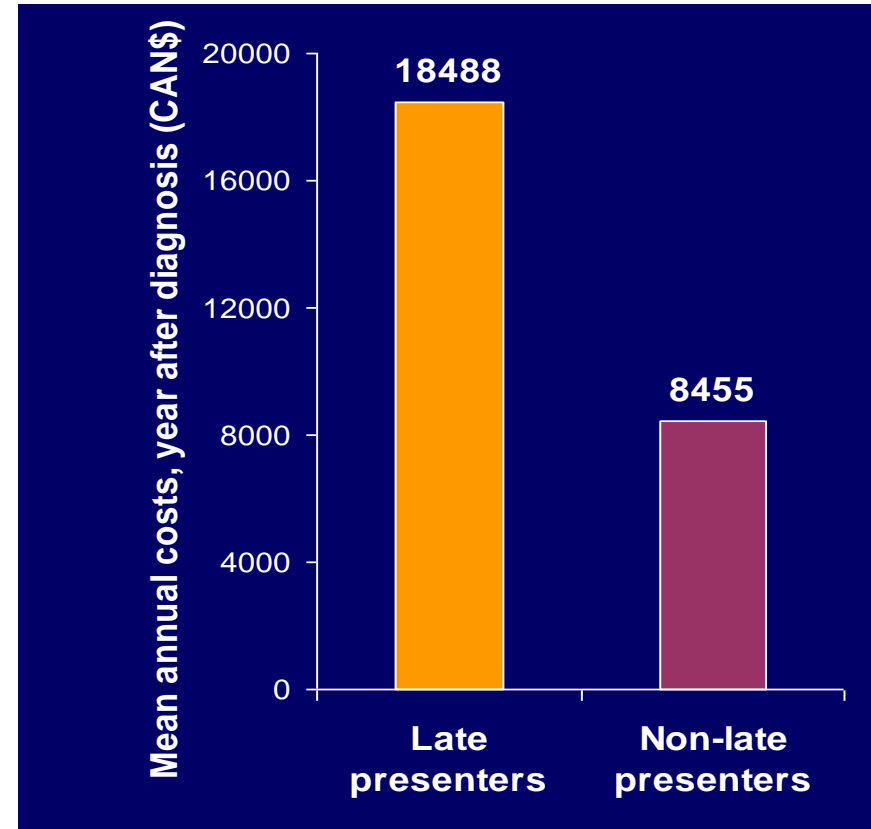
Short-Term Mortality Among Adults Aged >50 Years Diagnosed Promptly vs. Diagnosed Late





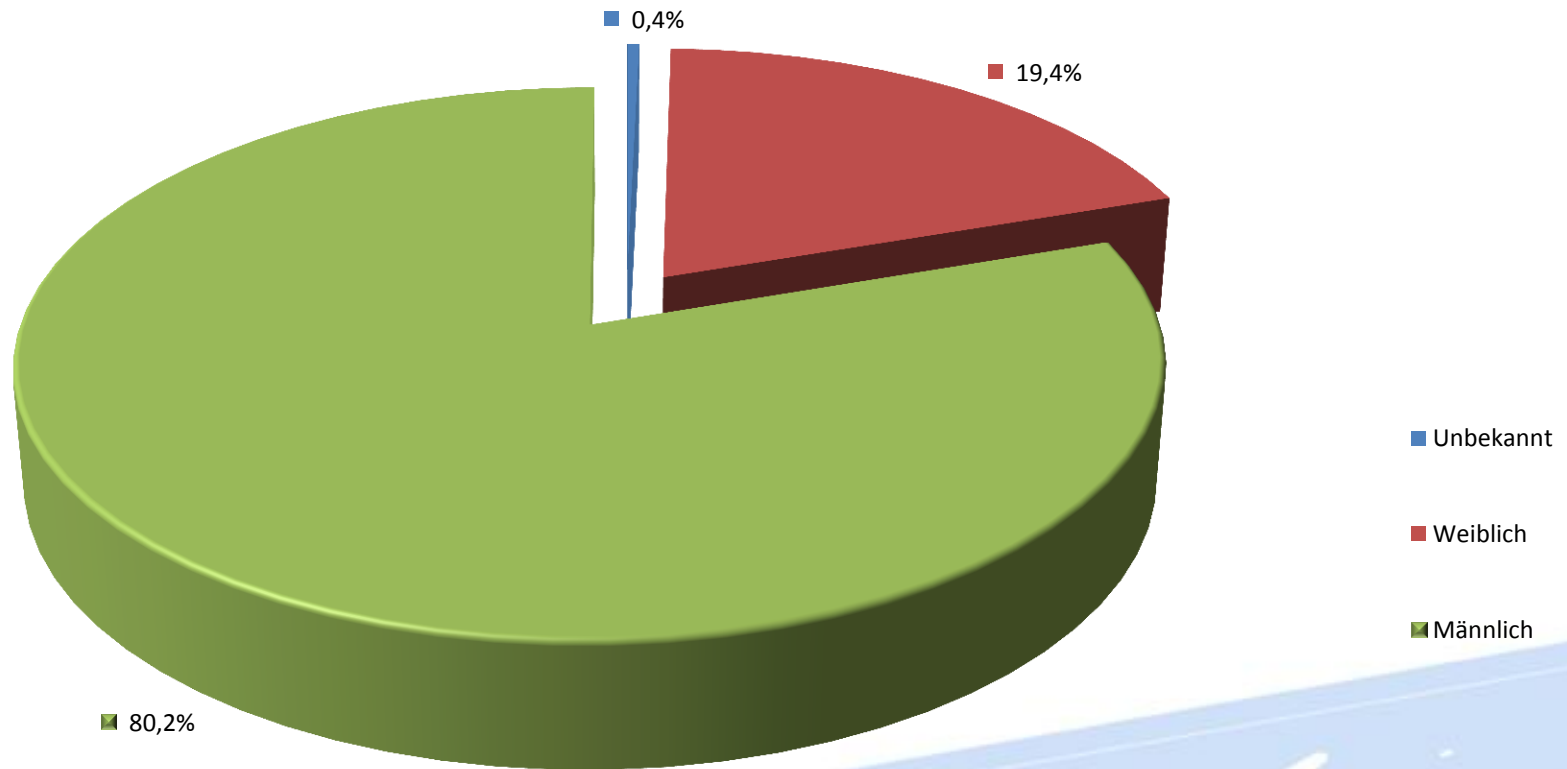
Cost of late presentation in Canada

- Based on data from 241 patients
- Estimated excess cost of late presentation, after adjusting for patient characteristics: CAN\$9,723
- Difference in total costs largely attributable to differences in HIV-related hospital care costs (15 times higher for late presenters)



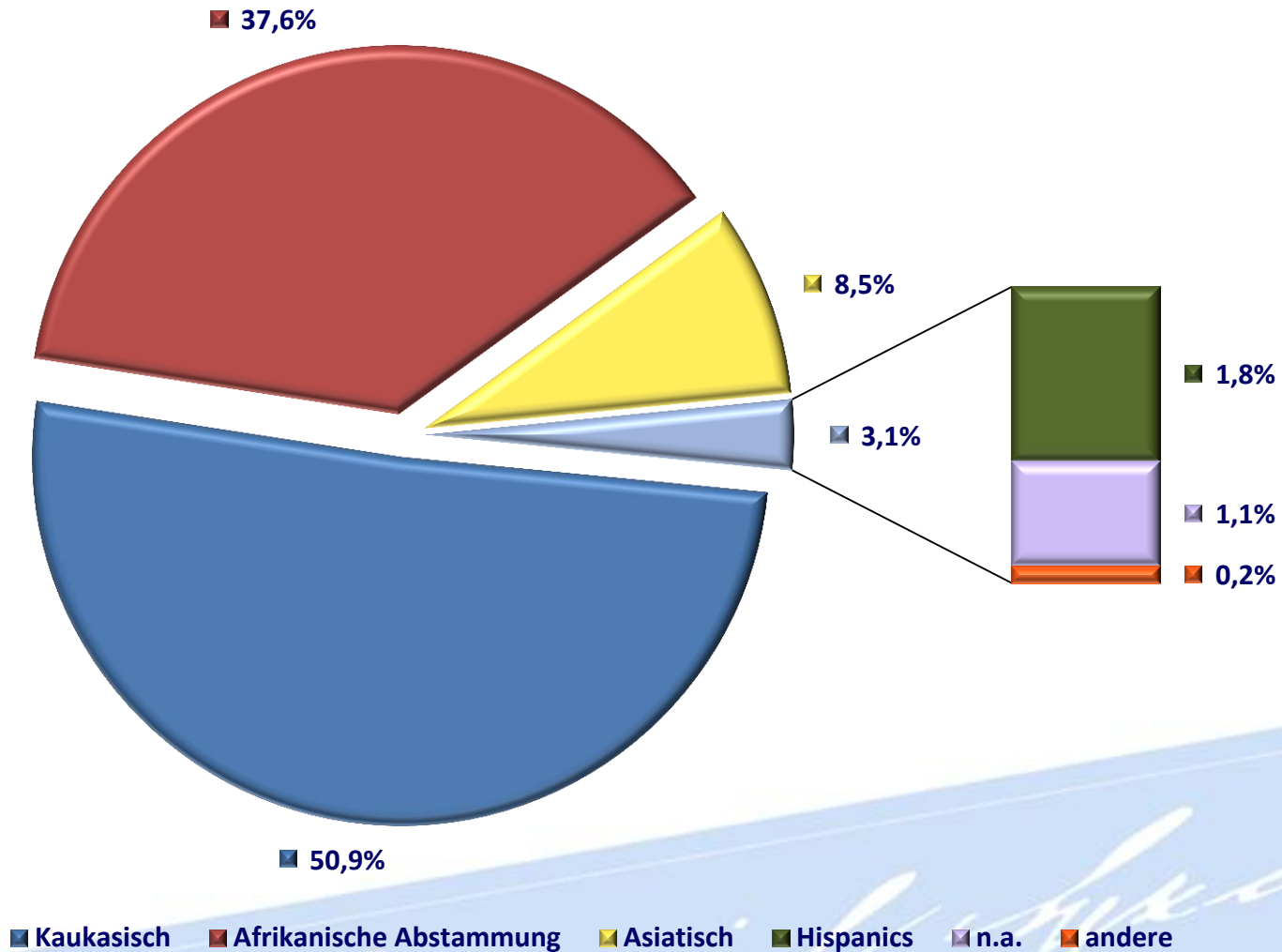


Geschlecht n= 2859



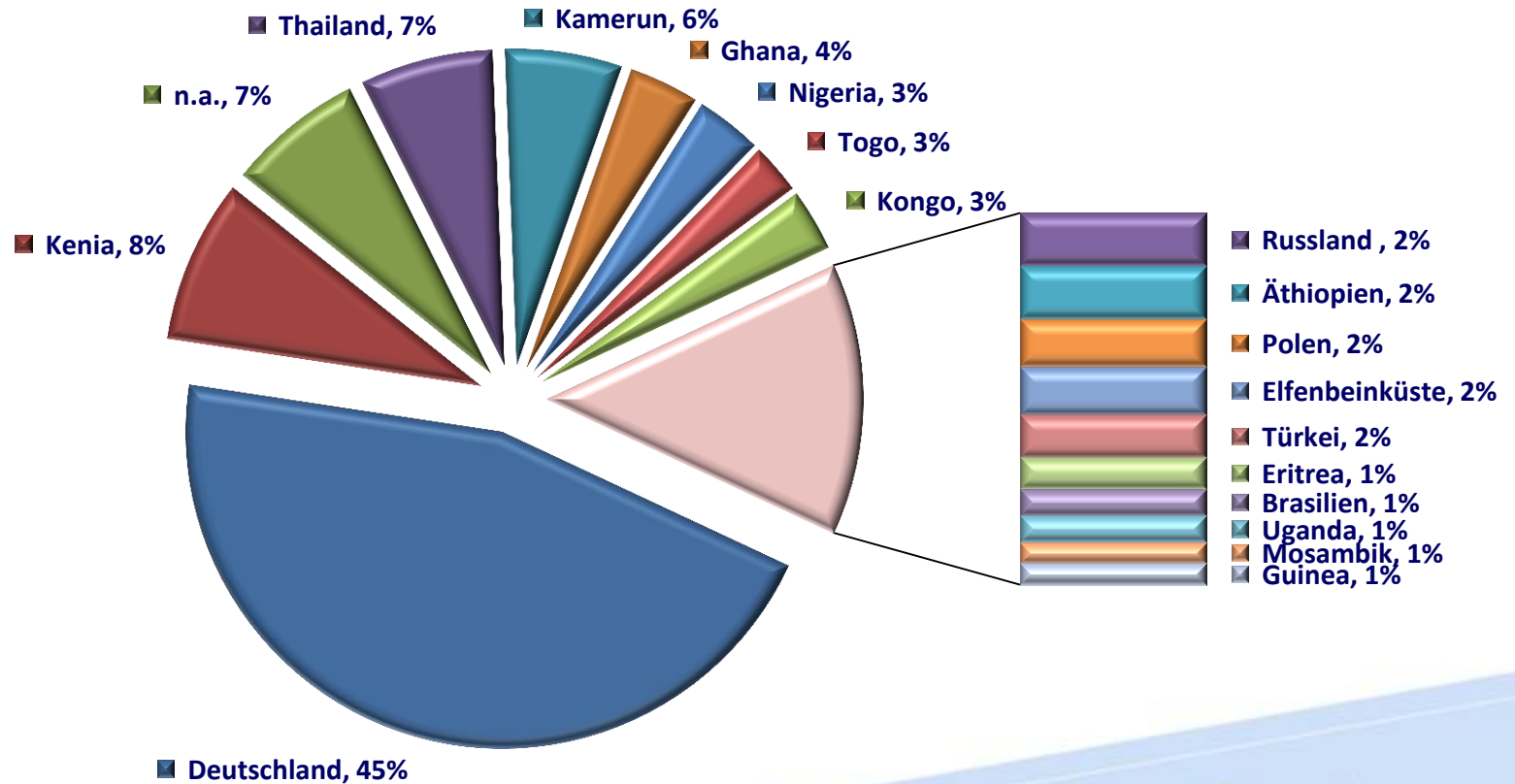


Ethnische Gruppen (n= 556)



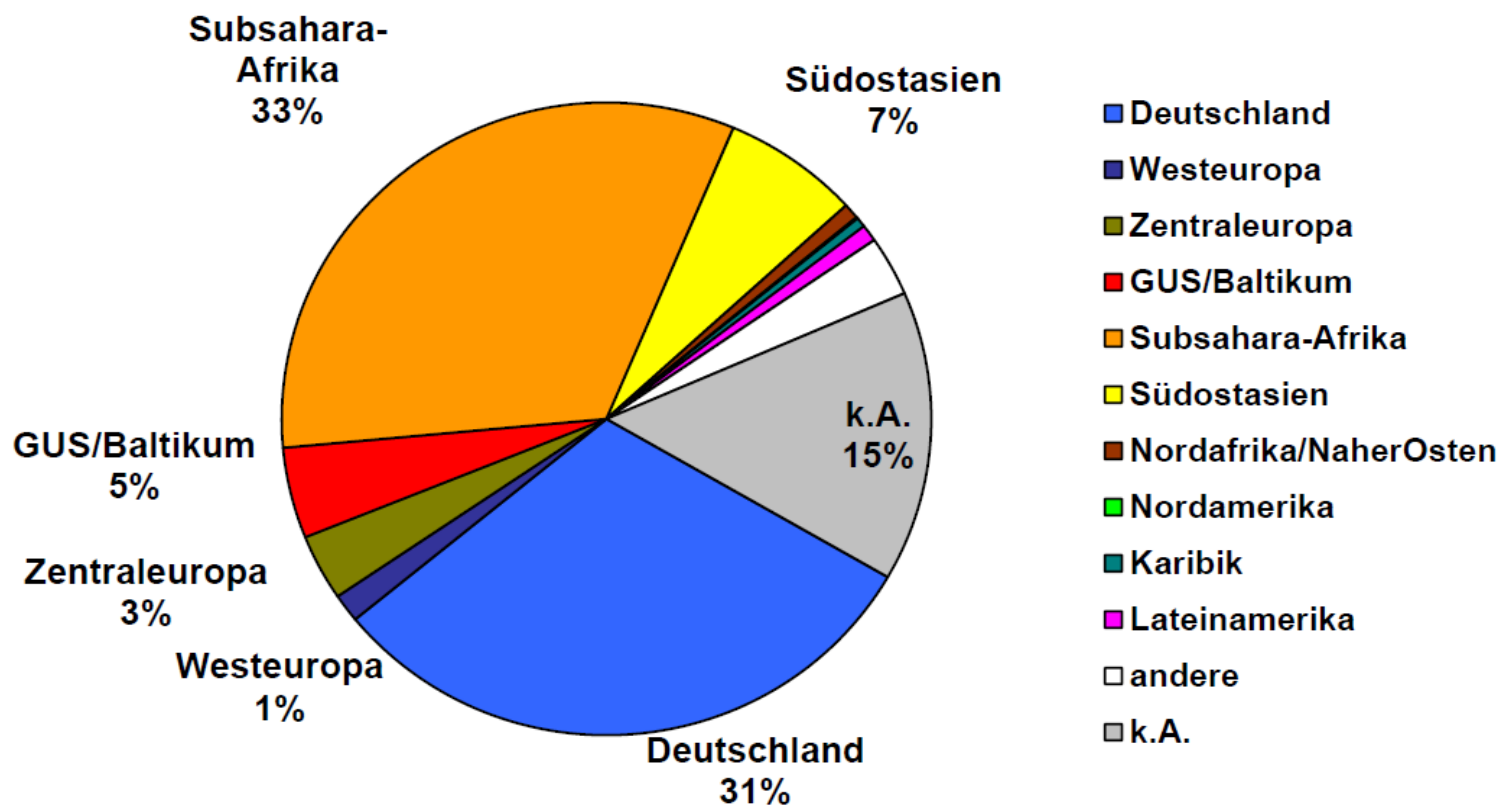


Herkunftsländer



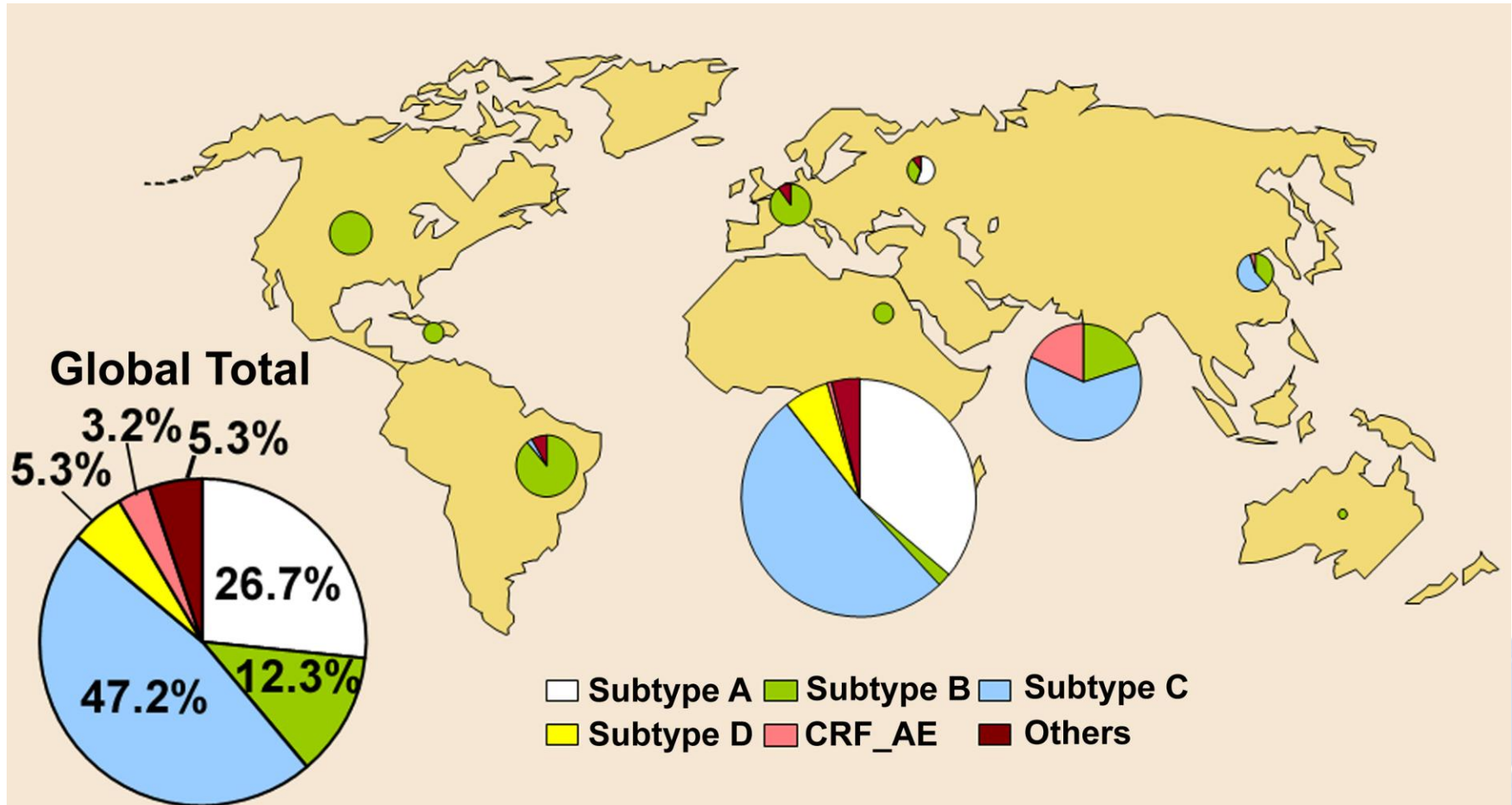


In den Jahren 2001-2012 neu diagnostizierte HIV-Infektionen bei Frauen (N=5.123) nach Herkunftsregion (08/2012)



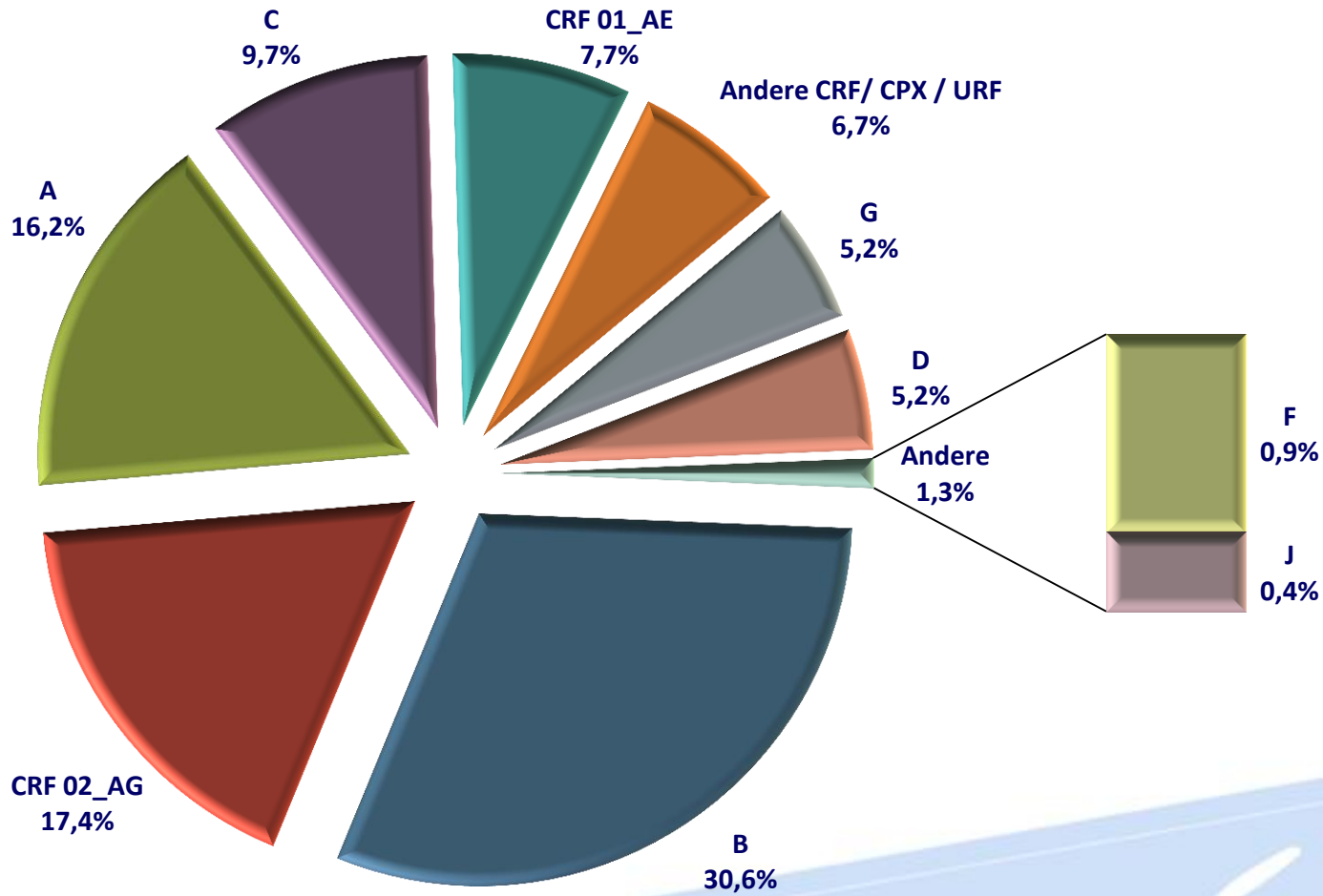


Subtypen weltweit





Subtypenverteilung (n= 556)





CD4-Zellzahl (n= 376)

		Afrikanische Abstammung	Asiatisch	Kaukasisch	Hispanische Abstammung
	N	157	38	173	8
Quartile	Min	0	3	1	34
	25%	90	25	116	116
	Median	220	25	2	175
	75%	303	25	2	217
	Max	831	425	1170	927

44% (n=70) haben
CD4 < 200/ μ

18% (n= 28) haben
CD4 < 50/ μ l

82% (n=31) haben
CD4 < 200/ μ l

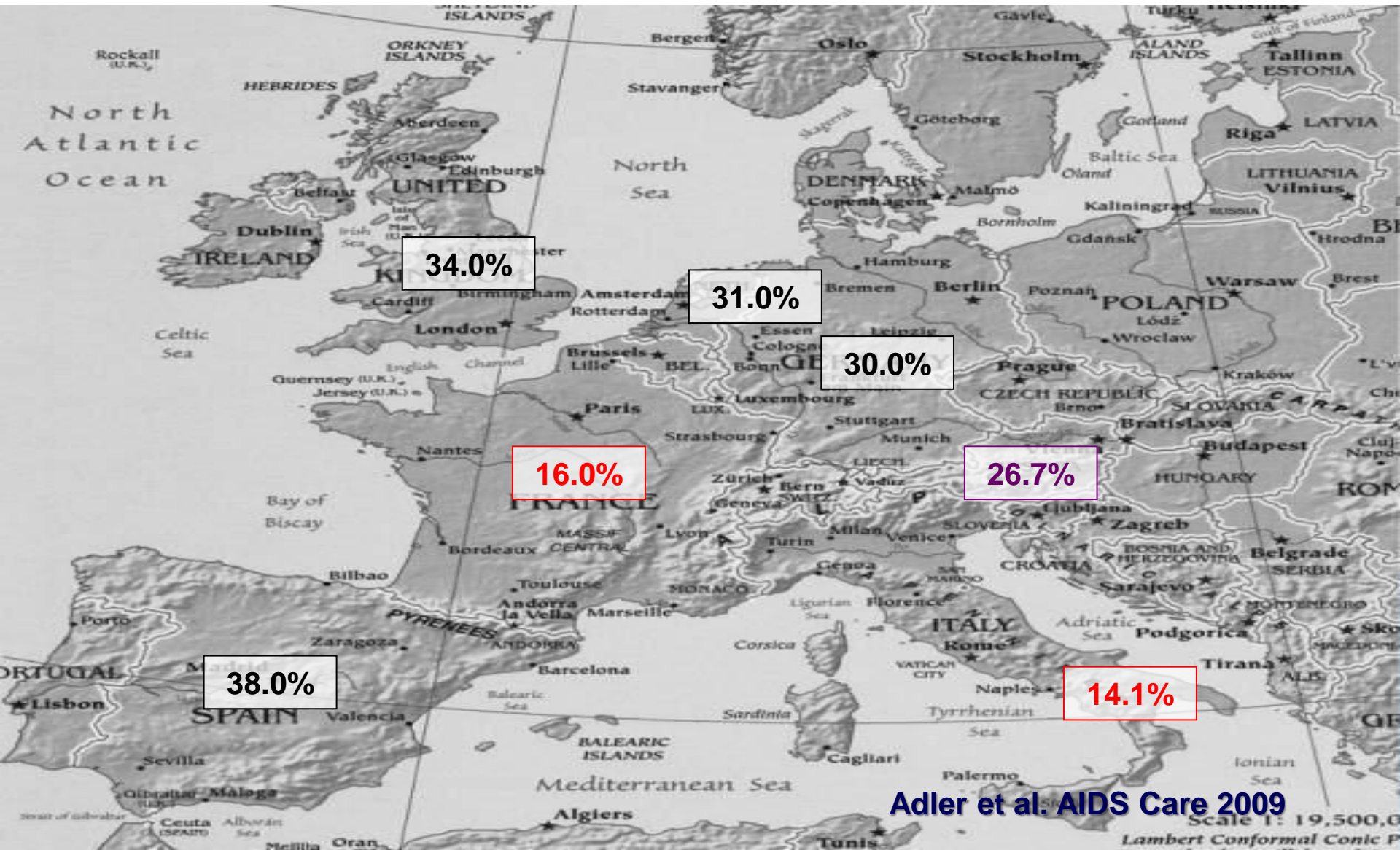
42% (n=16) haben
CD4 < 50/ μ l

41% (n=71) haben
CD4 < 200/ μ l

14% (n=24) haben
CD4 < 50/ μ l



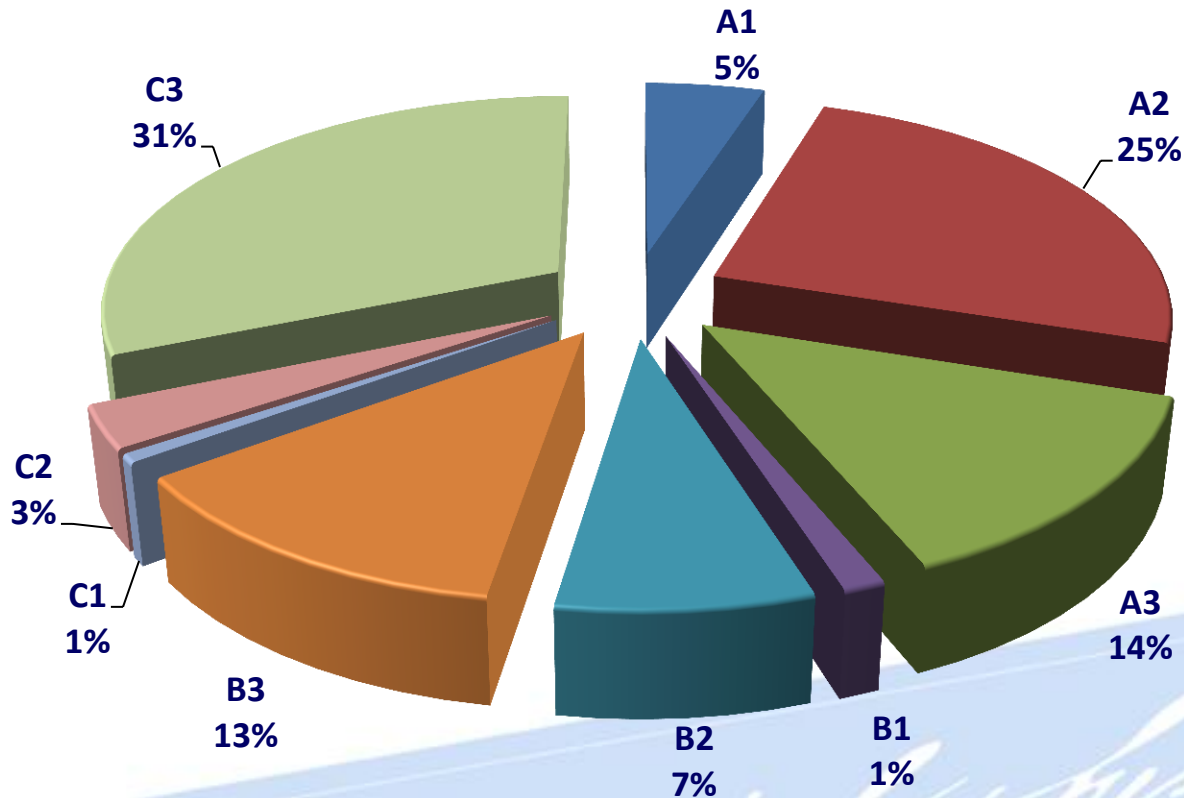
Late Presenters throughout Europe in 2007





CDC Klassifikation

nicht erhoben: 71,2% (n= 396)
erhoben: 28,8% (n=160)





Predictors of Late Presentation

- **36 Studien, 15 aus Europa**
- **Demographische Faktoren:**
 - **Männlich heterosexuell**
 - **Höheres Alter**
 - **Niedriger sozioökonomischer Status**
 - **Migrationshintergrund**
- **Strukturelle Probleme des Landes (z.B. Verkehr, Gesundheitssystem)**
- **Psychosoziale Faktoren sind in fast keiner Studie bewertet und werden zu wenig erhoben**



Zusammenfassung

- **Risikofaktor Late Presenter der Resina Kohorte:**
 - Weiblich
 - Herkunft Asien
- **Höherer Anteil an $CD4 < 200$ (44%) als in anderen Ländern (Adler et al, Mukolo et al)**
- **hoher Anteil Very Late Presenter < 50 $CD4$ (18%)**
- **Früher testen – früher behandeln**

Gründungsteam

Daniel Hoffmann
Jochen Selbig
Jürgen Klein
Eberhard Schrüfer

Martin Däumer
Melanie Balduin
Saleta Sierra Aragon
Jens Verheyen
Finja Schweitzer
Nadine Lübke
Elena Knops
Susanna Trapp
Eva Heger
Maria Neumann Fraune
Claudia Müller
Eugen Schülter
Angelika Hergesell
Dörte Hammerschmidt
Anna Marie Sikorski
Frank Wilhelm
Klaus Remmel
Tobias Nolden
Ibrahim Boussaad
Veronica di Christiano

Jasmina Bogojeska
Kasia Bozek
Joachim Büch
Glenn Lawyer
Alejandro Pironti
Alexander Thielen
André Altmann
Niko Beerenwinkel
Francisco Domingues
Kirsten Roomp
Jörg Rahnenführer
Hirotto Saigo
Oliver Sander
Tobias Sing

Francesca Incardona
Mattia Prosperi
Michal Rosen-Zvi
Anders Sönnberg
Maurizio Zazzi

HIV-GRADE

Genafor e.V./

HIV-Grade

Thomas Berg
Patrick Braun
Gerd Fätkenheuer
Klaus Korn
Jürgen Rockstroh
Barbara Schmidt
Hauke Walter
Benedikt Weissbricht
Martin Obermeier
Martin Stürmer

Weitere Kooperationspartner

Ricardo Camacho
Francesca Ceccherini-Silberstein
Buonaventura Clotet
Manon Eckhardt
Richard Harrigan
Hans-Georg Kräusslich
Barbara Müller
Jean Claude Schmit
Robert Shafer
Valentina Svicher
Annemie Vandamme
Patrick Braun
Martin Obermeier



Dieter Häussinger
Mark Oette
Stefan Reuter
Björn Jensen
Ulrike Haars
Falk Hüttig
Ralf Winzer
Steffi Göbels
Arne Kroidl
Thorsten Feldt

Heinz-Ansmann-Stiftung



GETTING TO ZERO

ZERO NEW HIV INFECTIONS

ZERO DISCRIMINATION

ZERO AIDS RELATED DEATHS

UNAIDS 2012

See you in Düsseldorf
24.-27.06.2015

**Vielen Dank für Ihre
Aufmerksamkeit!**

