

A brief of
HIV
situation in Colombia

2024



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of the HIV situation in Colombia 2024



Cuenta de Alto Costo

Fondo Colombiano de Enfermedades de Alto Costo

A brief of the HIV situation in Colombia 2024

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Change Tracking Table

Title of the publication	Version	Date	Description
A brief of the HIV situation in Colombia 2024	1.0		

1.

Characterization of
incident people
living with HIV
(PLWHIV)



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1

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Characterization of incident people living with HIV (PLWHIV)

Period: February 1st, 2023 to January 31st, 2024.



In 2024, a **0.78** decrease in incident cases was observed, with the number of reported cases decreasing from 14,670 to 14,555.

Of the total cases, 82.82% were men (n= 12,054) and 17.18% were women (n= 2,501), resulting in a male - to - female ratio of 4.82:1.



The average age of the incident population was 33.65 years (SD ± 12.19), with the highest proportion of cases concentrated in the age group of 20 to 34 years.



The regions with the highest frequency of incident cases continue to be the Central region (29.63%), followed by the Caribbean (21.47%) and Bogotá, D. C. (19.07%).



51.98% of the cases were men who have sex with men (MSM), while 8.90% were people who consumed non - injected psychoactive substances.



The median age at diagnosis was 30 years (IQR: 24 - 39). Additionally, the median time between diagnosis and the start of treatment was 27 days (IQR: 14 - 47).



40.54% of individuals were diagnosed at stage II, and 34.68% at stage III. Furthermore, the most common transmission route remains sexual, at 91.14%.



In terms of regional distribution, the Caribbean and the Amazonía-Orinoquía regions had the highest proportion of patients with a CD4+ T cell count below 200/mm³ at the time of diagnosis.

In the screening, 2.58% (n= 376) tested positive for **hepatitis B**, while 1.23% (n= 179) tested positive for hepatitis C.

ART: antiretroviral therapy. | **IQR:** interquartile range.
PLWHIV: people living with HIV. | **TB:** tuberculosis.
SD: standard deviation.
MSM: men who have sex with men.



2.

Characterization of
prevalent people
living with HIV
(PLWHIV)



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INFOGRAPHIC SUMMARY

| Chapter at a glance |

Characterization of prevalent people living with HIV (PLWHIV)

Period: February 1st, 2023 to January 31st, 2024.



During the period, a **12.42%** increase in prevalent cases

was observed, rising from 165,405 to 185,954 reported cases.

78.78% of the cases were men

(n= 146,490), while 21.22% were women (n= 39,464), resulting in a male -to - female ratio of 3.71:1.



The average age of the prevalent population was 40.21 years (SD ± 13.11), with the largest proportion of cases occurring in the 25 - 39 age group.



The regions with the highest concentration of people living with HIV were Central region (28.71%), Bogotá, D. C. (22.55%), and the Caribbean region (19.76%).



4.05% (n= 7,539) of the population living with HIV identify as Afro - Colombian, while less than 1% belong to indigenous communities (n= 1,703), palenquera (n= 978), raizal (n= 203), and ROM gypsy (n= 48) communities.



Among individuals living with HIV, the most common comorbidity is sexually transmitted infections, affecting 5.43% of the population.



Transgender men had the lowest proportion of antiretroviral therapy (ART) use among people in the key population groups.



In terms of key populations, men who have sex with men (MSM) remain the most frequently represented group, accounting for 41.73% (n= 77,593), followed by non - injectable substance users at 4.99% (n= 9,276).

1.67% (n= 3,102) tested positive for hepatitis B in the screening, while 1.33% (n= 2,475) tested positive for hepatitis C.

ART: antiretroviral therapy.

SD: standard deviation.

MSM: men who have sex with men.

PLWHIV: people living with HIV.

3.

**Morbidity and
mortality** in people
living with HIV
(PLWHIV)



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INFOGRAPHIC SUMMARY

| Chapter at a glance |

Morbidity and mortality in people living with HIV (PLWHIV)

Period: February 1st, 2023 to January 31st, 2024.



The age standardized national incidence showed a

slight decrease

compared to the previous period, falling from 28.04 to 26.90 per 100,000 inhabitants.

The age - adjusted **incidence in men was significantly higher** (45.19 per 100,000 inhabitants) compared to women (9.07 per 100,000 inhabitants).



The age-standardized incidence rates for the third - payer insurance and state insurance were similar, at 27.00 and 28.82 per 100,000 inhabitants, respectively.



The standardized prevalence slightly increased compared to the previous period, rising from 0.33 to 0.34 (95% CI: 0.34 - 0.34).



The region with the highest standardized prevalence was Bogotá, D. C. (0.46 per 100 inhabitants), while the lowest was the Amazonía/Orinoquía region (0.18 per 100 inhabitants).



The age standardized general mortality rate nationwide was 4.01 deaths per 100,000 inhabitants (95% CI 3.85 - 4.18), and it was higher in men, with 6.56 deaths per 100,000 inhabitants.

The **case fatality rate** decreased compared to the previous period, dropping from **3.64 to 2.77 deaths** per 1,000 inhabitants, with a higher rate in women (3.15 deaths per 1,000 inhabitants).

CI: confidence interval.

4.

Antiretroviral treatment



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INFOGRAPHIC SUMMARY

| Chapter at a glance |

Antiretroviral treatment

Period: February 1st, 2023 to January 31st, 2024.



80.74% of people living with HIV (PLWH)

received antiretroviral therapy (ART), reflecting a 3.29% decrease compared to the previous period.

Among PLWH on ART,

80.62% achieved viral load

of less than 50 copies/ml, and 89.42% had viral suppression below 1,000 copies/ml.



The Caribbean region had the highest ART coverage, with 84.44%.



82.39% of affiliates in the third - payer insurance received ART, followed by 80.04% in the state insurance.



ART coverage for non - affiliated PLWH was 0.69%, with 20% of them achieving viral suppression, regardless of the threshold.



The proportion of people who achieved viral suppression (VL < 1,000 copies/ml) in the third - payer insurance increased slightly (2023: 90.05% and 2024: 91.86%), while in the state insurance, it decreased (2023: 86.86% and 2024: 85.25%).



The most commonly used ART regimen for both incident and prevalent PLWH was efavirenz, emtricitabine, and tenofovir disoproxil, accounting for 26.43% and 22.90%, respectively.

Of the total number of people who experienced treatment failure,

25.01% underwent HIV genotyping.

PLWHIV: people living with HIV.

ART: antiretroviral therapy.

CI: confidence interval.

VL: viral load.

5.

Mother - to - child HIV transmission



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INFOGRAPHIC SUMMARY

| Chapter at a glance |

Mother - to - child HIV transmission

Period: February 1st, 2023 to January 31st, 2024.



A total of **536,495** pregnant women were reported

during the period, reflecting a 0.57% increase compared to the previous period.

HIV screening was performed on **95.31%** of the reported pregnant women.



1,118 pregnant women were diagnosed with HIV, which represents a 4.28% decrease in cases compared to 2023.



The median gestational age at the time of HIV detection was 13 weeks (IQR: 8 - 21), and 45.17% of pregnant women with HIV were in clinical stage 2 at the cutoff date.



In 2024, 95.61% of pregnant women with HIV received ART during pregnancy.



73.26% of pregnant women with HIV had an undetectable viral load (< 50 copies/ml) at their last measurement, which represents a 1.26% increase in undetectability compared to 2023.



84.76% of women who completed their pregnancy during the period received antiretrovirals during labor, and 82.07% had pharmacological suppression of breastfeeding.



2.73% of children exposed to HIV did not receive postnatal antiretroviral prophylaxis.



1,430 children under 12 months, born to mothers with HIV, were reported. Of these, 7 cases tested positive for the infection.

The **mother - to - child transmission rate** was 0.49%, a value lower than the one reported in the 2023 period (1.99%).

IQR: interquartile range.

ETMI: elimination of mother - to - child transmission of HIV.

ART: antiretroviral therapy.

6.

**Population with
active tuberculosis**
with or without HIV
coinfection



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INFOGRAPHIC SUMMARY

| Chapter at a glance |

Population with active tuberculosis with or without HIV coinfection

Period: February 1st, 2023 to January 31st, 2024.



During the period, **15,310** cases of active tuberculosis were reported, representing a 13.71% increase compared to the previous period (n= 13,301).

The median time between the diagnosis of **active tuberculosis and HIV screening** was 2 days (IQR: 0 - 10), while the average was 8.2 days (SD ± 12.74).



13.28% of the tuberculosis reported cases during the period were coinfecting with HIV.



The majority of the TB/HIV coinfection cases had drug - susceptible tuberculosis (94.00%), with less than 3% were multidrug - resistant, extensively drug - resistant, or mono-resistant to isoniazid or rifampicin.



The most common anti - TB regimen was ethambutol, isoniazid, pyrazinamide, and rifampicin (71.34%).



The average duration of treatment for all patients was 253.34 days (SD ± 104.68).



Among patients coinfecting with TB/HIV who received anti - TB treatment, 13.87% were cured of tuberculosis, 23.32% completed their treatment, and 51.72% were still undergoing treatment at the end of the reporting period.

The **ART coverage** for individuals coinfecting with TB/HIV **increased by 16.81%** compared to the previous period.

IQR: interquartile range.

TB: tuberculosis.

ART: antiretroviral therapy.

7.

Risk management indicators



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INFOGRAPHIC SUMMARY

| Chapter at a glance |

Risk management indicators

Period: February 1st, 2023 to January 31st, 2024.



The screening of pregnant women

increased from medium to high compliance, reaching 95.29%, while the study on mother - to - child transmission is close to meeting its target of 95%.

ART coverage remains at low compliance, at **80.38%,**

presenting challenges in implementing the 2021 clinical guidelines recommendations.



The undetectability of the HIV virus (< 50 copies/ml) in individuals who have been on treatment for more than 48 weeks showed a slight increase nationwide, rising from 63.71% to 64.76% compared to the previous period.



Cardiovascular risk assessment increased slightly, reaching 83.82% nationwide.



The treatment indicators for infections and diseases (pneumonia prophylaxis, hepatitis B vaccination, and latent TB treatment) remain at low compliance levels throughout the cohort's follow - up.



New indicators reveal challenges in evaluating paraclinical follow - up, retention in care, and infectious disease management.

The timing of ART initiation and the proportion of people who discontinue it require **more collaborative work** to address the determinants and improve **adherence strategies.**

ART: antiretroviral therapy.
CPG: Clinical Practice Guidelines.



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