

A brief of

HIV

situation in Colombia **2023**



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of HIV situation in Colombia 2023



Cuenta de Alto Costo
Fondo Colombiano de Enfermedades de Alto Costo

A brief of HIV situation in Colombia 2023

Fondo Colombiano de Enfermedades de Alto Costo
Cuenta de Alto Costo (CAC)

Annual periodicity

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The full textbook in Spanish of the situation of HIV in Colombia is available [at this link](#).

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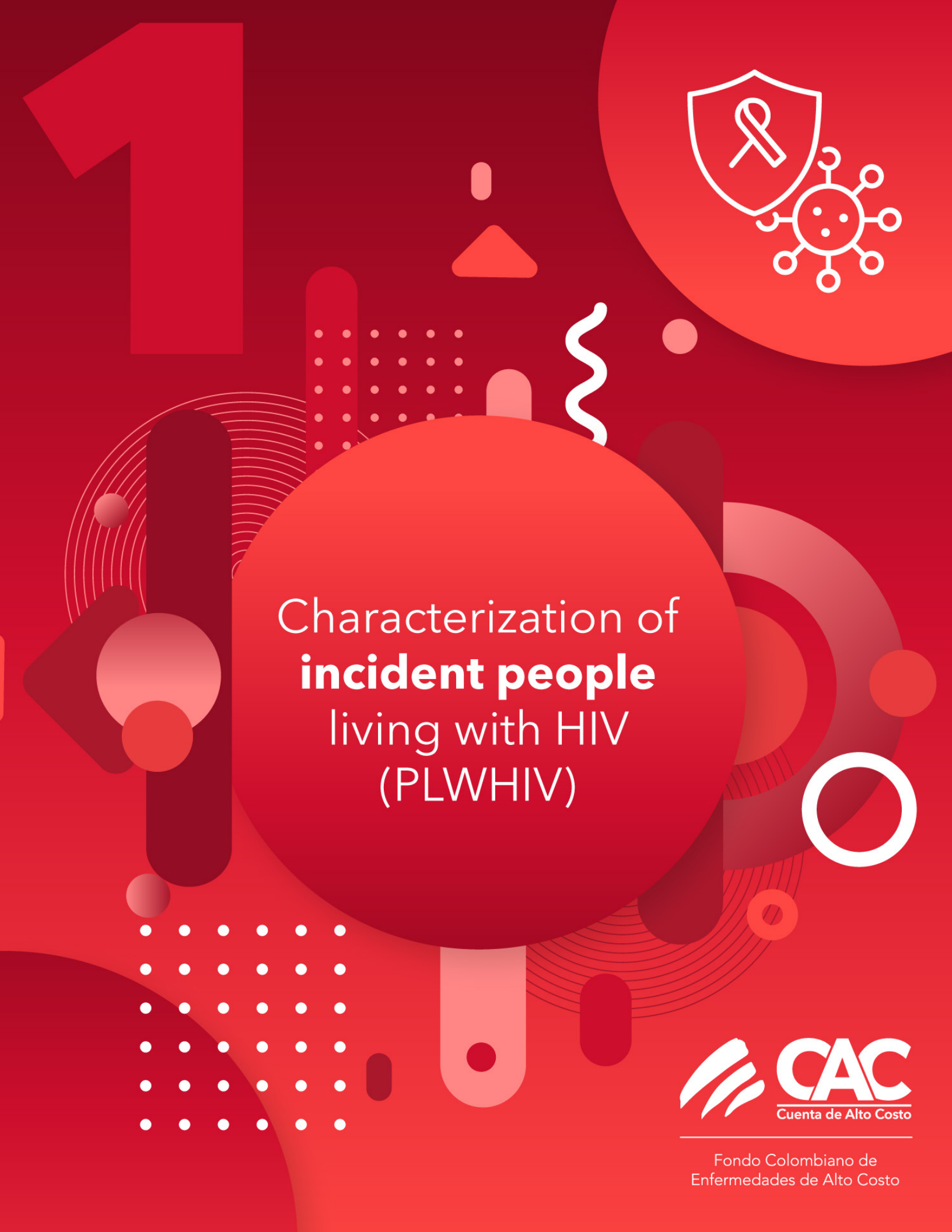
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Change Tracking Table

Date	Version	Description of changes	Localization of changes
	1.0		

The background is a vibrant red with various abstract geometric shapes and icons. In the top left, there is a large white number '1'. In the top right, there is a white icon of a shield with a ribbon inside, next to a white icon of a virus or cell. The central text is white and set against a large red circle. The bottom right features the logo of the Fondo Colombiano de Enfermedades de Alto Costo (CAC) and its full name in white text.

Characterization of **incident people** living with HIV (PLWHIV)



Infographic summary

Chapter 1 at a glance

Characterization of incident people living with HIV (PLWHIV)

Period: February 1st, 2022 to January 31st, 2023.



In Colombia, **14,670** new cases of HIV

were diagnosed during the period, which represents an increase of 13.55% compared to the previous year.

59.35% of the new HIV cases

were affiliated with the third payer insurance.



The median age was 30 years in men (IQR: 25 - 37) and 34 years in women (IQR: 26 - 45).



The territorial entities with the highest number of incident cases were Bogotá, D. C., Antioquia, and Valle del Cauca.



62.12% of the new cases indicated belonging to one or more key populations groups. The largest proportion (53.65%) identified as MSM, followed by non-injecting psychoactive substance users (6.32%).



Presumptive HIV testing was mainly requested by a healthcare provider in suspected clinical scenarios in 41.91% of cases, followed by self-request in 35.98%.



The primary mode of transmission remains sexual (92.83%).



The median time between diagnosis and initiation of ART was 32 days (IQR: 18 - 52).

34.46% of incident cases were diagnosed in the AIDS stage.

ART: Antiretroviral therapy.

IQR: Interquartile range.

MSM: Men who have sex with men.

PLWHIV: People living with HIV.

AIDS: Acquired immunodeficiency syndrome.



Characterization of
prevalent people
living with HIV
(PLWHIV)



Fondo Colombiano de
Enfermedades de Alto Costo



Infographic summary

Chapter 2 at a glance

Characterization of prevalent people living with HIV (PLWHIV)

Period: February 1st, 2022 to January 31st, 2023.



During the period

165,405 people living with HIV

were reported in the General Social Security Health System in Colombia.

There was a **16.66%** increase in prevalent cases compared to the previous period.



The male-to-female ratio was 3.65:1.



The median age of prevalent cases was 38 years (IQR: 30 - 49).



The highest frequency of prevalent cases was between 30 and 34 years (n= 28,113).



The largest percentage of prevalent cases (28.61%) reside in the Central region.



Bogotá, D. C., (22.51%), Antioquia (17.95%), and Valle del Cauca (12.13%) reported the highest number of prevalent cases.



HIV-associated wasting syndrome (12.08%) and pulmonary or extrapulmonary TB (6.37%) were the most frequent opportunistic diseases.



52.87% of prevalent cases were in the AIDS stage.



Viral load testing was conducted during the period in 89.48% of prevalent cases.



72.27% of prevalent cases had undetectable viral loads (< 50 copies/ml).

The predominant key population group was

MSM (46.71%),

followed by non-injecting psychoactive substance users (4.35%).

IQR: Interquartile range.

MSM: Men who have sex with men.

PLWHIV: People living with HIV.

TB: Tuberculosis.

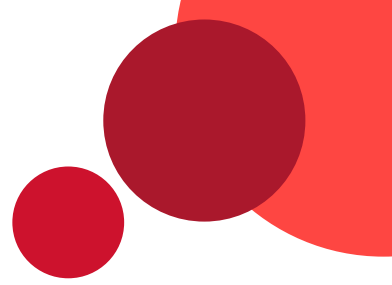
AIDS: Acquired immunodeficiency syndrome.



Morbidity and mortality in people living with HIV (PLWHIV)



Fondo Colombiano de
Enfermedades de Alto Costo



Infographic summary

Chapter 3 at a glance

Morbidity and mortality in people living with HIV (PLWHIV)

Period: February 1st, 2022 to January 31st, 2023.



The age standardized incidence of HIV **increased from 24.78 to 28.04** per 100,000 inhabitants.

The age standardized prevalence was **0.33** per 100 inhabitants (95% CI 0.32 - 0.33).



In men, the age standardized incidence was 47.22 per 100,000 inhabitants (95% CI 46.39 - 48.07), significantly higher than in women (9.39 per 100,000 inhabitants; (95% CI 9.03 - 9.77).



The age standardized incidence between third-payer insurance and state insurance showed no significant differences, at 30.21 and 29.57 per 100,000 inhabitants, respectively.



Bogotá, D. C., has the highest age-standardized prevalence, followed by the Central and Pacific regions.



The age-standardized prevalence is highest in the third-payer insurance (0.35 per 100 enrollees; 95% CI 0.34 - 0.35).



The mortality at the national level was 4.08 per 100,000 inhabitants (95% CI 3.91 - 4.26).

Mortality remains higher in men, especially in the age group of **50 years and older**, with a rate of 11.13 per 100,000 inhabitants.

CI: Confidence interval.

4



Antiretroviral treatment



Fondo Colombiano de
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Infographic summary

Chapter 4 at a glance

Antiretroviral treatment

Period: February 1st, 2022 to January 31st, 2023.



The antiretroviral treatment (ART) coverage among reported PLHIV

was 83.49%, showing a decrease of 4.86% compared to the previous period.

Among PLWHIV on ART,

72.27%

achieved viral load of less than 50 copies/ml, and 83.44% had suppression below 1,000 copies/ml.



The Caribbean region had the highest coverage with 88.02% of individuals receiving ART.



There was higher ART coverage in the special insurance (96.88%), followed by the exception insurance (90.01%).



ART coverage and viral suppression at different thresholds (< 50, < 200, and < 1,000 copies/ml) were lower in the uninsured population.



There is a 3.19% difference between the third-payer insurance and state insurance in the proportion of individuals achieving viral load suppression (< 1,000 copies/ml).



The most commonly used ART regimen among PLHIV was efavirenz, emtricitabine, tenofovir disoproxil (34.43%).

Among all individuals experiencing treatment failure (therapeutic, virological, clinical, or immunological), only 24.55% underwent HIV genotyping.

PLWHIV: People living with HIV.

ART: Antiretroviral therapy.

CI: Confidence interval.



Mother-to-child HIV transmission



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Infographic summary

Chapter 5 at a glance

Mother-to-child HIV transmission

Period: February 1st, 2022 to January 31st, 2023.



There were **533,470** pregnant women reported during the period, marking a 5.02% decrease in pregnancies compared to the previous year (n= 561,688).

HIV screening was conducted for **91.88%** of reported pregnant women, meeting the goal of the ETMI (Elimination of Mother-to-Child Transmission of HIV) strategy, set at 90%.



1,168 women were diagnosed with HIV infection, which represents a 3.45% increase compared to the previous period. Cases among the 10 to 14-year-old age group decreased by 66.67% compared to 2022.



The median gestational age at HIV detection was 14 weeks (IQR: 10 - 23), and among all pregnant women with HIV, only 24.91% were diagnosed at stage 1.



There was a 3.45% increase in pregnant women diagnosed with HIV compared to 2022.



95.12% of pregnant women received ART during pregnancy, exceeding the ETMI target of 92% ART coverage in pregnant women.



72.35% of pregnant women with HIV had their last viral load undetectable (< 50 copies/ml), representing a 10.89% increase in undetectability compared to the previous period.



95.12% of pregnant women living with HIV received ART during pregnancy.



85.92% of women who completed their pregnancy during the period (n= 838) received antiretrovirals during childbirth, and 82.57% achieved pharmacological suppression of lactation.



1.40% of children born to mothers living with HIV did not receive postnatal antiretroviral prophylaxis; efforts are underway to reduce this proportion to less than 1% nationwide.



1,002 children under 12 months born to mothers with HIV were reported, among whom 7 cases were HIV-positive, representing a 40% increase compared to the previous period.

The goal of **mother-to-child transmission less than 2%**

was achieved; however, this indicator showed a 13.71% increase compared to the previous period.

IQR: Interquartile range.

ETMI: Elimination of Mother-to-Child Transmission of HIV.

PLWHIV: People living with HIV.

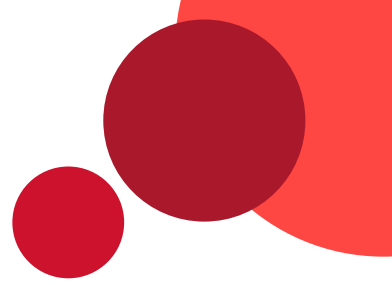
ART: Antiretroviral therapy.



Population with
active tuberculosis
with or without HIV
coinfection



Fondo Colombiano de
Enfermedades de Alto Costo



Infographic summary

Chapter 6 at a glance

Population with active tuberculosis with or without HIV coinfection

Period: February 1st, 2022 to January 31st, 2023.



During the period, **13,301** cases of active TB were reported, representing a 37.97% increase compared to the previous period (9,640 cases).

91.54% of TB/HIV coinfection cases

were sensitive to TB treatment, 1.83% were multidrug-resistant, and 0.83% were rifampicin-monoresistant.



The median time between diagnosis of active TB and HIV screening was 3 days (IQR: 0 - 11), with an average of 8.61 days (SD ± 12.68).



Among cases of active TB during the period, 13.59% had HIV coinfection.



The most commonly used anti-TB treatment regimen was ethambutol, isoniazid, pyrazinamide, rifampicin, followed by isoniazid and rifampicin used in the second phase of treatment.



The average duration of treatment for all patients was 250.99 days (SD ± 109.04).



At the end of the reporting period, 9.96% of TB/HIV coinfecting patients were discharged with TB cured, 16.87% completed their treatment, and 55.75% were still undergoing treatment.

The ART coverage among

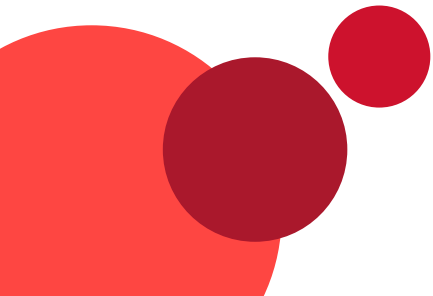
TB/HIV coinfecting patients

increased by 10.94% compared to the previous period.

IQR: Interquartile range.

TB: Tuberculosis.

ART: Antiretroviral therapy.



7



Risk management
indicators



Fondo Colombiano de
Enfermedades de Alto Costo



Infographic summary

Chapter 7 at a glance

Risk management indicators

Period: February 1st, 2022 to January 31st, 2023.



The proportion of pregnant women screened for HIV **did not meet the projected target (≥95%)**, while the study of mother-to-child transmission increased from 90.43% to 93.03%, with a rise of 2.87%.

HIV viral suppression (< 50 copies/ml) among those **on ART for more than 48 weeks** was less than 70%.



In the indicators related to ART coverage, some important challenges arise for insurance and providers to implement the recommendations of the CPG 2021.



Cardiovascular risk assessment during the period saw a significant increase, rising from 64.60% to 82.04%, a 27.00% increase.



Indicators for treatment of infections and diseases (pneumonia prophylaxis, hepatitis B vaccination, and latent TB treatment) continue to decline, showing ongoing low compliance.



New consensus-based indicators reveal challenges in paraclinical follow-up assessment, retention in care, and infectious disease specialist consultation.

Timeliness of **ART initiation and the proportion of individuals experiencing treatment discontinuation** require increased collaboration among insurers, healthcare providers, and patients to address determinants and **adherence strategies in the population.**

ART: Antiretroviral therapy.
CPG: Clinical Practice Guidelines.
TB: Tuberculosis.

For the purposes of this chapter, the acronym ETMI refers to the **HIV_03 risk management indicator for mother-to-child transmission studies**, which is defined as the percentage of boys and girls over 6 months of age exposed to HIV who underwent at least two viral load tests in the first 6 months of life.



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