



A BRIEF OF

HIV/AIDS

SITUATION IN COLOMBIA 2022



A brief of HIV/AIDS situation in Colombia 2022



CUENTA DE ALTO COSTO

Fondo Colombiano de Enfermedades de Alto Costo

A brief of HIV/AIDS situation in Colombia 2022

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

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The full textbook in spanish of the situation of HIV/AIDS in Colombia is available [HERE](#)



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

Chapter 1

at a glance






Characterization of incident people living with HIV (PLWHIV)

Period: February 1st, 2021 to January 31st, 2022



During the period,

12,919 new cases

of HIV were diagnosed in Colombia, representing an increase of 40.27% compared to the previous year.

-  The median age was 29 for men (IQR: 24 - 37) and 34 for women (IQR: 26 - 44).
-  Bogotá, C. D., Antioquia, and Valle del Cauca reported the highest incident cases.
-  58.32% of the newly reported cases living with HIV were affiliated with third-payer insurance.
-  58.56% of the new cases stated that they belonged to one or more key population groups. The largest proportion (53.94%) was identified in the category of MSM, followed by users of psychoactive substances other than injectable substances (7.31%).
-  HIV testing was mainly requested by the physician in suspected clinical cases (39.81%), followed by self-request (38.70%).

34.79% of PLWHIV were diagnosed in the AIDS stage.

-  Sexual contact was the main mechanism of HIV transmission (93.85%).
-  The median number of days between diagnosis and initiation of antiretroviral therapy was 35 (IQR: 20 - 56).



ART: antiretroviral therapy.
IQR: interquartile range.
MSM: men who have sex with men.
PLWHIV: people living with HIV.



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



Chapter 2

at a glance





Characterization of prevalent people living with HIV (PLWHIV)

Period: February 1st, 2021 to January 31st, 2022




A total of

141,787 PLWHIV

were reported to the national registry;
it means an increase of 5.31% compared
to the previous period.

-  The male-to-female ratio was 3.56:1.
-  The median age of prevalent cases was 38 years (IQR: 30 - 49).
-  The highest frequency of prevalent cases was between 30-34 years (n= 23,594) and resided in the Central region (28.10%).
-  Bogotá, C. D., (22.97%), Antioquia (17.43%), and Valle del Cauca (11.91%) had the highest number of PLWHIV.

Of the prevalent cases,
53.75% were in the
AIDS stage.

-  Viral load was performed in 94.04% of the prevalent cases during the period, and it was undetectable (< 50 copies/ml) in 75.98% of prevalent cases.
-  HIV wasting syndrome (15.30%) and pulmonary or extrapulmonary TB (7.34%) were the most frequent opportunistic diseases.
-  The key population group with the highest prevalence was MSM (44.22%), followed by non-injecting psychoactive substance users (3.93%).



IQR: interquartile range.
MSM: men who have sex with men.
PLWHIV: people living with HIV.
TB: tuberculosis.



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

Chapter 3






at a glance

Morbidity and mortality in people living with HIV (PLWHIV)


Period: February 1st, 2021 to January 31st, 2022

The age-standardized incidence
of HIV was

24.78 per 100,000
population (95% CI 24.35 - 25.21).

-  The age-standardized incidence in men (42.23 per 100,000 population; 95% CI 41.43 - 43.03) was significantly higher than in women (7.88 per 100,000 population; 95% CI 7.54 - 8.23).
-  Risaralda, Quindío, and Valle del Cauca had the highest age-standardized incidence.
-  The third-payer insurance had the highest age-standardized incidence with 28.00 per 100,000 inhabitants (95% CI 27.37 - 28.65).
-  The age-standardized prevalence of HIV/AIDS was 0.29 per 100,000 inhabitants (95% CI 0.29 - 0.30).
-  Bogotá, C. D., had the highest standardized prevalence with 0.39 cases per 100 population (95% CI 0.38 - 0.39).

There was a decrease in
mortality
compared to the previous period;
it was 4.10 deaths per 100,000
population for the period under analysis.

-  The standardized prevalence in the third-payer insurance was 0.33 per 100 inhabitants (95% CI 0.33 - 0.33).



CI: confidence interval.
PLWHIV: people living with HIV.

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Antiretroviral treatment

Chapter 4

at a glance





Antiretroviral treatment

Period: February 1st, 2021 to January 31st, 2022

ART coverage in


PLWHIV was

88.35% a decrease of 6.93% compared to the previous period.

-  Of the PLWHIV on ART, 78.12% had a viral load of less than 50 copies/ml and 87.60% less than 1,000 copies/ml.
-  The Caribbean region had the highest coverage of ART (90.33%). By insurance, the highest was in exception insurance (89.59%), followed by third-payer (89.32%).
-  ART coverage and viral suppression at different cut-off points (<50, <200, and < 1,000 copies/ml) was lower in the uninsured population and those deprived of liberty.
-  There was a difference of 4.63% between the third-payer and state insurance concerning the proportion of people achieving viral load suppression (<1,000 copies/ml).

The most commonly used

ART treatment regimen in PLWHIV was efavirenz, emtricitabine and tenofovir (26.40%).

-  In people who presented failure (therapeutic, virological, clinical or immunological), 24.38% had HIV genotyping.



ART: antiretroviral therapy.
PLWHIV: people living with HIV.



Mother-to-child **HIV** transmission








Chapter 5

at a glance



Mother-to-child HIV transmission

Period: February 1st, 2021 to January 31st, 2022

A total of **561,688** pregnant women were reported in the period, with a 2.63% decrease in cases compared to the previous year (n= 576,870).

-  The highest proportion of pregnant women was affiliated with third-payer insurance. However, there was a decrease of 6.14% compared to 2021.
-  There were 1,129 women diagnosed with HIV infection, representing a decrease of 1.86% compared to the previous period.
-  The highest proportions of pregnant women with HIV (1.52% and 0.40%, respectively) were reported in the special insurance and uninsured.
-  The median gestational age at HIV detection was 16 weeks (IQR: 10 - 25).
-  Of the pregnant women with HIV, only 22.94% were diagnosed at stage 1, and 67.49% had an undetectable viral load (less than 50 copies/ml), representing an increase of 1.49% compared to the previous period.

There were **980** children under 12 months of age born to mothers with HIV reported, and of these, 5 cases (0.51%) were positive for HIV during the period.

-  Pharmacological suppression of breastfeeding during the 48 hours postpartum was achieved in 82.35%, while 85.89% received antiretrovirals during delivery.
-  There were more cases of children exposed to HIV in the state insurance (74.08%), followed by the third-payer insurance (25.10%).



IQR: interquartile range.
PLWHIV: people living with HIV.



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








Chapter 6

at a glance


Population with active tuberculosis with or without HIV coinfection

Period: February 1st, 2021 to January 31st, 2022

There were **9,640** cases of active TB reported, with an 11.32% decrease compared to the previous period (10,871 cases).

-  The median number of days between the diagnosis of active TB and HIV screening was 2 days (RIC: 0 - 12) with a mean of 16.64 days (SD ± 46.01).
-  Of the total cases with active TB in the period, 15.68% (n= 1,512) had HIV coinfection.
-  Among the cases of TB/HIV coinfection, 90.67% were drug-susceptible TB, 1.65% were multidrug-resistant, and 0.79% were mono-resistant to isoniazid.
-  The most commonly used anti-TB regimen was ethambutol/ isoniazid/ pyrazinamide/ rifampicin, followed by isoniazid/ rifampicin in the second phase of treatment.
-  The mean treatment time in all patients was 278.06 days (SD ± 114.39).

16.20% of patients completed treatment, 10.19% were cured, and 59.85% were still on treatment.

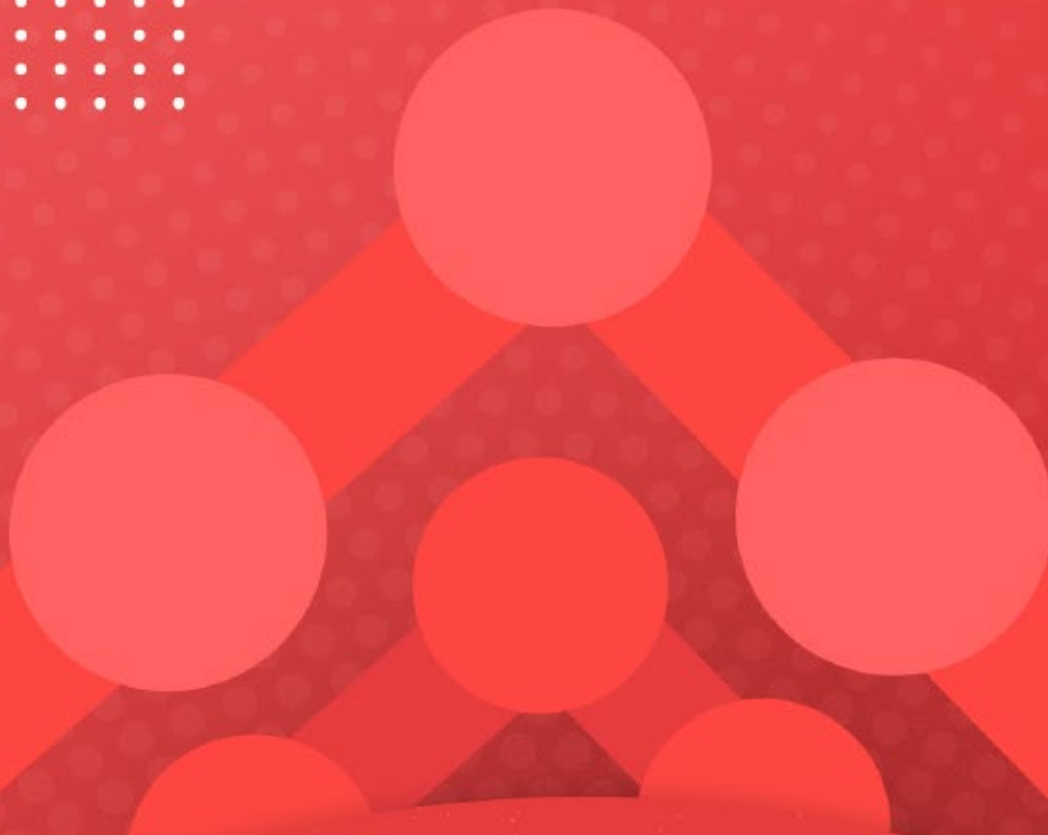
-  Antiretroviral treatment coverage in patients with TB/HIV coinfection increased from 84.37% to 88.23% (n= 1,334).



IQR: interquartile range.
PLWHIV: people living with HIV.
SD: standard deviation.
TB: tuberculosis.



Risk management indicators



Chapter 7






at a glance

Risk management indicators


Period: February 1st, 2021 to January 31st, 2022

The proportion of pregnant women screened for HIV did not reach the projected target

(95%); it decreased from 95.3% to 93.9% compared to the previous period.

-  The proportion of children under six months of age with postnatal HIV prophylaxis decreased from 94.10% to 77.30%.
-  The proportion of PLWHIV with CD4+ T-lymphocyte (95.60%) and viral load (95.40%) testing at diagnosis achieved high performance in the period.
-  In incident cases, early detection (before stage 3) occurred in 61.20% of patients, increasing by 2.2% compared to the previous period.
-  Viral suppression (< 50 copies/ml) in patients on ART went from 74.60% to 69.20%. The proportion of undetectable PLWHIV was 80.7% in those on ART for more than 48 weeks.
-  Cardiovascular risk assessment over the period increased by 7% (2021: 57.60% vs 2022: 64.60%).

The proportion of **PLWHIV with active TB receiving concurrent treatment remained in the high compliance range (83.70%).**

-  Expert physician management of PLWHIV in the period increased from 92.30% to 94.50%.



ART: antiretroviral therapy.
PLWHIV: people living with VIH and AIDS.
TB: tuberculosis.



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