Responding to HIV & ZIKA in Brazil

Ministry of Health of Brazil
Secretariat for Health Surveillance
Department of STI, HIV/AIDS and Viral Hepatitis

April, 2017

HIV response in Brazil

More than 30 years of HIV response in Brazil

- 1982: first AIDS case in Brazil;
- 1986: National AIDS Programme;
- Brazilian 1988 Constitution: '*Health is a universal right and a State duty';*
- Brazilian Universal Health System - SUS: Built in 1988 a consensus for universal health care with intense participation of civil society;
- HIV response: based on a partnership between the government, NGOs, international organizations, and academy helping to create an enabling environment for PLWHA rights.

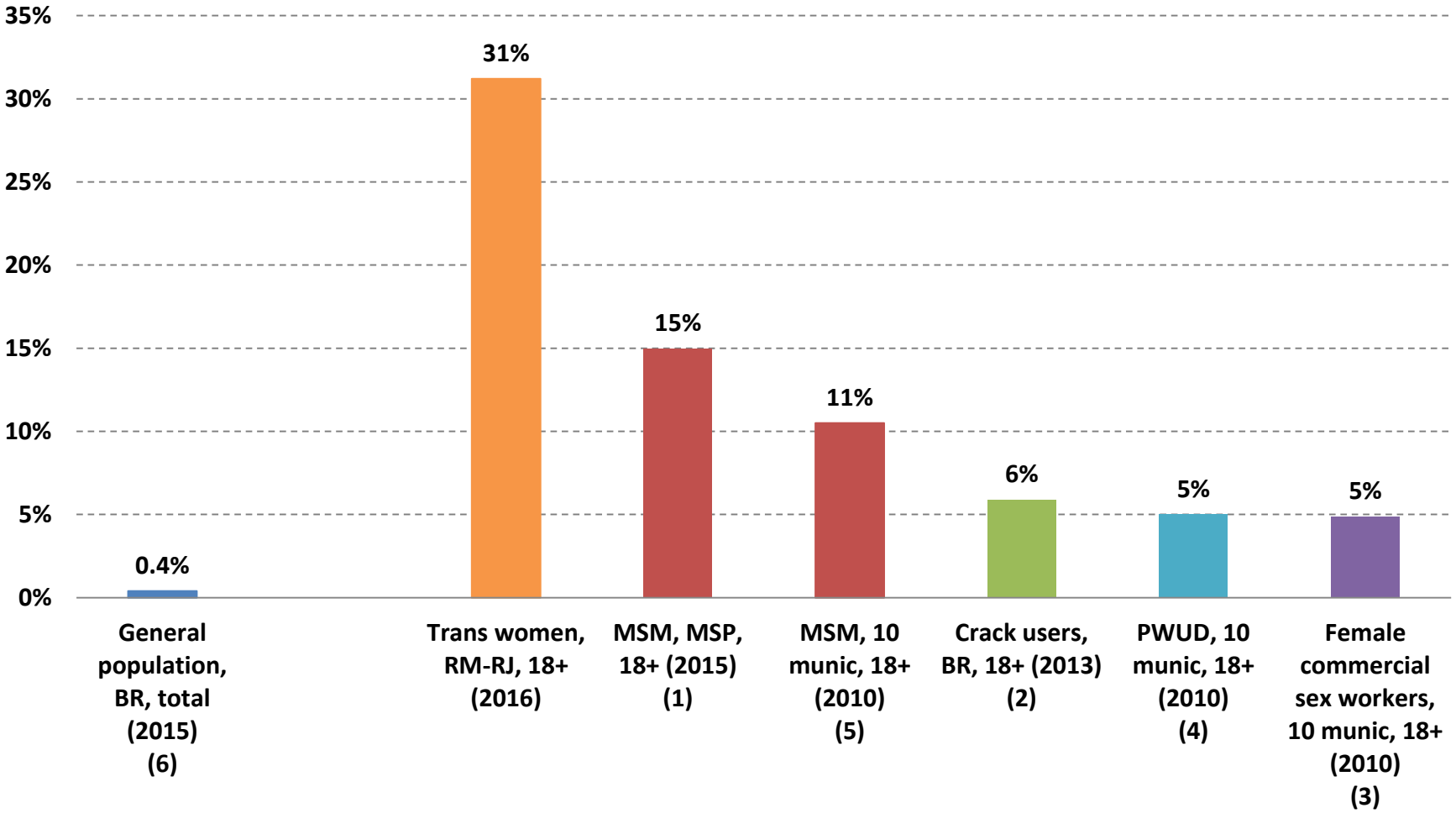
Landmarks of the HIV response in Brazil

- 1996: “Lei Sarney” 9.313/1996 - Access to ARVs free of charge guaranteed by law through SUS;
- 2001: the Brazilian Congress established its Special Committee on HIV/AIDS;
- 2013: treatment for all PLWHA, regardless CD4 count;
- 2014: Law 12.984/2014 – It defines a crime discrimination against PLWHA

Landmarks of the HIV response in Brazil

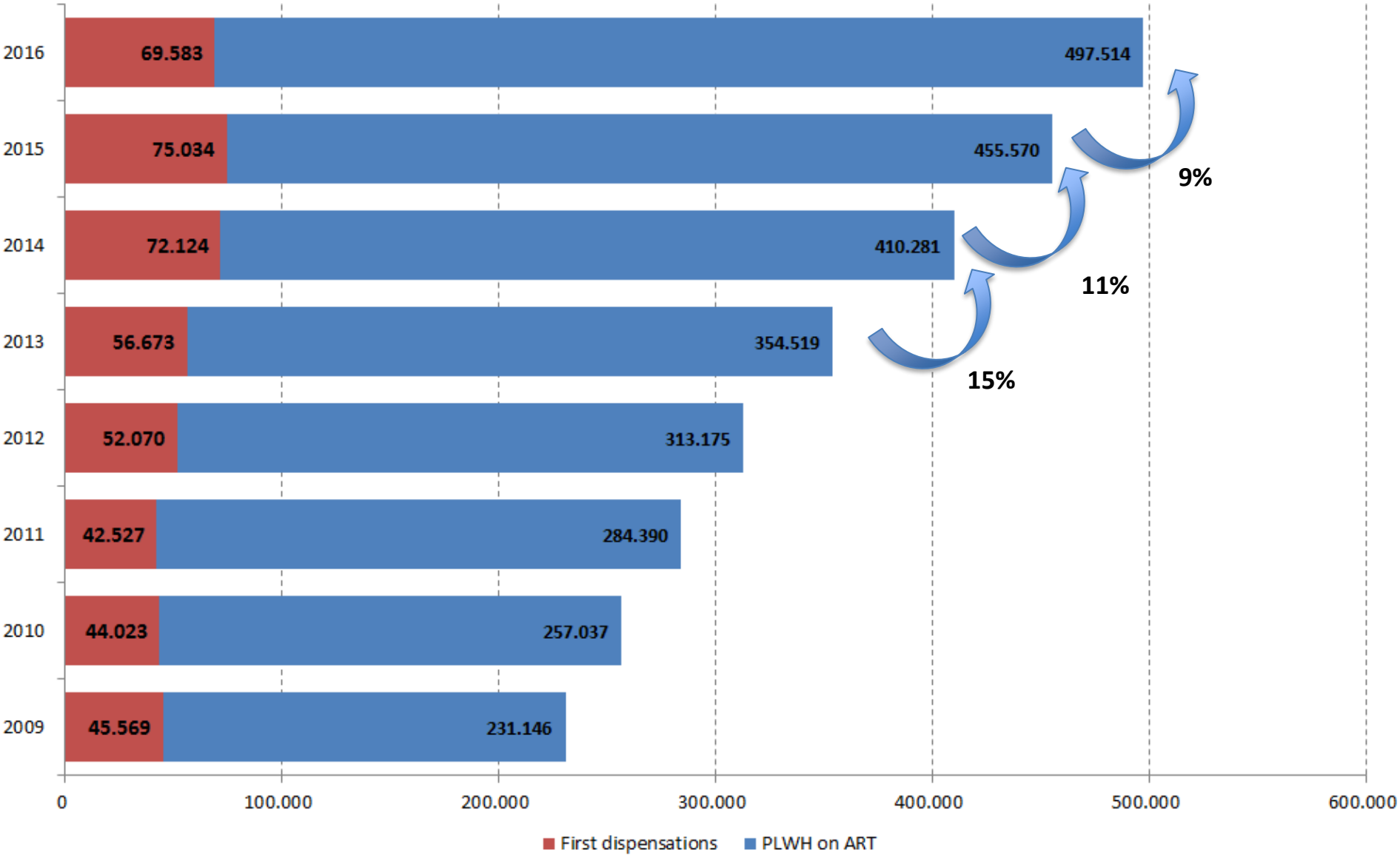
2007: compulsory license of Efavirenz saved millions of dollars, thus lives

HIV prevalence in Brazil



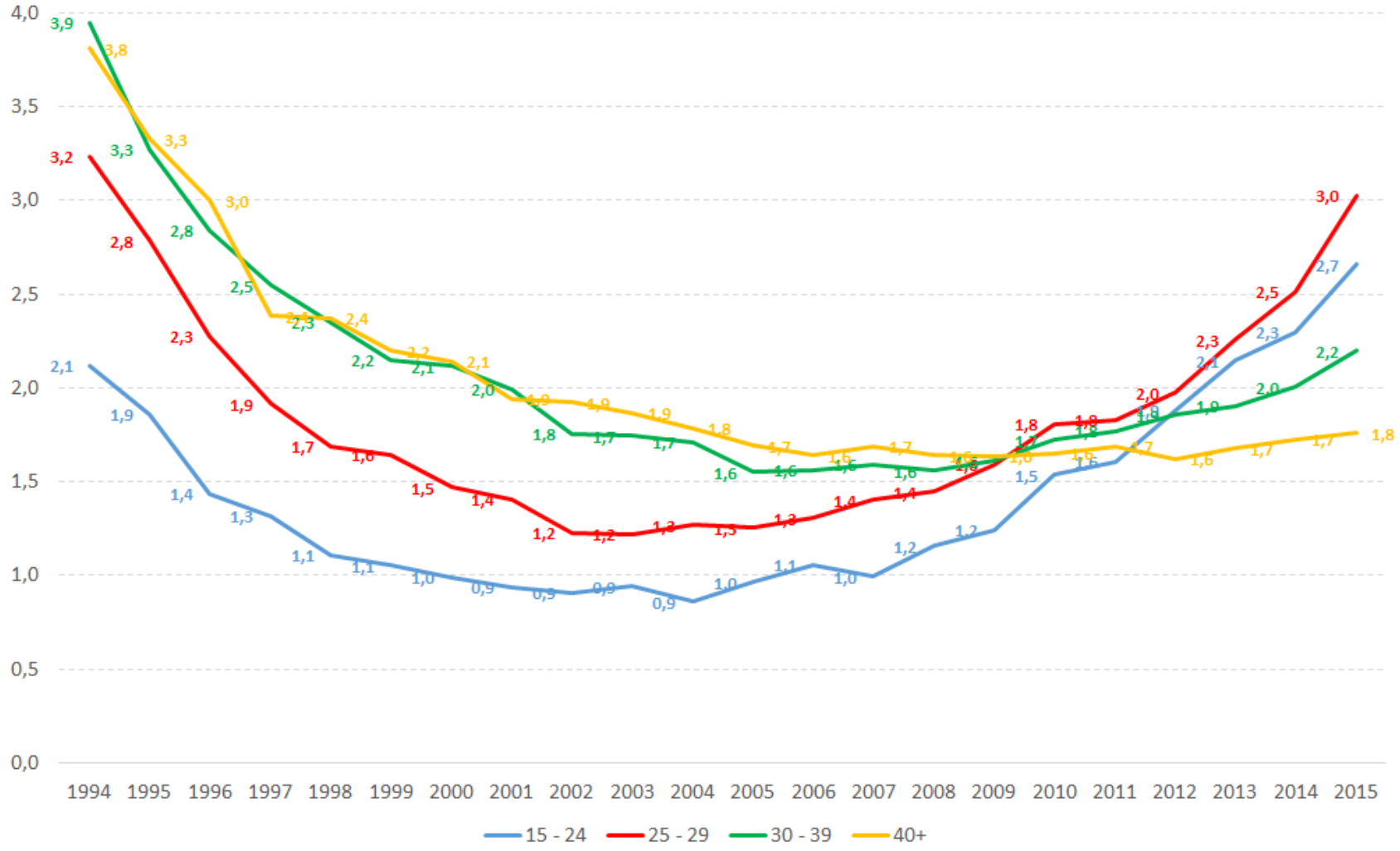
Fontes: (1) Veras et al. High HIV Prevalence among Men who have Sex with Men in a Time-Location Sampling Survey, SãoPaulo, Brazil. AIDS Behav. 2015 Sep;19(9):1589-98; (2) Bastos FI, Bertoni N. Pesquisa Nacional sobre o uso de crack: quem são os usuários de crack e/ou similares do Brasil? quantos são nas capitais brasileiras? Rio de Janeiro; 2014. 224 p.; (3) Damacena GN, Szwarcwald CL, de Souza Júnior PR, Dourado I. Risk factors associated with HIV prevalence among female sex workers in 10 Brazilian cities. J Acquir Immune Defic Syndr. 2011 Aug;57 Suppl 3:S144–52.; (4) Bastos, F. I. Taxas de infecção de HIV e sífilis e inventário de conhecimento, atitudes e práticas de risco relacionadas às infecções sexualmente transmissíveis entre usuários de drogas em 10 municípios brasileiros. Relatório técnico entregue ao Departamento de DST, Aids e Hepatites Virais, 2009.; (5) Kerr, L. Comportamento, atitudes, práticas e prevalência de HIV e sífilis entre homens que fazem sexo com homens (HSH) em 10 cidades brasileiras. Relatório técnico entregue ao Departamento de DST, AIDS e Hepatites Virais, 2009; e (6) Ms/SVS/DDAHV; (7) GRINSZTEJN B, et al. Unveiling of HIV dynamics among transgender women: a respondent-driven sampling in Rio de Janeiro, Brazil. The Lancet HIV, 3018(17)30015-2, fev, 2017.

ARV Treatment - Brazil, 2016



Source: Siclom/Department of STI, HIV/AIDS and Viral Hepatitis

AIDS cases sex ratio by age group. Brazil, 1994-2015

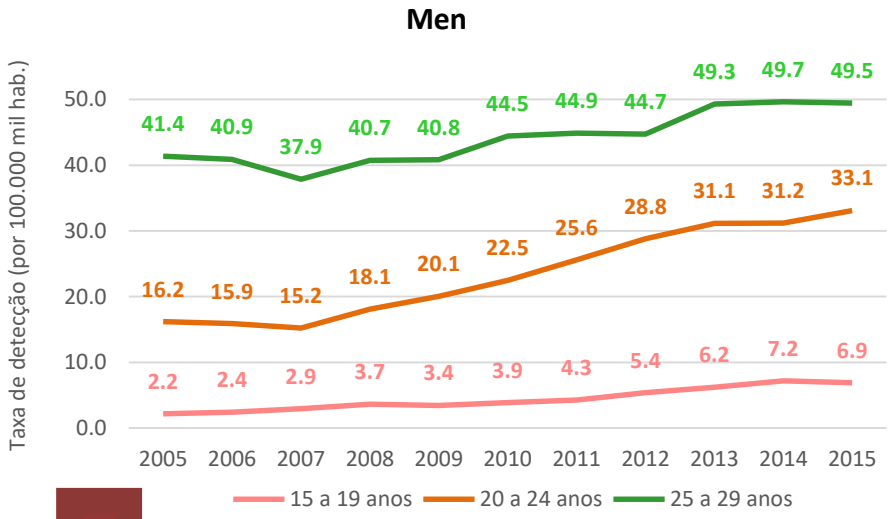


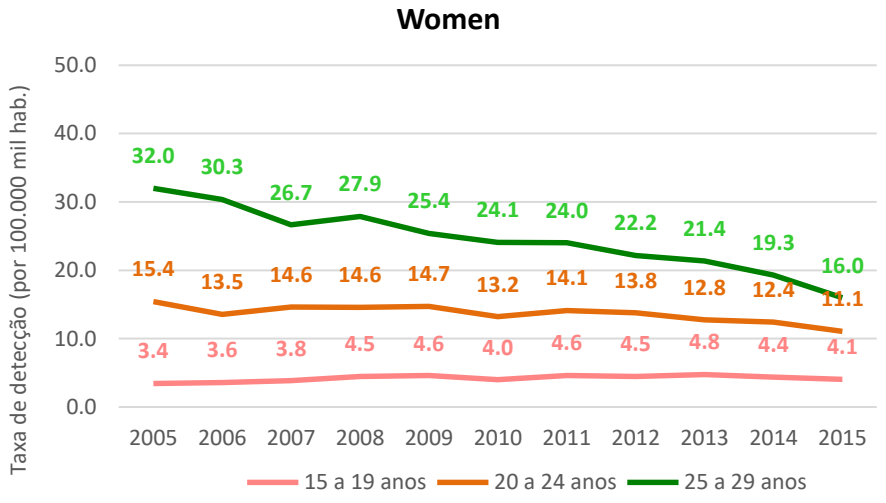
Source: MS/SVS/Departamento de IST, Aids e Hepatites Virais

AIDS cases: Sinan and Siscel/Siclom until June, 2016 and SIM from 2000 to 2015.

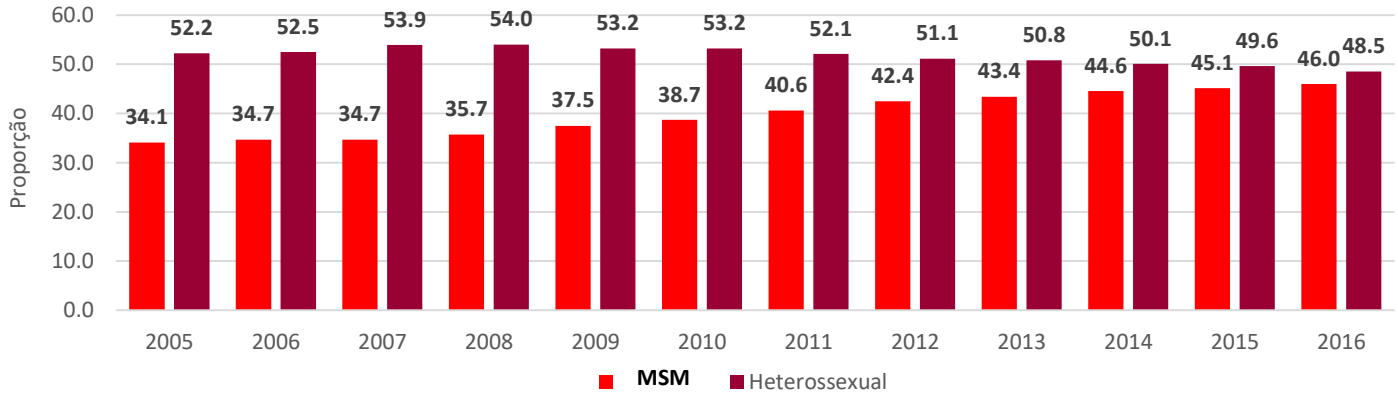
AIDS in Youth. Brazil, 2005-2015

→ Reduction of AIDS detection rates in women aged 20 to 29
→ Increased AIDS detection rates in young men, especially among MSM





Young men infected by sexual transmission



Source: MS/SVS/Departamento de IST, Aids e Hepatites Virais
AIDS cases: Sinan and Siscel/Siclom until June, 2016 and SIM from 2000 to 2015.

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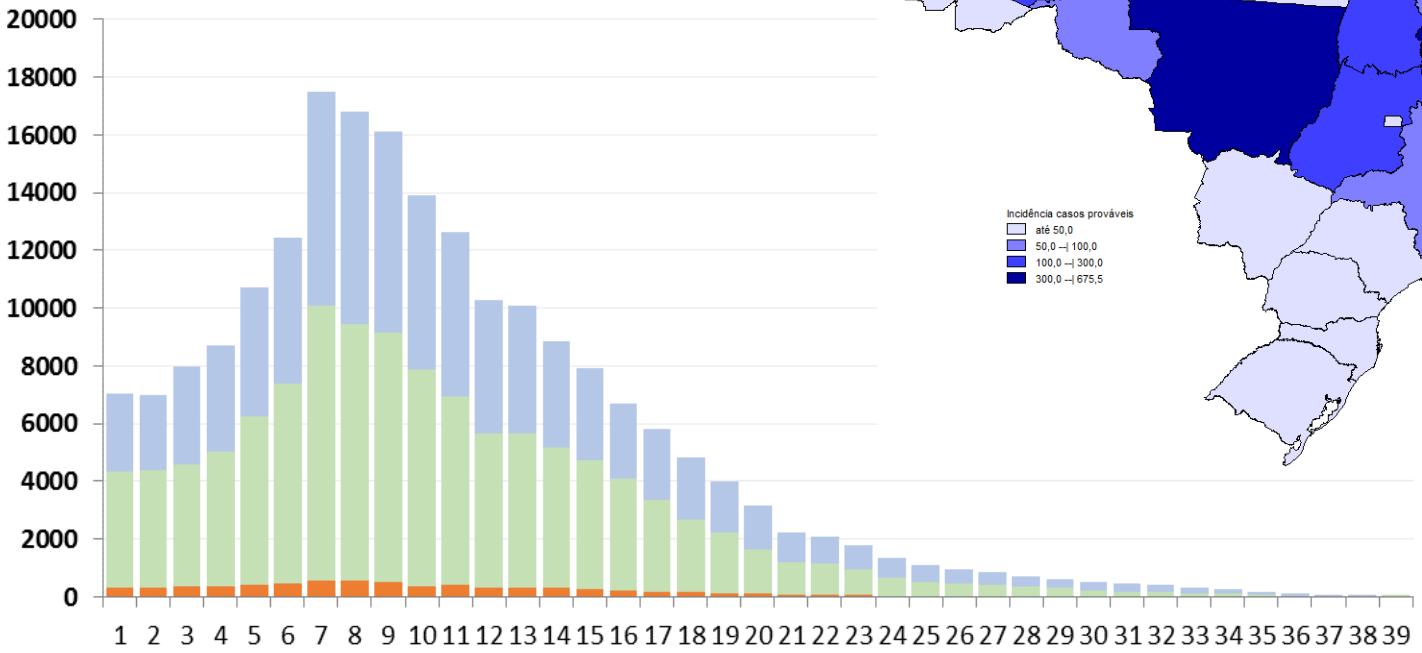
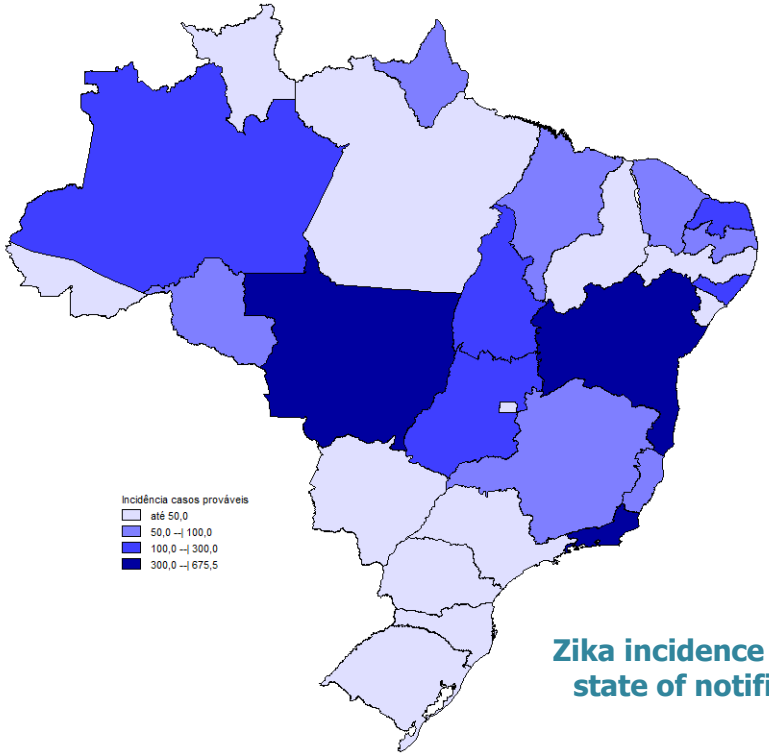
ZIKA response in Brazil

Suspected and confirmed cases of Zika. Brasil, 2016 (epidemiological weeks 1 to 39)





Zika incidence rate, by state of notification

Nº of suspected cases: 206,813 (98.1/100.000 inhab.)

Deaths: 2015*: 3 confirmed deaths (MA, RN e PA)

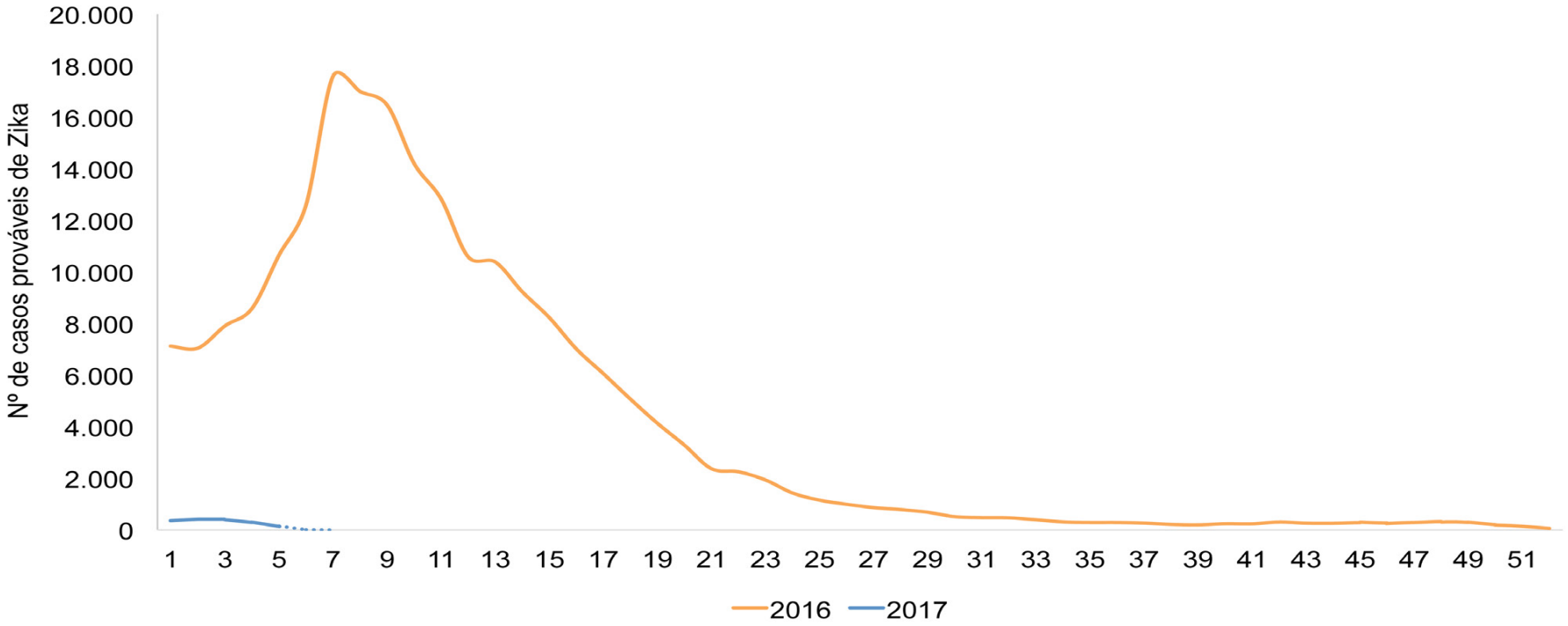
2016: 3 confirmed deaths RJ (2) e ES (1).

Suspected cases
Confirmed cases (clin)
Confirmed cases (lab)

Source: Sinan-NET, October, 2016;

*2015: IEC.

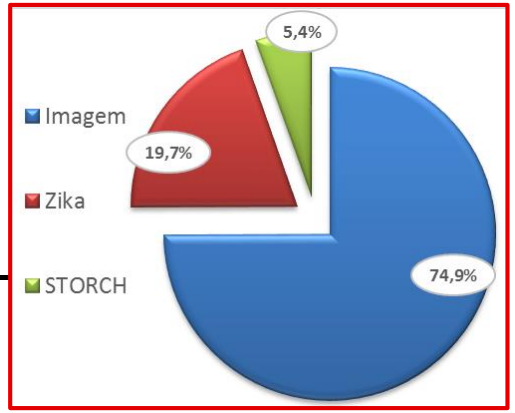
Suspected cases of Zika by epidemiological week of onset symptoms. Brazil, 2016 e 2017.



Source: Boletim Epidemiológico, Volume 48, Número 7. MS/SVS, 2017.

Microcephaly notified cases and/or congenital malformations of the central nervous system. Brazil and Regions (until epidemiological week 47/2016).

Region	2015-2016				
	Nº	(%)	under investigation	confirmed	discarded
Brasil	**10.342**	**100**	**3.121**	**2.211**	**5.010**
Northeast	6781	65,6	1.669	1.703	3.409
Southeast	2114	20,4	950	274	
Center-West	685	6,6	217	126	
North	531	5,1	244	81	
South	231	2,2	41	27	



Source: States Health Secretariats (November, 2016)

Zika: National Response

Axis 1

Mobilization and vector control

Axis 2

Care

Axis 3

Education, technological development and research

Zika: National Response

- Working group: MoH (Secretariat for Health Surveillance and Secretariat for Health Care), Ministry of Social and Agrarian Development and Ministry of Labor and Social Security;
- Secretariat for Health Care - MoH: health care for children, identification of gaps in the area of care, urgent need for organization of services;
- Provision of social protection and education to children and their families through the Continuous Cash Benefit (BPC – *Benefício de Prestação Continuada)*;
- Studies (*Renezika)*: funded by the MoH (5); CNPQ studies (approx. 60 projects); Population-based study (seroprevalence); Cohorts; among others.

Study on the persistence of Zika virus (ZIKV) in body fluids of patients with ZIKV infection in Brazil - *ZikaBRA Study*

- To assess the presence and duration of ZIKV and related markers in infected individuals who present to clinics during acute illness and convalescence and in their infected symptomatic and asymptomatic household/sexual contacts.
- Relate these parameters to:
  - host immunity over time and across different body fluids
  - proportion of asymptomatic infections among household contact to infected case
  - other host and environmental factors

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Study on the persistence of Zika virus (ZIKV) in body fluids of patients with ZIKV infection in Brazil - *ZikaBRA Study*

- 1,300 patients
- Participating sites:
  - Rio de Janeiro: (Fiocruz) – one of the 5 national sentinel laboratories for ZIKV diagnosis in Brazil
  - Recife (Fiocruz)
  - Manaus: Fundação de Medicina Tropical, Amazonas
- Minimum criteria for site consideration:
  - High population density
  - Circulation of Zika virus
  - Strong community health network
  - Laboratory facilities able to perform the necessary tests

2017 HIV response:

- HIV national funding secured by law
- January 2017: Dolutegravir included in the initial preferential regimen for new patients (exception: children under 12 years; pregnant women; TB-HIV coinfected) with a pharmacovigilance study;

Challenges:

- PrEP implementation in Brazil
- Youth centered approach

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