

20th International AIDS Conferer

Ein deutscher Blick

Heiko Jessen

Praxis Jessen²+Kollegen

BERLIN

20th International AIDS Conference



HEIKO JESSEN • 27.08.2014 KÖLN • Ein deutscher Blick auf die AIDS2014

Malaysian Airlines MH17



Malaysian Airlines MH17

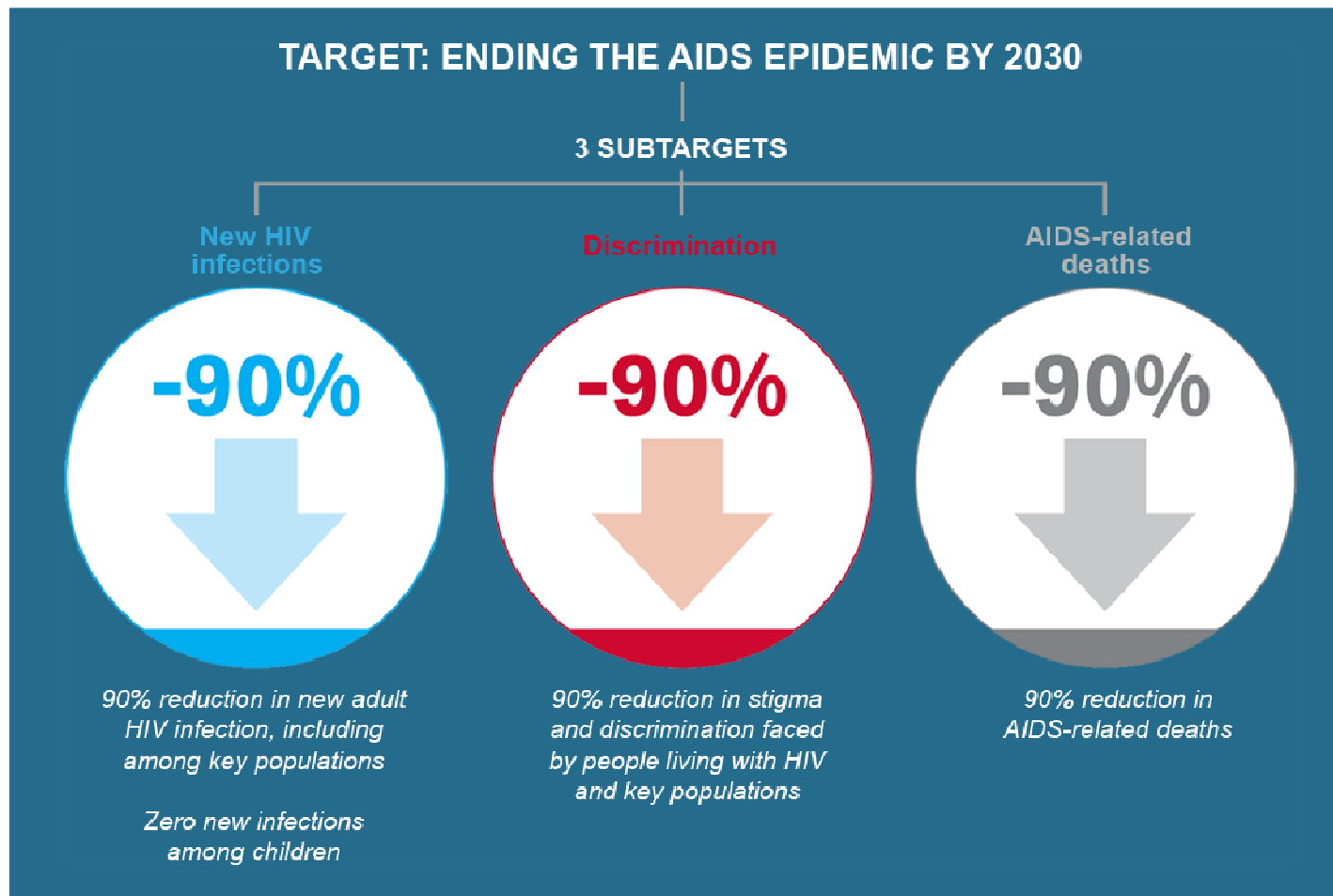


Positively Fabulous



UNAIDS: NEUE ZIELSETZUNG

HIV-Epidemie bis 2030 beenden: 90-90-90
Regel



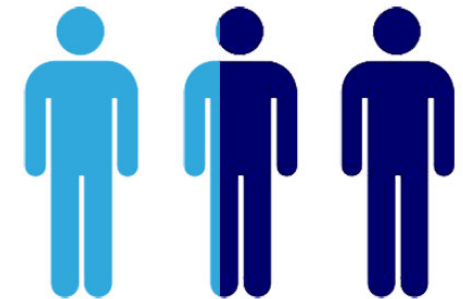
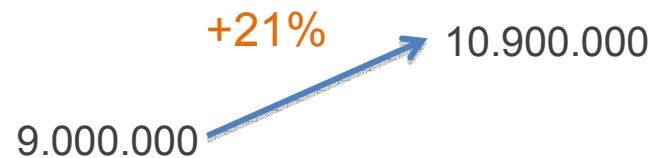
UNAIDS 2014

UNAIDS: NEUE ZIELSETZUNG

Was ist seit den neuen WHO-Leitlinien 2013 passiert?

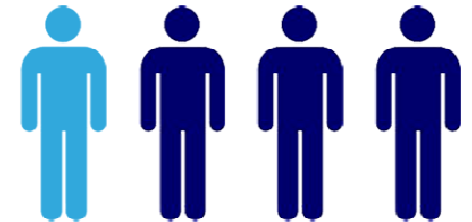
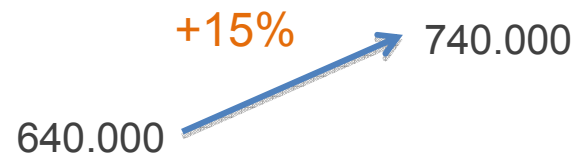
HIV-Infizierte unter Therapie:

ERWACHSENE



> 1 von 3 Erwachsenen bekommt ART (37%)

KINDER



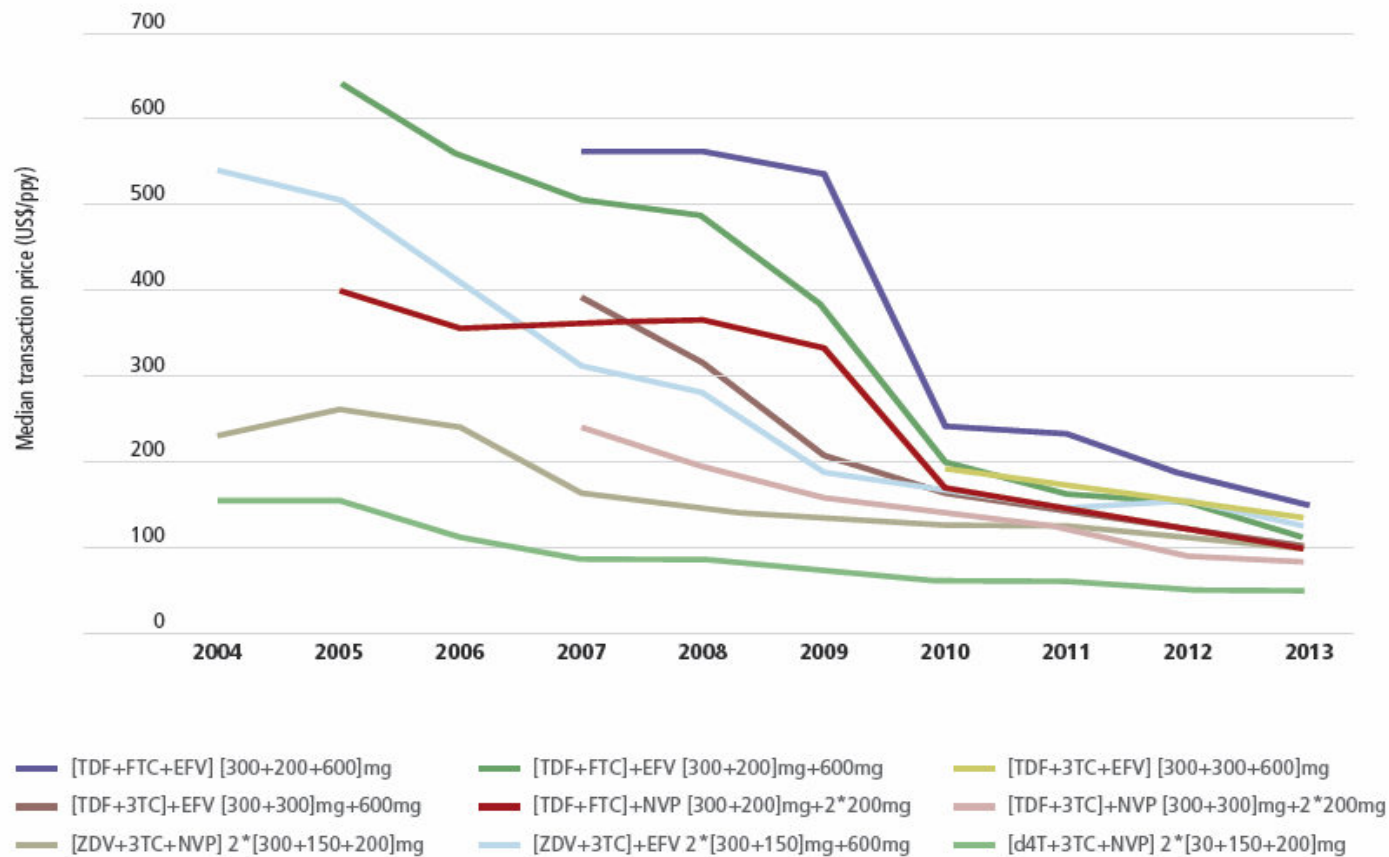
1 von 4 Kindern bekommt ART (23%)

2014 Global AIDS Response Progress Monitoring (WHO/UNICEF/UNAIDS) and UNAIDS/WHO/UNICEF estimates0

UNAIDS: NEUE ZIELSETZUNG

Erfreulich: ART wird günstiger

Medianer Preis des von der WHO empfohlenen first line Regimes pro Person pro Jahr in US \$ für Länder mit niedrigem bis mittlerem Einkommen, 2004-2013

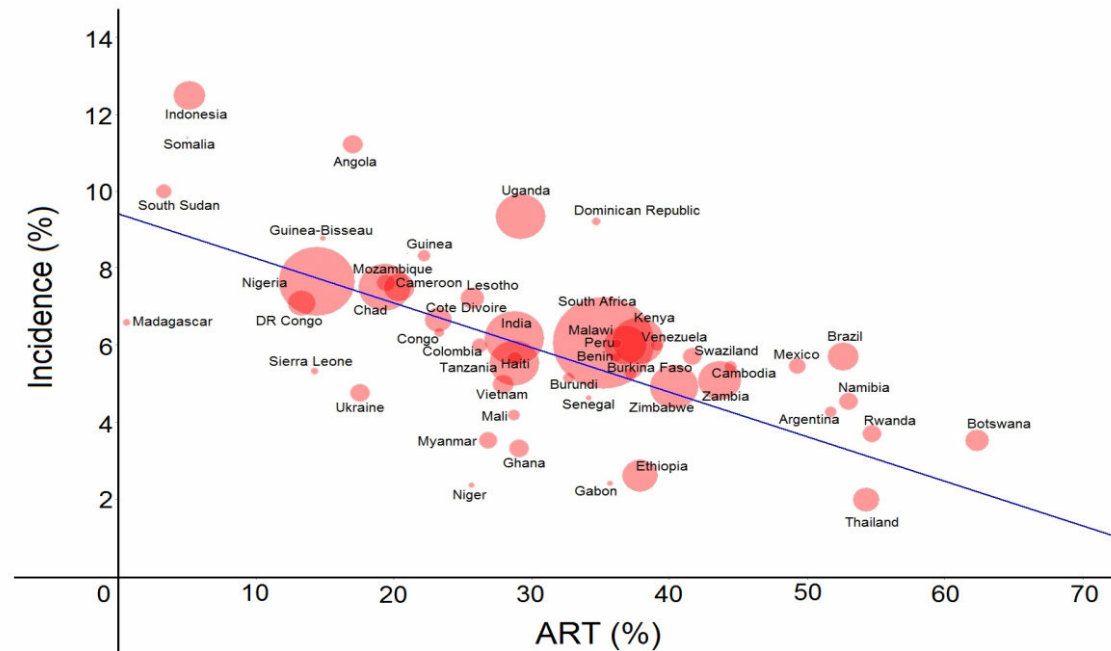


WHO

Treatment as Prevention

Die ersten Erfolge

Weniger Todesfälle und weniger HIV-Neuinfektionen
in Ländern mit hohem ART-Versorgungsgrad



- 51 Länder mit niedrigem und mittlerem Einkommen
- ART-Versorgungsgrad: 0.6% (Madagaskar) bis 62% (Botswana)
- Bei universalem Erreichen eines Versorgungsgrades 62%:
Vermeidung von 1.2 Mio Neuinfektionen und 1.4 Mio Todesfällen

Hill A et al, AIDS 2014, #LBPE29

PEPDar

DRV/r als PEP ist besser verträglich als LPV/r

Prospektiv, offen, randomisiert DRVr + 2 NRTI versus SOC*
22 Zentren in Deutschland, 305 Patienten, 82 % Männer
Lebensqualität: Sheehan Disability Scale

Impairment in ...		DRV/r-PEP (n=150)	SOC-PEP (n=138)	p-value (Wilcoxon)
work/school/studies	Mean (SD)	1.95 [2.54]	3.06 [2.79]	<0.0001
social life	Mean (SD)	1.99 [2.34]	3.01 [2.70]	<0.0005
familiy life	Mean (SD)	1.64 [2.13]	2.32 [2.54]	<0.0163

* range from 0 (no impairment) to 10 (highly impaired)

79% PEP Indikation außerhalb eines beruflichen Risikos
DRV/r: Weniger Fehltage und Produktivitätsverminderung

SOC: Standard of Care 100% LPV/r

Jessen H, AIDS 2014, #TUPE 086

RESPONSES TO PrEP

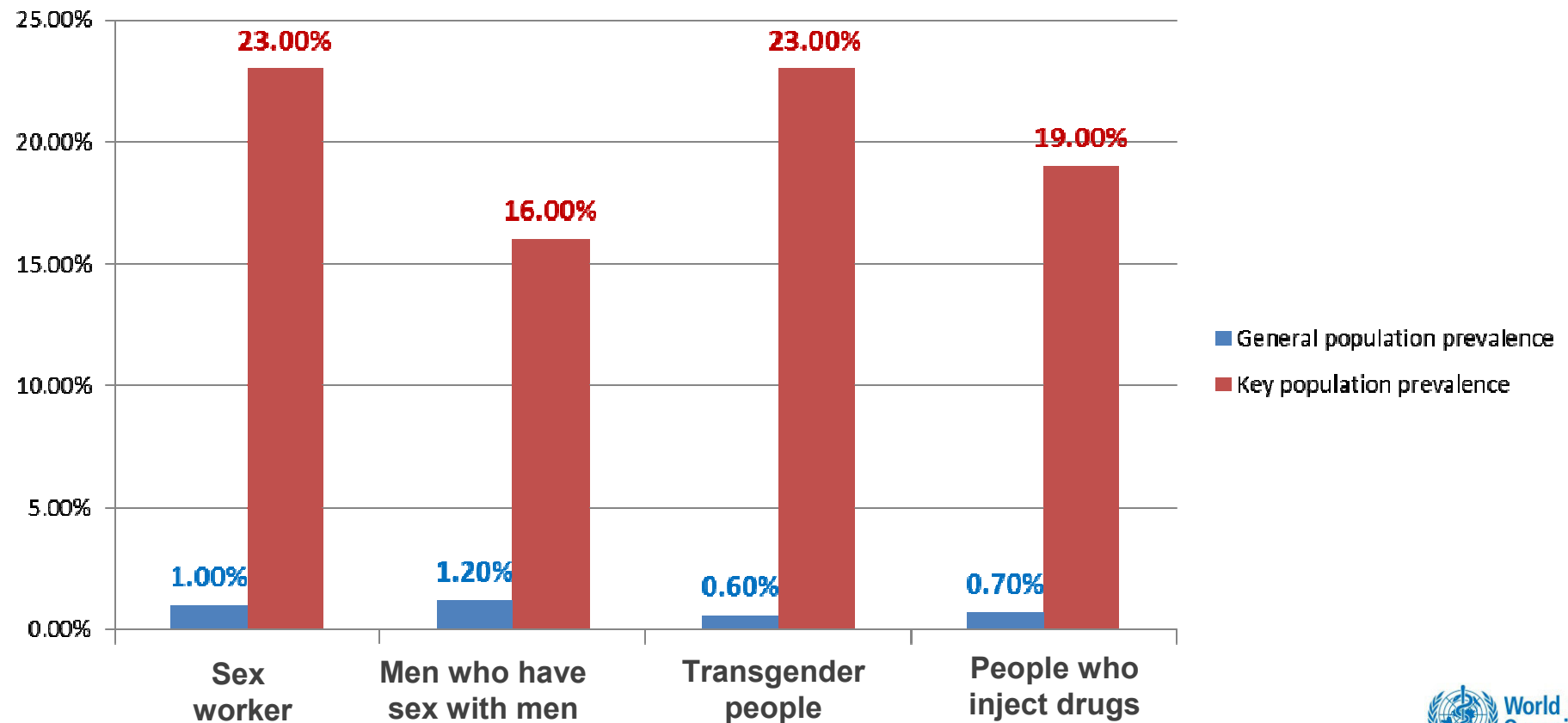


- „An excuse to continue to be irresponsible“
David Duran, Truvada Whores, Nov 2012
- The preventive use of Truvada will encourage „sexual irresponsibility“
Richard Weinmeyer, American Medical Association's, Feb 2014
- „Let's be honest, it's a party drug.“
Michael Weinstein, AIDS Healthcare Foundation of LA, Apr 2014

„KEY POPULATIONS“

Immer noch Herausforderung

Durchschnittliche HIV-Prävalenz in „Key Populations“:
Vergleich zur Allgemeinbevölkerung



Source: Unpublished literature review based on 88 country studies, 2007-20

NEUE WHO LEITLINIEN zur PrEP

EMPFOHLEN

Für MSM

BEDINGT
EMPFOHLEN

Für serodiskordante Paare
- FTC/TDF oder TDF empfohlen

BEDINGT
EMPFOHLEN

Für Transgender Frauen
- nur FTC/TDF empfohlen

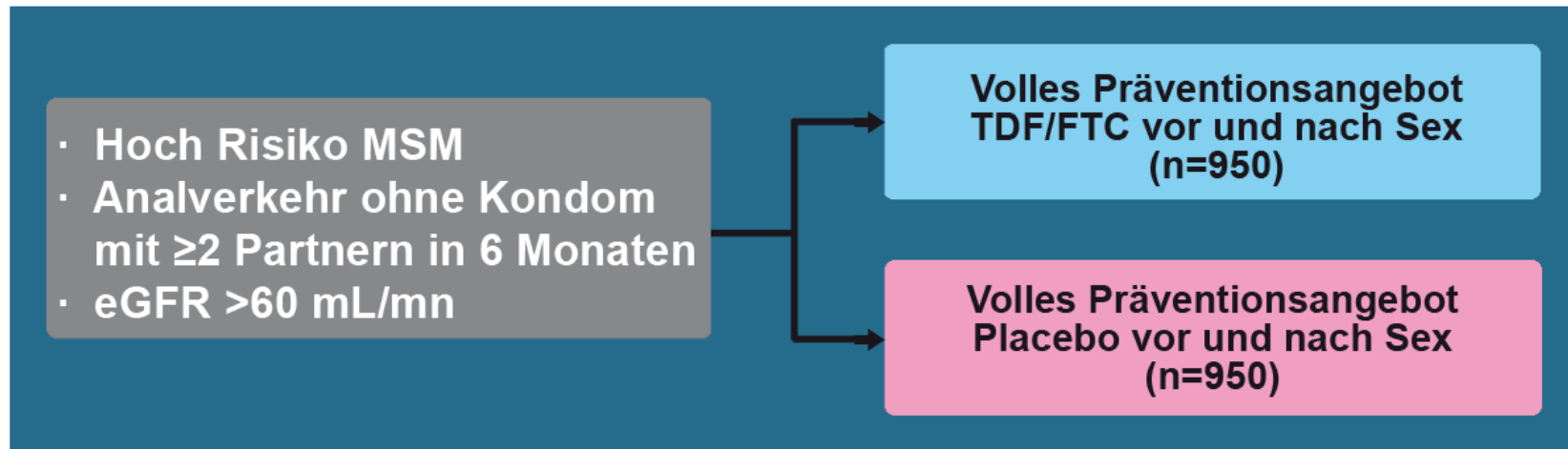
KEINE EMPFOHLUNG

Für IVDU, außer sie sind in einer serodiskordanten Partnerschaft

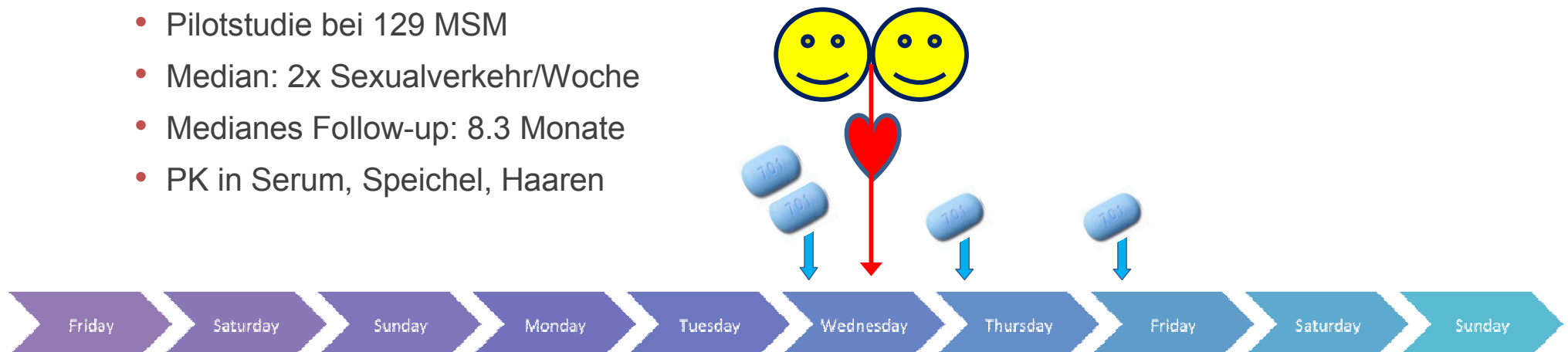
WHO. Consolidated Guidelines on HIV prevention. Switzerland. July 2014.

Ipergay

PrEP bei Bedarf



- Pilotstudie bei 129 MSM
- Median: 2x Sexualverkehr/Woche
- Medianes Follow-up: 8.3 Monate
- PK in Serum, Speichel, Haaren



Fonsart J, AIDS 2014, #TUAC 0103

Ipergay

PrEP bei Bedarf

PREP Verbrauch bei letztem Sexualverkehr (n=543)

PrEP Verbrauch	% (min-max)
Optimale Adhärenz	53% (44-66%)
Suboptimale Adhärenz	28% (15-38%)
Keine PrEP	19% (15-23%)

Durchschnittlicher Verbrauch von TVD: 15 Tabl. pro Monat¹

TDF/FTC Nachweis bei 80-100% der Probanden

Spiegel im Plasma waren ausreichend hoch (FTC auch Speichel)²

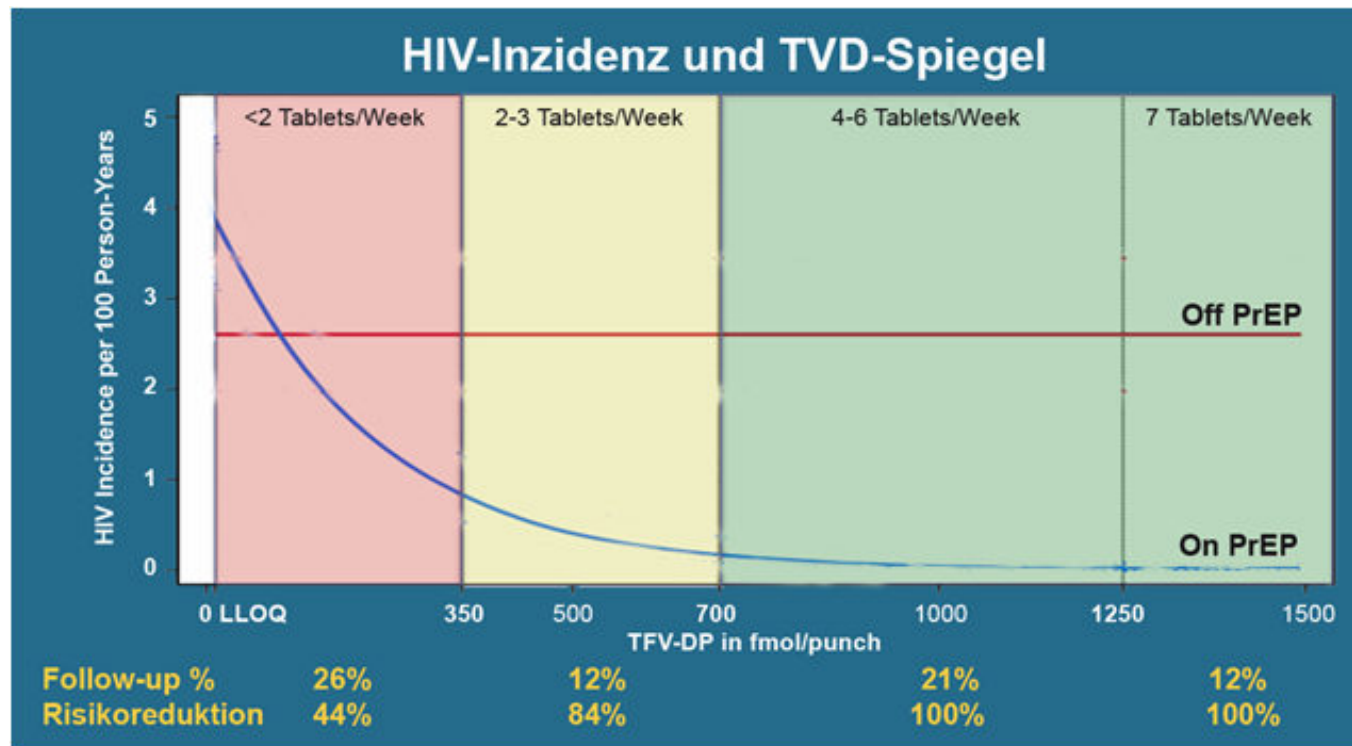
¹Fonsart J, AIDS 2014, #TUAC 010

²Fonsart J, AIDS 2014, #LBPE 28

iPrEx OLE

PrEP wird angenommen

Folgestudie von iPrEx: 1225 (76%) nehmen teil
Besonderes Interesse bei Hoch-Risiko MSM und
Transgender



- Höchste Adhärenz bei Personen mit hohem Risiko
- Rate der Neuinfektionen in Risikogruppe halbiert

Grant RM, AIDS 2014, #TUAC0105LB

sex practices before & after taking prep

- Prior to taking PrEP, condom use ranged from routine ---> never
- Once on PrEP, the majority did not report significant sexual behaviors changes
 - Younger participants increased condom use
- PrEP use, in most cases, did not lead to increased condomless sex
- PrEP use did lead to decreased stress, fear, guilt

the HIV anxiety is gone

At the beginning of the interview I said HIV scared me. Even when I was being safe it scared me. I don't want to say it doesn't scare me, but I think it scares me less now, if that makes any sense? . . . There's a certain amount of comfort that comes from knowing that I'm taking this regularly. . . **So, in general, the anxiety, the HIV anxiety, is gone. I won't say it's gone-gone. But it's not in the front of my head as it used to be, where I was obsessively worried about it while sex was happening.** Darrell, 51 year old African American

Using prep provides a respite from the on-going, underlying threat of hiv

I don't have the background stress that I did before and that's about it. It's not like I'm going out and being like, "ooh, bareback now. I'm protected. It's fine." **It's so, so not the case. ...I just didn't have the overwhelming stress and fear and guilt that I would have had before.**

Seth, 29 year old, White

iPrEx OLE

Qualitative findings in the USA

I don't know what I would do without that pill. I would probably have HIV right now. Because I used to have sex unprotected, like I told you, before the pill. I probably could be dead right now. ... **the pill was a blessing to me.** Charles, 21 year old African American

Kimberly K, AIDS 2014, #TUAC0105LB

NEUE WHO LEITLINIEN zur PrEP

EMPFOHLEN

Für MSM

BEDINGT
EMPFOHLEN

Für serodiskordante Paare
- FTC/TDF oder TDF empfohlen

BEDINGT
EMPFOHLEN

Für Transgender Frauen
- nur FTC/TDF empfohlen

KEINE EMPFOHLUNG

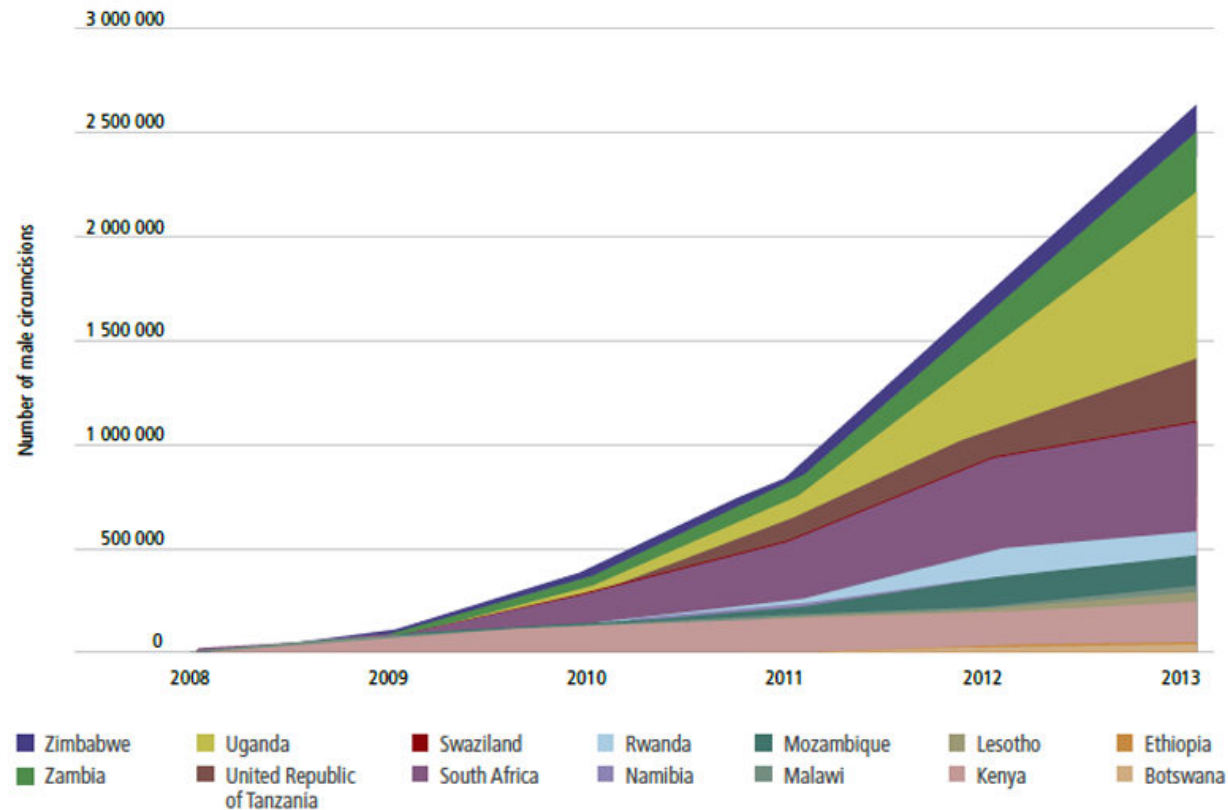
Für IVDU, außer sie sind in einer serodiskordanten Partnerschaft

WHO. Consolidated Guidelines on HIV prevention. Switzerland. July 2014.

PRÄVENTION DURCH ZIRCUMZISION

Umsetzung

2013: Zunahme der Zircumzisions-Eingriffe um 50%



Note: The data shown for Ethiopia apply only to the Gambella Region
Global AIDS Response Progress Reporting (WHO/UNICEF/UNAIDS), WHO and health ministries

100% SCHUTZ

The impact of masturbation and sex toys In sexually triggered singles getting to zero new infections!



Surya Prakash Makarla¹, R. Ntale Saba²
¹Bapuji Center for AIDS Research & Education (BCARE), HIV/AIDS, Tirupati, India,
²Kigali Health Institute, Department of Biomedical Lab. Sci., Kigali, Rwanda



Introduction

The "Singles" are key population segment who are commonly thirsty of sex and such burning desire shall often sexually trigger among the youth, adults and seniors that they tend to practice "acts of masturbation with or without 'Sex Toys'". The sexually triggered singles ranging from the late childhood or early puberty to senior, who just discovered the pleasure in sex, who are virgins and maintain virginity, singles who are abstained or who fail or avoid to search for sex partners, yet in turn find ways and means to fulfill their sexual pleasure or desires similar to sexual intercourse.



Figure 1. SEX Toys

Materials and methods

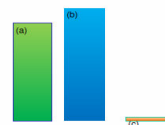
In the absence of counterpart both in married and unmarried (predominant) "singles" who commonly tend to the practice of Masturbation with or without sex toys in order to comfort their body's thirst for sex and at the same time these singles get rid of the risked intercourse! Study 1: 100 Indians that includes migrant population construction workers, laborers, drivers, etc., studied to identify their desire for sex & masturbation. Study 2: 100 Americans at NY, OH & AIDS 2014, delegates- studied, masturbation is pretty common and highly practiced mostly using Sex Toys for more pleasure due to its greater access!



Figure 2. Illustration of sex toys for women.

Results

Study 1: The Youth and Adult singles are 90%, senior singles are 10%. 90% singles practice masturbation with or without naturally found Sex objects and 5% refrain from sex to follow spirituality and 5% unknown and shy like in developing nations!



Study 2: You
singles prac
toys and 5%

Compilation
practice as th
Adults were
practice mas
they lack of

Table 1 The impact of Sex toys and Masturbation on NEW HIV Infection

Source	Effect on Sex	NEW HIV Infection
Sex toys	Kills the burning desire for sex	= 0 NEW HIV
Masturbation	Kills the burning desire for sex + Virtual Sex	= 0 NEW HIV
Sex toys & Masturbation	Kills the burning desire for sex + Virtual Sex	= 0 NEW HIV

Table 1 The impact of Sex toys and Masturbation on NEW HIV Infection

Source	Effect on Sex	NEW HIV Infection
Sex toys	----- Kills the burning desire for sex	= 0 NEW HIV
Masturbation--	Kills the burning desire for sex + Virtual Sex	= 0 NEW HIV
Sex toys & Masturbation--	Kills the burning desire for sex+ Virtual Sex	= 0 NEW HIV

ZERO NEW HIV Infection

Makarla SP, AIDS 2014, #TUPE099



HEIKO JESSEN • 27.08.2014 KÖLN • Ein deutscher Blick auf die AIDS2014



4 WICHTIGE BESTANDTEILE DER HIV-PRÄVENTION DER ZUKUNFT

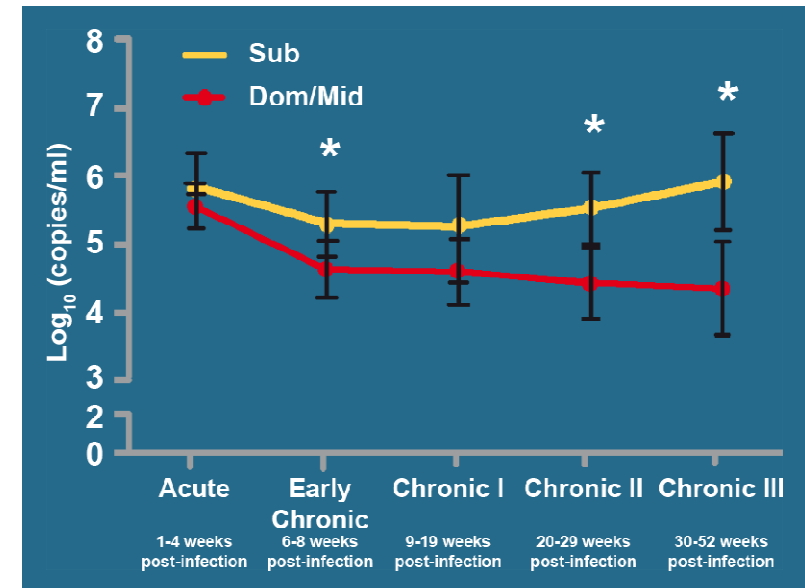
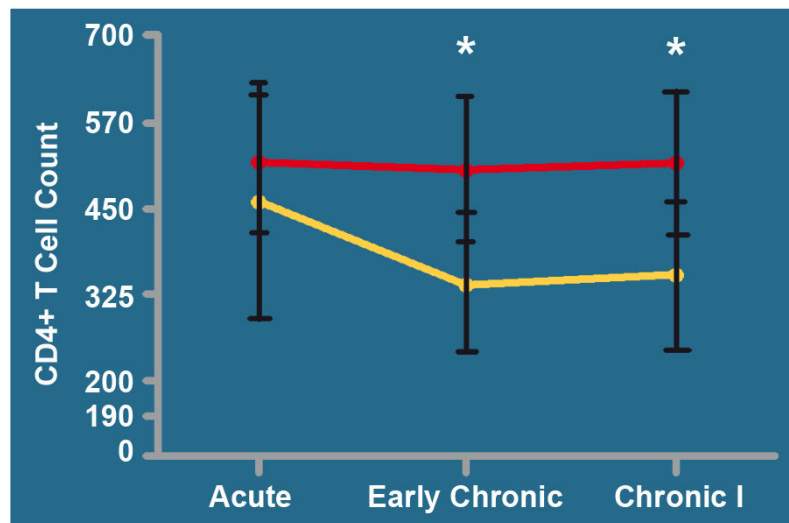


und \$ + £ + ¥ + €

Laurindo Garcia, AIDS 2014, #THPL01

SOZIALER STRESS BEEINFLUSST VERRLAUF DER SIV-Infektion IN MAK

- Zusammenhang zwischen Sozialstatus und SIV-Infektion:
 - Niedrigere CD4-Zahlen bei niedrigerem Sozialstatus
 - Niedrigere Viruslast bei höherem Sozialstatus



Auch auf HIV im Menschen übertragbar?

Neigh G, AIDS 2014, #WEPE005

Moses reicht die leicht zu schluckenden Tabletten herunter

