



OSTACOLI NELL'ACCESSO ALL'AMBULATORIO HIV E STRATEGIE POSSIBILI DI INTEGRAZIONE

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DATI GLOBALI

Global HIV statistics

28.2 million people were accessing antiretroviral therapy as of 30 June 2021.

37.7 million [30.2 million–45.1 million] people globally were living with HIV in 2020.

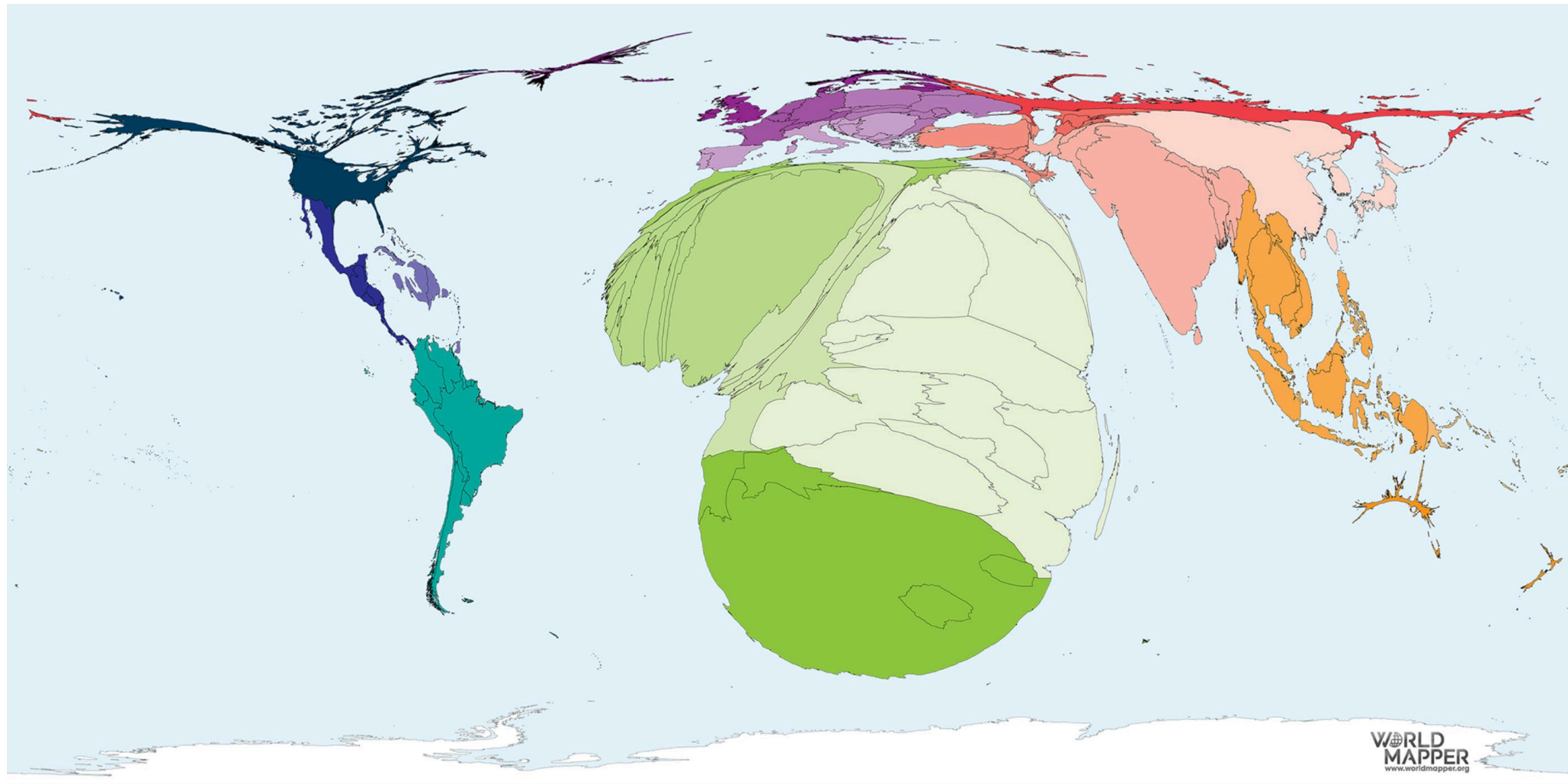
1.5 million [1.0 million–2.0 million] people became newly infected with HIV in 2020.

680 000 [480 000–1.0 million] people died from AIDS-related illnesses in 2020.

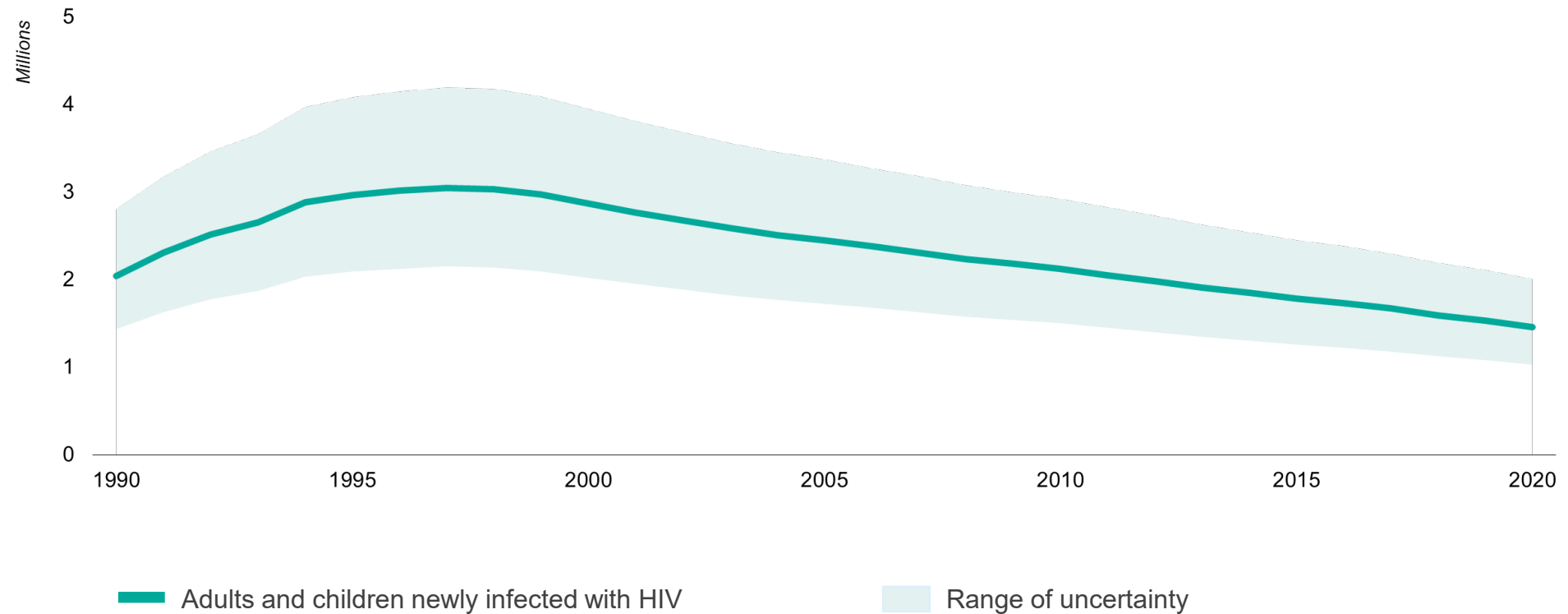
79.3 million [55.9 million–110 million] people have become infected with HIV since the start of the epidemic.

36.3 million [27.2 million–47.8 million] people have died from AIDS-related illnesses since the start of the epidemic.

PREVALENZA HIV

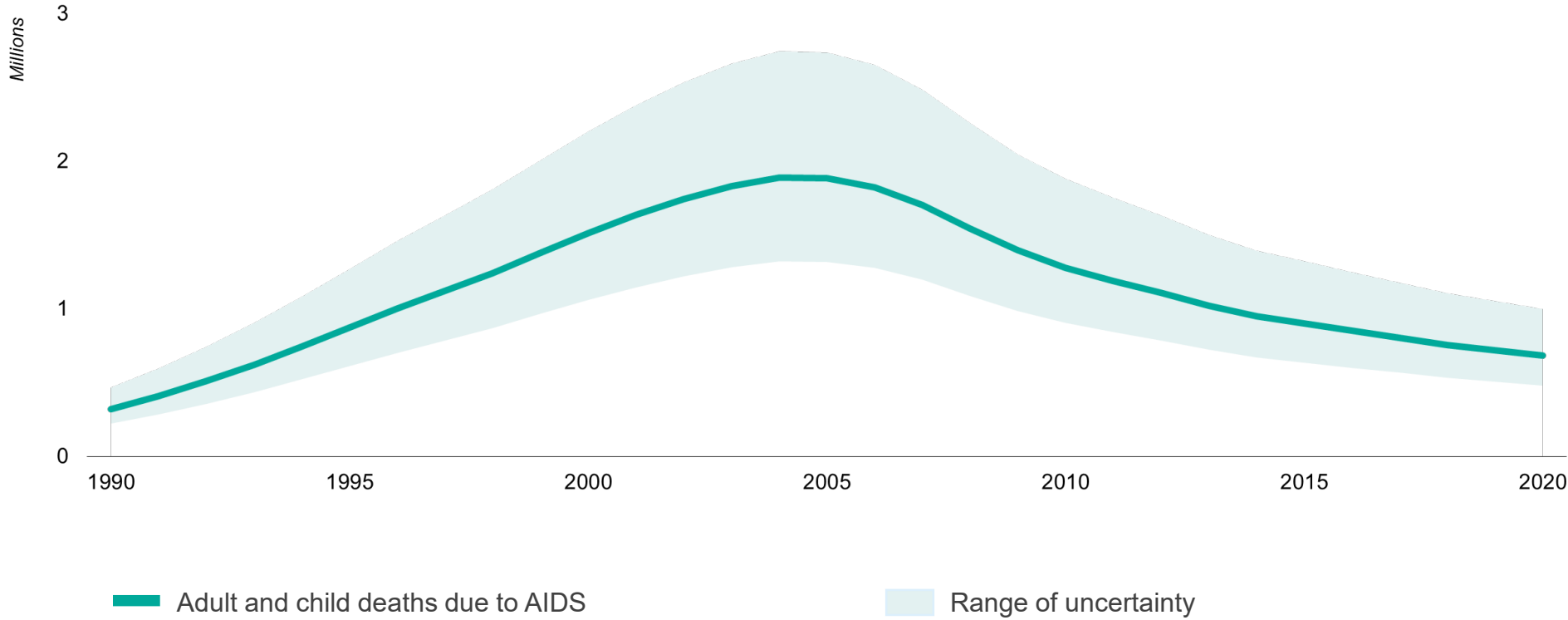


Adults and children newly infected with HIV | 1990–2020



Source: UNAIDS 2021 epidemiological estimates.

Adult and child deaths due to AIDS | 1990–2020



Source: UNAIDS 2021 epidemiological estimates.

U=U

UNDETECTABLE
=
UNTRANSMITTABLE



A PERSON LIVING WITH HIV
WHO HAS AN UNDETECTABLE
VIRAL LOAD DOES NOT
TRANSMIT THE VIRUS TO THEIR
PARTNERS.

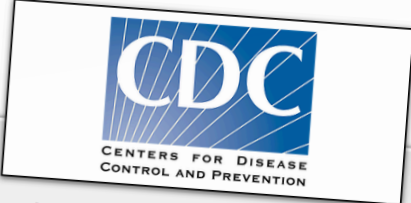
The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.



THE LANCET

U=U is a simple but hugely important campaign based on a solid foundation of scientific evidence. It has already been successful in influencing public opinion, causing more people with HIV (and their friends and families) to comprehend that they can live long, healthy lives, have children, and never have to worry about passing on their infection to others. The CDC officially backing the science behind the campaign is another key step towards U=U being the most important message of 2017 in the fight against HIV.

November, 2017



People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.

September, 2017

The Washington Post

[U=U is] the campaign credited with beginning to change public perception of HIV transmissibility.

December, 2017

- MIGLIOR OUTCOME PER IL PAZIENTE



- RIDUCE TRASMISSIONE DI HIV



HIV CONTINUUM OF CARE

HIV TRANSMISSION DECREASE AS PEOPLE GO THROUGH CARE



CARE ENGAGEMENT: un problema mo

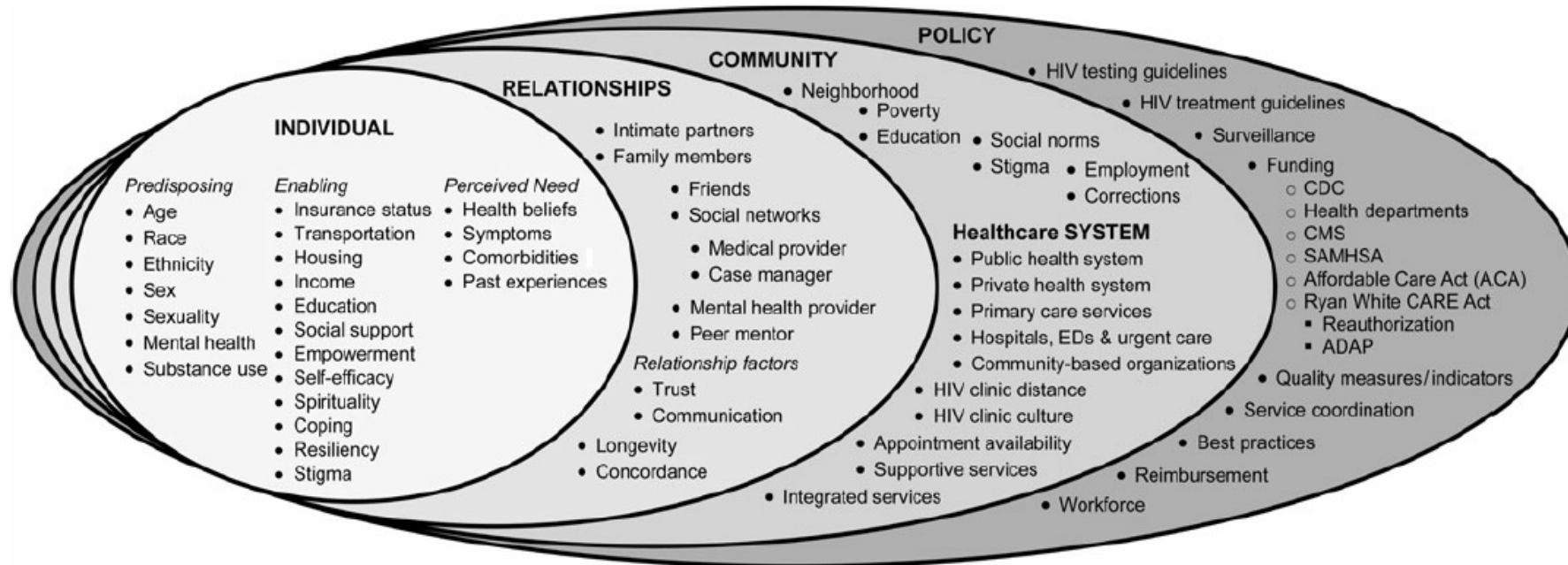
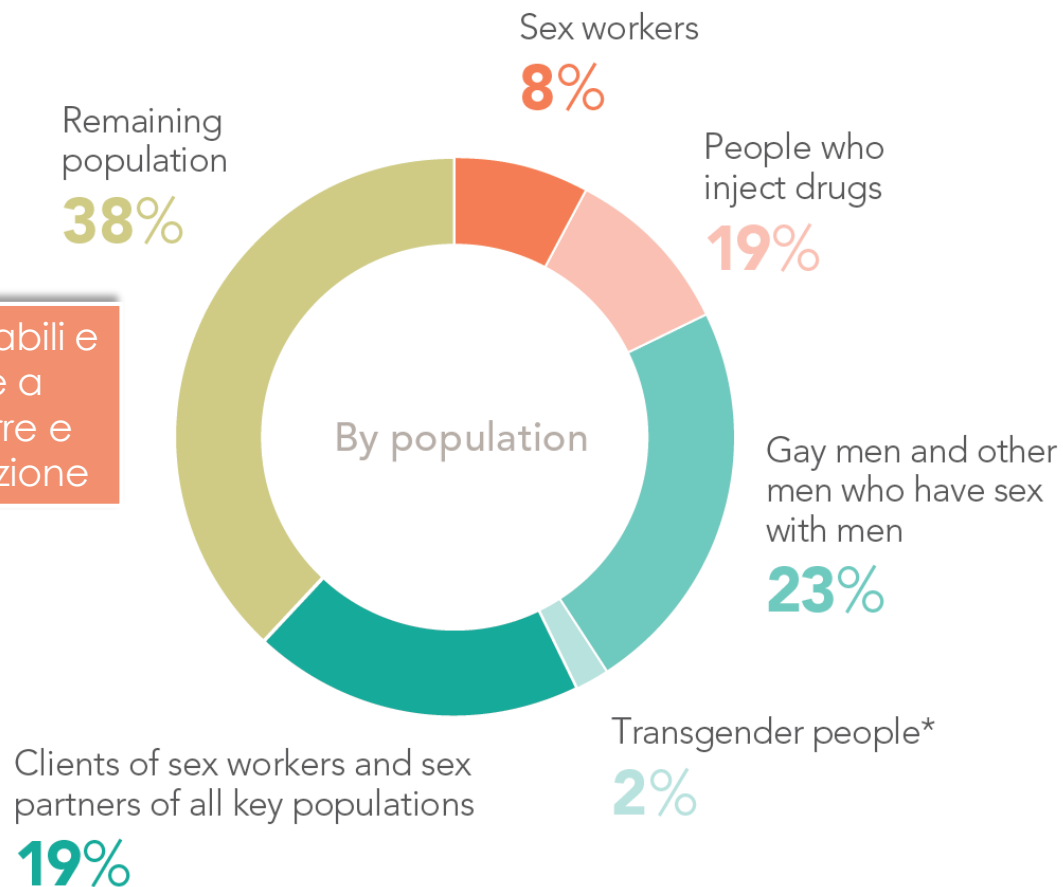


Figure 3. A socioecological perspective outlines the complex layers and interplay of individual (intrapersonal), relationship (interpersonal), community, healthcare system, and healthcare policy factors that influence the processes of engagement in care. Abbreviations: ADAP, AIDS Drug Assistance Program; CARE, Comprehensive AIDS Resources Emergency; CDC, Centers for Disease Control and Prevention; CMS, Centers for Medicare and Medicaid Services; ED, emergency department; HIV, human immunodeficiency virus; SAMHSA, Substance Abuse and Mental Health Services Administration.

KEY POPULATIONS

Gruppi più vulnerabili e maggiormente a rischio di contrarre e trasmettere l'infezione



THE RISK OF HIV ACQUISITION COMPARED TO THE GENERAL POPULATION:

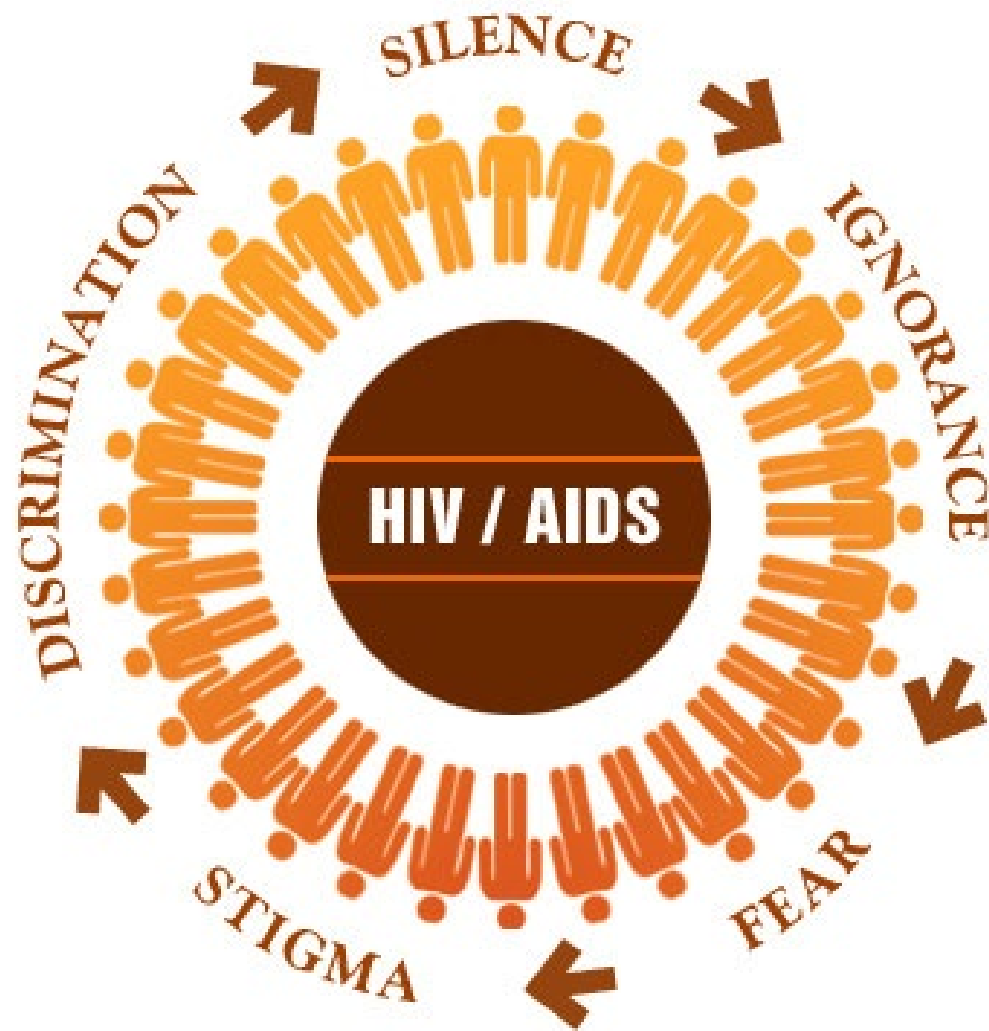


SOURCE: UNAIDS GLOBAL AIDS UPDATE 2021

Source: UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>); UNAIDS special analysis, 2020.

* Data only included from Asia and the Pacific, the Caribbean, eastern Europe and central Asia, Latin America, and western and central Europe and North America.

STIGMA



stigma (o stimma) s. m.
[dal lat. stigma (-ātis)
«marchio, macchia,
punto», propriam.
«puntura», gr. στίγμα -
ατος, der. di στίζω
«pungere, marcare»

MIGRANTI

**I am a migrant.
I face these issues.**



THE TOP 4 REASONS

01

Restrictive laws and policies

02

Limited access to health information and services

03

Vulnerability to exploitation

04

Stigma and discrimination

- barriere culturali, linguistiche, discriminazione, distacco dalla famiglia, ostacoli all'occupazione e alla fruibilità dei servizi socio-sanitari.
- I migranti sono maggiormente esposti alla marginalizzazione sociale, politica ed economica con il conseguente aumento del rischio di contrarre diverse infezioni, tra cui quella da HIV
- Difficili da studiare: informazioni parziali e frammentate

Figure 3. Proportion of diagnoses in migrants by region of origin, 2017 [6]

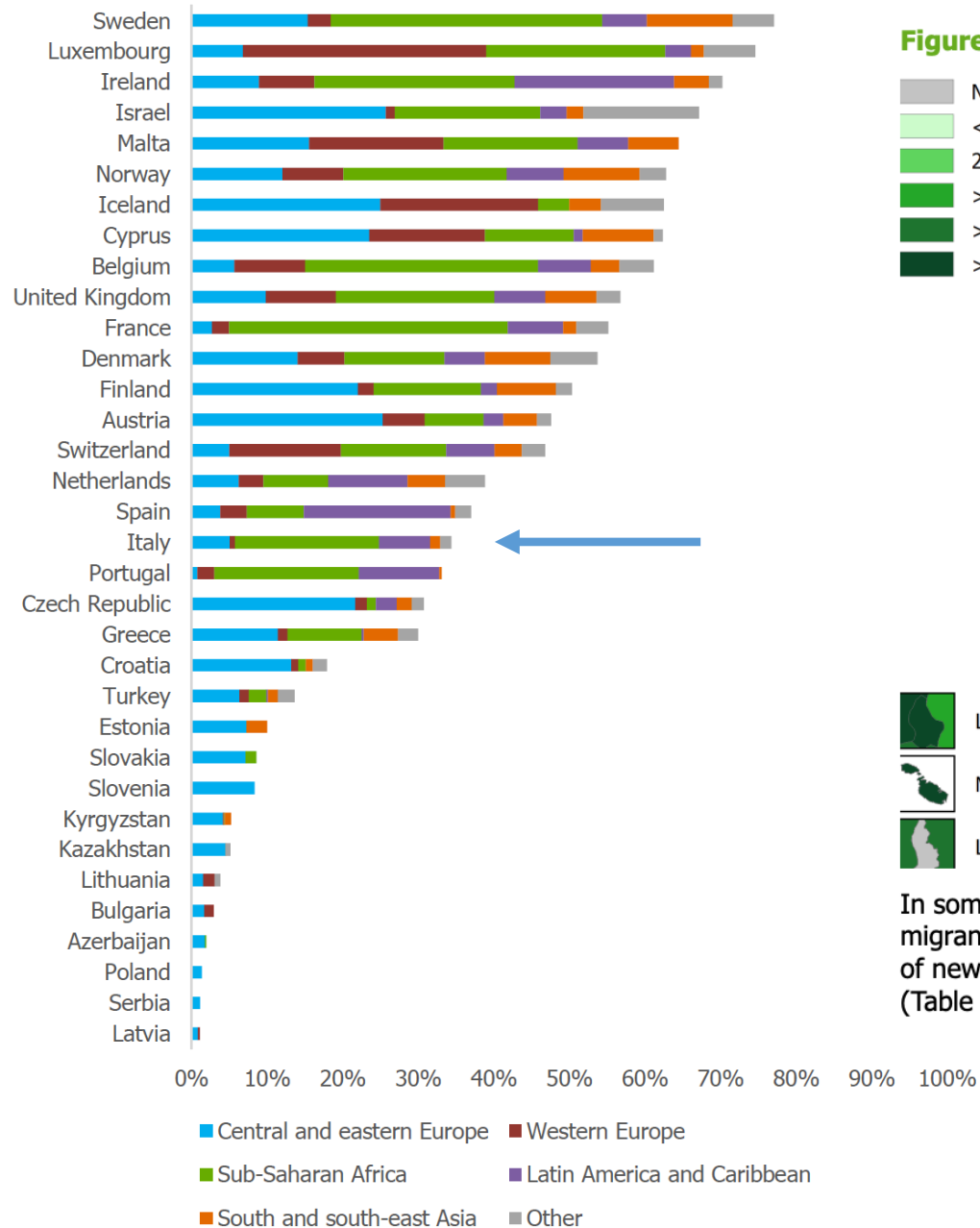
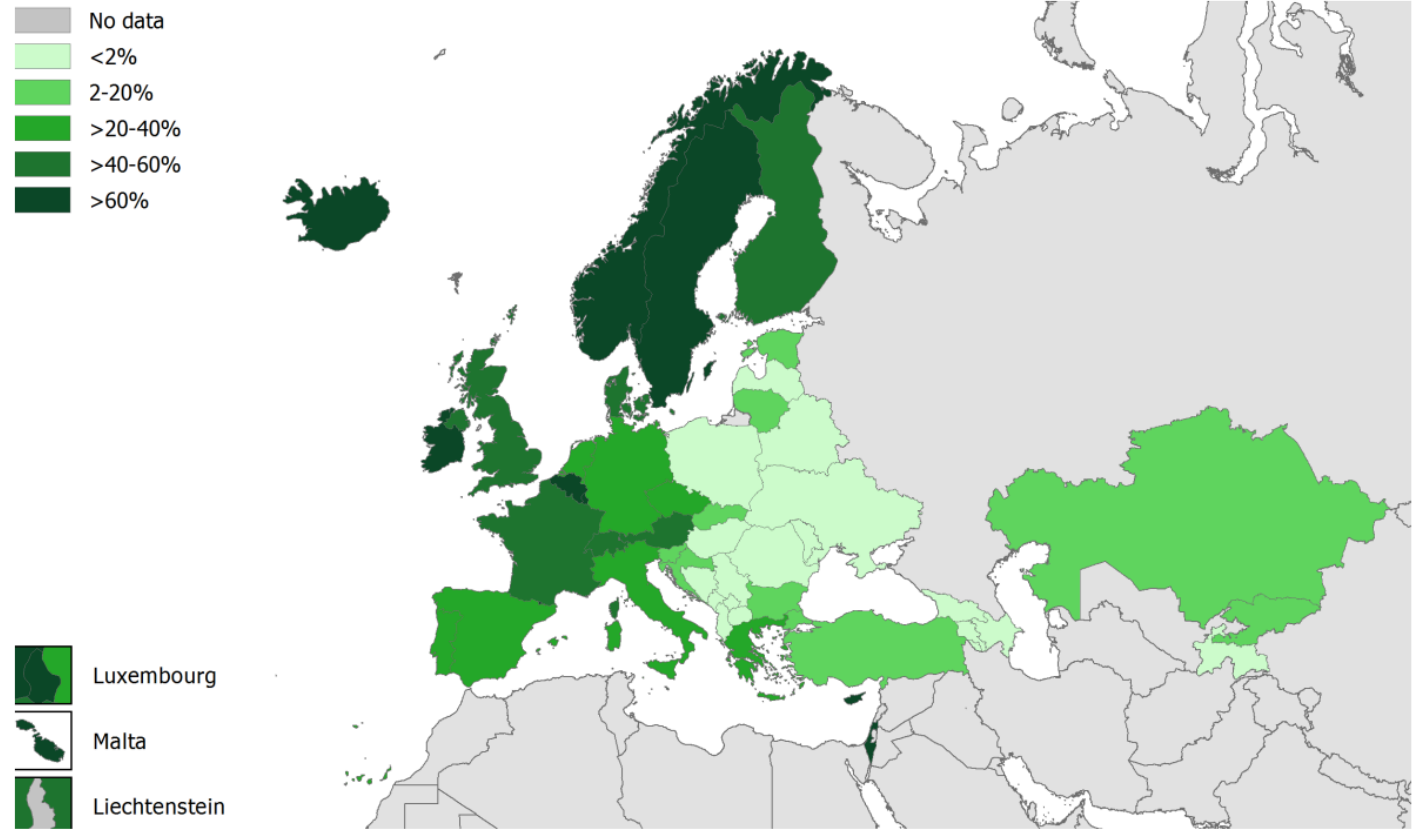


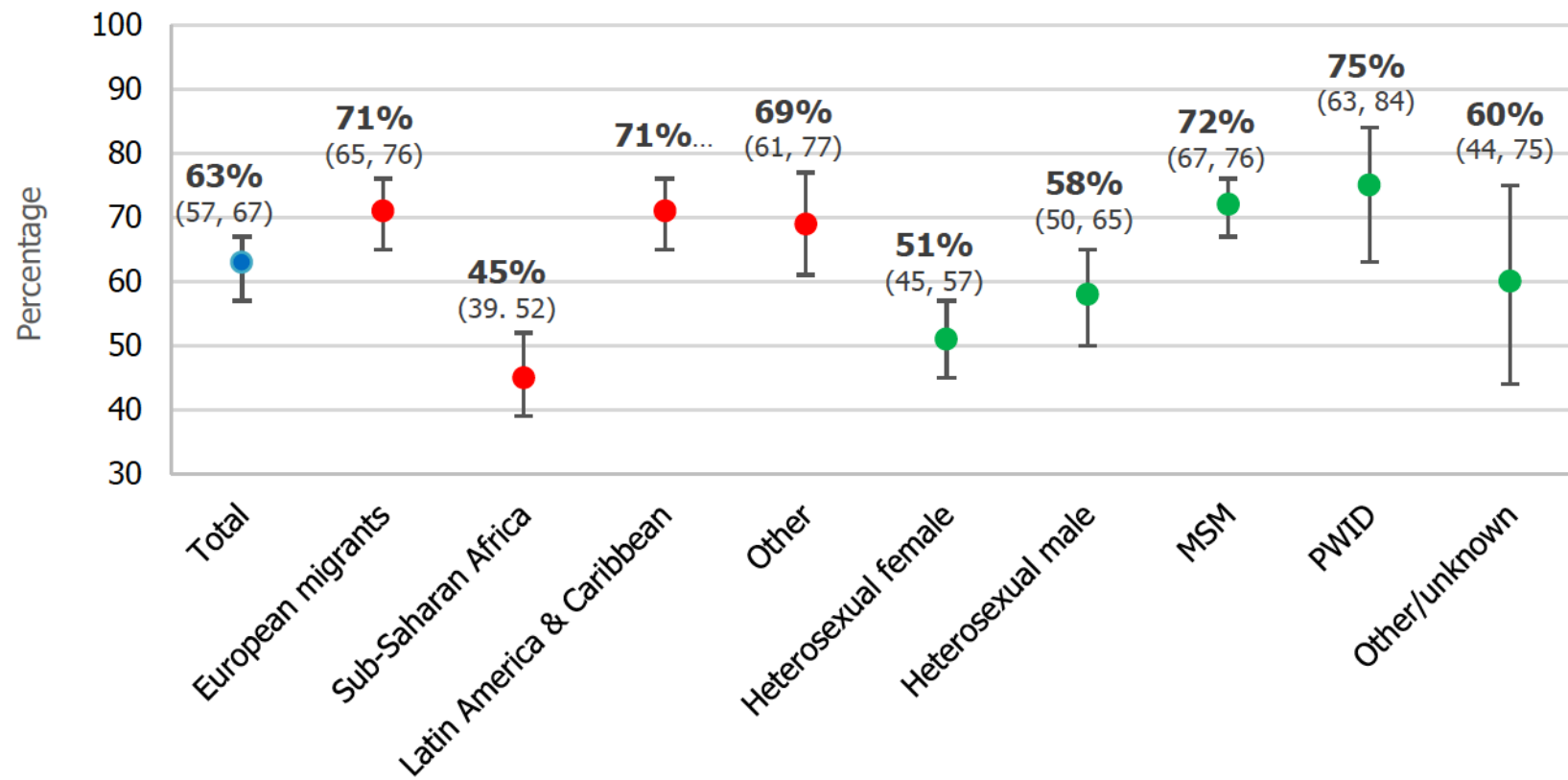
Figure 2. Percentage of all new HIV diagnoses in migrants in Europe and Central Asia, 2017 [6]



In some countries, particularly among those in the West sub-region, the high proportion of new diagnoses among migrants result in high absolute numbers of newly-diagnosed migrants. For example, in the United Kingdom 56.8% of new diagnoses were among migrants, which amounts to 2 184 migrants receiving an HIV diagnosis in 2017 (Table 1). France, Spain, and Italy all report more than 1 000 new diagnoses among migrants in 2017, although in

MIGRANTI: acquisizione HIV

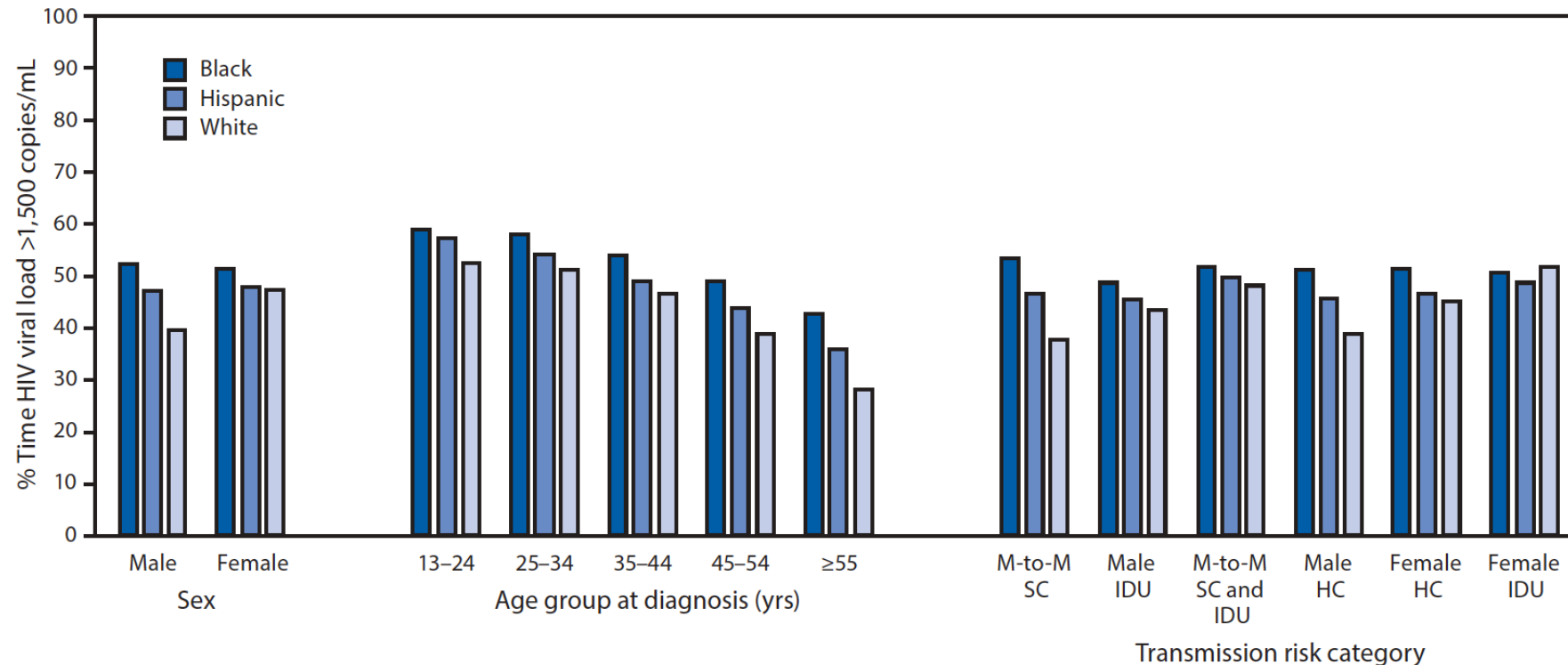
Figure 6. Estimated post-migration HIV acquisition probability by mode of transmission and geographical origin and destination country [5]



DISUGUAGLIANZE SANITARIE: alcuni

Morbidity and Mortality Weekly Report

FIGURE. Percentage of time during 2014 when human immunodeficiency virus (HIV) viral load was >1,500 copies/mL among persons aged ≥13 years with HIV infection, diagnosed through 2013 and who were alive at the end of 2014 by race/ethnicity, sex, age group, and transmission risk category — 37 states and the District of Columbia, 2014

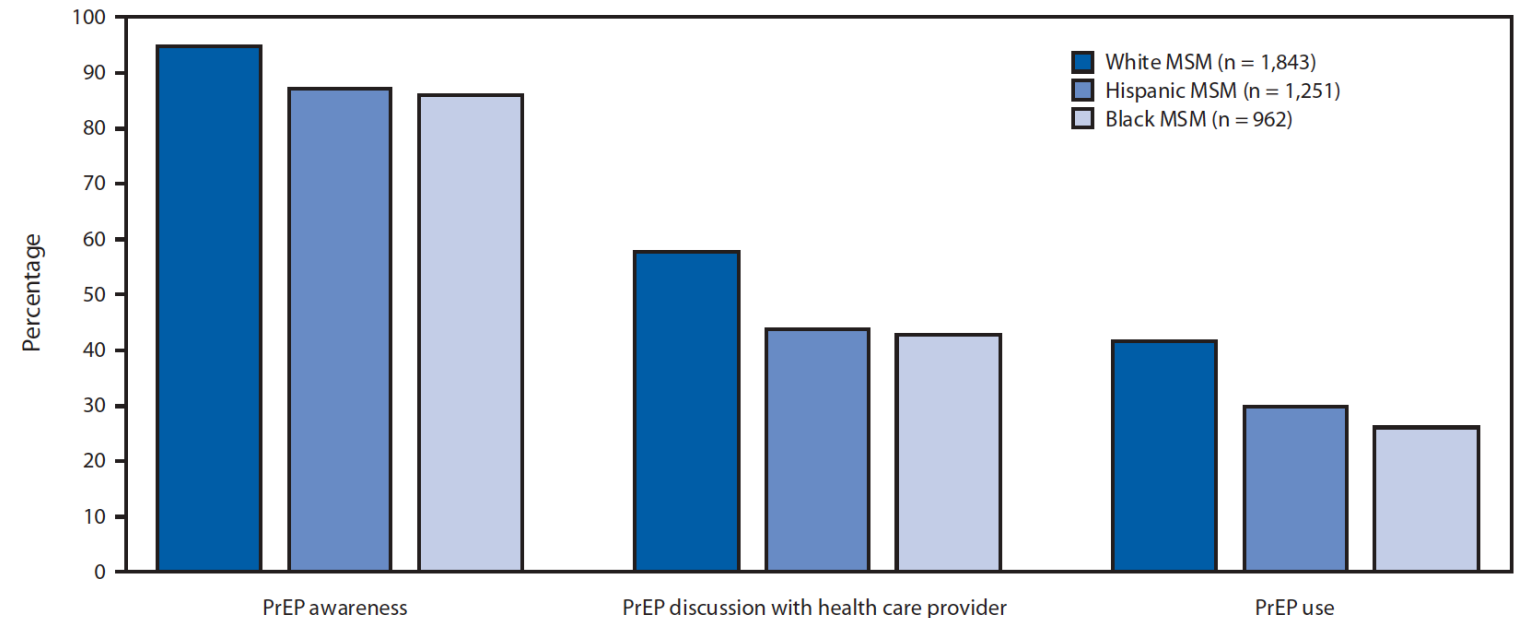


Abbreviations: HC = heterosexual contact; IDU = injection drug use; M-to-M = male-to-male; SC = sexual contact.

DISUGUAGLIANZE SANITARIE: alcuni e

Morbidity and Mortality Weekly Report

FIGURE. Preexposure prophylaxis (PrEP) awareness,* discussion,[†] and use,[§] by race/ethnicity, among men who have sex with men (MSM) with a likely indication for PrEP use[¶] (N = 4,056) — 23 urban areas, 2017



Morbidity and Mortality Weekly Report

September 20, 2019

Racial/Ethnic Disparities in HIV Preexposure Prophylaxis Among Men Who Have Sex with Men — 23 Urban Areas, 2017

Dafna Kanny, PhD¹; William L. Jeffries IV, PhD¹; Johanna Chapin-Bardales, PhD¹; Paul Denning, MD¹; Susan Cha, PhD¹; Teresa Finlayson, PhD¹; Cyprian Wejnert, PhD¹; National HIV Behavioral Surveillance Study Group

Abbreviations: HIV = human immunodeficiency virus; NHBS = National HIV Behavioral Surveillance.

* Respondents with a negative NHBS HIV test result were asked "Preexposure prophylaxis, or PrEP, is an antiretroviral medicine, such as Truvada, taken for months or years by a person who is HIV-negative to reduce the risk of getting HIV. Before today, have you ever heard of PrEP?"

[†] If respondent had heard of PrEP before today, he was asked "In the past 12 months, have you had a discussion with a health care provider about taking PrEP?"

[§] If respondent had heard of PrEP before today, he was asked "In the past 12 months, have you taken PrEP to reduce the risk of getting HIV?"

[¶] Likely indication for PrEP included men who had 1) a negative NHBS HIV test result; 2) either multiple male sex partners or any male sex partners with HIV infection in the past year; and 3) either condomless anal sex or a bacterial sexually transmitted infection in the past year.

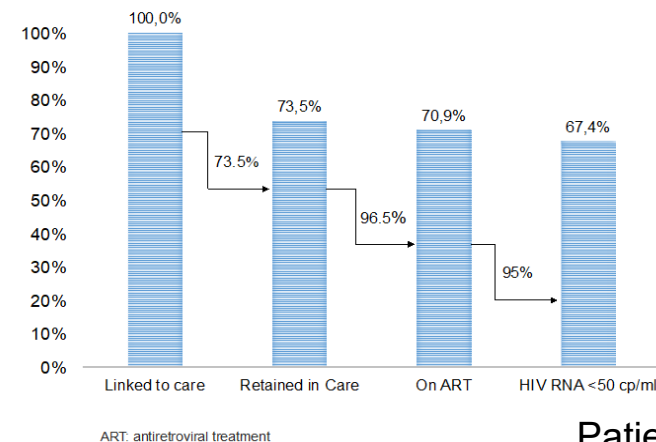
CASCADE OF CARE: esperienza AOUC

Table 1. Baseline characteristics and retention in care at the end of follow-up		n=423
Age, years; median, IQR		46 [55-38]
Male sex; N, (%)		346 (81.0)
Follow up, months; median, [IQR]		64 [98-41]
Origin; N, (%):		
• Italy		309 (73)
• Europe (not Italy)		8 (1.9)
• East Europe		28 (6.6)
• Middle East		5 (1.2)
• Asia		7 (1.6)
• Latin America		28 (6.6)
• Africa		38 (9)
Risk factor; N, (%):		
• Heterosexual		162 (38.3)
• MSM		214 (50.6)
• IVDU		18 (4.3)
• Transfusion		3 (0.7)
• Unknown		26 (6.1)
HCV +; N, (%)		37 (9.2)
HBV +; N, (%)		21 (5.1)
AIDS; N, (%)		78 (18.5)
Acute infection; N, (%)		36 (8.5)
Nadir CD4 (cells/ µL); median, IQR		310 [452-112]
Zenith (log10); median, IQR		5.1 [5.5-4.5]
Status at the end of follow-up		
• Retained in care; N, (%)		311 (73.5)
• Moved to another center; N, (%)		25 (5.9)
• Lost to FU; N, (%)		64 (15.1)
• Death; N, (%)		23 (5.5)

MSM men who have sex with men;
IVDU intravenous drug user; FU follow up

Results: CaraWe included all newly diagnosed HIV-infected patients aged >18 years who were linked to our clinic from July 2007 to December 2015. Characteristics at baseline sono mostrate nella (Tabella1). La mediana di FU è 64 mesi. Dei 423 individui analizzati, 23 sono morti (5.4%), 25 trasferiti, 64 (15.1%) persi al follow-up. L'incidenza della perdita al FU è 2.8 x 100 person-years (95% CI: 0.02 – 0.36). Dei 311 ancora in cura al Luglio 2017 96.5% erano in trattamento e di questi il 95.0% erano undetectable (Figura1).

Figure 1: The cascade of continuum of care at Azienda Ospedaliero-Universitaria Careggi, Florence Italy



CASCADE OF CARE: experien

Figure 1 KM stratified by HAART and nationality

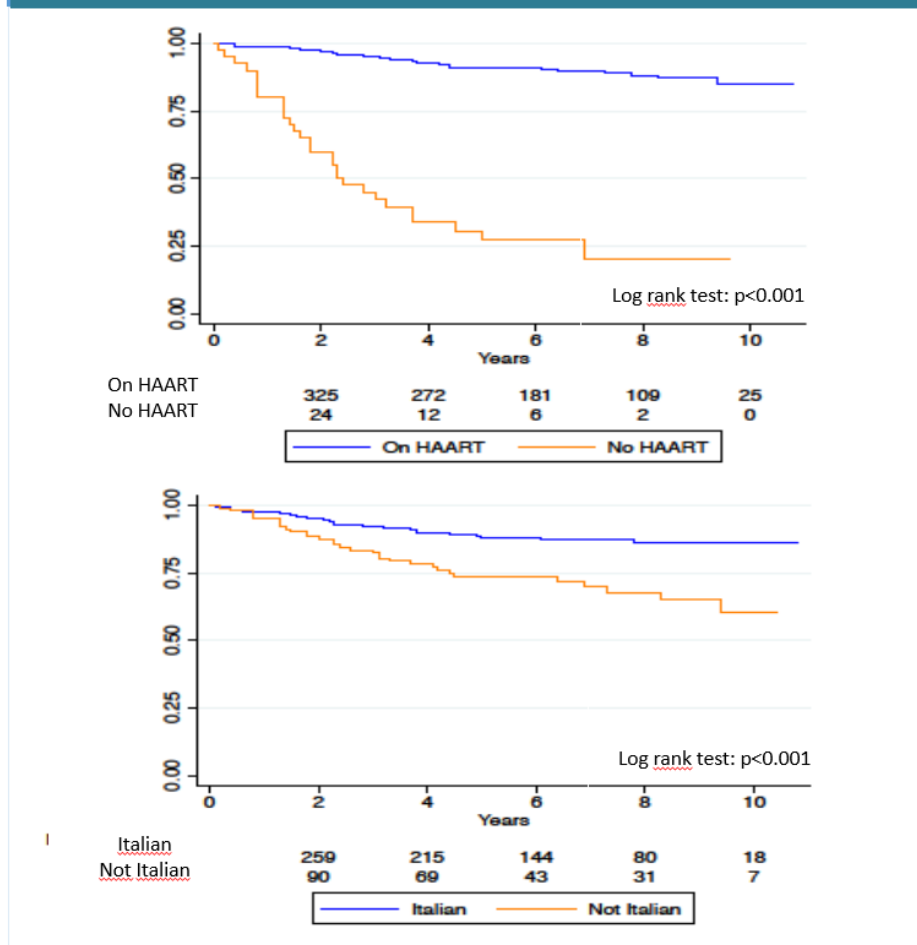


Table 2. Factors associated with loss to follow-up							
Characteristics and category ¹	LTFU Incidence Rate ²	Crude RR	95% CI	P-value	Multivariate ³ (HR)	95% CI	P-value
Age at entry							
• >50	17.6	1	ref	-			
• 36-50	29	1.65	0.88-3.11	0.1183	0.98	0.48-2.03	0.97
• <35	66.7	3.80	1.90-7.58	<0.0001	1.85	1.04-3.30	0.037
Gender							
• Female	38.9	1	ref	-			
• Male	27.7	0.71	0.40-1.27	0.2494	-	-	-
Origin							
• Italian	20.2	1	ref	-			
• Not Italian	58	2.86	1.75-4.70	<0.0001	1.69	0.99-2.89	0.054
Risk							
• Not MSM	34.7	1	ref	-			
• MSM	24.5	0.68	0.41-1.13	0.237	-	-	-
Therapy at the end of follow up							
- On ART	17.5	1	ref	-			
- Off ART	249.1	14.25	8.6-23.40	<0.001	10.33	5.8-18.4	<0.001
HCV Ab at entry							
• Negative	31.8	1	ref	-			
• Positive	21.4	0.67	0.24-1.86	0.4382	-	-	-
HBeAg at entry							
1. Negative	29.4	1	ref	-			
2. Positive	24.5	0.83	0.26-2.67	0.7579	-	-	-
STR at end of follow-up							
• No	21.8	1	ref	-			
• Yes	13.1	0.60	0.30-1.19	0.2424	-	-	-
Previous AIDS event							
• No	31.3	1	ref	-			
• Yes	18.4	0.59	0.25-1.36	0.2096	-	-	-
Acute infection							
• No	31.3	1	ref	-			
• Yes	11.8	0.38	0.09-1.55	0.1596	-	-	-
Nadir CD4*							
• >500	49.2	1	ref	-			
• 200-500	27.3	0.55	0.30-1.03	0.0579	1.61	0.80-3.24	0.177
• <200	25.1	0.51	0.25-1.00	0.0480	1.73	0.72-4.12	0.214
Zenith VL							
• Low < 100000*	41.5	1	ref	-			
• High > 100000*	18.6	0.49	0.26-0.77	0.0027	0.74	0.40-1.36	0.338

• N=375
 • Rate: per 1000 person-years
 • Adjusted for Age at entry, Origin, Nadir, Zenith viremia, therapy at the end of follow-up
 • STR (single tablet regimen)

COSA FARE NEL NOSTRO PICCOLO



CAMBIAMENTO CULTURALE

Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review

William J. Hall, PhD, Mimi V. Chapman, PhD, Kent M. Lee, MS, Yesenia M. Merino, MPH, Tainayah W. Thomas, MPH, B. Keith Payne, PhD, Eugenia Eng, DrPH, Steven H. Day, MCP, and Tamera Coyne-Beasley, MD

Background. In the United States, people of color face disparities in access to health care, the quality of care received, and health outcomes. The attitudes and behaviors of health care providers have been identified as one of many factors that contribute to health disparities. Implicit attitudes are thoughts and feelings that often exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. These attitudes are often automatically activated and can influence human behavior without conscious volition.

Objectives. We investigated the extent to which implicit racial/ethnic bias exists among health care professionals and examined the relationships between health care professionals' implicit attitudes about racial/ethnic groups and health care outcomes.

Search Methods. To identify relevant studies, we searched 10 computerized bibliographic databases and used a reference harvesting technique.

Selection Criteria. We assessed eligibility using double independent screening based on a priori inclusion criteria. We included studies if they sampled existing health care providers or those in training to become health care providers, measured and reported results on implicit racial/ethnic bias, and were written in English.

Data Collection and Analysis. We included a total of 15 studies for review and then subjected them to double independent data extraction. Information extracted included the citation, purpose of the study, use of theory, study design, study site and location, sampling strategy, response rate, sample size and characteristics,

measurement of relevant variables, analyses performed, and results and findings. We summarized study design characteristics, and categorized and then synthesized substantive findings.

Main Results. Almost all studies used cross-sectional designs, convenience sampling, US participants, and the Implicit Association Test to assess implicit bias. Low to moderate levels of implicit racial/ethnic bias were found among health care professionals in all but 1 study. These implicit bias scores are similar to those in the general population. Levels of implicit bias against Black, Hispanic/Latino/Latina, and dark-skinned people were relatively similar across these groups. Although some associations between implicit bias and health care outcomes were nonsignificant, results also showed that implicit bias was significantly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes. Implicit attitudes were more often significantly related to patient-provider interactions and health outcomes than treatment processes.

Conclusions. Most health care providers appear to have implicit bias in terms of positive attitudes toward Whites and negative attitudes toward people of color. Future studies need to employ more rigorous methods to examine the relationships between implicit bias and health care outcomes. Interventions targeting implicit attitudes among health care professionals are needed because implicit bias may contribute to health disparities for people of color. (*Am J Public Health.* 2015;105:e60–e76. doi:10.2105/AJPH.2015.302903)

- Cambiamento culturale
- Falsi miti e inconsci bias etnici
- Mancanza di approfondimento su temi correlati a diverse etnie e/o colture durante il percorso di studi

CONOSCENZA del CONTESTO

RESULTS Of the estimated 1 148 200 persons living with HIV in 2009, there were 207 600 (18.1%) who were undiagnosed, 519 414 (45.2%) were aware of their infection but not retained in care, 47 453 (4.1%) were retained in care but not prescribed ART, 82 809 (7.2%) were prescribed ART but not virally suppressed, and 290 924 (25.3%) were virally suppressed. Persons who are HIV infected but undiagnosed (18.1% of the total HIV-infected population) and persons who are HIV diagnosed but not retained in medical care (45.2% of the population) were responsible for 91.5% (30.2% and 61.3%, respectively) of the estimated 45 000 HIV transmissions in 2009. Compared with persons who are HIV infected but undiagnosed (6.6 transmissions per 100 person-years), persons who were HIV diagnosed and not retained in medical care were 19.0% (5.3 transmissions per 100 person-years) less likely to transmit HIV, and persons who were virally suppressed were 94.0% (0.4 transmissions per 100 person-years) less likely to transmit HIV. Men, those who acquired HIV via male-to-male sexual contact, and persons 35 to 44 years old were responsible for the most HIV transmissions by sex, HIV acquisition risk category, and age group, respectively.

Tenere conto della diversità dei pazienti

Competenze culturali al pari di resistenze o dell'ultimo farmaco antiretrovirale

Comprendere e conoscere quanto il contesto-socio economico, l'identità di genere, l'orientamento sessuale, la nazione d'origine possano influenzare l'engagement

SENSIBILITA vs MINORANZE DI GENERE E SESSO

TABLE 2—Experiences of Stigma, Medical Mistrust, and Trust in Health Care Providers Among Black MSM: Atlanta, GA, 2012

Statement	HIV-Negative Black MSM (n = 387), No. (%)	HIV-Positive Black MSM (n = 157), No. (%)	χ^2
Experiences of health care-related stigma			
I have been mistreated by health care providers because of my sexual orientation.	48 (13)	24 (16)	0.83
I have been ignored by health care providers because of my sexual orientation.	43 (11)	18 (12)	0.01
My health care isn't as good as others' because of my sexual orientation.	45 (12)	20 (13)	0.15
I have been mistreated by health care providers because of my race.	46 (12)	19 (12)	0.01
I have been ignored by health care providers because of my race.	41 (11)	22 (14)	1.23
My health care isn't as good as others' because of my race.	58 (15)	22 (14)	0.06
I have had at least 1 instance of health care stigma.	102 (31)	282 (27)	1.07
Global medical mistrust			
Patients have sometimes been deceived or misled by health care providers.	163 (42)	55 (36)	2.22
When health care providers make mistakes they usually cover it up.	192 (51)	63 (42)	3.56
Health care providers have sometimes done harmful things to patients without their knowledge.	186 (49)	73 (48)	0.04
Personal trust in health care provider			
I trust that health care providers are giving me the best treatment available.	232 (61)	98 (63)	0.29
I trust that health care providers have my best interest in mind when treating me.	245 (65)	95 (62)	0.40
I trust that health care providers will tell me if a mistake is made about my medical treatment.	205 (54)	87 (57)	0.56

Note. MSM = men who have sex with men.

- Chiamare con il nome che preferiscono (sebbene non sia quello legale),
- Educare lo staff ad avere un atteggiamento non giudicante.
- Chiedere ai pazienti informazioni sul genere del partner.
- Evitare parole che possano implicitamente fare riferimento al fatto che il paziente possa avere una relazione con qualcuno del sesso opposto.

SUPPORTO PSICOLOGICO

Table 1. Sample Characteristics* (cont)

	Unweighted Sample	Weighted Sample, %
Psychiatric disorders		
None	1450	52.1
Any	1414	47.9
Drug use		
None	1407	49.9
Marijuana	342	12.1
Other drugs/no dependence	744	25.6
Drug dependence	368	12.5
Drinking (alcohol)		
None	1369	46.6
Nonheavy	961	34.9
Heavy	358	12.3
Frequent heavy	168	6.2

*MSA indicates metropolitan statistical area; CDC, Centers for Disease Control and Prevention; and AIDS, acquired immunodeficiency syndrome.

- Prevalenza che è dalle 4 alle otto volte maggiore rispetto alla popolazione generale.
- Identificare i pazienti con malattia mentale è una questione nodale nella cura delle PWH.
- Lo stigma che ancora esiste intorno alle malattie psichiatriche potrebbe tenere lontano dal servizio di salute mentale.
- Avere la possibilità all'interno del centro di poter eseguire una valutazione psicologica/psichiatrica aumenta la probabilità del paziente di mantenersi in cura.
- Competenze e comunicazione aperta senza giudicare il paziente sono quindi requisiti necessari per sviluppare una fiducia reciproca e ridurre lo stigma attorno alla malattia psichiatrica

APPROPRIATO LINGUAGGIO E COMUNICAZIONE

Objectives. We assessed the impact of interpreter services on the cost and the utilization of health care services among patients with limited English proficiency.

Methods. We measured the change in delivery and cost of care provided to patients enrolled in a health maintenance organization before and after interpreter services were implemented.

Results. Compared with English-speaking patients, patients who used the interpreter services received significantly more recommended preventive services, made more office visits, and had more prescriptions written and filled. The estimated cost of providing interpreter services was \$279 per person per year.

Conclusions. Providing interpreter services is a financially viable method for enhancing delivery of health care to patients with limited English proficiency. (*Am J Public Health.* 2004;94:866–869)

- Con pazienti migranti (non madrelingua) Un linguaggio efficace e il giusto canale comunicativo è essenziale per il mantenimento del paziente in cura.
- Avere la possibilità di assumere staff bilingue o biculturale è fondamentale in un'organizzazione a cui afferiscono diversi pazienti che parlano lingue diverse.
- Utilizzo di un mediatore culturale professionale specialmente in caso di persone migranti.
- L'utilizzo di familiari o amici è una pratica da scoraggiare

CONCLUSIONI

- Porre particolare attenzione alle *key populations* nella lotta HIV
- Lo status di migrante espone il soggetto ad un maggior rischio di contrarre HIV ed ha tassi di mantenimento in cura molto minori
- Cambiamento culturale nei sanitari che nella loro pratica quotidiana possano provare ad abbattere le barriere

