Key graphs CoRIS 30-11-2025

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About CoRIS

CoRIS is the cohort of the Spanish AIDS Research Network. It is an open, prospective and multicenter cohort of adult patients with confirmed HIV infection, without previous antiretroviral treatment and who are recruited in HIV care units of public centers in Spain. The CoRIS cohort is associated with a repository of biological samples deposited in an HIV Biobank that is located at the 'Hospital Gregorio Marañón'.

The CoRIS cohort was created with the objective of describing the HIV infection landscape in Spain and serving as a platform to answer epidemiological, clinical and basic research questions. In addition, the data and samples from the cohort are part of some international collaborations of HIV cohorts (i.e. COHERE, ART-CC, CASCADE, HIV-CAUSAL, EuroCoord and SPREAD, among others) that allow to answer research questions that cannot be answered with unique studies and for which thousands of patients are needed.

Currently, the cohort collects data on 22.162 patients from 53 centers in 16 of the 17 Autonomous Regions in Spain. The CoRIS cohort is a privileged source of epidemiological data that serves to improve knowledge about HIV infection in Spain.

CoRIS key data

In the following section, descriptive statistics of the population recruited and participating in CoRIS are presented.

Evolution of recruitment

CoRIS is a large cohort study recruiting patients prospectively since 2004 until November 2025, a total of 22.162 people have been recruited. (Figure 1)

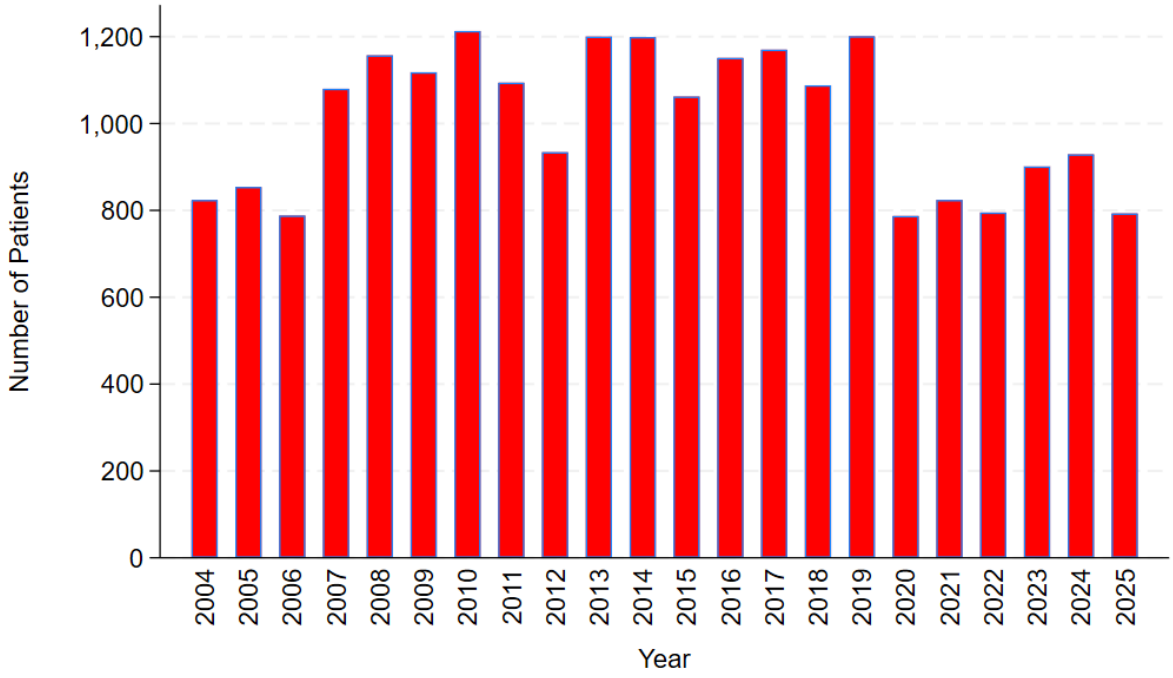


Figure 1.Patients newly recruited each year in the CoRIS Cohort 2004 - 2025

Of the newly recruited patients in 2025, 12,11% were women (Figure 2)

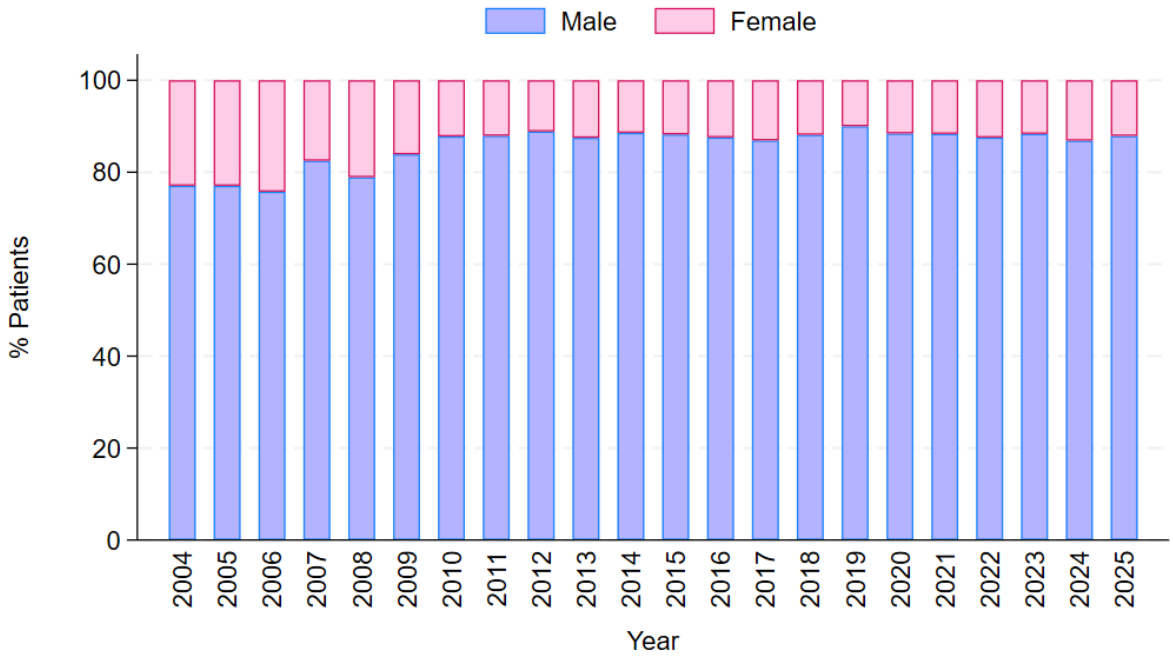


Figure 2. Distribution of new patients recruited each year in CoRIS by gender, 2004 - 2025

The main three transmission groups are MSM (Men having Sex with Men), Heterosexual (Heterosexual contacts) and IDU (Intravenous Drug Users) (Figure 3)

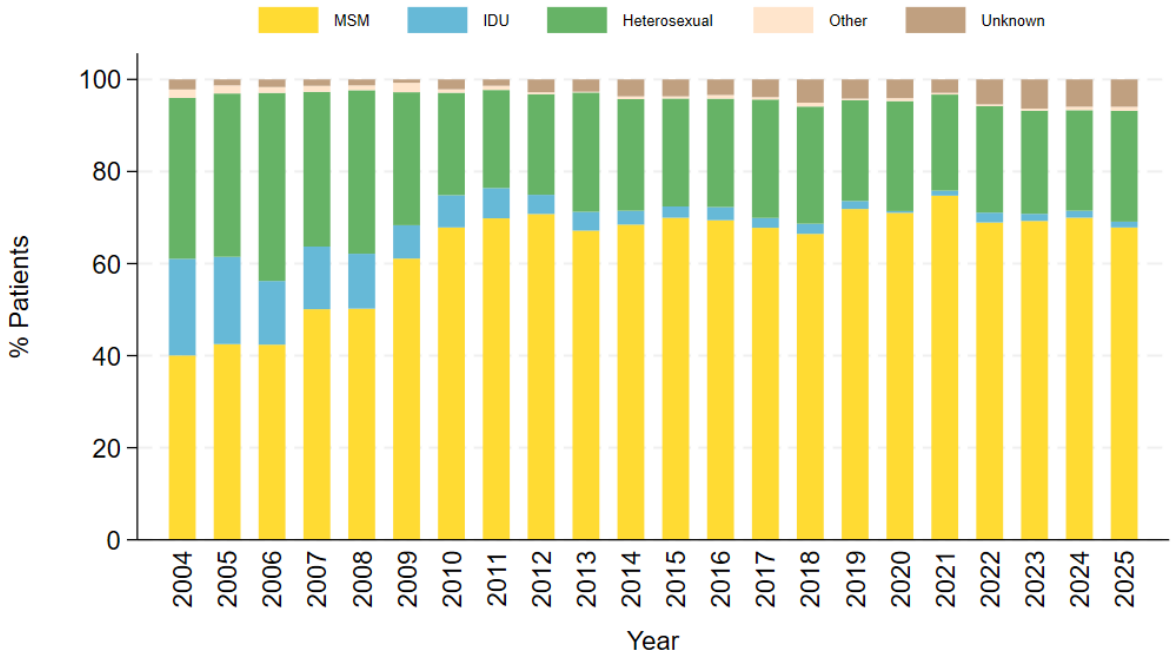


Figure 3. Distribution of new patients recruited each year in CoRIS by mode of infection, 2004 - 2025

For females, the median age at the time of recruitment increased over time from 35 years in 2004 to 41 years in 2025; however, for males it remains stable over time, although a slightly decrease is observed from 36 years in 2004 to 34 years in 2025. (Figure 4)

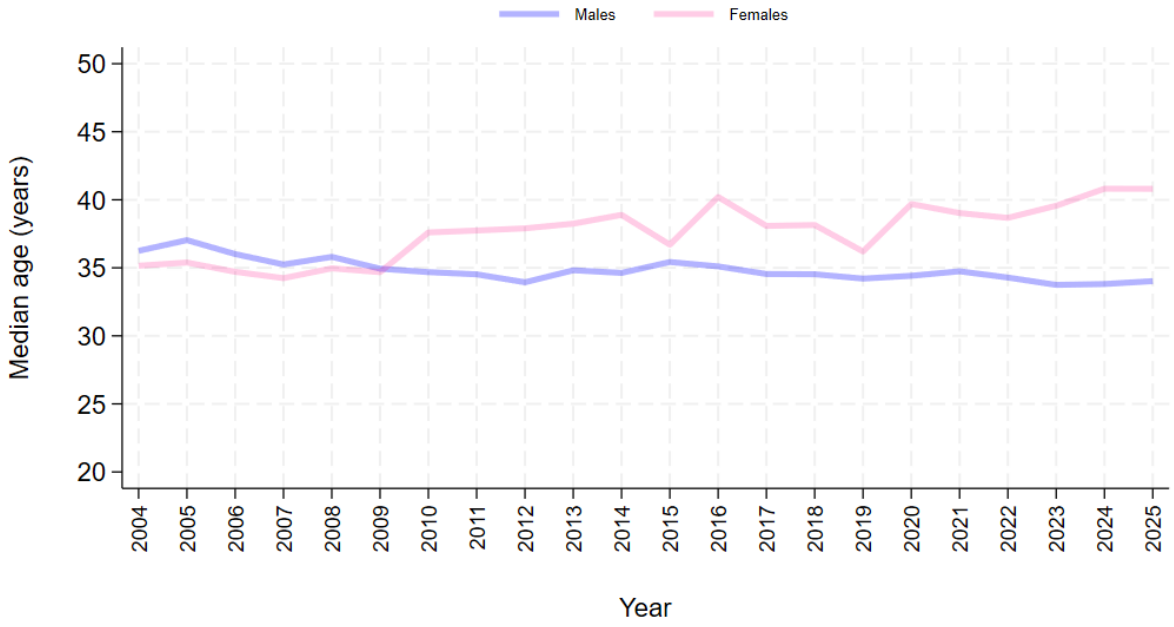


Figure 4. Median age at recruitment in CoRIS by gender, 2004 - 2025

For females, the median CD4 cell count at the time of recruitment remains quite stable but for men it increases until 2012 it remains stable until 2016 and a slight decrease is observed thereafter. (Figure 5)

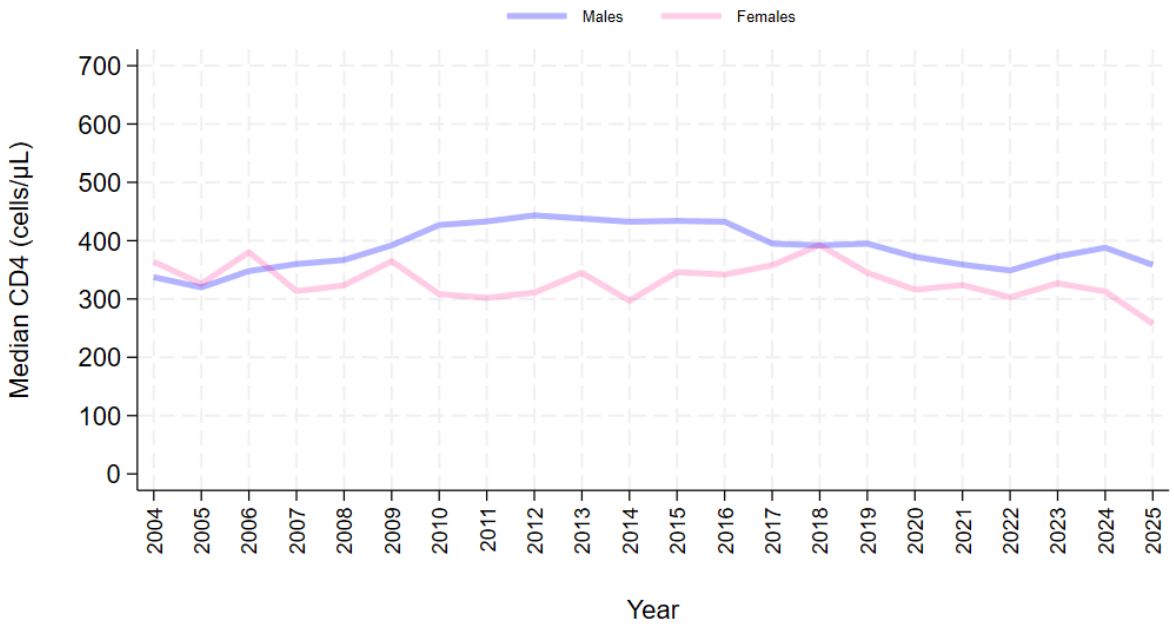


Figure 5. Median CD4 at recruitment in CoRIS by gender, 2004 - 2025

The median CD4 cell count at the start of therapy increased very rapidly over time. The guidelines for the start of treatment changed several times, which is reflected in our data. Today, patients are starting treatment earlier, with a higher CD4 cell count. (Figure 6)

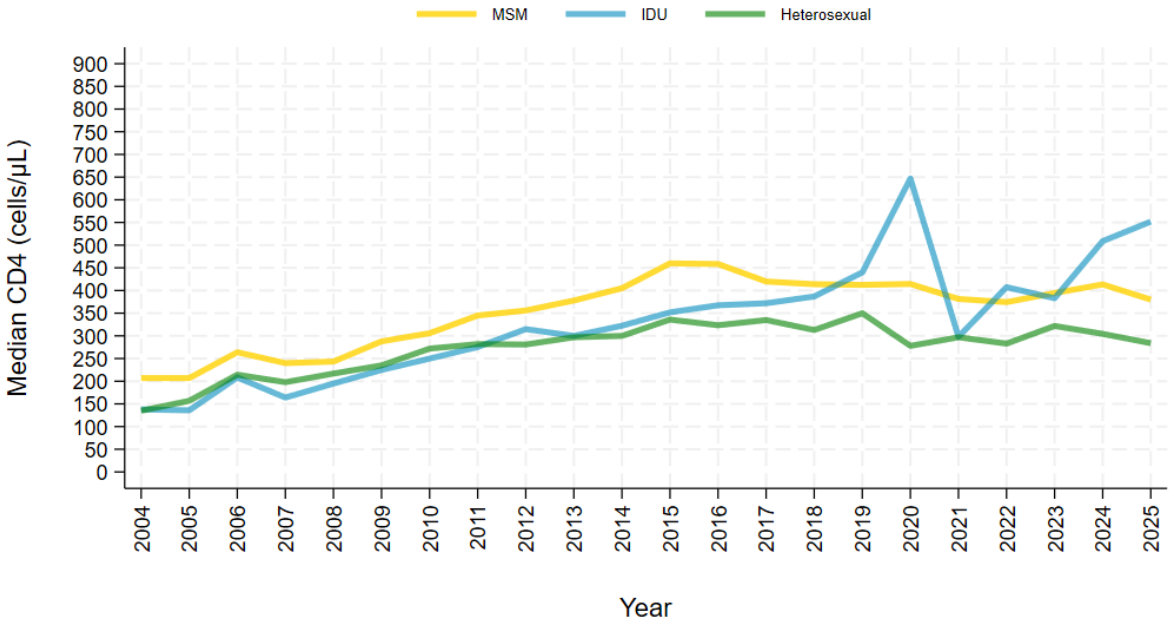


Figure 6. Median CD4 at initiation of ART in CoRIS by mode of infection, 2004 - 2025

The distribution of causes of death has also changed over time. HIV/AIDS- and liver- related deaths have declined over the years while deaths from non-AIDS-defining malignances have increased. (Figure 7)

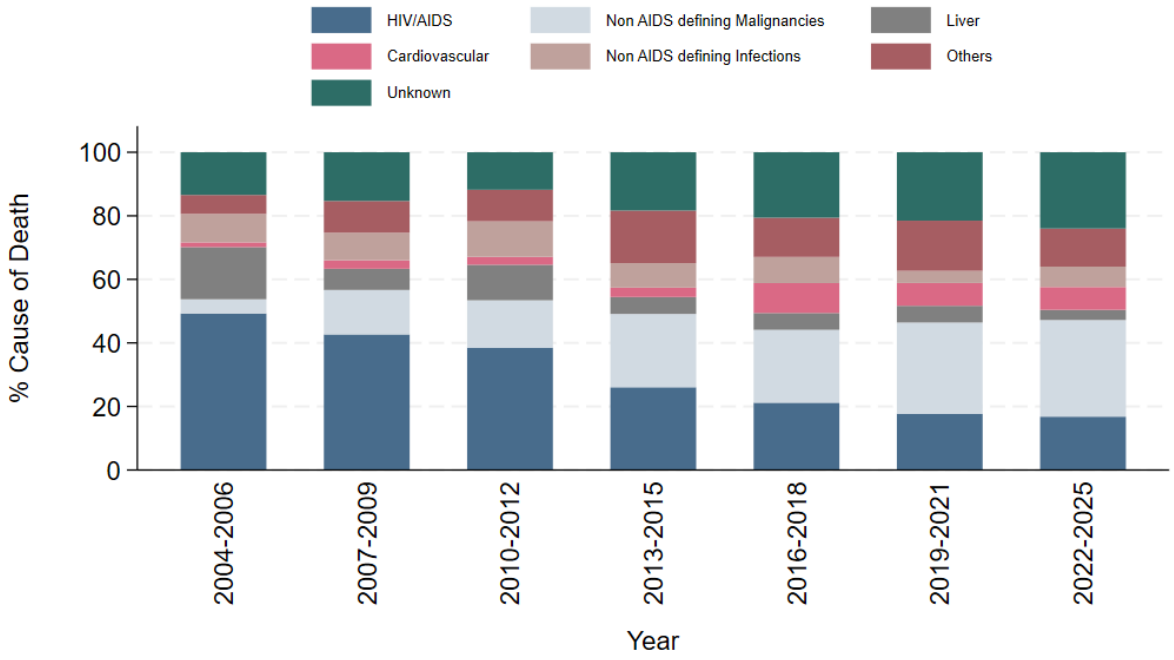


Figure 7. Distribution of Cause of Death registered each year in CoRIS, 2004 - 2025

Current status

The percentage of men actively followed in CoRIS has increased over time, from 76.2% in 2004 to 85.9% in 2025. (Figure 8)

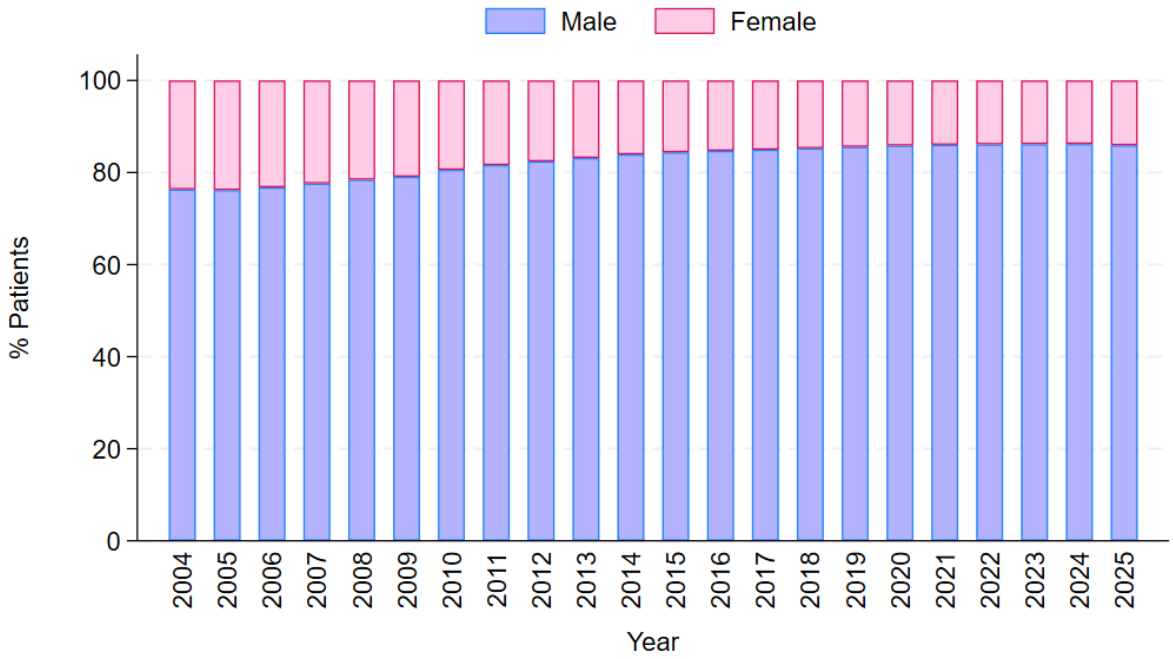


Figure 8. Distribution of patients actively followed in CoRIS by gender, 2004 - 2025

The percentage of MSM actively followed in CoRIS has increased over time (38.7% in 2004 to 65.4% in 2025) while this percentage for IDU has decreased (22.9% in 2004 to 3.7% in 2025). (Figure 9)

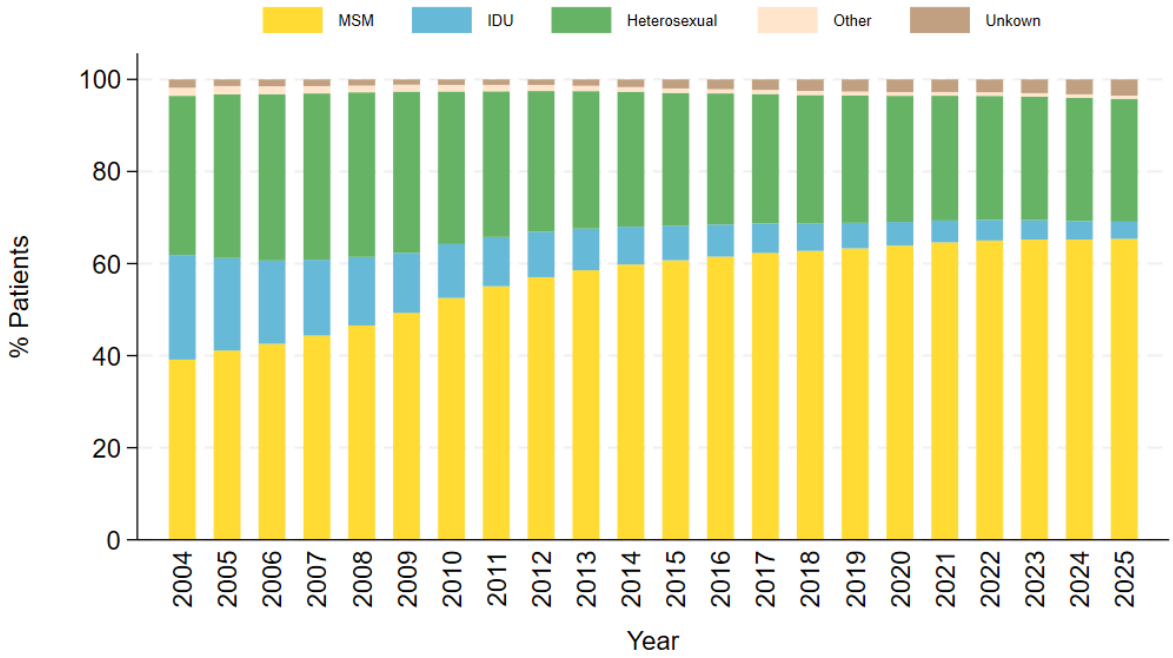


Figure 9. Distribution of patients actively followed in CoRIS by mode of infection, 2004 - 2025

The percentage of people over 50 years actively followed in CoRIS has increased over time, from 8.8% in 2004 to 37.7% in 2025. (Figure 10)

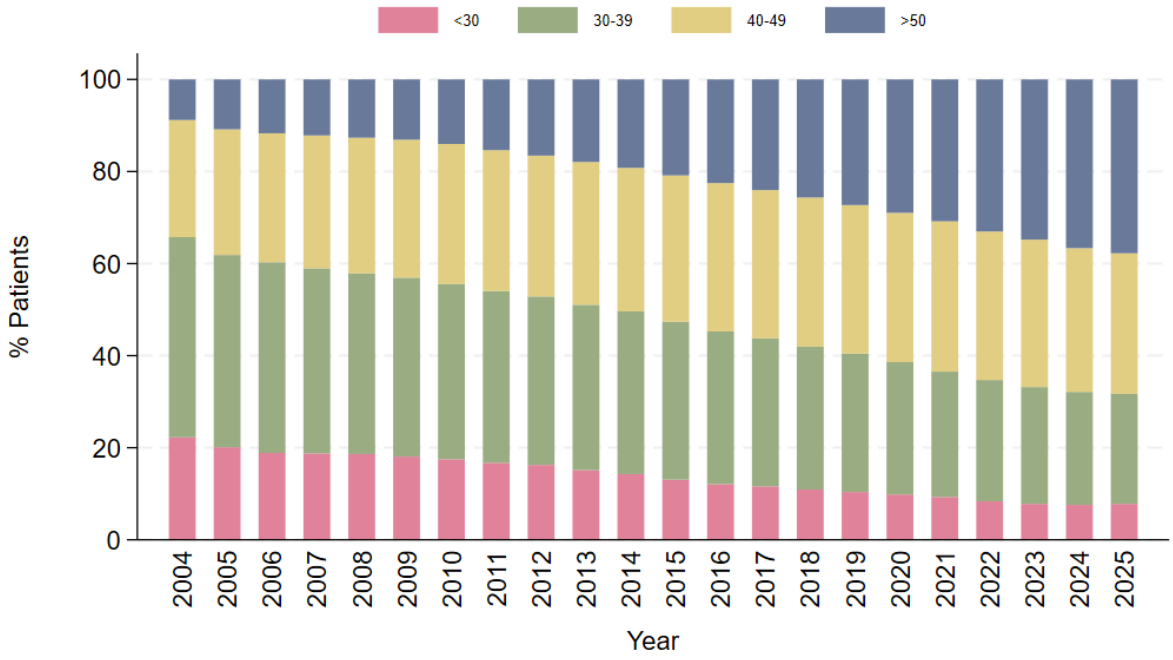
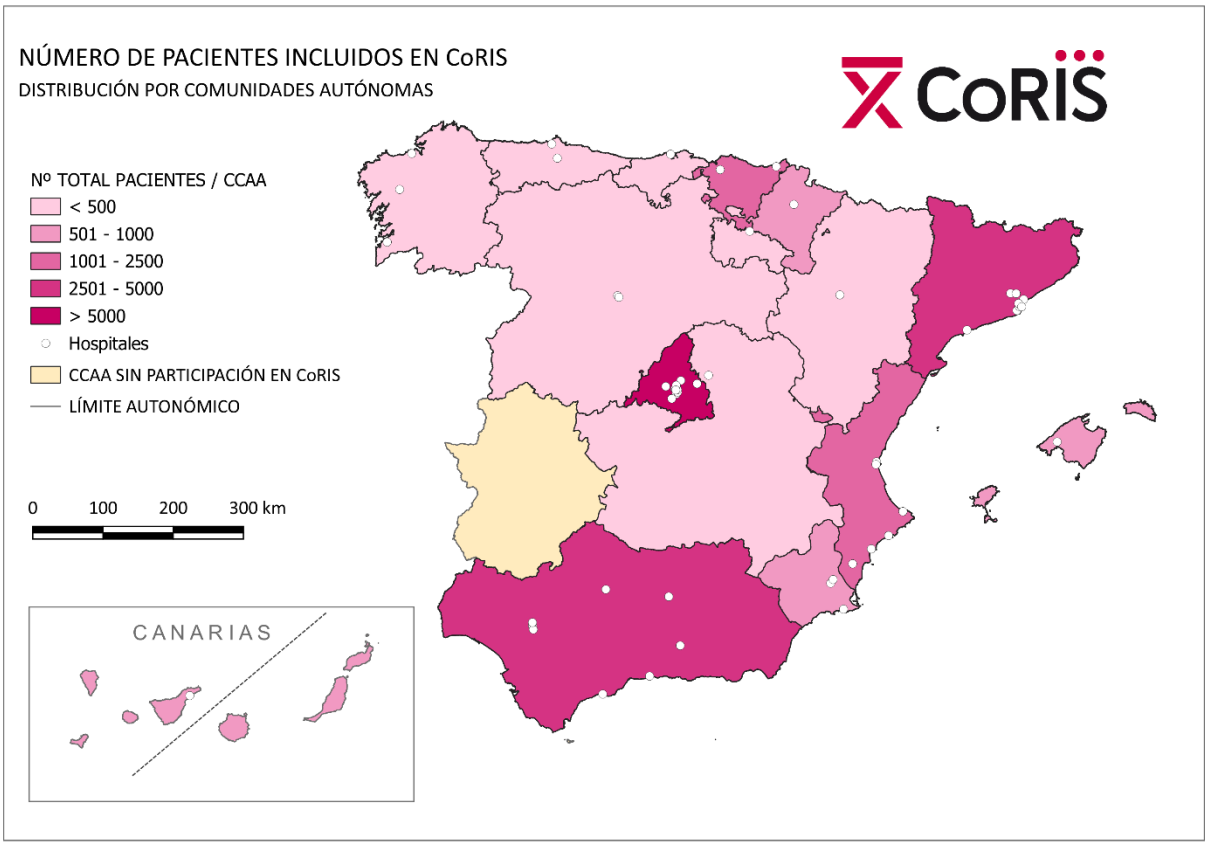


Figure 10. Distribution of patients actively followed in CoRIS by age, 2004 - 2025

Map of the number of patients included in CoRIS, distribution per autonomous region.



Map of the number of patients included in CoRIS, distribution per province