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Trends in registered HIV/AIDS cases in the Netherlands: rising number of immigrants with HIV

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The HIV epidemic in the Netherlands is changing as a result of increasing life expectancy due to the introduction of highly active antiretroviral therapy (HAART) since 1996, and a shift from homosexual towards heterosexual transmission that is associated with rising numbers of HIV infected immigrants.

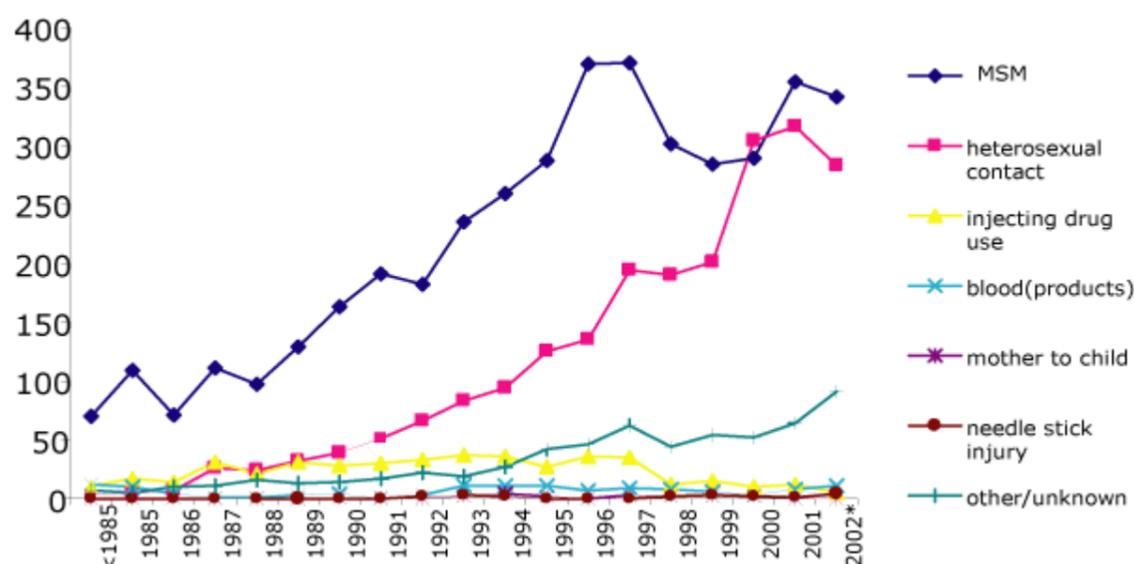
Since 1 January 2002, data on all newly diagnosed HIV infected individuals in the Netherlands have been collected by the Stichting HIV Monitoring (HIV Monitoring Foundation or HMF, <http://www.hiv-monitoring.nl>) in Amsterdam (1). The goal of the HMF is to monitor HIV infected individuals seen in the 22 HIV treatment centres in the Netherlands in order to study changes in the epidemic, the natural history of HIV and the effects of treatment. HIV/AIDS registration in the Netherlands is different from in other European countries, as it is a clinical cohort, based on the 22 HIV treatment centres. Individuals enter the cohort after an HIV positive diagnosis, and are followed over time. AIDS diagnoses are registered in the same cohort. Previously diagnosed HIV infected individuals are included in the HMF cohort retrospectively.

Between 1 January 2002 and 1 August 2003, 8496 HIV infected individuals were registered in the HMF cohort (78% male and 22% female). Forty five per cent of those diagnosed with HIV were seen in treatment centres in the city of Amsterdam. Men who have sex with men (MSM) form the largest group (51%), followed by men and women who have acquired their infection heterosexually (27%). The number of heterosexually acquired HIV infections has increased over time, due to rising numbers of individuals originating from sub-Saharan Africa (1, 2).

Figure 1 shows a peak in the newly diagnosed HIV infections among MSM in 1996-1997 and in 2001-2002. The rise in HIV diagnoses among MSM in these periods is likely due to an increased willingness to test following the availability of HAART (1996-1997) and an effect of the start of the official registration in 2002 (2001-2002). There was a steady increase in the number of HIV infections among heterosexuals.

Among individuals diagnosed in 2002 (n=735), 38% acquired the infection through heterosexual contact (Table 1). Half of all heterosexually infected individuals originate from a region with a generalised HIV epidemic, in particular sub-Saharan Africa.

Figure 1. Number of HIV infected individuals in the Netherlands, stratified by year of diagnosis and route of transmission (source: HMF). * Possibly incomplete due to reporting delay.



Of the HIV diagnoses in 2002, the percentage in MSM was 46%. Only 1% were injecting drug

users, a group that was possibly underrepresented. For 12% of the HIV infected individuals, a likely route of transmission has yet to be determined

Table 1. HIV and AIDS in the Netherlands (data available until August 1, 2003)

Cumulative number of HIV infected individuals¹	8496
Male	6637
Female	1859
Children (0-18 years*) ²	209
Route of transmission ¹	
- Sex between men (MSM)	4365 (51%)
- Heterosexual contact	2318 (27%)
- Injecting drug use	458 (5%)
- Blood(products)	137 (2%)
- Needlestick injury	20 (0.2%)
- Mother to child transmission	20 (0.2%)
- Other/unknown	1178 (14%)
Route of transmission, children ²	
- Mother to child transmission	143 (68%)
- Haemophiliac	12 (6%)
- Blood(products)	18 (9%)
- Surgery	2 (1%)
- Sexual contact/abuse	12 (6%)
- Other/unknown	22 (11%)
Newly diagnosed HIV infected individuals in 2002¹	735
Male	527
Female	208
Children (0-18 years*) ²	23
Route of transmission	
- Sex between men (MSM)	339 (46%)
- Heterosexual contact	285 (39%)
- Injecting drug use	5 (0.7%)
- Blood(products)	11 (2%)
- Needlestick injury	0 (0%)
- Mother to child transmission	4 (0.5%)
- Other/unknown	91 (12%)
Cumulative number of AIDS patients since epidemic began³	6076
Newly diagnosed AIDS patients in 2002	234
Cumulative number of deaths from HIV/AIDS since epidemic began	3978
Cumulative number of deaths from HIV/AIDS in 2002⁴	89
Cumulative number of AIDS patients alive in 2002	± 2000

age at diagnosis

¹: datasource: HMF, ²: datasource: NSCK, ³: datasource AIDS cases < 2000: Health Inspectorate, datasource AIDS cases = 2000: HMF, ⁴: datasource: CBS.

Table 2. Total number of HIV infected individuals registered in the Netherlands, stratified by region of origin (Cumulative figures).

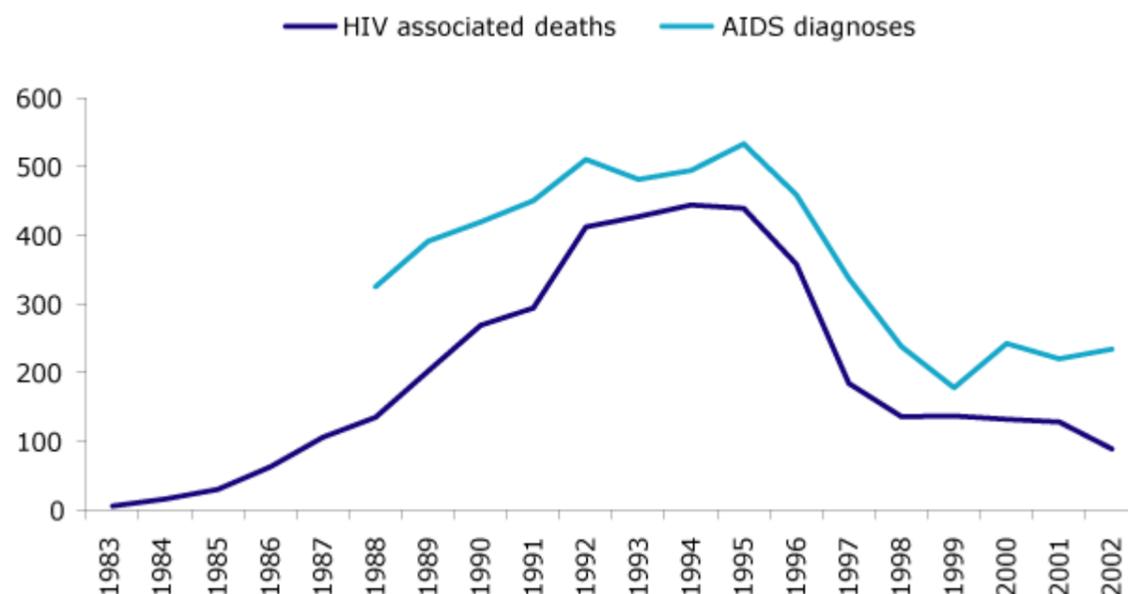
Region of origin	Male (%)	Female (%)	Total (%)
Netherlands	4423 (67%)	584 (31%)	5007 (59%)
Western Europe (excl. Netherlands)	469 (7%)	115 (6%)	584 (7%)
Central Europe	90 (1%)	18 (1%)	108 (1%)
Eastern Europe	23 (0.4%)	6 (0.3%)	29 (0.3%)
Sub-Saharan Africa	602 (9%)	771 (42%)	1373 (16%)
Caribbean	191 (3%)	97 (5%)	288 (3%)
Latin America	402 (6%)	145 (8%)	547 (6%)
North America	124 (2%)	4 (0.2%)	128 (2%)
North Africa & Middle East	62 (1%)	21 (1%)	83 (1%)
Australia & Pacific	30 (0.4%)	1 (0.1%)	31 (0.4%)
South Asia	110 (1%)	20 (1%)	130 (1%)

South Asia	162 (2%)	89 (5%)	251 (2%)
Unknown	59 (1%)	8 (0.4%)	67 (0.8%)
Total	6637	1859	8496

Table 2 shows the number of HIV infected men and women stratified by region of origin. The majority of the individuals originate from the Netherlands (59%). The largest non-Dutch group consists of sub-Saharan Africans, accounting for 9% of the men and 42% of the women. Of those heterosexually infected, the percentage of sub-Saharan Africans is the same for men as for women.

In total, 209 HIV infected children (0-18 years) have been reported in the Netherlands by the Netherlands Signalerings Centrum Kindergeneeskunde. Most of the children became infected through mother to child transmission (76%). The percentage of children with one or both parents originating from an HIV endemic country increased from 40% in 1995 or earlier (29/73) to 91% in 2002/2003 (31/34). Forty six per cent of the HIV infected children were tested for HIV because of clinical symptoms of an infection, and 33% were tested because the mother was HIV infected.

Figure 2. AIDS diagnoses and HIV associated deaths in the Netherlands in the period 1983-2002.



By 1 August 2003, a total of 6076 individuals with AIDS had been registered in the Netherlands (Table 1). Soon after introduction of HAART in 1996, the number of newly diagnosed AIDS patients declined sharply: since the year 2000, the number of new AIDS diagnoses has stabilised at 220-40 per year. This trend towards stability is likely to be related to the relative increase of new diagnoses among individuals from HIV endemic regions among AIDS cases; a similar pattern can be observed in other western European countries. The percentage of women among all AIDS patients more than doubled from 12% in 1994 to 27% in 2002. Although the number of new AIDS diagnoses has stabilised since the year 2000, HIV associated deaths in the Netherlands have continued to decline (3).

Further expansion of surveillance activities in the Netherlands is necessary in the light of these trends. HIV incidence studies, one of several new initiatives, are being set up to facilitate rapid detection of changes in HIV transmission in the Netherlands. Moreover, the ongoing increase of sexually transmitted diseases in the Netherlands suggests an increase of unsafe sex practices in certain populations (e.g. MSM). Behavioural surveillance needs to be strengthened in order to understand the determinants of unprotected sex.

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