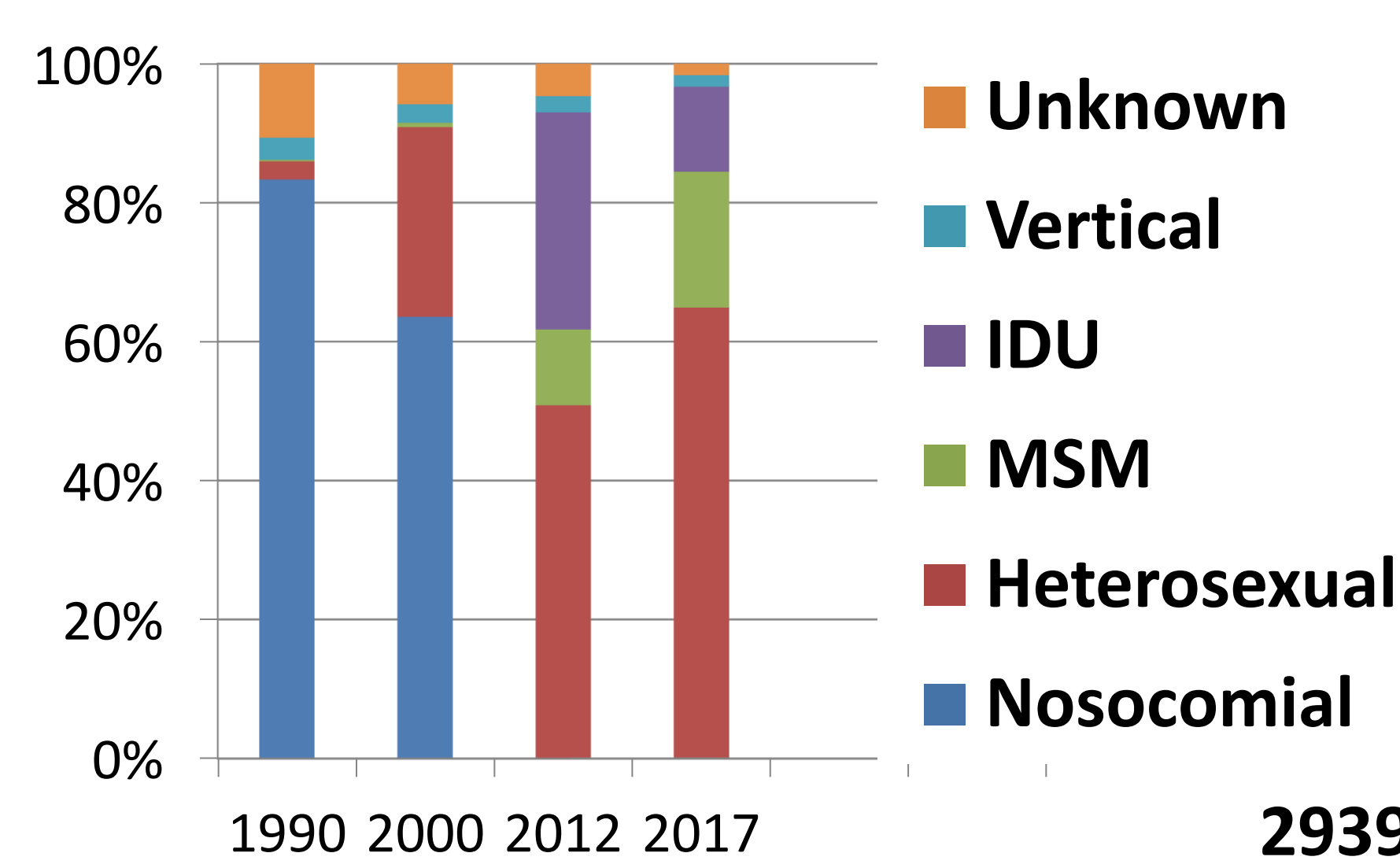


1985
1st HIV case in
Romania (MSM)

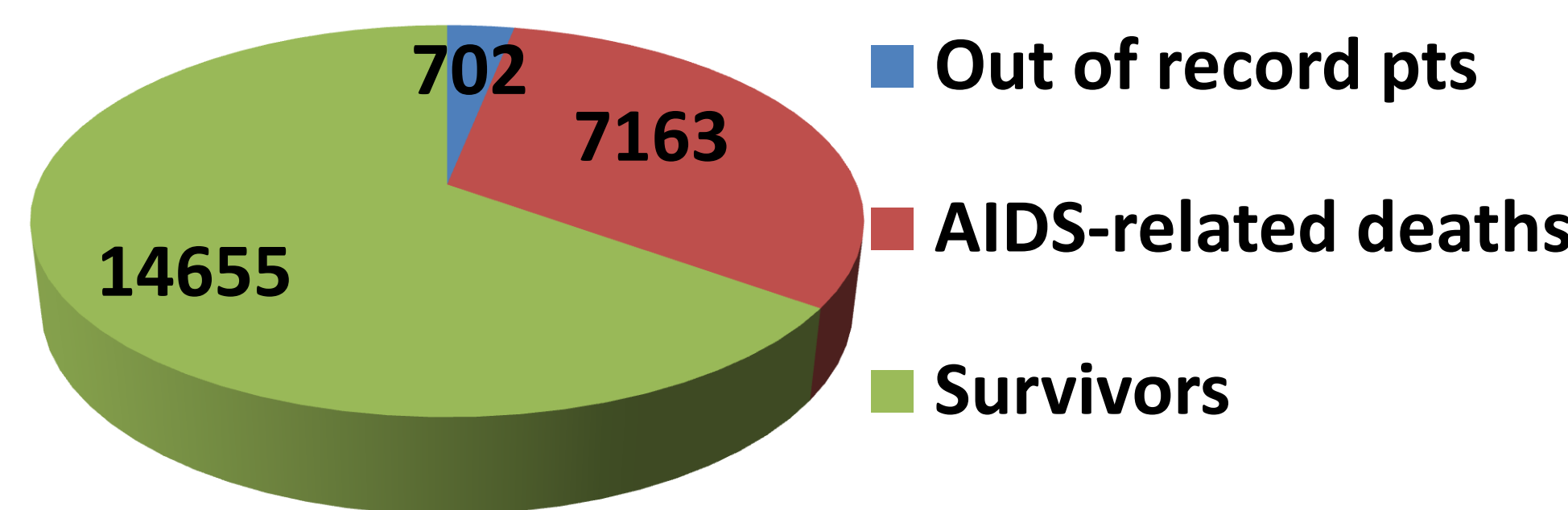
1987-1990
Nosocomial=
main route of HIV transmission
in Romania:
Children born on end 1980s–early 1990s
"Romanian cohort" F1 subtype ~100%,
closely related to Angolan subtype,
> 6000 survivors to present-day

>2009
MSM & IDU
IDU: F1 ↓ (65%) and appears CRF14_BG
↑ ↑ ↑ ethnobotanic drugs use →
↑ HIV dg among IDU from 3% (2010) to 19% in
(2011) and 31% (2012)
Heterosexual
The cohort cases reached the fertile age

2017 (first 6 mos)
303 newly dg HIV cases
173 new AIDS cases
82 deaths
TB – most common OI

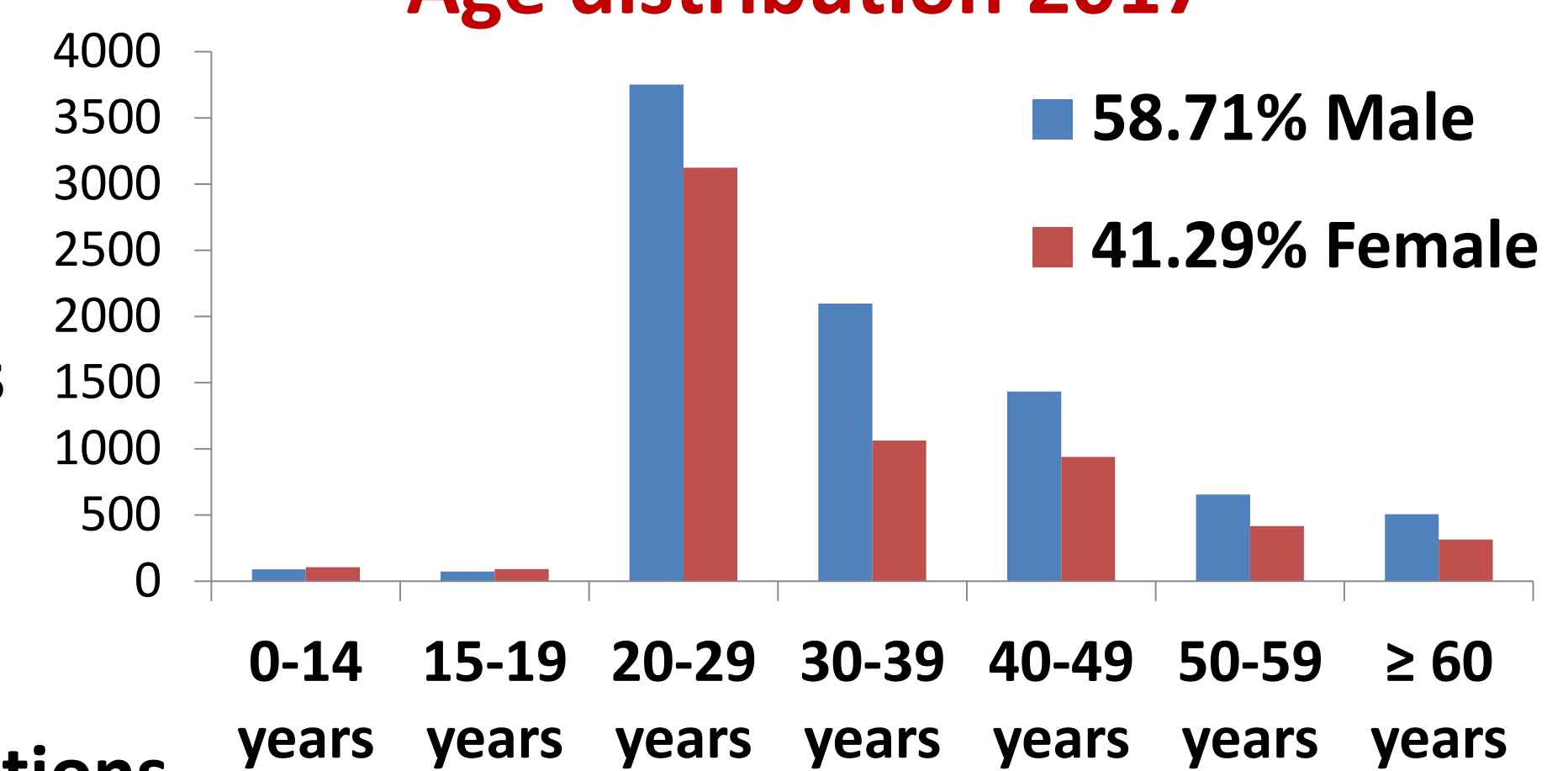


1985-2017:
22520 HIV-infected patients



2939 (13%) HBV, 1281 (5,7%) HCV, 227 (1%) HBV+HCV co-infections

Age distribution 2017



Case 1. Romanian cohort

- 24 yo female, dg 2005 concomitantly: pulmonary TB and HIV C3 treated with HRZE + EFV/3TC/ZDV 6 mo → out of record for 6 years
- 2012 dg with bacterial meningitis, interpreted as possible TB (Chest X-Ray=N; IgM/IgG Toxo negative, CSF GeneXpert for TB negative) treated with HRZE + Dexamethasone
- 1 mo later presents lymph nodes enlargement, especially latero-cervical → fistulization (fig. a, b & c) and headache (fig. e, f, g – multiple abscesses on MRI); Lymph node puncture: presence of acid-fast-bacilli (fig. d), Plex-ID detected *M. tuberculosis* (without resistance gene detected) + *M. xenopi*, with negative TB culture
- evolution was favorable with HRZE + Dexa → TB IRIS

Case 2. Heterosexual transmission

- 41 yo man, admitted for fever, dyspnea, non-productive cough for 2 weeks, blurred vision, unintentional weight loss, wife HIV positive
- clinical findings: moderate respiratory distress; tachycardia; low grade fever; **oral thrush** (fig. a)
- **HIV positive** (ELISA IV+WB), CD4=3/mm³, LDH ~1.8 x normal value
- CT scan: Bilateral ground-glass patchwork pattern (fig. d) + numerous *Pneumocystis jirovecii* cysts on toluidine blue stain from BAL (fig. e) → PJP
- Fundoscopy (both eyes - fig. c+d) „ketchup and cheese” appearance, suggestive of **CMV retinitis**

Case 3 and 4. MSM transmission

- 27 yo man, MSM, presented for skin rash (fig. a)
- ELISA HIV 1+2 -positive, WB - negative, CD4=153/mm³, Plasma HIV-1 RNA >10⁷c/ml, CSF HIV-1 RNA = 4.6x10⁵c/ml → **Acute Retroviral Syndrome**, Fiebig stage 3
- 33 yo man, MSM, dg a few years ago with HIV, but he didn't accept his diagnosis and refused psychological counseling
- at admission: multiple palpable violaceous lesions on the trunk and face (fig. b); numerous nodular violaceous lesions and papillomatosis lesions secondary to lymphedema (fig. c), on the legs, and generalized adenopathy
- skin biopsy → **Kaposi sarcoma**
- favorable evolution with ABC/3TC/DRV + Doxorubicin

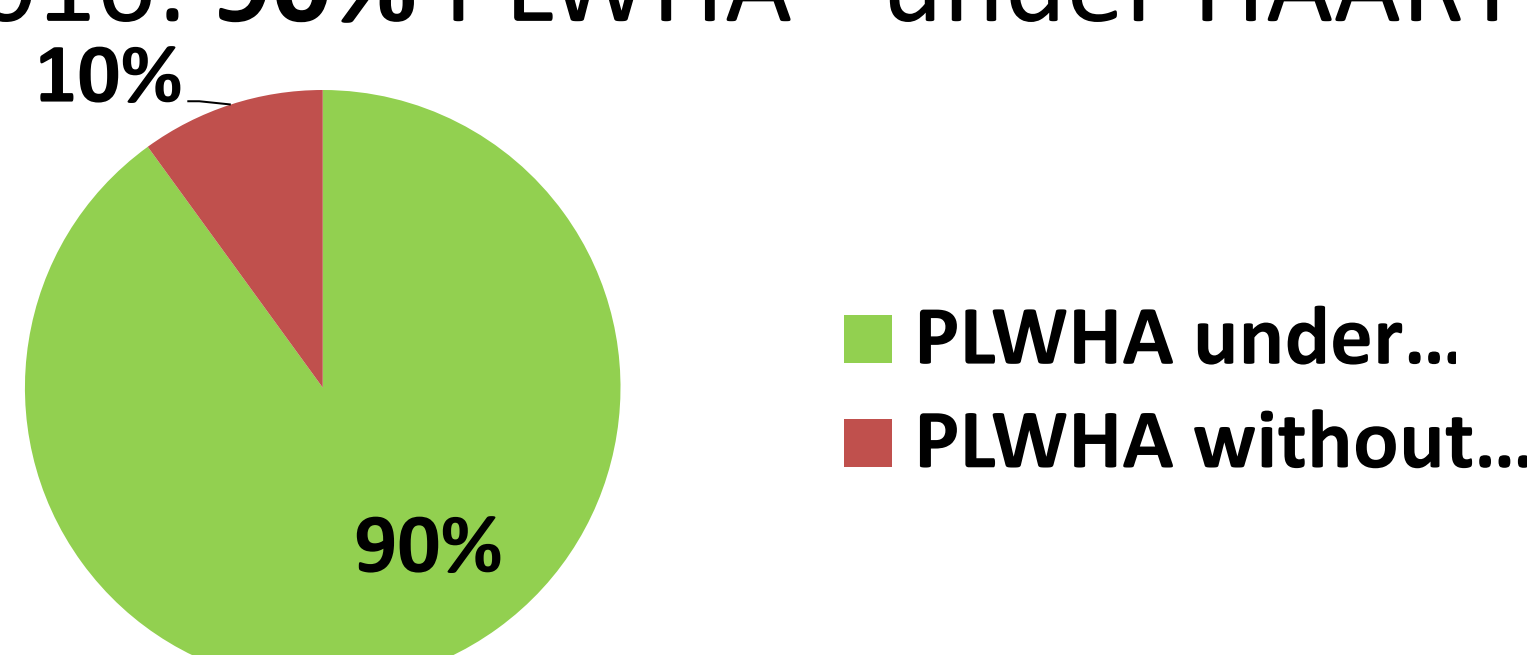
Case 5. IV drug users transmission

- 31 yo female, IDU, dg 2011 with HIV stage A2 and C hepatitis, untreated,
- was admitted in 2013 with emphysematous pyonephrosis with septic shock
- Abdominal X-Ray: round calculus, hydroaeric levels over the region of the left kidney (fig. a).
- CT scan: 26/16 mm calculus, hydronephrosis with obstruction, enlarge left kidney with gas and fluid and severe parenchymal destruction (fig. b).
- culture (percutaneous drainage): **Bacteroides fragilis + Peptoniphilus harei + Granulicatella adiacens**

ACCESS TO CARE: UNIVERSAL

Free medical care and ARVT insured by the **National Programme for Prevention, Surveillance and Control of HIV infection (Ministry of Health)**

2016: 90% PLWHA - under HAART



PRESENT-DAY CHALLENGES:

- **Romanian cohort:** young adults at fertile age, long history of HIV, multiple ARV regimens (long term toxicity - therapeutic fatigue - poor adherence), multidrug resistance
- **MSM:** increasing number of HIV-infected, very early presenters/ requesting PrEP
- **IDUs:** HBV / HCV / TB coinfections/MTC transmission