

Türkiye'de HIV'in Dünü Bugünü Yarını

Prof. Dr. Volkan Korten

Marmara Üniversitesi Tıp Fakültesi
İnfeksiyon Hast. ve Klin. Mikrobiyoloji AD

	Epidemiologic Notes and Reports
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Pneumocystis Pneumonia — Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia and oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with elevated liver enzymes, leukopenia, and CMV viruria. The serum complement-fixation CMV titer in October 1980 was 256; in May 1981 it was 32.* The patient's condition deteriorated despite courses of treatment with trimethoprim-sulfamethoxazole (TMP/SMX), pentamidine, and acyclovir. He died May 3, and postmortem examination showed residual *P. carinii* and CMV pneumonia, but no evidence of neoplasia.

Patient 2: A previously healthy 30-year-old man developed *P. carinii* pneumonia in April 1981 after a 5-month history of fever each day and of elevated liver-function tests, CMV viruria, and documented seroconversion to CMV, i.e., an acute-phase titer of 16 and a convalescent-phase titer of 28* in anticomplement immunofluorescence tests. Other features of his illness included leukopenia and mucosal candidiasis. His pneumonia responded to a course of intravenous TMP/SMX, but, as of the latest reports, he continues to have a fever each day.

Patient 3: A 30-year-old man was well until January 1981 when he developed esophageal and oral candidiasis that responded to Amphotericin B treatment. He was hospitalized in February 1981 for *P. carinii* pneumonia that responded to oral TMP/SMX. His esophageal candidiasis recurred after the pneumonia was diagnosed, and he was again given Amphotericin B. The CMV complement-fixation titer in March 1981 was 8. Material from an esophageal biopsy was positive for CMV.

- Los Angeles
3 farklı hastaneden
PCP'li 5 hasta
- NY. PCP, KS ve diğer opp. enf
- 1982 Gay-Related Immune Deficiency

→ 1982 Eylül'de CDC: AIDS terimi ve ilk vaka tanımı

IN DANGER
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- 2021
 - 38.4 milyon HIV ile yaşayan birey
 - 1.5 milyon yeni enfeksiyon
 - 650.000 ölüm
- Pandeminin başlangıcından beri
 - 84.2 milyon HIV ile enfekte kişi
 - 40.1 milyon ölüm

1983 - HIV-1'in izole edilmesi

Françoise Barré-Sinoussi Facts



Françoise Barré-Sinoussi
The Nobel Prize in Physiology or Medicine 2008

Born: 30 July 1947, Paris, France

Affiliation at the time of the award: Regulation of Retroviral Infections Unit, Virology Department, Institut Pasteur, Paris, France

Prize motivation: “for their discovery of human immunodeficiency virus”

Luc Montagnier Facts



Luc Montagnier
The Nobel Prize in Physiology or Medicine 2008

Born: 18 August 1932, Cluses, France

Died: 8 February 2022, Cluses, France

Affiliation at the time of the award: AIDS Research and Prevention Unit, Institut Pasteur, Paris, France

Prize motivation: “for their discovery of human immunodeficiency virus”



Rock Hudson



Isaac Asimov



Anthony Perkins

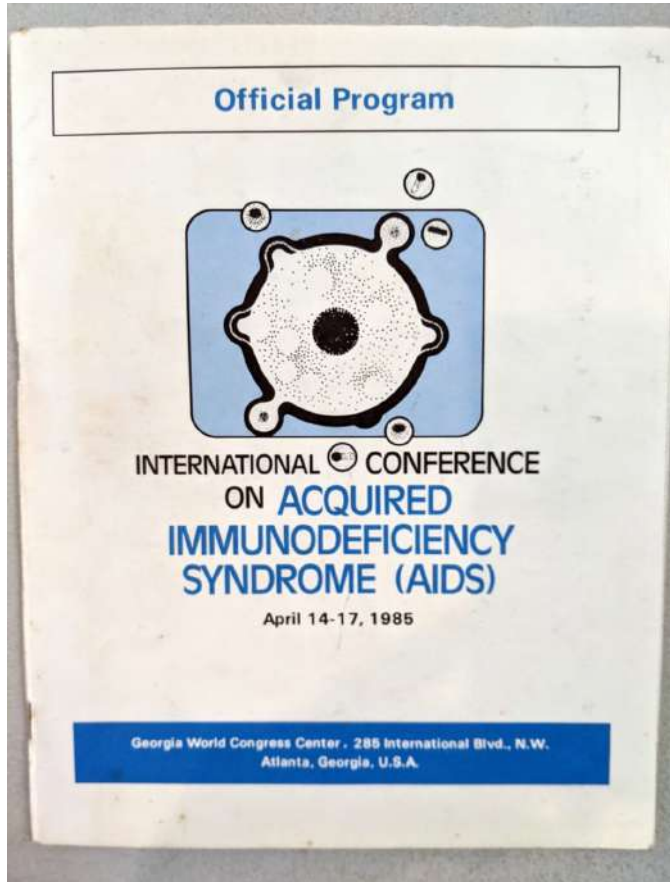


**Magic Johnson -
1991**



Freddie Mercury

1985 – İlk Uluslararası AIDS konferansı



- Prof. Dr. Enver Tali Çetin
 - 23/9/1985 İstanbul Tıp Fak. AIDS merkezi
 - 1986 Ankem ve Klimik dernekleri kuruluşu
 - 1992 AIDS Savaşım Derneği

1. Türkiye AIDS Kongresi : uluslararası katkı ile : 12-15 Ocak 1993 ; Cemal Reşit Rey Konser Salonu (Harbiye) ve Maçka Oteli (Maçka) İstanbul

Authors: Türkiye AIDS Kongresi, İstanbul Üniversitesi, AIDS Savaşım Derneği.

1. TÜRK AIDS KONGRESİ

AIDS Savaşım Derneği 12-16 Ocak 1993 tarihlerinde İstanbul'da "1. Türk AIDS Kogresi"ni düzenlemektedir.

Kongre Başkanı

Kongre Genel Sekreteri

Kongre Genel Sekreter Yardımcıları

:Prof Dr Enver Tali ÇETİN

:Doç Dr Gülşen AKTAN

:Y Doç Dr Gülden YILMAZ

:Uzm Dr Selma ERBAYDAR

Düzenleme Kurulu Üyeleri

Doç Dr Selim BADUR

Prof Dr Yavuz BOZFAKİOĞLU

Doç. Dr Emel BOZKAYA

Doç Dr Ayşen BULUT

Prof Dr Semra ÇALANGU

Doç Dr Halûk ERAKSOY

Y Doç Dr Ümit KARTOĞLU

Y Doç Dr Volkan KORTEN

Prof Dr Özcan KÖKNEL

Prof Dr Ercan ÖNGÖR

Prof Dr Kurtuluş TÖRECİ

Prof Dr Yıldız TÜMERDEM

Uzm Dr Salih TÜRKOĞLU

Y Doç Dr Gülden YILMAZ

PROGRAM:

Ana Konular

1- Epidemiyoloji

2- Avrupa'daki Türkler ve AIDS

3- AIDS Savaşımı

4- Halk Sağlığı ve Toplumun Eğitimi

5- Gençliğin AIDS'i algılayışı

İSTANBUL TIP FAKÜLTESİ AIDS TANI MERKEZİ SONUÇLARI

1985-1992 Şubat sonu arasında İstanbul Tıp Fakültesi Mikrobiyoloji Anabilim Dalı, Viroloji ve Temel İmmünoloji Bilim Dalı, AIDS Tanı Merkezinde 17,934 kişi anti-HIV antikorları yönünden incelenmiş 144 seropozitif kişi saptanmıştır.

144 kişinin 38'inde klinik bulgu vardır, ve bunların 22'si yabancı uyruk-
ludur. 38 AIDS hastasının 23'ü ölmüştür.

AIDS Tanı Merkezimizde saptanan seropozitiflerin yıllara göre dağılı-
mı

1985	3
1986	2
1987	29
1988	21
1989	21
1990	27
1991	35
1992 Şubat	6
Toplam	144

AIDS SAVAŞIM

Bülteni

Sayı :1
Nisan 1992

AIDS
SAVAŞIM DERNEĞİ

AIDS SAVAŞIM BÜLTENİ

Sayı : 1
Nisan 1992

Sahibi
Prof Dr Enver Tali ÇETİN

Yazı İşleri Müdürü
Y Doç Dr Gülden YILMAZ

Yayın Düzeni
Doç Dr Gülşen AKTAN
Uzm Dr Salih TÜRKOĞLU
Dr Meltem UZUN

Yayın Kurulu
Doç Dr Selim BADUR
Doç Dr Emel BOZKAYA
Doç Dr Ayşen BULUT
Prof Dr Semra ÇALANGU
Doç Dr Halûk ERAKSOY
Dr Selma ERBAYDAR
Y Doç Dr Ümit KARTOĞLU
Y Doç Dr Volkan KORTEN
Prof Dr Özcan KÖKNEL
Prof Dr Ülker ÖNEŞ
Doç Dr Nuran SALMAN
Prof Dr Kurtuluş TÖRECI
Prof Dr Yıldız TÜMERDEM

Baskı
Kazancı Matbaacılık Sanayii A.Ş.
Büyükkçekmece Çatalca asfaltı 8.Km
Tel: 687 10 48 - 49 - Fax: 687 10 47

İÇİNDEKİLER

- 1-AIDS Savaşım Bülteni
- 2-İstanbul Tıp Fakültesi AIDS Tanı Merkezi sonuçları
- 3-Avrupa'da AIDS sürveyansı
- 4-"Size ekmek yok !"
- 5-AIDS eğitimi
- 6-Kondomlar ve Spermidler: Ne kadar koruma sağlamaktadır?
- 7-"Hayır" demesini öğrenin
- 8-Haberler
- 9-AIDS bilimsel toplantılar takvimi

Yazışma adresi

Doç Dr Gülşen AKTAN
İstanbul Tıp Fakültesi
Temel Tıp Bilimleri Binası
Mikrobiyoloji Anabilim Dalı
Mikoloji Bilim Dalı
AIDS SAVAŞIM BÜLTENİ
34390 Çapa - İstanbul
Tel : 534 00 00/2305
Tel. ve Fax : 532 06 57

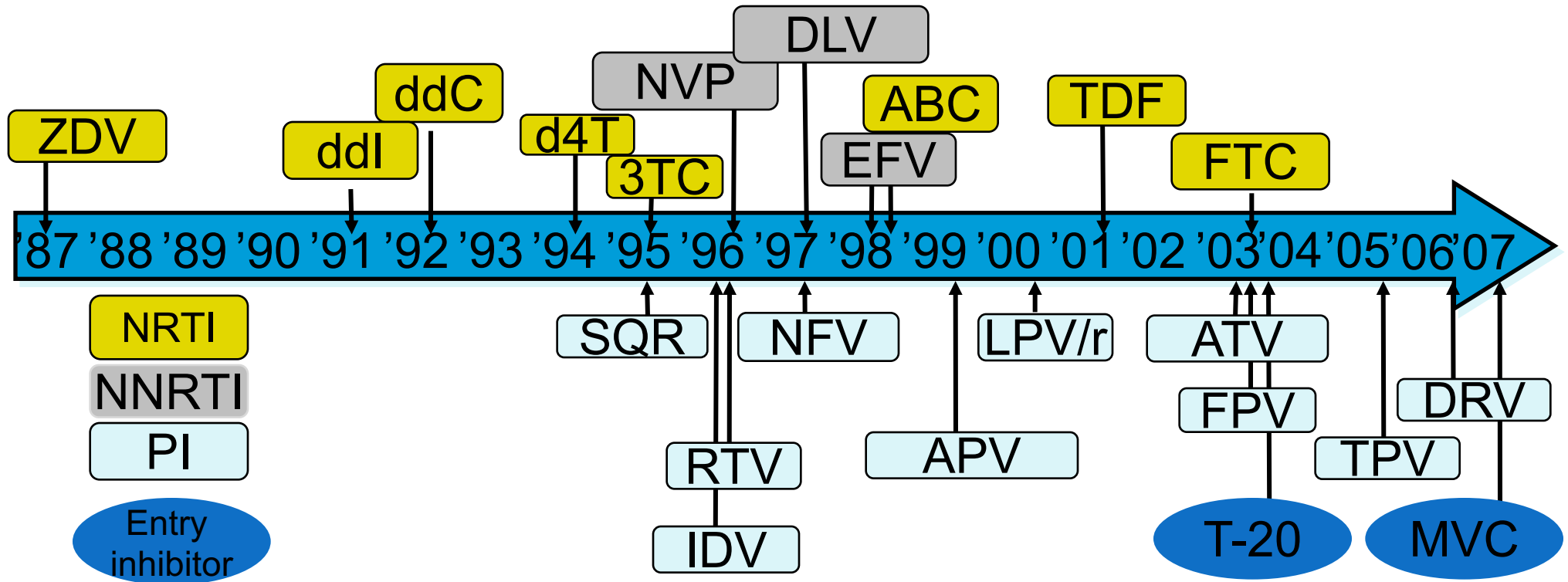
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1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults

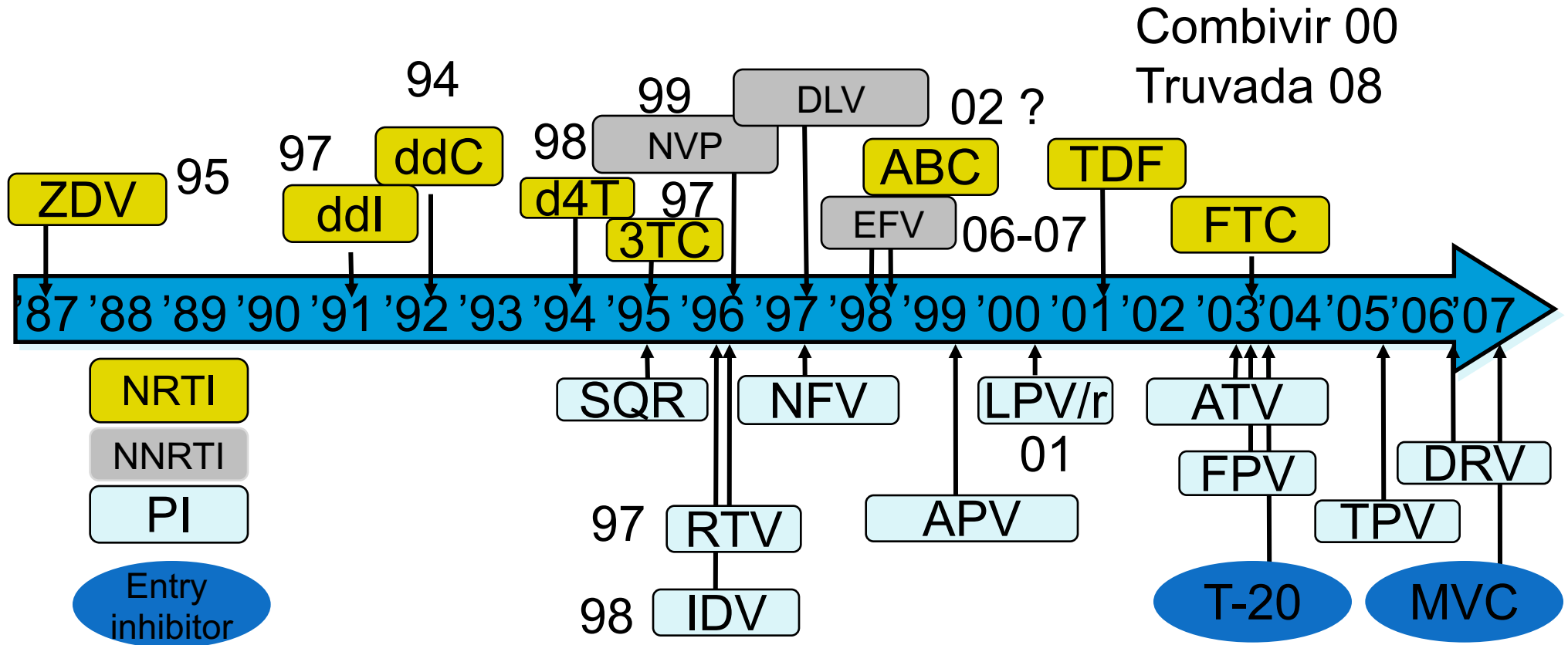
CD4 < 200 = AIDS

		Clinical category		
CD4	≥ 500	A1	B1	C1
	200-499	A2	B2	C2
	< 200	A3	B3	C3

Antiretroviral ilaçların gelişim çizelgesi



Antiretroviral ilaçların gelişim çizelgesi



Türkiyede pratikte ART

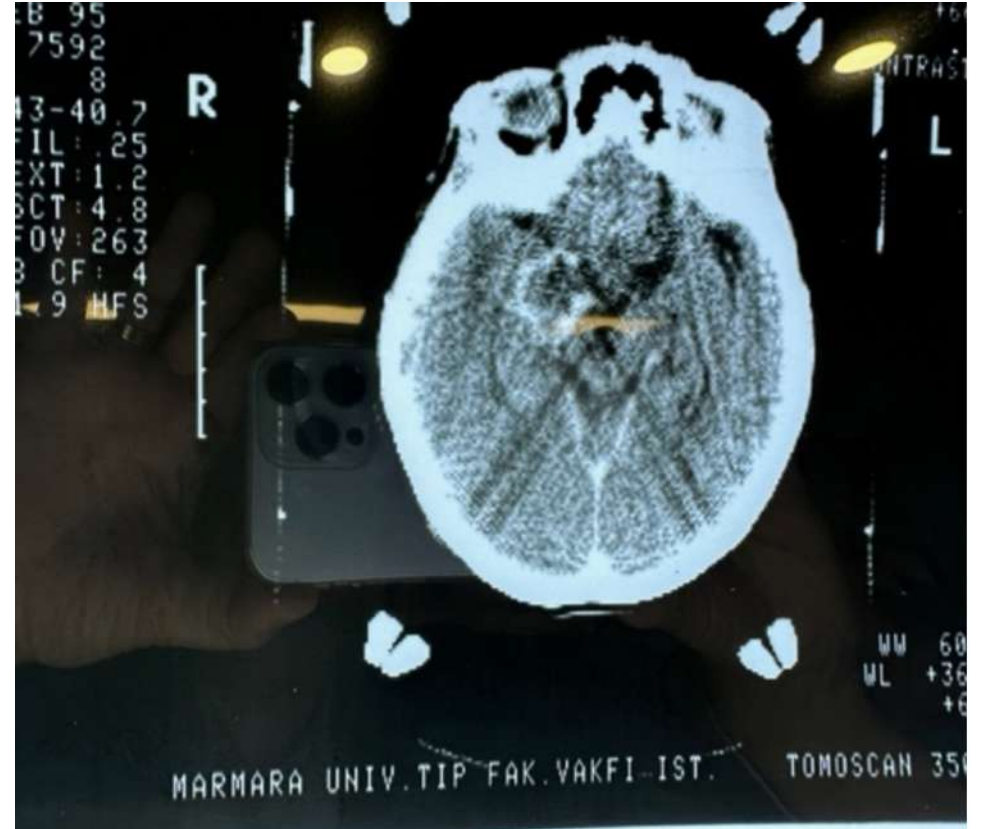
- 1997'e dek mono veya dual NRTI
- 1997 NRTI + 3TC + RTV
- 1998 + IND
- 1999-2000 + IND/r veya NVP
- 2001 + LPV/r

- 2007 + EFV
- 2008 TDF/FTC

ŞK, 30 y, kadın

- 1989 HÜTF zona zoster + atipik dermatit
- 8/1991 MÜTF Dermatoloji – eritemli papüler döküntü, bilateral hiler LAP
- 10/1991 zona zoster
- 1992 cilt bx: sarcoidosis ile uyumlu, AC'de 1 cm nodül. Tbc ? Sarkoidoz ?
 - Konjonktival nodüller – sarkoidoz. Steroid tedavisi
 - 8/92 pnömoni, multipl pulmoner nodüller
 - 11/92 LAP biopsi – kazeifiye granülomatöz lenfadenit
 - Tbc tedavisi

- 14.2.94 HIV tanısı CD4 % 29
- ZDV + ddC
- 8/94 CD4 % 17
- 1/95 Cryptosporidium diarezi, oral candidiasis, intrakranial kitle
- Toxo tedavisine yanıtızsız, 14/2/95 stereotaktik biopsi: Lenfoma
- Birkaç ay sonra exitus



HIV viroloji



Selim Badur



Kenan Midilli

1996

- HAART

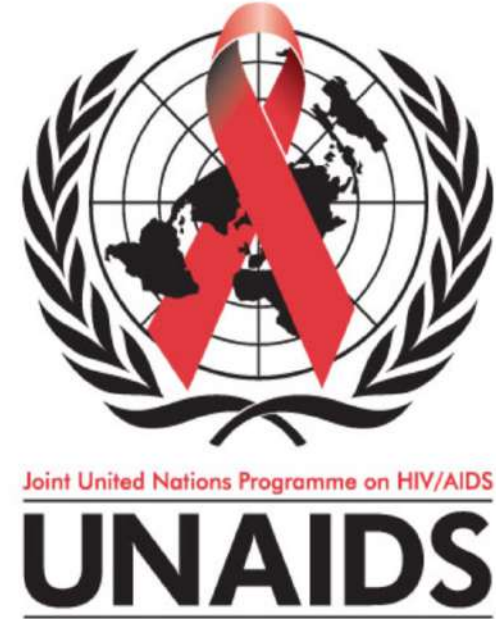
- 2 NRTI +

- PI – SQR, RTV, IND
 - NNRTI - NVP

Türkiye’de 1996 yılında ART geri ödemesine geçilmiştir
+ Yeşil kart uygulaması (1992)

UNAIDS is established

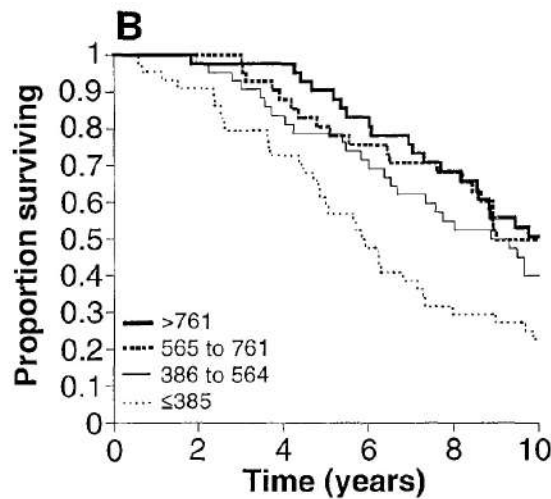
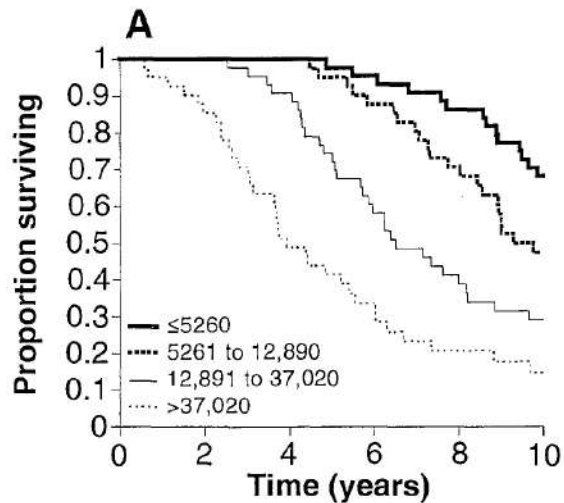
January 1, 1996



Prognosis in HIV-1 Infection Predicted by the Quantity of Virus in Plasma

John W. Mellors,* Charles R. Rinaldo Jr., Phalguni Gupta, Roseanne M. White, John A. Todd, Lawrence A. Kingsley

Science 1996;272:1167-70



Plasma Viral Load and CD4⁺ Lymphocytes as Prognostic Markers of HIV-1 Infection

John W. Mellors, MD; Alvaro Muñoz, PhD; Janis V. Giorgi, PhD; Joseph B. Margolick, MD, PhD; Charles J. Tassoni, PhD; Phalguni Gupta, PhD; Lawrence A. Kingsley, DrPH; John A. Todd, PhD; Alfred J. Saah, MD; Roger Detels, MD; John P. Phair, MD; and Charles R. Rinaldo Jr., PhD

Ann Intern Med 1997;126:946-954.

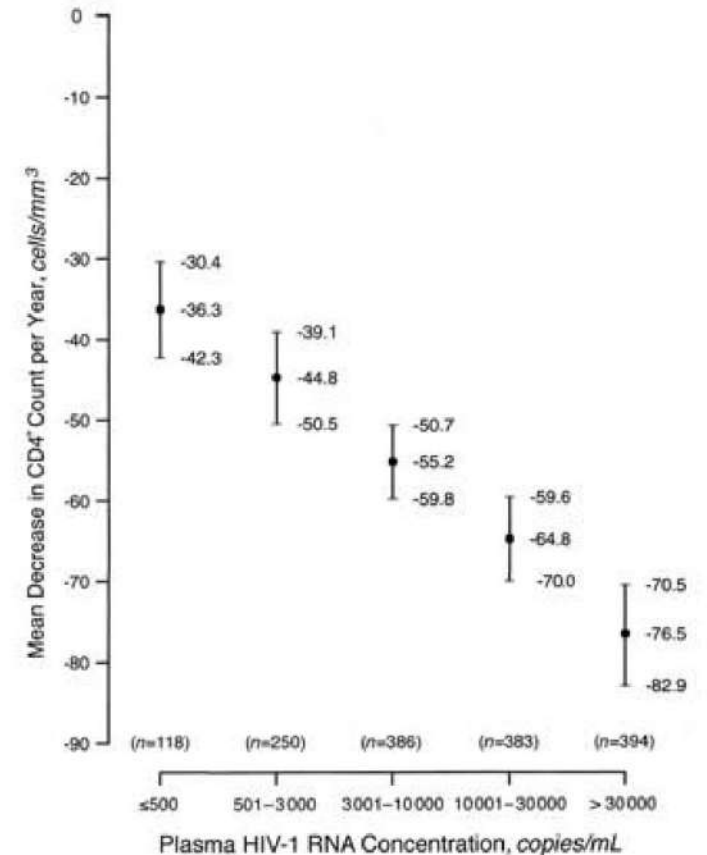


Figure 1. Estimated slopes of CD4⁺ lymphocyte counts by human immunodeficiency virus type 1 (HIV-1) RNA category. Vertical bars represent 95% CIs.

Hap sayısı

- Retrovir (ZDV) + Eпивir (3TC) + Norvir (RTV) = 16 tablet
- Retrovir (ZDV) + Eпивir (3TC) + Crixivan (IND)= 10 tablet
- Zerit (d4T) + Videx (ddI) + Crixivan (IND)= 12 tablet

- Combivir + Nevirapine = 4 tablet
- Combivir + Efavirenz = 3 tablet
- Truvada + Efavirenz = 2 tablet

AÇ, 28 y E, MSM

- 11/12/97 HIV (-)
- Şubat 1998'de mononükleosis benzeri tablo.
Monospot (-)
- Kasım 1998'de anal condyloma için gittiği dermatolog → anti HIV (+)
- CD4 % 19 - 346, HIV-RNA 6000 kopye/ml
- Taş öyküsü 1988 ve Gilbert hastalığı mevcut
- INH – latent Tbc tedavisi

ART – 13 tb

03-05.12.1998

DRUGS ADMINISTRATION SCHEDULE

Designed f

A [REDACTED] Ç [REDACTED]

Generic name	Trade name	Without food before 7:00 a.m.	Breakfast 8:00 a.m.	Without food after 10:00 a.m.	Lunch 12:00 p.m.	Without food after 3:00 p.m.	Without food before 5:00 p.m.	Dinner 6:00 p.m.	Without food after 8:00 p.m.	Bedtime
										10:00 p.m.
Lamivudine BID	3TC(Epivir)			1						1
Ritonavir BID	Norvir		3					3		
Zidovudine 5 x/d	Retrovir	2				1				2

12/98 - 3/99	RTV + ZDV + 3TC	Bulantı, ishal	
3/99 – 10/00	IND 3 x 2 Aç karna bol su ile	-Renal taş öyküsü	Uyum sorunları
10/00	Nevirapine 15 gün 1 tb, takiben 2 tb	Şiddetli raş, oral tutulum - stop	
2000 – 3/02	IND + ZDV + 3TC		
4/02	IND/r 2 x 2/1	Genelde tolere ediyor. 7/02 taş düşürme	Göbekte yağlanma
2003	IND/r + Combivir	Taş düşürme	
6/06	Kaletra + Combivir		HL
2010 tedavi kesintisi	VL 12000 M184V, PI ϕ		
4/12	Truvada + Kaletra		
7/16	Truvada + DTG	Prox tubuler disfonksiyon	
6/19	DTG + 3TC		2021 CD4: 1490 HIV-RNA < 20 (-)



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[CE Credit Available](#)

Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States

Recommendations from the U.S. Department of Health and Human Services

Please note: An update has been published for this report. To view the update, please click [here](#).

ilk 72 saatte ART

HAART alan ve ihtiyacı olan insan, HAART hizmeti veren merkez sayısı

2006 sonu		
Toplam HAART	HIV/AIDS Tedavisi veren merkezler	Tedaviye ihtiyacı olan hasta sayısı
758	27	2300

SOSYAL SİGORTALAR VE GENEL SAĞLIK SİGORTASI KANUNU ⁽¹⁾

Kanun Numarası : 5510
Kabul Tarihi : 31/5/2006
Yayımlandığı R.Gazete : Tarih: 16/6/2006 Sayı : 26200
Yayımlandığı Düstur : Tertip : 5 Cilt : 45

Tam yürürlüğe girmesi - 1 Ekim 2008

1998

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

April 24, 1998 / Vol. 47 / No. RR-5

MMWRTM

*Recommendations
and
Reports*

MORBIDITY AND MORTALITY WEEKLY REPORT

**Report of the NIH Panel to Define
Principles of Therapy of HIV Infection
and
Guidelines for the Use of Antiretroviral
Agents in HIV-Infected Adults
and Adolescents**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333



NEWS & EVENTS



News & Events

For Immediate Release: Wednesday, May 27, 2015

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Starting antiretroviral treatment early improves outcomes for HIV-infected individuals

NIH-funded trial results likely will impact global treatment guidelines

Institute/Center

National Institute of Allergy and Infectious Diseases (NIAID)

Contact

[NIAID Office of Communications](#)
(301) 402-1663

Strategic Timing of AntiRetroviral Treatment (START) study

Ara analizde ciddi hastalık veya ölüm riskinin erken tedavi grubunda ($CD4+ > 500$ hücre/ mm^3) bekletilen gruba göre (350 hücre/ mm^3) % 53 azaldığının tespit edilmesi üzerine çalışma sonlandırıldı.

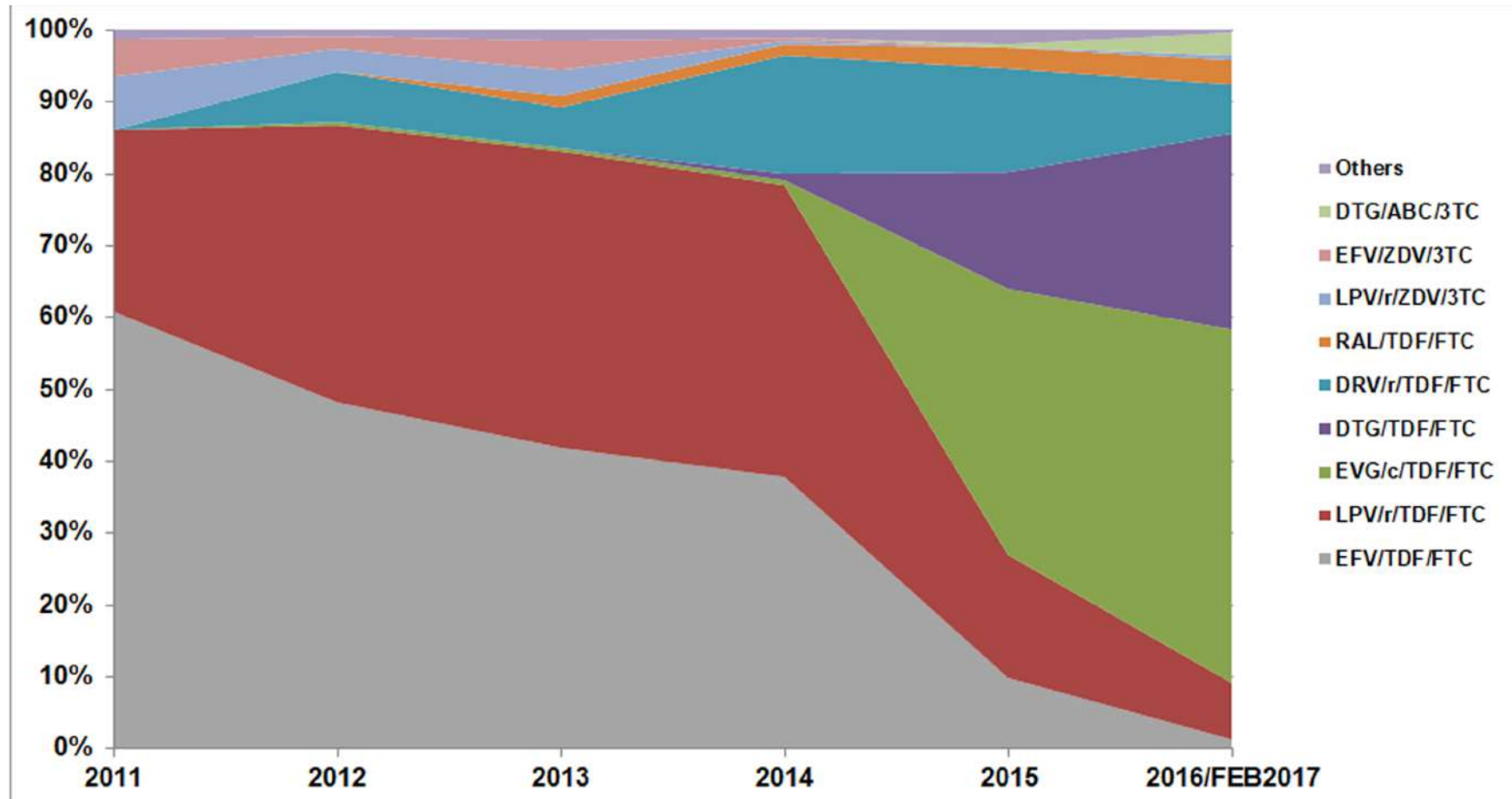
RESEARCH

Open Access



Trends and factors associated with modification or discontinuation of the initial antiretroviral regimen during the first year of treatment in the Turkish HIV-TR Cohort, 2011–2017

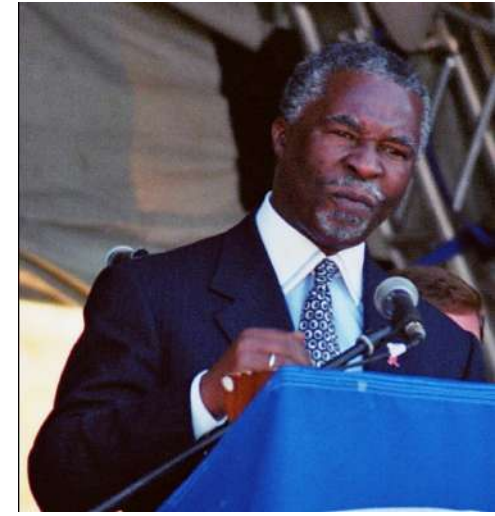
Volkan Korten^{1*}, Deniz Gökengin², Gülhan Eren³, Taner Yıldırım⁴, Serap Gencer⁵, Haluk Eraksoy⁶, Dilara Inan⁷, Figen Kaptan⁸, Başak Dokuzoğuz⁹, Ilkay Karaoğlan¹⁰, Ayşe Willke¹¹, Mehmet Gönen¹², Önder Ergönül¹³ and on behalf of the HIV-TR Study Group



International AIDS Conference convenes in Durban, South Africa

July 9, 2000

The 13th International AIDS Conference is the first to be held in a developing country. The conference theme, Breaking the Silence, focuses on the staggering impact of the epidemic in sub-Saharan Africa and on the inequity in treatment access between the Global North and the Global South. Nelson Mandela delivers closing remarks, imploring the world to take urgent action.



Thabo Mbeki
Güney Afrika 2. başkanı

‘AIDS’e HIV virusu sebep olmaz, fakirlik sebep olur’
diyerek

2000-2005 arası ülkesinin
ART’e ulaşımını geciktirerek
330.000 ölüme neden olduğu
hesaplanıyor





THE GLOBAL FUND

2002



50 million lives saved

By the end of 2021, programs supported by the Global Fund partnership



23.3m

People on antiretroviral therapy
for HIV



5.3m

People treated for TB



133.2m

Mosquito nets distributed



The United States President's Emergency Plan for AIDS Relief

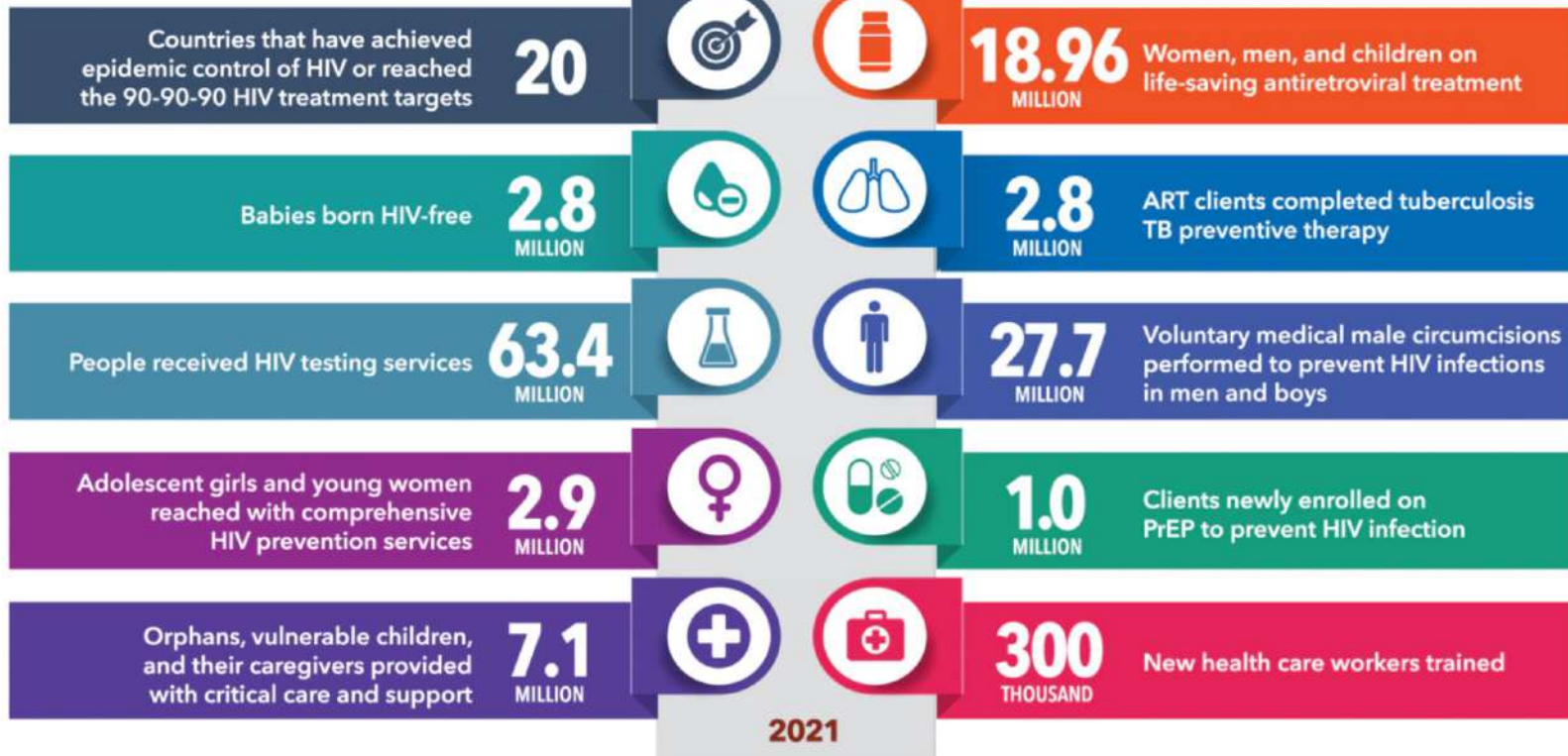
Başkan GW Bush, 2003

5 yılda 15 milyar USD

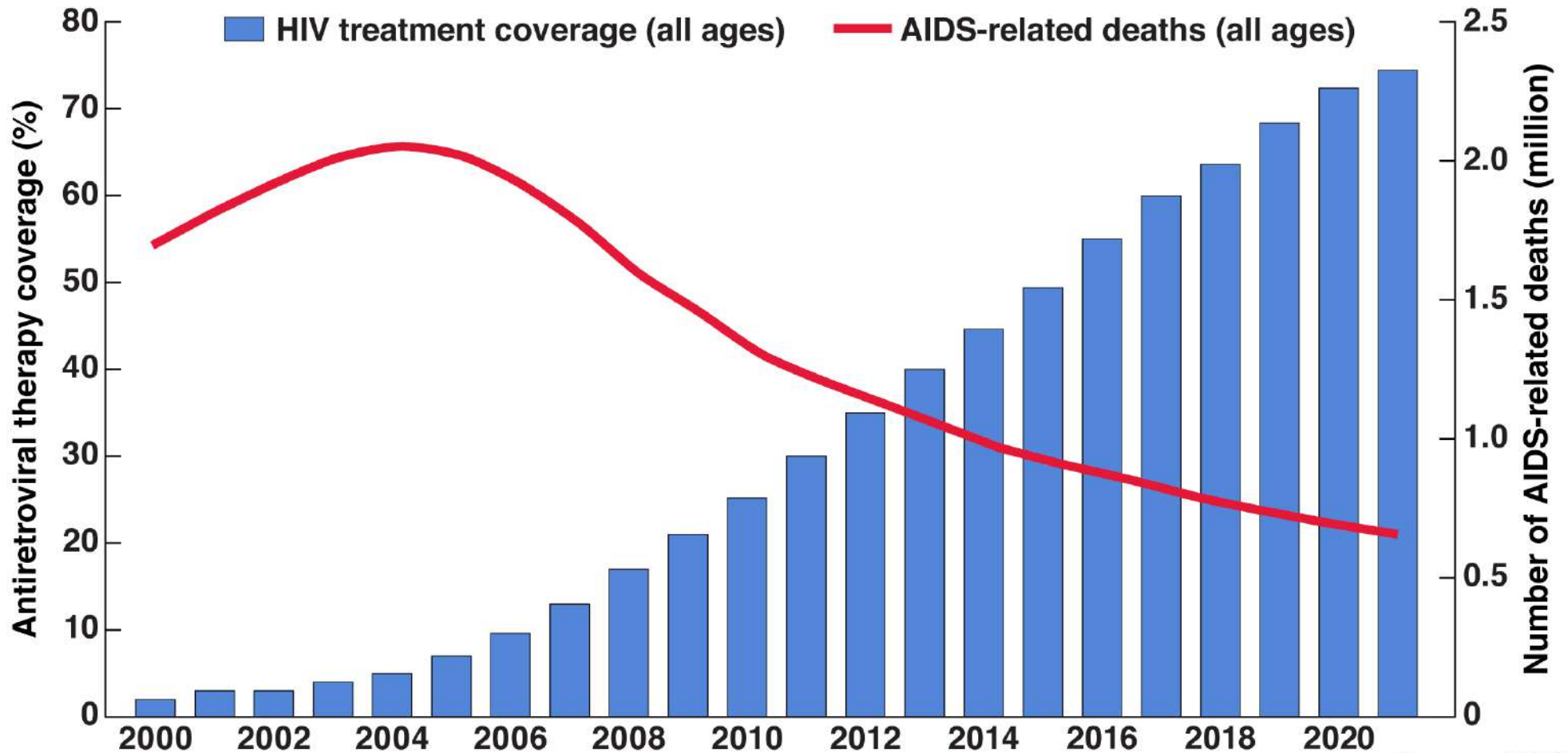
PEPFAR
U.S. President's Emergency Plan for AIDS Relief

@PEPFAR   

Latest Global Program Results



Global AIDS Deaths Have Declined Dramatically with Increasing ART Coverage



Source: UNAIDS

HIV Yaşı

1996 öncesi

HAART öncesi, ilaçsız veya
mono/dual tedavi

1996-2005

Erken HAART
ART CD4 < 200
Toksik ilaçlar

2005-2015

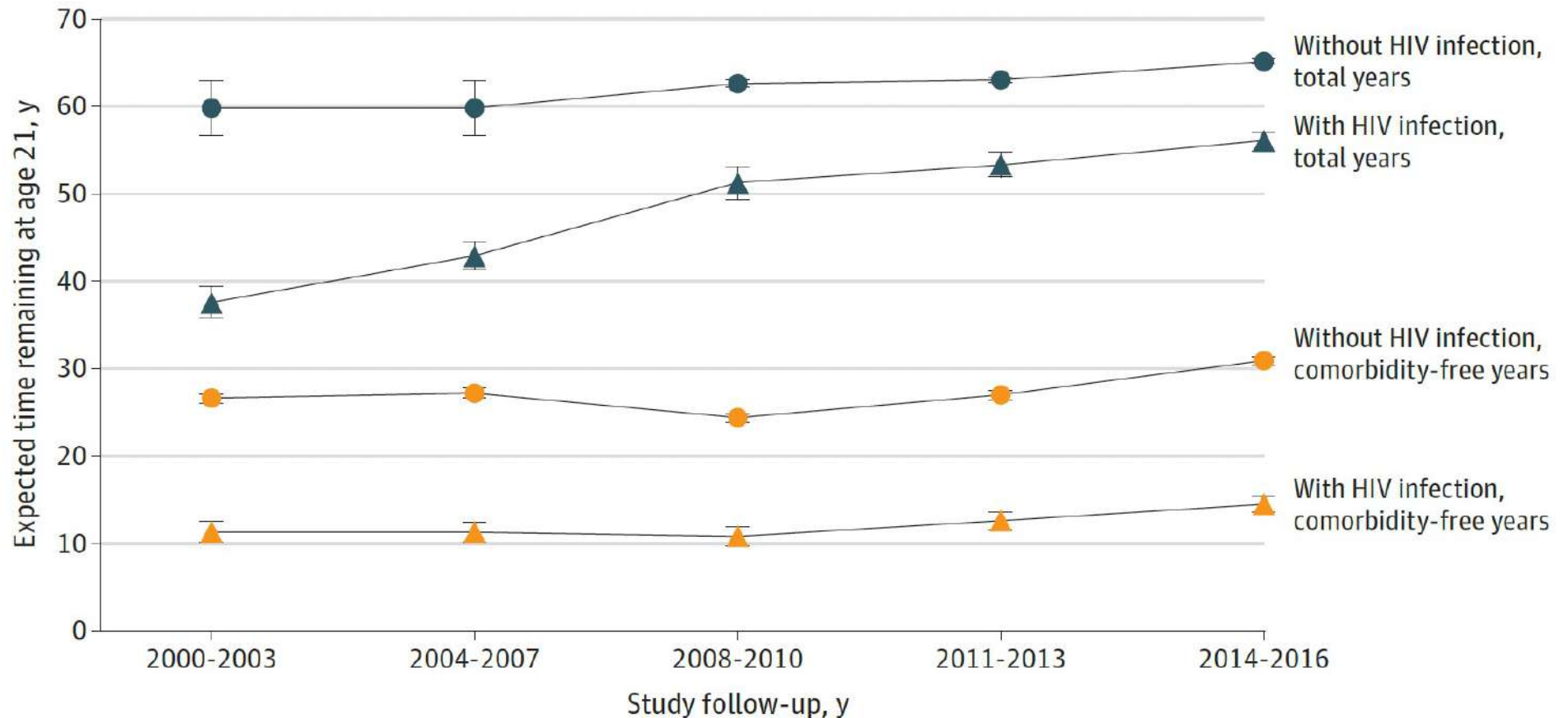
ART CD4 < 350
İyi tolere edilen ilaçlar

2015 sonrası

Herkese tedavi

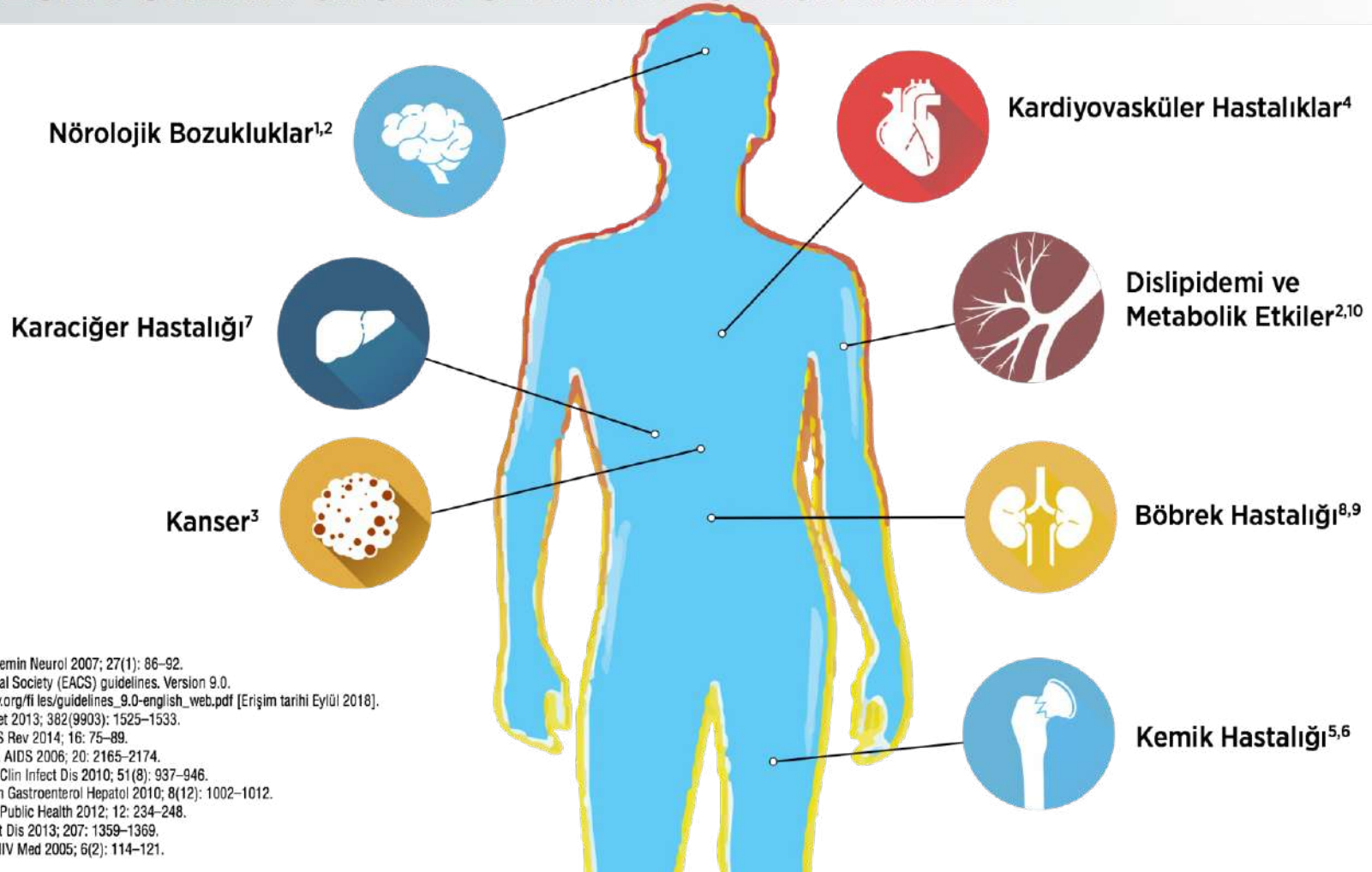
Yaşam beklentisi

Figure 1. Overall and Comorbidity-Free Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection, Kaiser Permanente, 2000-2016





HIV EFEKSİYONU VE ART: UZUN DÖNEMLİ SAĞLIK ÜZERİNDE OLASI ETKİLER

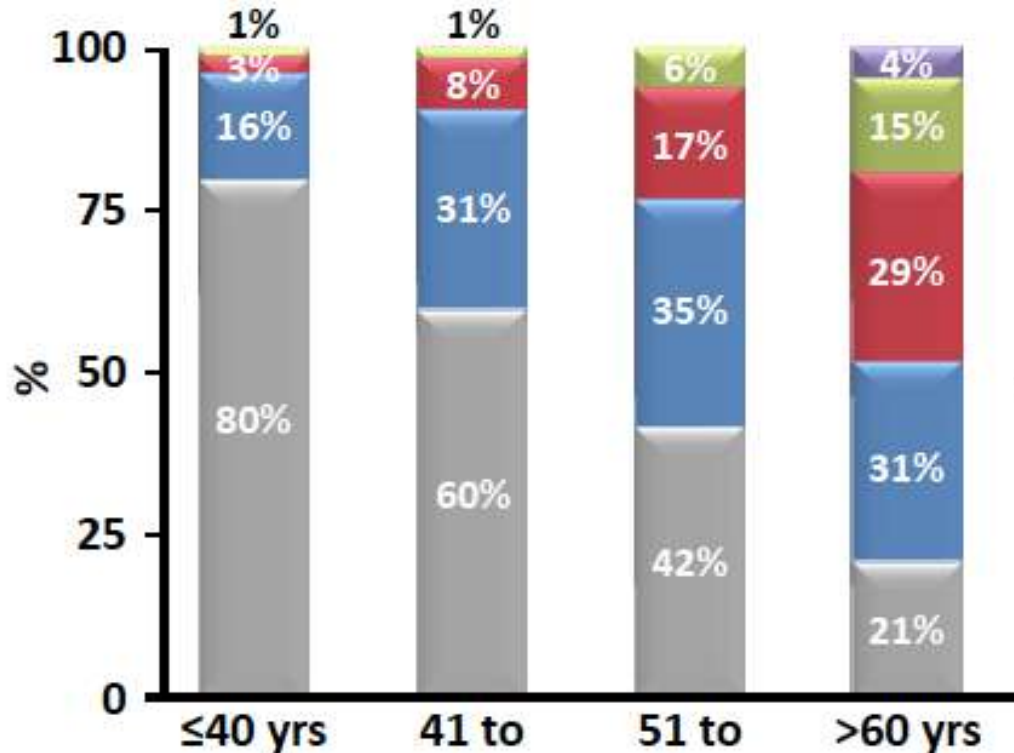


REFERANSLAR:

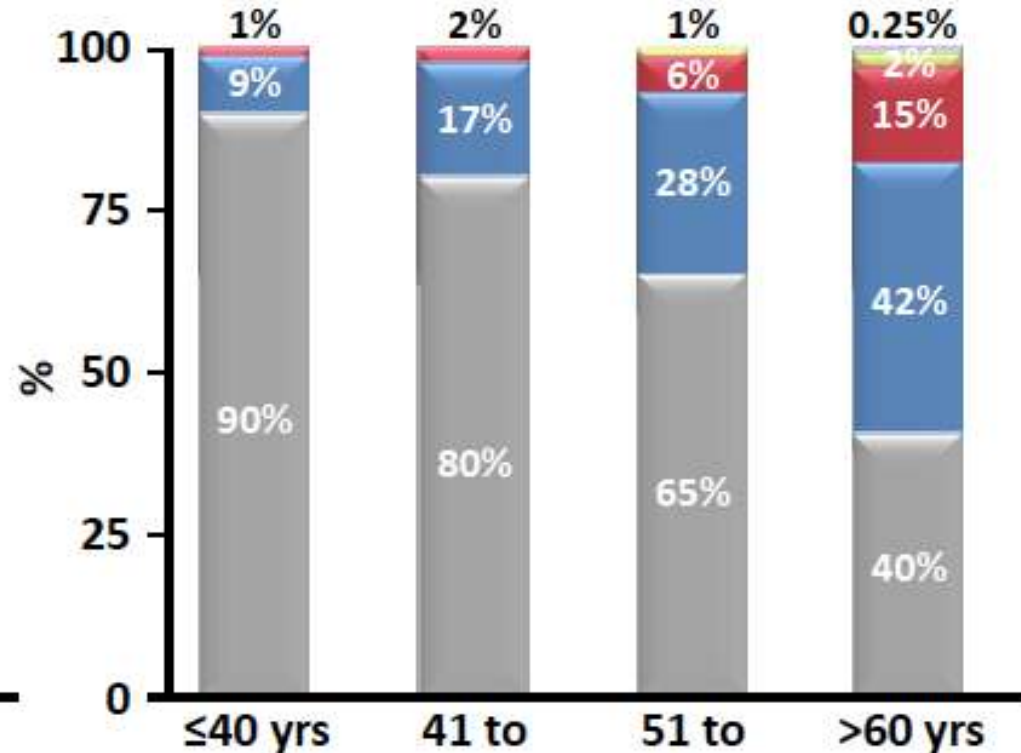
1. Ances BM, Ellis RJ. *Semin Neurol* 2007; 27(1): 86–92.
2. European AIDS Clinical Society (EACS) guidelines. Version 9.0. http://www.eacsociety.org/files/guidelines_9.0-english_web.pdf [Erişim tarihi Eylül 2018].
3. Deeks SG, et al. *Lancet* 2013; 382(9903): 1525–1533.
4. Guaraldi G, et al. *AIDS Rev* 2014; 16: 75–89.
5. Brown TT, Qaqish RB. *AIDS* 2006; 20: 2165–2174.
6. McComsey GA, et al. *Clin Infect Dis* 2010; 51(8): 937–946.
7. Price JC, Thio CL. *Clin Gastroenterol Hepatol* 2010; 8(12): 1002–1012.
8. Islam FM, et al. *BMC Public Health* 2012; 12: 234–248.
9. Ryom L, et al. *J Infect Dis* 2013; 207: 1359–1369.
10. El-Sadr WM, et al. *HIV Med* 2005; 6(2): 114–121.

HIV ve Polipatoloji

Cases



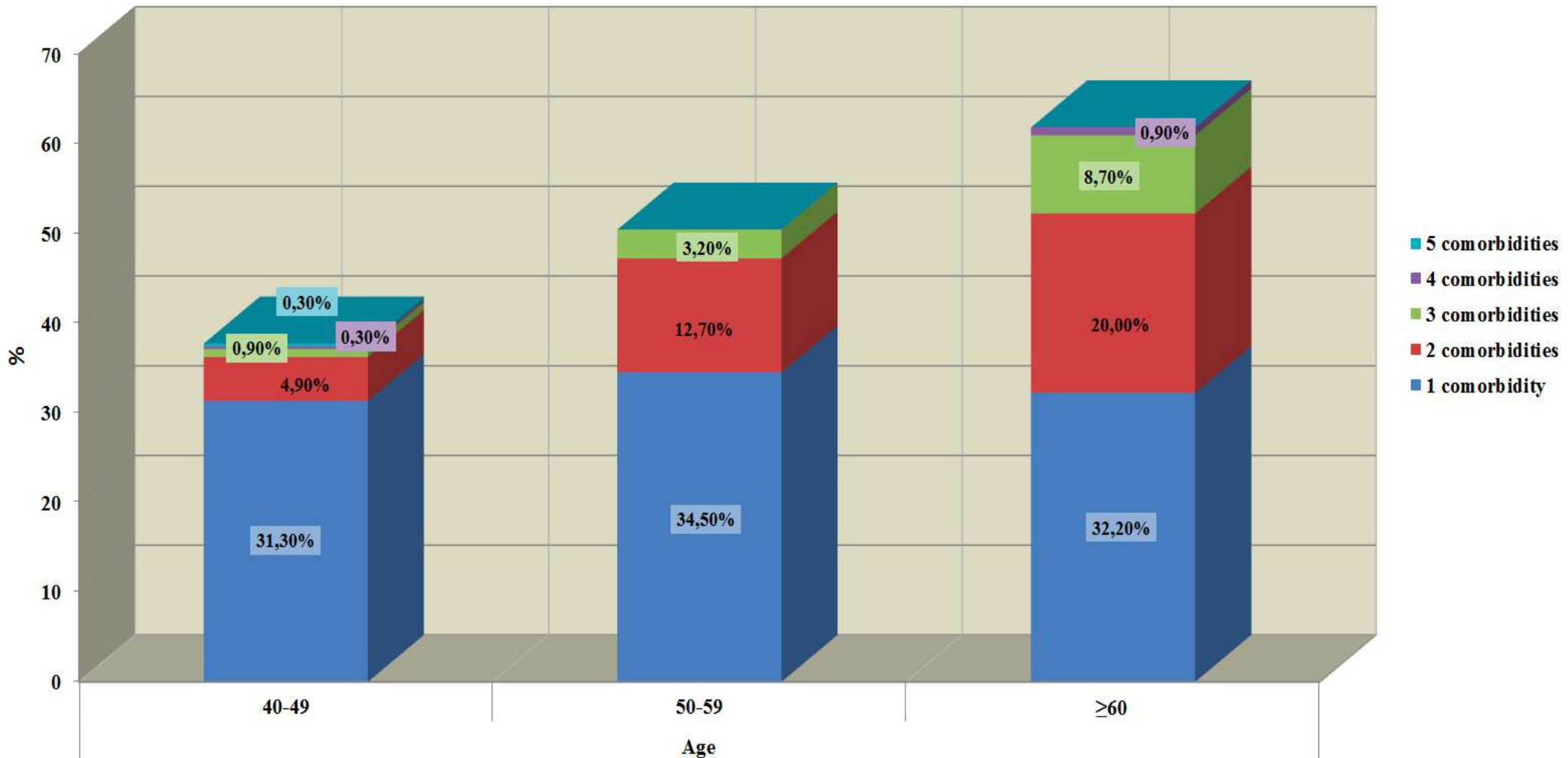
Controls



	≤40 yrs	41 to 50 yrs	51 to 60 yrs	>60 yrs	≤40 yrs	41 to 50 yrs	51 to 60 yrs	>60 yrs
N	542	1724	452	136	1626	5172	1356	408
Prevalence	3.9%	9.0%	20.0%	46.9%	0.5%	1.9%	6.6%	18.7%

No age-related diseases
 1 comorbidity
 2 comorbidities
 3 comorbidities
 4 comorbidities

İnfeksiyon dışı komorbidite prevalansı



HIVTR komorbidite pilot çalışma

- ≥ 40 yaş %
 - 4/2015 – 4/2017arası
 - 7 merkez’de izlenen
 - 662 hasta, % 83.5 E
 - % 45 aktif sigara içicisi
 - % 13.6 obez (BMI>30)
 - 7 infek. dışı komorb.
 - Multimorbidite ≥ 2
- | | |
|--------------------|------|
| •Hiperlipidemi | 22.4 |
| •Hipertansiyon | 16.5 |
| •Diabetes mellitus | 9.1 |
| •KV hastalık | 7.3 |
| •Renal fonk. boz. | 6.9 |
| •Aids dışı kanser | 2.0 |

% 13,6

Lipid bozuklukları



Prevalence of cardiovascular disease (CVD) and Comparison of risk category predictions of Systemic Coronary Risk Evaluation Score-2 (SCORE2) and four other CVD risk calculators among people living with HIV(PLWH) in Türkiye

Tukenmez Tigen, E¹; Gökengin, D²; Özkan Özdemir, H³; Akalın, H⁴; Kaya, B⁵; Deveci, A⁶; İnan, A⁷; İnan, D⁸; Altunsoy, A⁹; Özel, A.S¹⁰; Karaoğlan, İ¹¹; Eraksoy, H¹²; Demirdal, T¹³; Yıldırım, T¹⁴; Birengel, S¹⁵; İnci, A¹⁶; Nazlı, A¹⁷; Kayaaslan, B⁹; Sayın Kutlu, S¹⁸; Ataman Hatipoğlu, Ç¹⁹; Esen, Y²⁰; Koç, T²⁰; Korten, V¹; and HIV-TR Study Group

¹Marmara University Hospital, İstanbul, Türkiye; ²Ege University Hospital, İzmir, Türkiye; ³İzmir Bozyaka Education and Research Hospital, İzmir, Türkiye; ⁴Uludağ University Hospital, Bursa, Türkiye; ⁵Kartal Dr.Lütfi Kırdar Education and Research Hospital, İstanbul, Türkiye; ⁶Ondokuz Mayıs University Hospital, Samsun, Türkiye; ⁷Haydarpaşa Numune Education and Research Hospital, İstanbul, Türkiye; ⁸Akdeniz University Hospital, Antalya, Türkiye; ⁹Bilkent City Hospital, Ankara, Türkiye; ¹⁰Ümraniye Education and Research Hospital, İstanbul, Türkiye; ¹¹Gaziantep University Hospital, Gaziantep, Türkiye; ¹²Istanbul University Hospital, İstanbul, Türkiye; ¹³Katip Çelebi University Atatürk Education and Research Hospital, İzmir, Türkiye; ¹⁴Prof.Dr.Cemil Taşçıoğlu City Hospital, İstanbul, Türkiye; ¹⁵Ankara University Hospital, Ankara, Türkiye; ¹⁶Istanbul Education and Research Hospital, İstanbul, Türkiye; ¹⁷Eylül University Hospital, İzmir, Türkiye; ¹⁸Pamukkale University Hospital, Denizli, Türkiye; ¹⁹Ankara Education and Research Hospital, Ankara, Türkiye; ²⁰MSD Türkiye; and HIV-TR Study Group



- ESC--> %75.3
 - AHA--> %47.1
- lipid düşürücü ajan için uygun

KVH risk faktörleri prevalansı

- %45.7 sigara
- %34.9 HL
- %29.5 HT
- %18.3 obezite
- %17 DM
- %7.2 erken başlangıçlı KVH aile öyküsü

HIV ile yaşayan bireyler genel popülasyondan daha fazla mental sağlık sorunlarından etkilenmektedir

Depression

20-40% in PLWH versus 7% in general population¹

Anxiety

19-37% in PLWH² versus 5-11% in general population^{3a}

Post-traumatic stress disorder

15-26% in PLWH² versus ~4% in general population^{4b}

Substance abuse/dependence

7-16% in PLWH² versus 2% in general population⁵



Cognitive disorders

25-50% in PLWH versus 5-7% in general population^{6c}

Sleep disorders

11% in PLWH versus 9% in general population^{7d}

Bipolar disorders

2% in PLWH versus <1% in general population^{7d}

Mood affective disorders

1% in PLWH versus <1% in general population^{7d}

^a General population prevalence based on global systematic review (1980–2009; 87 studies; 44 countries); ^b General population prevalence based on World Health Organization World Mental Health Surveys (2001–2012; N=71,083);

^c PLWH prevalence based on Multicenter AIDS Cohort Study (2007–2012; N=364) and CHARTER study (N=1,555); ^d General population and PLWH prevalence based on US retrospective cohort study (2013–2017; N=116,156)

PLWH: people living with HIV

1. European AIDS Clinical Society Guidelines. Version 10.0 November 2019 (Apr 2021; available at https://www.eacsociety.org/files/2019_guidelines-10.0_final.pdf). 2. Nel A, et al. *AIDS Care* 2011; 23:1360–5.

3. Baxter AJ, et al. *Psychol Med* 2013; 43:897–910. 4. Koenen KC, et al. *Psychol Med* 2017; 47:2260–74. 5. Our World in Data 2019 – Drug Use (Apr 2021; available at <https://ourworldindata.org/drug-use>).

6. National HIV Curriculum. Screening for Mental Disorders (Apr 2021; available at <https://www.hiv.uw.edu/go/basic-primary-care/screening-mental-disorders/core-concept/all>).

7. Cohen J, et al. HIV DART and Emerging Viruses 2018 (Apr 2021; available at http://regist2.virology-education.com/presentations/2018/HIVDART2018/28_Cohen.pdf)

Prevalence of HIV-associated neurocognitive disorder (HAND) in Turkey and assessment of Addenbrooke's Cognitive Examination Revised (ACE-R) test as a screening tool

V Korten ¹ U Ay ^{2,3} E Hariri ^{2,3} E Tigen Tükenmez ¹ S Gencer ⁴ S Akça Kalem ⁵ A Demirtaş Tatlıdede ^{5,6} and İH Gürvit ⁵

- 162 hasta (94% E)
- median yaş: 43.5
- median eğitim: 13 y
- median nadir CD4: 295
- güncel CD4: 624 h/mL
- HIV-RNA <200 kopya/mL 97.5%
- median ART 3 yıl (IQR 1.5-6.6).

Frascati: 45.7%

ANI= 37.7%

MND= 7.4%

HAD= 0.6%

GDS: 31.5%

ANI= 25.9%

MND= 4.9%

HAD= 0.6%

	ACE-R (≤ 89)	3Q's
Duyarlık	70.3	10.8
Özgüllük	64.8	88.6
Doğru	67.3	53
sınıflama oranı		

ART 2022: 10 tek tablet + 1 injektabl ART



Atripla



Biktarvy



Delstrigo



Dovato



Eviplera



CAB-LA +
RPV-LA
injections



Juluca



Odefsey



Stribild



Symtuza

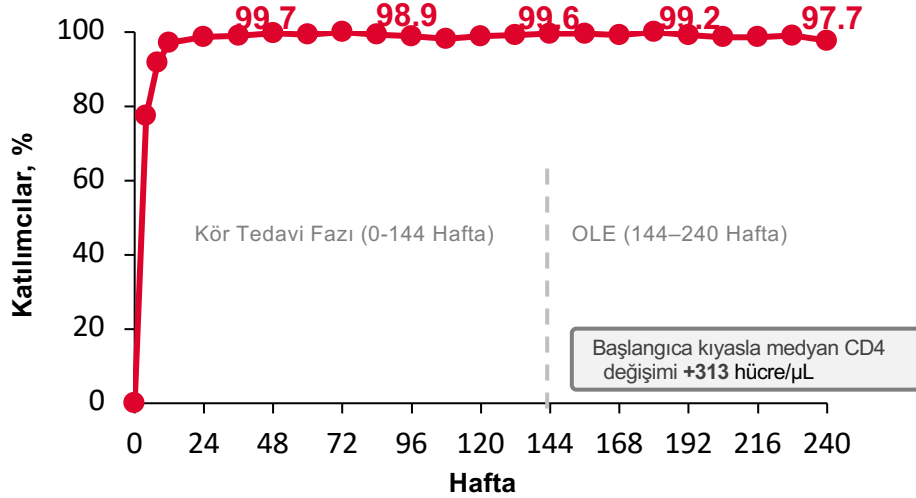


Triumeq

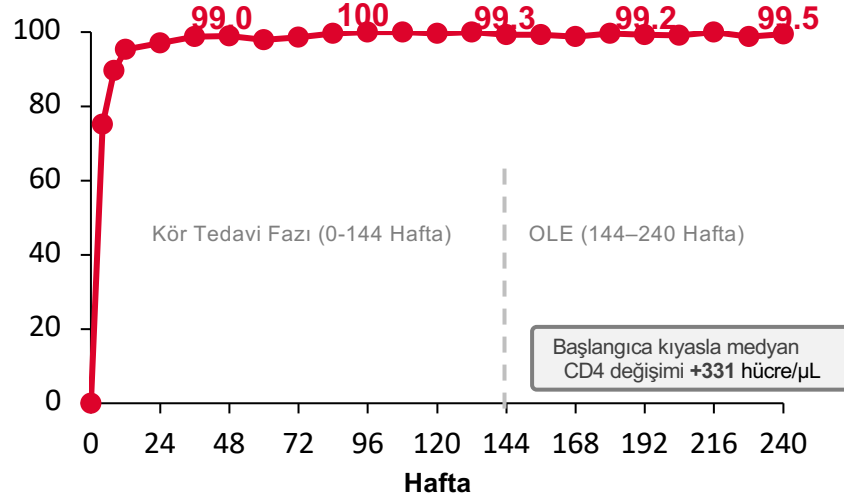
5 yılda B/F/TAF

240. haftada virolojik sonuçlar (HIV-1 RNA <50k/mL)

Çalışma 1489



Çalışma 1490

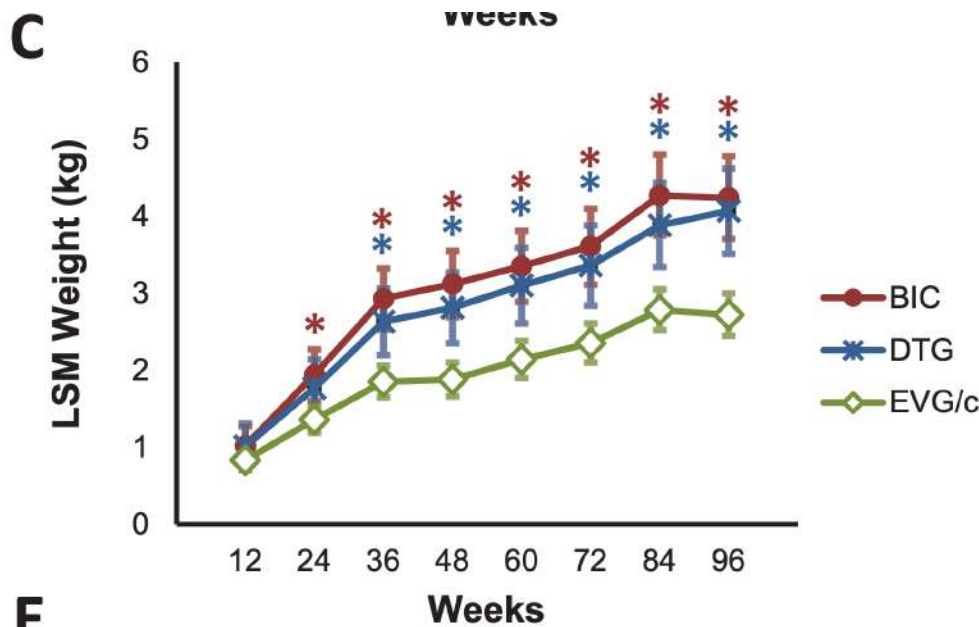
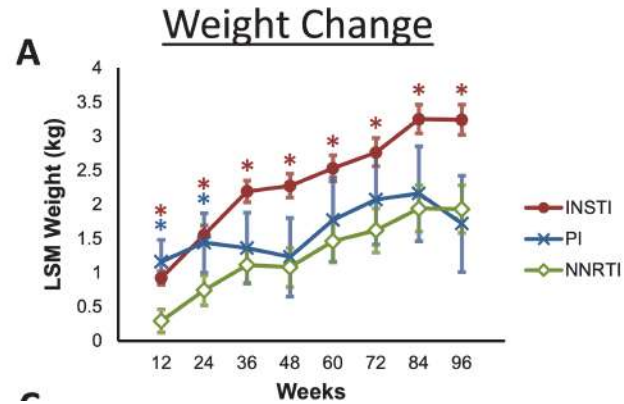


B/F/TAF ile yüksek virolojik baskılama oranları 240 hafta boyunca korunmuştur

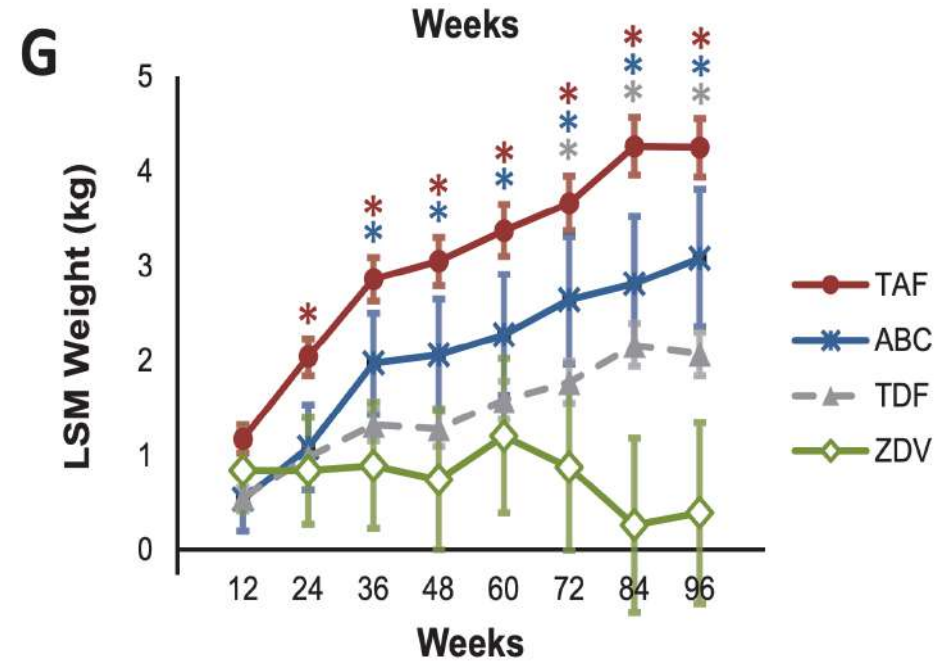
M = E, eksik veri eşittir dışlanan veri;

Wohl D, et al. CROI 2022, Poster 494

Kilo değişimi



DTG = BIC > EVG/c



TAF > ABC > TDF

EK , 31Y, E

15/10/2015'de JTK nöbet ile acile başvurusunda sol frontotemporal bölgede kitle + ödem

Anti HIV+ → CD4 %5, 170 hücre , HIV RNA: 829334

Empirik toxo tedavisine yanıt yok.

20/10/2015 TDF/FTC + DTG başlanmış.

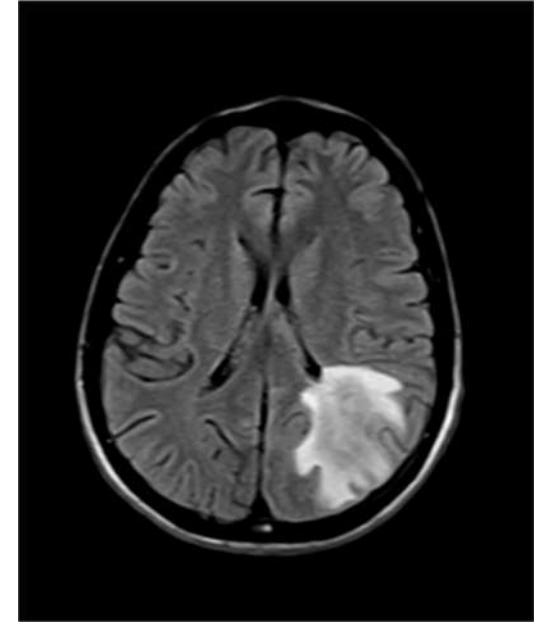
Açık biyopsi. Patoloji: High grade B cell lenfoma → 6 kür DEVIC

21/5/2016 Otolog-KHT → 15/6/2016
CD4 %20, 220 hücre, HIV RNA: 139

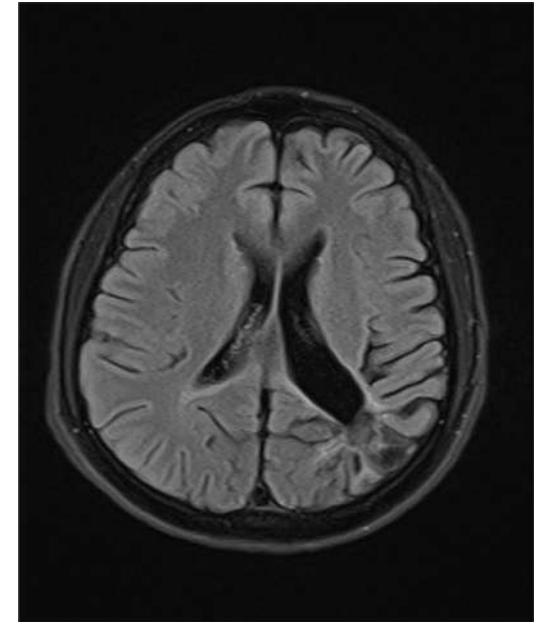
14/7/2016 HIV RNA < 20

28/9/2022 Triumeq'e geçilmiş, hala devam ediyor. CD4 %34, 884 hücre

2015

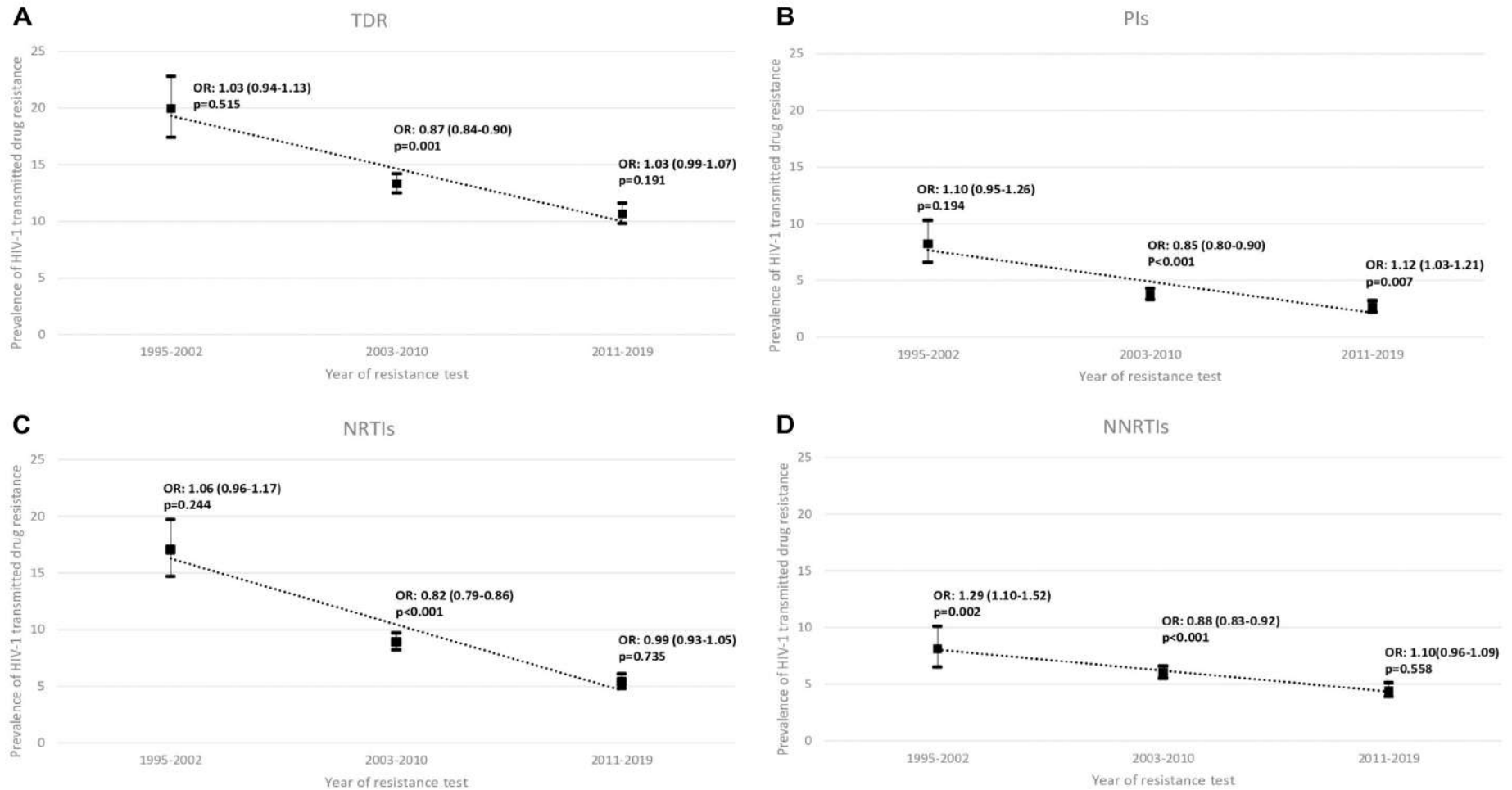


2019



Dirençli hasta izlemi

Aktarılan ilaç direnci – Avrupa



2013 yılında tanı alan (8 yaş)
HIV RNA:4.378.407 kopya,
CD4 %1

15 y, Mart 2021 HIV RNA: 489.625
CD4: 181 hücre , CCR5 % 0
HLA B57: negatif

NRTI Resistance Mutations: **M41L, D67N, K70R, L74I, M184V, T215F, K219Q**
NNRTI Resistance Mutations: **K103N, L234I**
Other Mutations: V90I

Nucleoside Reverse Transcriptase Inhibitors		Non-nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	High-Level Resistance	doravirine (DOR)	Intermediate Resistance
zidovudine (AZT)	High-Level Resistance	efavirenz (EFV)	High-Level Resistance
emtricitabine (FTC)	High-Level Resistance	etravirine (ETR)	Susceptible
lamivudine (3TC)	High-Level Resistance	nevirapine (NVP)	High-Level Resistance
tenofovir (TDF)	High-Level Resistance	rilpivirine (RPV)	Susceptible

PI Major Resistance Mutations: **M46I, I47A**
PI Accessory Resistance Mutations: **F53L, Q58E**
Other Mutations: L10V, V11I, I13V, K20I, M36I, L89M

IN Major Resistance Mutations: **G140A, Q148R**
IN Accessory Resistance Mutations: None
Other Mutations: L74I

Protease Inhibitors

atazanavir/r (ATV/r) Low-Level Resistance
darunavir/r (DRV/r) Potential Low-Level Resistance
lopinavir/r (LPV/r) High-Level Resistance

Integrase Strand Transfer Inhibitors

bictegravir (BIC) High-Level Resistance
cabotegravir (CAB) High-Level Resistance
dolutegravir (DTG) High-Level Resistance
elvitegravir (EVG) High-Level Resistance
raltegravir (RAL) High-Level Resistance

Yüksek doz DRV/r + Etravirine ile suprese

Onur yürüyüşü

2007-2014



6 Kasım 2022

**KTÜ Rektörü ve AKP milletvekili
LGBTİ+ karşıtı nefret yürüyüşüne
katıldı**



ACT UP is established

March 12, 1987

Playwright and AIDS activist Larry Kramer establishes the AIDS Coalition to Unleash Power (ACT UP), which will become one of the most effective health activist groups in history.

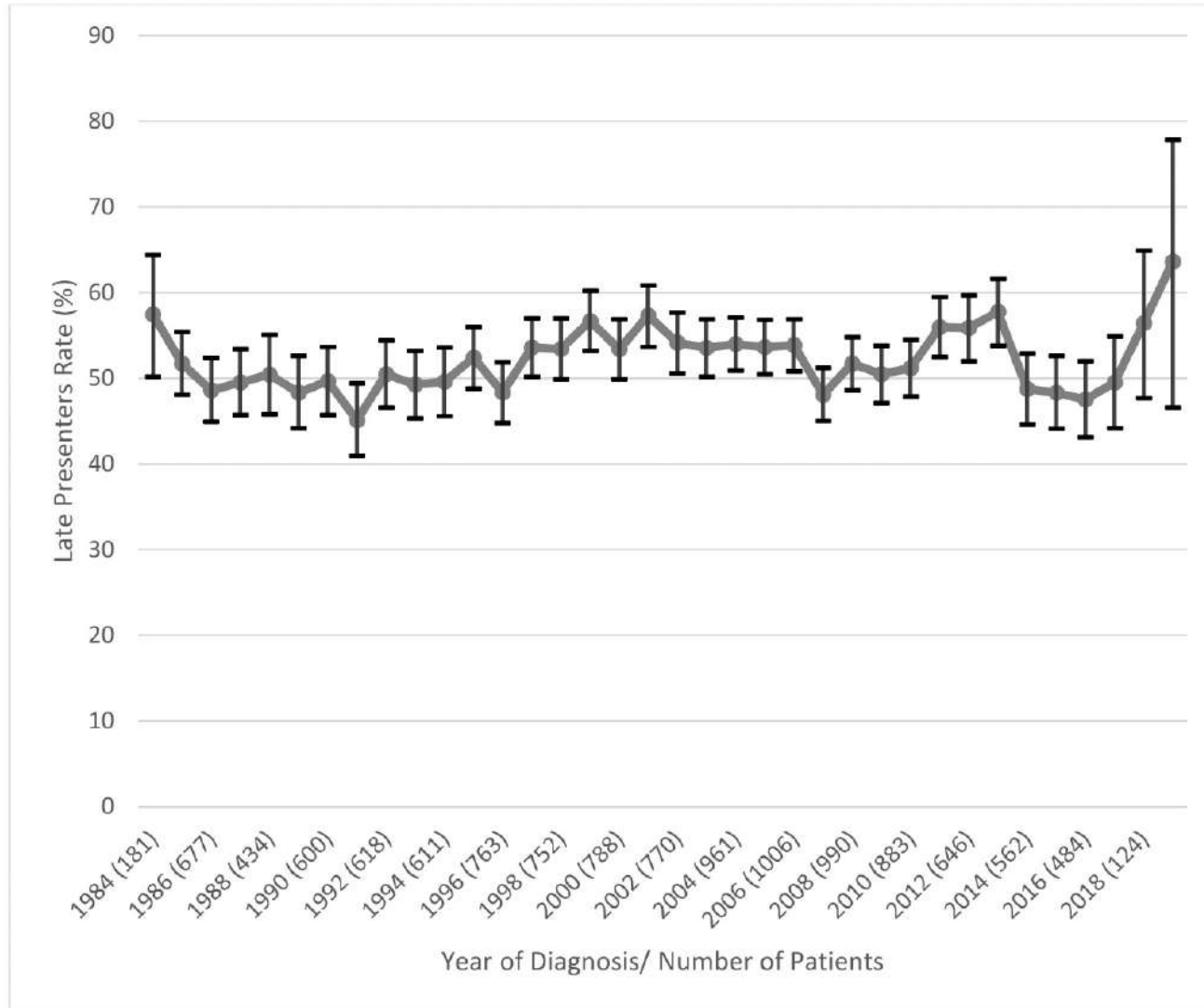


HIV AIDS STK Platformu

AIDS Savaşım Derneği • Cinsel Yolla Bulaşan Hastalıklarla Savaşım Derneği • Cinsel Yolla Bulaşan Hastalıkları Önleme Derneği • İnsan Kaynağını Geliştirme Vakfı • Kaos Gey ve Lezbiyen Kültürel Araştırmalar ve Dayanışma Derneği • Klinik Mikrobiyoloji ve İnfeksiyon Hastalıkları Derneği • Pembe Hayat LGBTT Dayanışma Derneği • Pozitifler Derneği • Pozitif Yaşam Derneği • Türkiye Aile Sağlığı ve Planlaması Vakfı • Yeniden Sağlık ve Eğitim Derneği



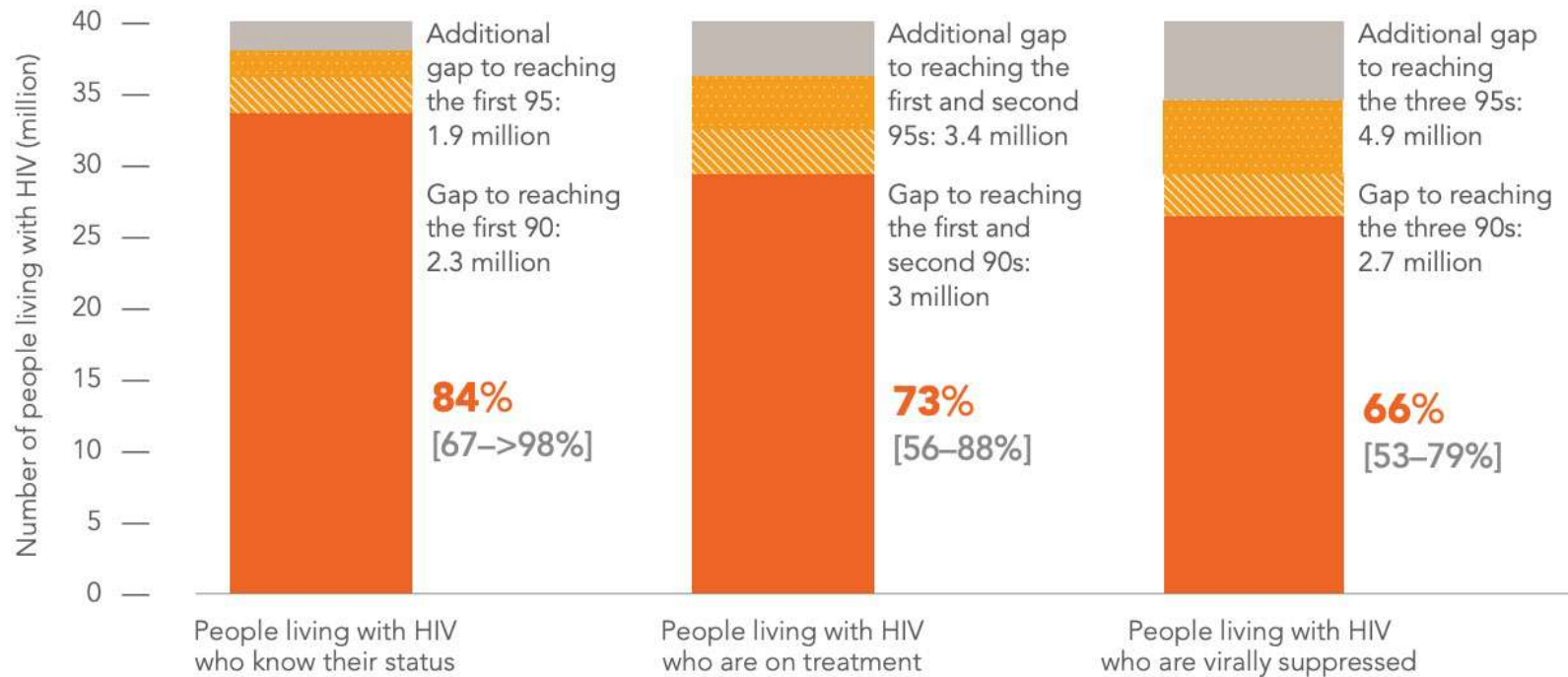
Avrupa – Geç başvuru



*Miranda MNS,
Pathogens
2021,10, 835*

HIV tedavi kaskadı

HIV TESTING AND TREATMENT CASCADE, GLOBAL, 2020



Source: UNAIDS special analysis, 2021.

PrEP

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index **A** B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Morbidity and Mortality Weekly Report (MMWR)

MMWR **2011**

Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: mmwrq@cdc.gov. Type 508 Accommodation and the title of the report in the subject line of e-mail.

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

Please note: An update has been published for this report. To view the update, please click [here](#).

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

FDA approves Truvada® for PrEP

July 16, 2012

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

NCHHSTP Newsroom

NCHHSTP Home

- NCHHSTP Newsroom
- Newsroom Releases +
- Media Resources by Topic +
- Fact Sheets
- Multimedia Resources +
- NCHHSTP Experts

HIV PrEP Guidelines

Print

2014

Press Release

The content included below is available for historical purposes. CDC is no longer updating this content. Please refer to the most updated [CDC PrEP guidance](#).

For immediate release: Wednesday, May 14, 2014
Contact: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
(404) 639-8895 | NCHHSTPMediaTeam@cdc.gov

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Email Address

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[What's this?](#)

New guidelines recommend daily HIV prevention pill for those at substantial risk

Resources

- [Video & Audio](#)
- [Guidelines \(The 2014 PrEP guidelines are no longer](#)

Treatment as Prevention (TasP)

2011 HPTN 052

Tedavi bulaşı % 96
azaltıyor (ara analiz)

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

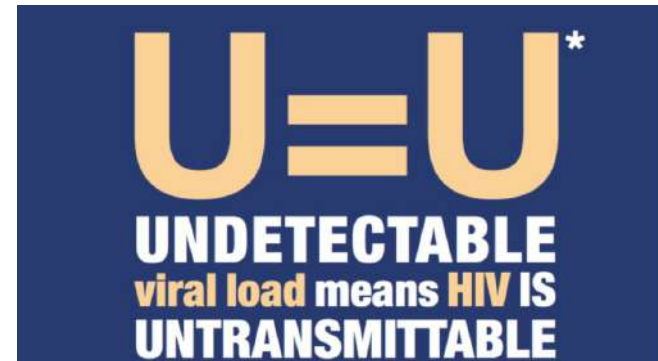
Antiretroviral Therapy for the Prevention of HIV-1 Transmission

M.S. Cohen, Y.Q. Chen, M. McCauley, T. Gamble, M.C. Hosseinipour, N. Kumarasamy, J.G. Hakim, J. Kumwenda, B. Grinsztejn, J.H.S. Pilotto, S.V. Godbole, S. Chariyalertsak, B.R. Santos, K.H. Mayer, I.F. Hoffman, S.H. Eshleman, E. Piwowar-Manning, L. Cottle, X.C. Zhang, J. Makhema, L.A. Mills, R. Panchia, S. Faesen, J. Eron, J. Gallant, D. Havlir, S. Swindells, V. Elharrar, D. Burns, T.E. Taha, K. Nielsen-Saines, D.D. Celentano, M. Essex, S.E. Hudelson, A.D. Redd, and T.R. Fleming, for the HPTN 052 Study Team*

N Engl J Med 2016;375:830-9

2017 CDC duyurusu

Belirlenemeyen viral
yükü olan kişiler, cinsel
partnerlerine virüsü
bulaştırmaz



B=B

Türkiye HIV/AIDS Platformu



HIV/AIDS
Korunma
ve Eğitim
Derneği



HIV/AIDS
TANI İZLEM VE TEDAVİ
EL KİTABI

HIV/AIDS KONGRESİ 2017

16-19 KASIM 2017
Xanadu Resort Hotel, Antalya

BİLİMSEL PROGRAMIMIZ YAYINLANMIŞTIR!
İncelemek için tıklayınız



SÜRÜM 1.0



EDİTÖRLER

DENİZ GÖKENGİN . BEHİCE KURTARAN . VOLKAN KORTEN .
FEHMİ TABAK . SERHAT ÜNAL

Temas Öncesi Profilaksi Kılavuzu

Haziran 2022

Kür'e doğru - 2009



- Timothy Ray Brown – Berlin hastası
- CCR5 - (delta32/delta32) delesyonlu
- Allo HSCT

Önümüzdeki yıllarda korunma ve tedavinin yönlendiđi yer

- Uzun etkili antiretroviraller
- Geniş nötralizan antikolar

NEWS RELEASES

Thursday, July 8, 2010

NIH-Led Scientists Find Antibodies that Prevent Most HIV Strains from Infecting Human Cells

Discovery to Advance HIV Vaccine Design, Antibody Therapy for Other Diseases.



Scientists have discovered two potent human antibodies that can stop more than 90 percent of known global HIV strains from infecting human cells in the laboratory, and have demonstrated how one of these disease-fighting proteins accomplishes this feat. According to the scientists, these antibodies could be used to design improved HIV vaccines, or could be further developed to prevent or treat HIV infection. Moreover, the method used to find these antibodies could be applied to isolate therapeutic antibodies for other infectious diseases as well.

“The discovery of these exceptionally broadly neutralizing antibodies to HIV and the structural analysis that explains how they work are exciting advances that will accelerate our efforts to find a preventive HIV vaccine for global use,” says Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health. “In addition, the technique the teams used to find the new antibodies represents a novel strategy that could be applied to vaccine design for many other infectious diseases.”

Led by a team from the NIAID Vaccine Research Center (VRC), the scientists

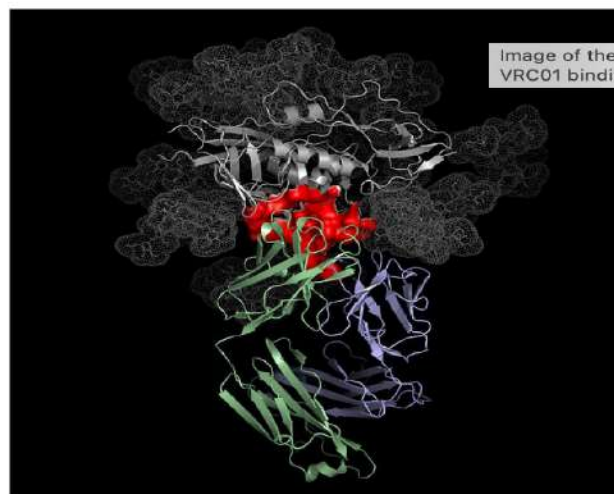


Image of the Atomic structure of the antibody VRC01 binding to HIV

Atomic structure of the antibody VRC01 (blue and green) binding to HIV (grey and red). The precise site of VRC01-HIV binding (red) is a subset of the area of viral attachment to the primary immune cells HIV infects. *NIAID VRC*

Institute/Center

National Institute of Allergy and Infectious Diseases (NIAID)

Contact

[Laura Sivitz](#)
301-402-1663

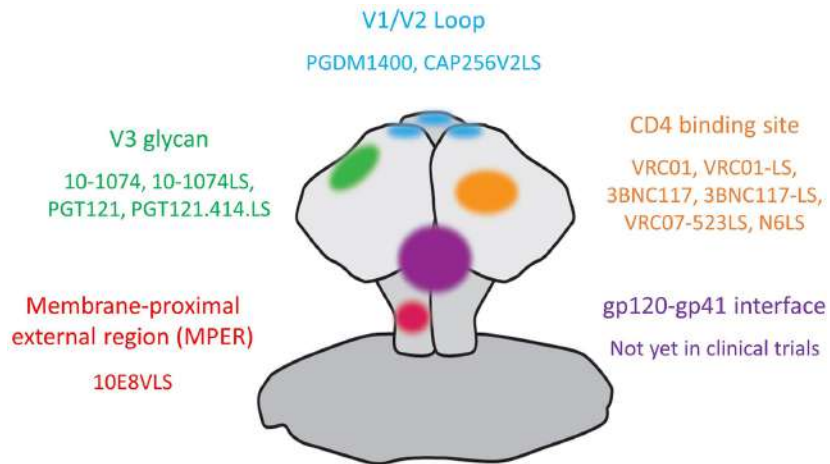
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VRC01
VRC02

Anti-HIV-1 bNAbs Targeting Different Epitopes in Clinical Trials

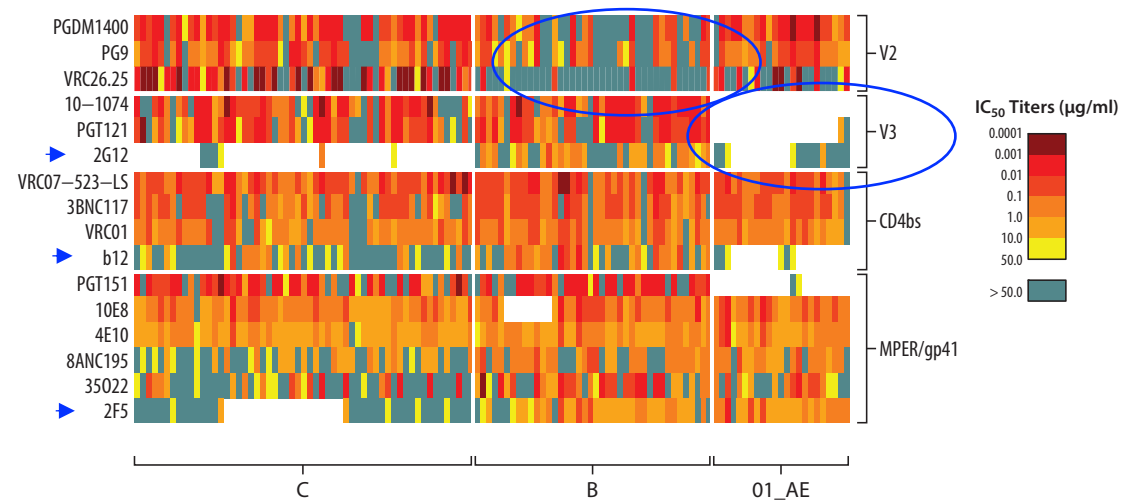
Neutralization Targets



Hsu et al, Front Immunol 2021

- ❖ Bi-specific & tri-specific
- ❖ AAV-delivery

bNAbs with Greater Breadth and Potency



Karuna et al, Ann Rev Med 2020


Combination anti-HIV antibodies provide sustained virological suppression

<https://doi.org/10.1038/s41586-022-04797-9>

Received: 25 October 2021

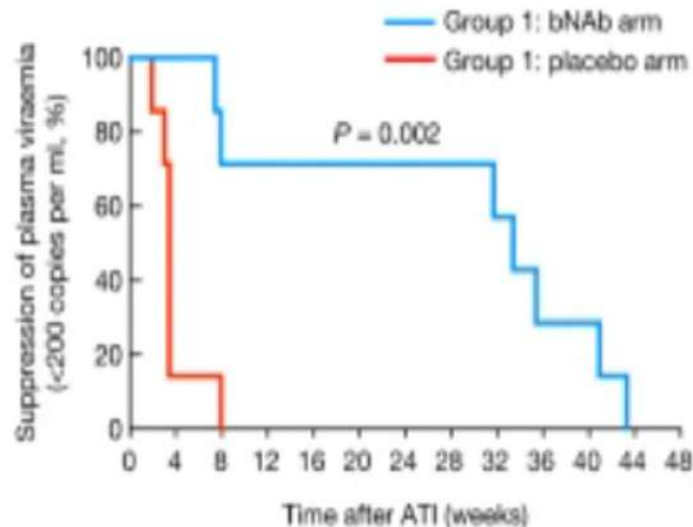
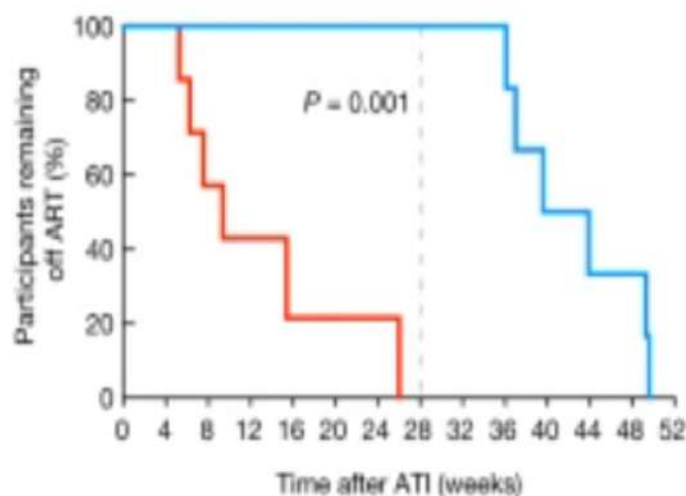
Accepted: 25 April 2022

Published online: 1 June 2022

 Check for updates

Michael C. Sneller^{1,10}, Jana Blazkova^{1,10}, J. Shawn Justement¹, Victoria Shi¹, Brooke D. Kennedy¹, Kathleen Gittens², Jekaterina Tolstenko¹, Genevieve McCormack¹, Emily J. Whitehead¹, Rachel F. Schneck¹, Michael A. Proschan³, Erika Benko⁴, Colin Kovacs⁴, Cihan Oguz^{5,6}, Michael S. Seaman⁷, Marina Caskey⁸, Michel C. Nussenzweig^{8,9}, Anthony S. Fauci¹, Susan Moir^{1,10} & Tae-Wook Chun^{1,10}✉

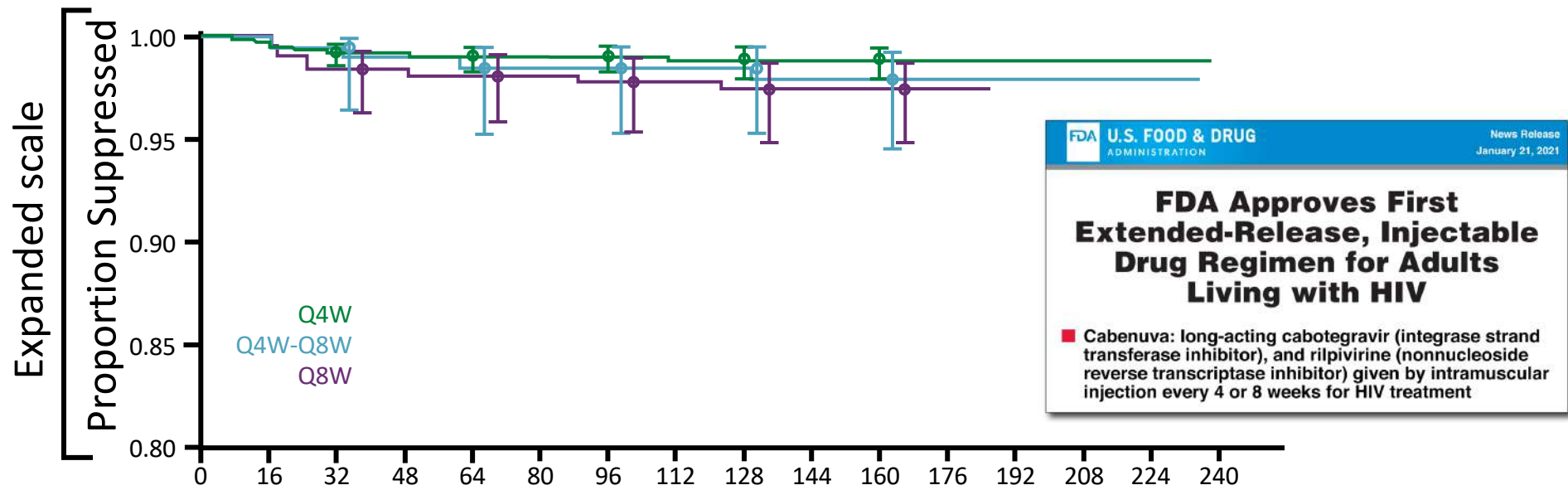
c



HIV Geniş nötralizan antikolar (BNAbs)

- >17 bNAbs insanlarda emniyet ve PK yönden değerlendirilmiş
- Antiretroviral ve aşı benzeri konak immunitasını arttırıcı etki gösteriyorlar
 - Daha etkili ve geniş spektrumlu
 - Daha uzun yarı ömürlü → 2-6 ayda bir verilebilen
 - Subkutan kullanım
- Kombinasyon stratejileri: Faz 1 ve 2 çalışmaları
 - 2, 3, ve 4 BnAb kombinasyonu
 - BNAbs + uzun etkili ARV
 - ACTG 5357: VRC07-523LS + cabotegravir-LA (NCT03739996)
 - 3BNC117 + albuvirtide (NCT03719664)

ATLAS, ATLAS-2M + FLAIR Pooled Analysis: Virologic Suppression by Regimen



Participants at each week	Q4W	Q4W-Q8W	Q8W	0	16	32	48	64	80	96	112	128	144	160	176	192	208	224	240	
Q4W	1128	1077	1029	849	781	759	745	717	694	523	408	166	115	113	62	0				
Q4W-Q8W	195	195	194	193	190	189	188	183	182	181	180	146	116	112	53	0				
Q8W	327	318	307	306	301	299	295	287	285	282	226	16	0	0	0	0				



The
New England
Journal of Medicine

Established in 1812 as THE NEW ENGLAND JOURNAL OF MEDICINE AND SURGERY

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THE LANCET

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Volume 399, Issue 10337

May 7, 2022

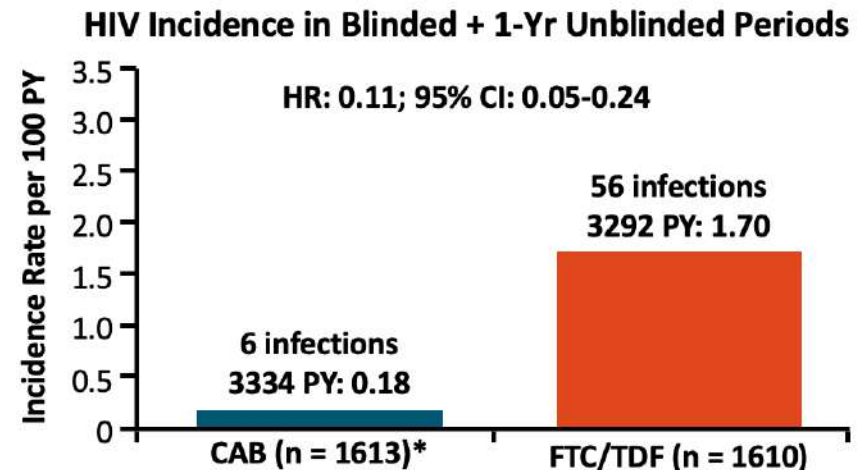
Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women (HPTN 083)

R Landovitz, B Grinsztejn, et al.

Cabotegravir for the Prevention of HIV-1 in Women: Results from HPTN 084

S Delany-Moretlwe,
MC Hosseinipour, et al.

Uzun etkili cabotegravir enjeksiyonları HIV enfeksiyonunu önlemede günlük oral TDF/FTC'den daha etkili



Lenacapavir yılda 2 enjeksiyon PrEP Faz 3 çalışmaları

PrEP Studies Overview

About PURPOSE 1

- Phase 3 study of an investigational drug, lenacapavir, for PrEP and emtricitabine/tenofovir alafenamide (F/TAF) for **PrEP in Adolescent Girls and Young Women**
- This study will be conducted in South Africa and Uganda

About PURPOSE 2

- Phase 3 study of an investigational drug, lenacapavir, **for PrEP for Cisgender Men, Transgender Women, Transgender Men, and Gender Non-Binary individuals Who Have Sex With Partners Assigned Male at Birth**
- This study will be conducted in the United States, South Africa, Peru, and Brazil

- AIDS'i sona erdirmek
- Kür

