

THE HIV/AIDS PHENOMENON IN ROMANIA DURING 2007-2022

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Abstract: *The HIV epidemic in Romania started and evolved as a pediatric type issue and back in the early 90s it represented half of all European AIDS cases in children, over 1000 cases detected out of a total of 2000. In response to this problem, the implementation of a free, universal access program of highly active antiretroviral therapy - HAART became a priority. The purpose of the research is to identify the dynamics of HIV-AIDS in post-December Romania highlighting the moment zero of the infection before 1989, following a comparative analysis in the period 2007-2022. Research methods: The study was carried out using the comparative analysis of existing statistical data. To highlight the phenomenon, we took into account analysis parameters used in the Regional Centers for Evaluation and Monitoring the HIV/AIDS infection. Following the analysis, the transmission paths of HIV infection in Romania were identified, along with the behaviors considered risky that contribute to maintaining an upward slope of newly detected cases. Conclusions: the evolution of the HIV infection in Romania continues to be on an upward slope which, although it has slowed down compared to the 1990-2000 period due to the implementation of a diagnosis and treatment mechanism, it cannot be stopped. Behaviors considered risky along with the use of injectable drugs continue to increase the incidence of new cases detected despite the means of population education by information campaigns, media spots, or information accessing from informed sources.*

Keywords: HIV infection, epidemiological evolution, risk groups, pandemic, Romania.

1. Introduction

1.1 General aspects of the HIV- AIDS phenomenon

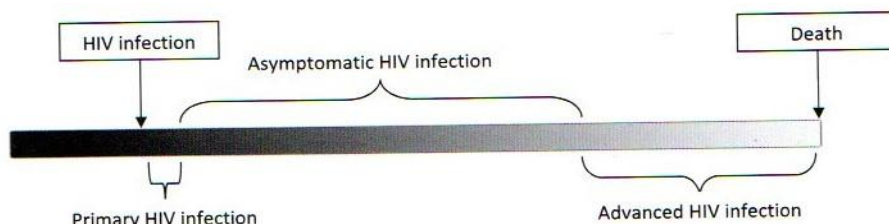
Viruses are very small-sized infectious agents with a primitive structure incapable of multiplying except by parasitizing living cells. Through multiplication, the parasitized cell ends up being eliminated. The role of the human immune system is to defend against infectious agents entering the body. In this case, the target cell of HIV infection is T4 helper responsible for shaping the individual's immunity. HIV infection originates from the virus of the same name which is part of the family called Retroviridae subfamily, Lentivirinae genus, Lentivirus, HIV species. Once multiplied, it ends up compromising the immune system of the infected person. The virus does not kill by direct action, it only disarms the parasitized host, being in the end a safe target in front of bacteria, infections, viruses.

The HIV person infected becomes contagious and can transmit the virus from the beginning even if the HIV test is apparently negative due to the seroconversion period. Since the 1985s, we have been able to detect the presence of anti-HIV antibodies by laboratory tests. This is possible, however, only after the period called "immunological window" or seroconversion, a period that reaches on the average 3 to 6 weeks after infection. Before this term, all tests will show false negative results. The incubation period of this virus can reach up to 10 years, during which the person may not show any alarming symptoms. (Ciufecu 1998:5-15).

The infection is characterized by often non-specific signs and symptoms such as fever, muscle pain and lymph node enlargement. The body's weakness and clinical degradation with

associated symptoms and diseases are generally due to the evolution of the infection in the absence of treatment, reaching the final clinical stage called AIDS as shown in figure 1. HIV can be transmitted from the infected person through unprotected sexual contacts, the shared use of syringes from injecting drugs, natural breastfeeding of children from HIV-positive mothers, blood transfusions from unsafe sources. Risk behaviors play an important role in the spread of HIV infection, found especially in groups considered at risk, such as drug users, prostitutes, migrants, people on the verge of poverty. (Fyson H, 2011:3-4).

Figure no. 1. Key HIV stages



Source: Fyson, 2011

From the medical point of view, AIDS represents a set of clinical symptoms and signs (a syndrome), a disease that slowly attacks and destroys the body's immune system, making it vulnerable to serious and often fatal illnesses. The AIDS disease, already installed, defines a number of different conditions that can cause serious illness or even death. Current treatments allow avoiding (or postponing) opportunistic infections and slow down the evolution of the disease. It is important that a person infected with HIV avoid re-infection with HIV or contact with other infections that can accelerate the onset of AIDS.

If the evolution of HIV infection may last up to 10-12 years, death occurs, as a rule, in 2-3 years after the appearance of the last phase of the AIDS disease in the absence of antiretroviral medical treatment. The implementation of interventions in these situations include therapy, counselling, psychosocial assistance, which help both in order to rebalance the emotional balance of the infected persons and in limiting the spread of the infection in the community of which they are a part. (Schmidt, 2008: 21-22).

The AIDS pandemic began in 1981 with an epidemiological wave with specific manifestations of skin cancer (Kaposi's Sarcoma) in American gay men, the defining element being the immune deficiency. Retrospective studies revealed similar cases in tropical Africa in the 1960s and 1970s. The first cases of AIDS in children were reported in 1982 in New York (Mătușa, 1994: 9). Kaposi's sarcoma is caused in the context of severe immunodeficiency triggered by AIDS by the abnormal development of cells in the blood vessels of the skin (Mănescu, 1990: 28). The HIV/AIDS pandemic has tremendously spread at a global level with serious implications upon population (Andrioni, 2018). Society's response to the HIV infection can be seen as a permanent oscillation between supporting and rejecting people living with HIV (Sicrea and Andrioni, 2021:4).

The dynamics of current HIV infection is influenced by the mode of transmission, the risk groups (homosexuals, injecting drug users, heterosexuals with multiple partners) playing an important role in this respect. Aspects of sexual behaviour, age, other existing infections, but also the geographical region intervene in shaping the evolution of the disease. Epidemiologically and clinically, the regions of the USA and Western Europe can easily be distinguished from Africa in clinical particularities, especially in the case of newborns who have an unfavourable evolution in this region (Păun, 1998: 59-61).

1.2 History of HIV-AIDS in Romania

The HIV infection and AIDS became almost "non-existent" during the communist regime, as the first cases were hidden from the eyes of the medical world precisely to deny the existence of this disease on the territory of our country. In mid-1989, the National Reference Center for Human Retrovirus Infection issued a "commentary" announcing the presence of HIV in 153 people from 10 counties and the city of Bucharest, most cases being confirmed in the Constanța and Giurgiu regions. However, the figures expressed were far from real, being camouflaged and politically controlled. The approach of the first persons officially diagnosed with HIV in Romania was the following: they were hospitalized in pavilions with bars on the doors and windows, the disease being associated with the plague or leprosy highlighted in figure 2. The cases detected predominantly in children arouse heated discussions among the members of the commissions formed at the Ministry of Health. Experts from the ministry ended up being reluctant in mass testing of children and the population for fear of detecting new cases of HIV/AIDS on the territory of our country. The strong argument was *"This is the worst thing that can happen! To advertise we have AIDS in Romania"*. Practically it was a cover-up before the Western world by masking the epidemiological situation identified in our country. (Pătrașcu, 2002: 211-214)

Romania was the first country in Central and Eastern Europe to report a case of AIDS to the AIDS Surveillance Center of the World Health Organization (WHO) of Paris in 1985. No public health surveillance system was available regarding HIV/AIDS, and the order of the Romanian Minister of Health no. 200 issued on June 22, 1987 stipulated that the notification of the detected cases should be carried out only within the "Prof. Dr. Victor Babeș" Hospital of Bucharest.

The later reports confirmed the existence of the epidemiological accident from the period 1986-1991, which determined the transmission of HIV to about 10,000 children, cases confirmed after the mentioned periods.

Starting from 1990, the data analysis was done both at the national and the regional level and in the City of Bucharest quarterly in order to be able to compare the trend of the disease in different stages of time, space and interpersonal interactions.

The procedures are expanded with Minister of Health Order 1243 issued on September 29, 1993 establishing HIV testing for patients diagnosed with TB. Two years later, as a result of the Order of the Minister of Health no. 544 people with STIs (sexually transmitted infections) should also be tested for HIV.

Figure no. 2. HIV children in Romanian Hospital in 1990



Source: Pătrașcu, 2002: 443

Even in the presence of the new regulations, HIV testing for all persons considered as contacts at risk was not possible due to logistical means (National Institute of Infectious Diseases Dr. Matei Bals).

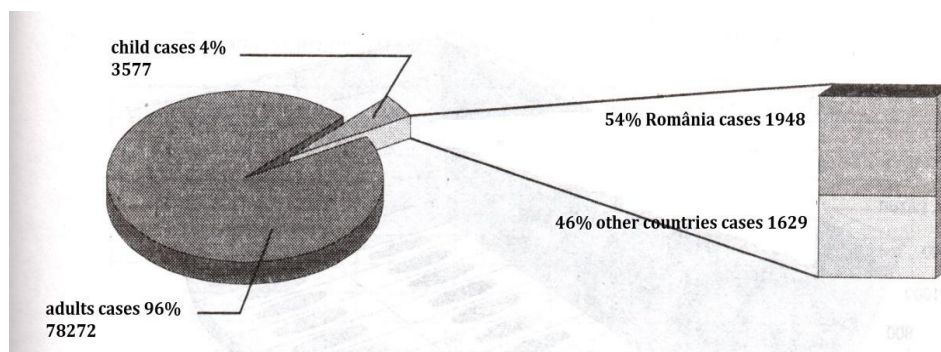
The year 1990 was the year when there were discussions about the beginning of the HIV/AIDS epidemic in Romania. In March 1990, an HIV/AIDS surveillance and reporting system was implemented with the support of experts from the World Health Organization and the Romanian Ministry of Health. Later it established the way in which the future control mechanisms of the epidemic in Romania are supervised. More and more cases of children infected with HIV or AIDS in state hospitals and orphanages are coming to light. In fact, as the authorities began to report accurate data to the WHO for the first time, it became clear that over half of European children infected with HIV are in Romania (HIV outcomes).

According to the European Epidemiological Surveillance Center for AIDS, on September 30, 1992, 3577 cases were registered in Europe, 1948 (54%) were found on the territory of our country according to figure no. 3 (Pleşca, 1998:16-17).

People affected by HIV/AIDS induced a much greater fear than in the case of other diseases at least as serious but much more contagious. The image created by the mass media with descriptions that frighten civil society has induced a disproportionate fear. Among Romania's vulnerabilities are illegal drug use and HIV/AIDS (Corman, 2015a; Corman 2015b). Seropositive people often end up being excluded, being associated with marginalized people due to belonging to degrading social conditions such as homosexuals, intravenous drug addicts or prostitutes (Ciufecu 1996:68).

According to Dr. Pătraşcu's reports, in the 1989-1990 period, out of a total of 1025 tests performed on children admitted to hospitals or orphanages in Romania, 367 cases were found to be HIV positive, approximately 35.8% of the children. These results come in contrast with a frequency of only 3% positive tests detected in the tested mothers, which suggests that the infection of the children occurred nosocomially (during hospitalization).

Figure no. 3. Cumulative paediatric cases of AIDS, 1992



Source: Pleşca, 1998: 17

More than 60% of the children tested already had clinical forms of AIDS. The situation in Romania reported at that time did not include the development of epidemiological studies for HIV infection, the blood used in transfusions was not tested, and the lack of disposable materials (needles, syringes, gloves) could significantly contribute to the spread of the infection (Pătraşcu, Constantinescu, Dublanchet, 1990).

Thus, in most cases of pediatric HIV/AIDS, children were horizontally infected with the F1 subtype virus from the adult population, which entered health care facilities and was then disseminated using contaminated needles and syringes and/or blood transfusions or undetected blood products, according to phylogenetic and epidemiological evidence (Preda, Manolescu, 2022).

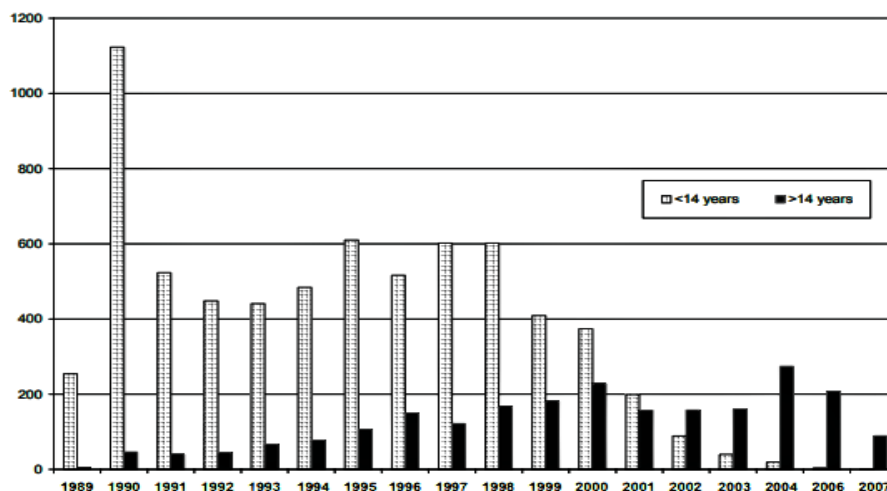
Starting with the year 1991, on September 25, Romania ratified the WHO Convention on the rights of the child from 1989 and mandatory testing of blood donors was introduced in Romania.

With the help of WHO and several non-governmental organizations, a short-term emergency HIV/AIDS prevention and control plan has been implemented to stop the transmission of infection through the administration of injections, differential treatment of HIV cases, and education of the general population. In this context, the Ministry of Health is developing a series of measures regarding blood transfusion, especially for infants and young children. For the first time, people at high risk of HIV infection are excluded from the blood donor program. Blood HIV test kits are becoming available at blood transfusion centres. Both doctors and other medical personnel are encouraged to administer oral drugs instead of injectable treatments (Popovici, 1991).

The pediatric HIV epidemic in Romania was very different from that in the US, with rare early diagnosis of infection and unavailable antiretroviral drug therapy until the late 1990s. In the absence of adequate antiretroviral treatment, perinatal transmission was increasing, which increasingly supported the need for HIV education and intervention in Eastern Europe (Kozinetz, Mătuşa, Cazacu, 2000).

In order to be able to understand more easily the dynamics of newly detected cases of pediatric HIV infection in Romania, we have highlighted in figure no. 4 their distribution in the period 1989-2007 (Rută, Cernescu 2008).

Figure no. 4. Evolution of the HIV epidemic in Romania (1989-2007)



Source: Rută, Cernescu, 2008

We can see that the highest number of detected cases is recorded in the 1990-2000 period, followed by a so-called plateau period until 2007.

There is no doubt that all that happened left a negative mark on our country in relation to the HIV/AIDS epidemic, a fact that will later influence the evolution of existing cases in Romania.

2. Research methodology. Data analysis and interpretation.

The research methods used in this study were based on the comparative analysis of statistical data, being a descriptive analysis. In order to highlight the HIV/AIDS phenomenon in Romania, we took into account analysis parameters already used by the Regional Centers for Evaluation and Monitoring of HIV/AIDS infection. These parameters are centralized within the HIV/AIDS Monitoring and Evaluation Department. in Romania at the National Institute of Infectious Diseases "Prof. Dr. Matei Balş" - Bucharest. The monitored parameters were those related to the trends regarding the way of transmission of the infection on the territory of

Romania according to the behaviours considered risky which and which can influence the dynamics of the evolution of the cases in the period 2007-2022.

The study started from the following research hypothesis: "the increasing dynamics of HIV infection is determined by the transmission of the infection through inappropriate behaviours related to unprotected heterosexual and homosexual sexual contacts, on the one hand, but also to the use of injectable drugs."

One of the major goals of the Joint United Nations Program on HIV and AIDS (UNAIDS) is to limit discrimination against people affected by HIV-AIDS to zero by the year 2030 while reducing the number of new infections due to increased adherence to treatment for over 95 % of the population affected by HIV-AIDS.

Figure no.5. Fast-Track strategy to end the AIDS epidemic by 2030



Source: UNAIDS

Currently in Romania we find in the records of the National Institute of Infectious Diseases Dr. Matei Balș - Bucharest a total recorded number of 17,536 people affected by HIV-AIDS alive, out of a cumulative total of 26,554 people registered in the time interval 1985-2022 (table no. 1).

Table no. 1. General HIV/AIDS date in Romania at 30 June 2022

Total HIV/AIDS (CUMULATIVE 1985-2022) FROM WHICH:	26.554
TOTAL AIDS (CUMULATIVE 1985-2022)	17.664
TOTAL HIV (CUMULATIVE 1992-2022)	8890
LOST FROM EVIDENCE HIV-AIDS CHILDREN+ADULTS	794
TOTAL DEATHS AIDS (1985-2022)	8224
NUMBER HIV PATIENTS/AIDS IN LIFE FROM WHICH:	17.536
0-14 Years	157
15-19 Years	131
≥ 20 Years	17.248
HIV NEW CASES /AIDS, DURING 01.01-30.06.2022	264
HIV NEW CASES NOTIFIER	154
AIDS NEW CASES NOTIFIER	110
DEATH 01.01-30.06.2022 through the case confirmation sheets HIV/AIDS	62

Source: Ministry of Health National Institute of Infectious Diseases "Prof. dr. Matei Balș", 2022

In the first half of 2022, we note that 264 new cases were detected following laboratory tests, of which 154 were in the HIV infection and 110 in the AIDS stage.

An aspect that cannot be overlooked is that of the cases of the disease detected in children between the ages of 0 and 14. If we think about the evolution of the infection over time,

we can see how the literature of the 90s considered the phenomenon of HIV-AIDS in relation to seropositive mothers as a common mechanism for transmitting the infection to the child. At the time it was believed that about 40% of newborns of infected mothers were infected themselves, mothers from so-called risk groups bringing the highest percentage of perinatally infected newborns. The evolution of HIV infection among children in the 90s was much faster, explaining the high mortality in the 0-5 age group (Ciufecu 1998:33).

The introduction of triple combination therapy (HAART) shows good results, greatly reducing mortality in our country. Thus, in the first half of the current year, a number of 62 deaths confirmed through the HIV/AIDS diagnosis form were recorded.

Romania is one of the few countries in Central and South-Eastern Europe with a significant number of HIV cases, patients diagnosed with HIV-AIDS have the highest survival rate in Central and Eastern Europe. More than half of the patients diagnosed in the 1990s are alive grace to the access to modern treatment schemes, while in the 1990s the life expectancy was only three months.

The National Commission for the Fight Against AIDS (CNLAS) within the Romanian Ministry of Health has been developing a new National HIV-AIDS Program since 1997 when triple therapies and monitoring began to be introduced in university centres. Starting from May 1998, the First Anti-HIV Therapy Guide, elaborated by CNLAS, is adopted, recommending a prophylaxis scheme for the transmission of infection from mother to foetus (vertical route). So the Ministry of Health issues Order 889 on November 5, 1998 regarding the regulation of HIV pre- and post-testing testing and counselling (Şerban, 2013).

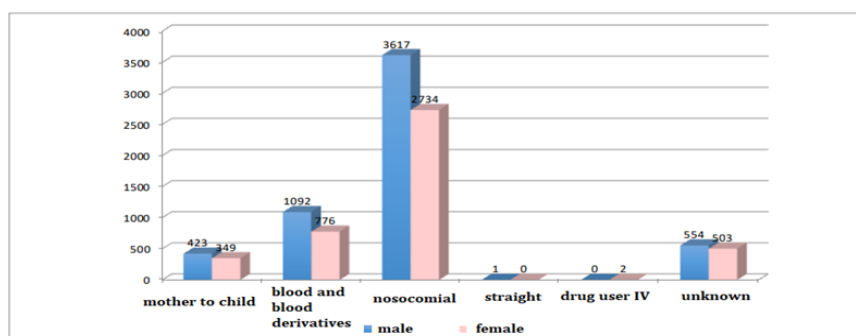
The cumulative distribution of pediatric HIV/AIDS cases from the beginning of the pandemic in Romania until now for the age group 0-14 years at the time of diagnosis according to the route of transmission may be seen in figure 6. Thus, the transmission by nosocomial infection is the main cause of HIV infection, with over 6,300 detected cases, plus over 1,800 cases due to transfusion of blood or blood derivatives.

The route of HIV infection transmission remains an important indicator in monitoring its evolution over a certain period of time.

In the figure 7, we have highlighted the path of transmission of the infection in the 2007-2022 period based on the results centralized by the Department for Monitoring and Evaluation of HIV/AIDS Infection in Romania - INBI "Prof. Dr. Matei Balş.

The main way of transmission remains heterosexual because the non-use of condoms. According to the data in the figure, we can observe a plateau trend, maintaining the total number of diagnosed cases within the 50-75% range over the period of one year. Compared to 2007, there is a decrease in confirmed cases following unprotected heterosexual intercourse.

Figure no. 6. Distribution of HIV/AIDS infection cases among children (0-14 years of age at the time of diagnosis), by the likely route of transmission (cumulative total 1985-2022)

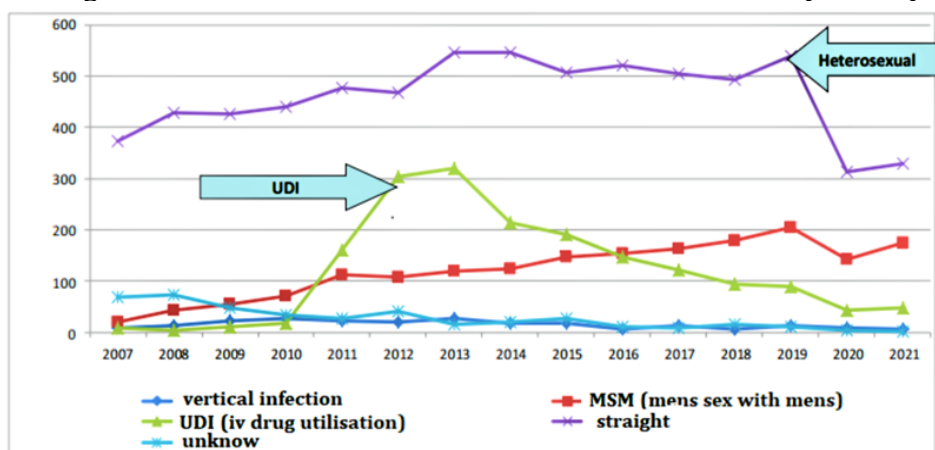


Source: Ministry of Health National Institute of Infectious Diseases "Prof. dr. Matei Balş", 2022

From the viewpoint of the total number of reported cases, we note the difference between 2013, when more than 1000 new cases of infection were registered, and 2021, when the cases dropped by half, below 560.

In this directive, based on the recommendations of specialists who stipulated that marital relations, especially within newly formed couples, should be in the form of protected sexual contacts until the serological status of the partners is revealed (both partners should be tested for HIV).

Figure no. 7. Trends in transmission in Romania, 2007-2021 (number)



Source: Ministry of Health National Institute of Infectious Diseases "Prof. dr. Matei Bals", 2022

In addition to the condom, the adoption of antiretroviral treatment by the people already diagnosed as HIV-positive plays a particularly important role. In the presence of a correctly administered treatment, we can talk about an increased adherence to the treatment and implicitly a considerable decrease in the amount of virus in the circulating blood of the person. The concept of an undetectable viral load ≤ 20 copies / ml cube of blood is being increasingly discussed.

In 2016, through a campaign to prevent and combat HIV / AIDS, and the stigma related to HIV, the phrase Undetectable-Non-Transmissible was publicly launched based on scientific evidence but also on the behavioural, social and legal implications associated with accepting the N=N concept.

In certain situations, studies were conducted on serodiscordant couples in which one partner was HIV positive while the other was uninfected when HIV transmission from multiple unprotected sexual contacts was not reported. These studies were carried out in serodiscordant couples where the seropositive partner had a viral load below 200 copies per cm³ of circulating blood (Eisinger, Dieffenbach, Fauci 2019). In one of the studies on the risks of N=N transmission reported by the National Union of Organizations of People Affected by HIV-AIDS (UNOPA), 1166 couples who had unprotected sex more than 58,000 times were included. The studies looked at couples where one partner is HIV positive but on ARV treatment and the other partner is HIV negative. One of the eligibility criteria was that the partners were already having unprotected sex. Both gay and straight couples were enrolled, and their average age was 40. During these studies, no person became infected from the seropositive partner.

Serodiscordant couples who wish to conceive a child no longer have to resort to pre-exposure prophylaxis (PrEP) or other methods used in the past such as the sperm washing procedure. Reducing the fear associated with HIV transmission can reduce the stigma and

rejection of HIV-positive people when they meet new partners and want to form a couple (UNOPA, N=N). This N=N theory will influence in the future how HIV infection can be kept as low as possible so that in the coming years we see a decrease in cases due to sexual transmission of HIV (both heterosexual and homosexual).

If in the case of serodiscordant couples we already have the N=N concept, to prevent the transmission of HIV and other infections among injecting drug users until 2020, the Romanian Anti-AIDS Association (ARAS) through a social ambulance, distributed in the Bucharest Municipality free sterile syringes, a service that had to be stopped because of the lack of financial resources and the non-involvement of state institutions, according to an article for the hotnews.ro news site published in February 2021: *"The Romanian Anti-AIDS Association announced through a press release, that, due to lack of funds, the ARAS mobile team, which for over 20 years has offered prevention services to people with increased vulnerability, no longer intervenes on the streets of Bucharest from the end of December 2020 [...]ARAS accuses the authorities for not allocating funds to support activities meant to reduce the risks of HIV and hepatitis B and C infection for the persons in the key groups."* (Hotnews.ro, 2021).

The need to prevent parenterally transmitted infections, implicitly HIV infection, is vital for the community of injecting drug users. In Europe, the concept of monitored drug use in sterile injection rooms has existed for over 30 years. The facilities provided by a secure environment, where illicit drugs can be used under the supervision of trained personnel, primarily mean the reduction of acute risks of disease transmission through unhygienic injection, preventing overdose deaths and referring drug users to health and social services.

Drug users' rooms typically provide drug users with: sterile injecting equipment as well as counselling services before, during and after drug use, emergency overdose care and addiction support.

With the emergence and rapid spread of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and injection drug use in the 1980s, a number of measures aimed at reducing the negative impact associated with intravenous drug use were imposed.

These measures included awareness campaigns, peer education, health promotion, provision of sterile injection equipment and substitution treatment.

Drug rooms originally evolved as a response to health and public order issues related to public drug use. As for the historical development of injection rooms, the first supervised room for intravenous drug use was opened in Bern, Switzerland in June 1986. Other facilities of this type were established in the following years in Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark, Greece and France. A total of 78 official drug use units are currently operating in seven reporting countries to the ¹European Monitoring Center for Drugs and Drug Addiction (EMCDDA), following the opening of the first two drug use units in a 6-year study in France in 2016. There are also 12 units in Switzerland.

The Drug Use with Supervised Injection Facilities Act was passed in 2017 to allow the creation of these monitored locations. Within a month of the adoption of the law, two fixed locations and one mobile monitored drug injection location were created. Lisbon has developed similar services since 2019; other data are available in a feasibility study on drug consumption facilities in five major cities in Belgium. (European Monitoring Center for Drugs and Drug Addiction, 2018).

The Carousel Association in collaboration with the Romanian Angel Appeal Foundation (RAA) in a feasibility study on drug consumption rooms drew the attention to the importance of developing such rooms in Romania as well. The authors of the study exemplified what could be the benefits of such rooms that can operate both in a fixed location and in mobile units, both

¹The European Observatory on Drugs and Drug Addiction provides the EU and its member states with objective, reliable and comparable information at European level on the phenomenon of drugs and drug addiction and their consequences. Its purpose is to support policy-making and guide initiatives to combat drug use.

-serving the same target group: drug users from vulnerable groups who take them in the street, in visible places. These rooms have two major objectives:

- to reduce the risks associated with drug use by improving access for vulnerable groups
- to provide a safe environment for drug use and adapted health services (including prevention of HIV infection)
- to contribute to the increase of the safety and quality of life in communities affected by drug use through
- to reduce the impact of public area consumption on different categories of the population (Ursan, 2015).

The use of injectable drugs remains one of the ways of HIV transmission, which in the absence of programs aimed at limiting transmission in the case of CDI will be in a position to expose themselves to infections with parenteral transmission (HIV, Hepatitis B, Hepatitis C) .

The long-term objectives in the sphere of prevention must aim at the creation of legal mechanisms capable of supporting social and medical policies aimed at responding to the needs of people affected by HIV-AIDS, with the aim of facilitating social inclusion, but also a series of instruments that contribute to reduction of new cases of HIV infection. This in the conditions in which the number of people living with HIV in Europe is increasing.

3. Conclusions

The HIV infection continues to put pressure on the public health system. Although we have come to witness a decrease in the number of new illnesses compared to the early years of the pandemic, this condition remains one of the current challenges of our country.

Following the analysis, the transmission trends of HIV infection in Romania were identified, along with the behaviors considered risky that contribute to maintaining an upward slope of newly detected cases.

From the point of view of the infection transmission, the main route remains the heterosexual one, accounting for an average of 60% of all cases detected in the 2007-2022 period. Romania has the most long-term survivors of HIV infection from the 85-90 cohort, who are now in adulthood.

The lack of programs for injecting drug users (IDUs) make them sure targets for both HIV infection and B and C hepatitis. In the absence of sterile injection rooms, or sterile street injecting equipment, injecting drug users can transmit the infection further by sharing needles.

The importance of adherence to antiretroviral therapy remains the main "instrument" by which we can keep the infection under control for the people already diagnosed, while also reducing the risk of HIV transmission to other sexual partners.

Assessing, monitoring and treating the existing HIV/AIDS cases reduces the risks of new outbreaks. The management of this infection must be approached multidisciplinary, including in the social sphere.

Primary prevention and education of the general population through information and avoidance of behaviors considered risky represent a means that cannot be ignored by the authorities.

Thanks to the new treatments, the HIV infection or AIDS disease becomes a chronic, long-lasting one with a low mortality rate, which puts pressure on the budgets allocated to the health sector in Romania.

Since 1985 to the present in Romania more than 8,200 people have lost the battle with the disease, and globally another 40 million have lost their lives.

HIV/AIDS essentially represents by far the longest-lasting pandemic ever to exist on a planetary level, a pandemic that generates very high annual costs for each individual country and requires appropriate interventions.

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