Abstract

HIV and AIDS in the Netherlands, 1 December 2003

This report describes the epidemiological characteristics of diagnosed HIV infected individuals in the Netherlands, registered in the national HIV/AIDS registration by the HIV Monitoring Foundation. Data from all newly diagnosed HIV infected individuals in the Netherlands have been collected as from January 1st 2002.

On August 1st 2003, a total of 8,496 HIV infected individuals were registered (78% male and 22% female). Men who have sex with men (MSM) form the largest group within the HIV/AIDS registration (51%), followed by the heterosexuals (27%). The latter group is increasing relatively in time, from 3% in 1985 to 38% in 2002. The number of patients from HIV endemic countries, in particular from sub-Saharan Africa, is also increasing, especially among women.

Male and female infecteds differ with respect to transmission group, age and country of origin. In general, women are younger, more often infected heterosexual and more often originate from an HIV endemic area. Of the heterosexually HIV infected, fifty percent originate from an HIV endemic area.

Of the 735 HIV infections newly diagnosed in 2002, MSM form the largest group (46%), followed by the heterosexually acquired infections (38%). The number of newly diagnosed HIV infections in injecting drug users in 2002 remains low (0.7%).

On August 1st 2003, 209 HIV infections among children (0-18 years) have been reported in the Netherlands. Most of those children became infected through mother to child transmission (76%). 46% of the HIV positive children were tested for HIV because of symptoms of an infection, 33% because the mother is HIV infected.

On August 1st 2003 6,076 persons with AIDS are registered in the Netherlands. After the introduction of HAART in 1996, the number of newly diagnosed AIDS patients decreased strongly. However, since 2000 the number of AIDS patients stabilised at 220-240 annually. This stabilising trend is also seen in other West European countries and is most likely related to the relatively increasing number of people from HIV endemic areas among AIDS cases. While the number of AIDS diagnoses stabilised in time, HIV associated deaths in the Netherlands continued to decline.

The HIV epidemic in the Netherlands is changing as a result of the increasing life expectancy due to HAART, the increasing group of migrants and the shift from homo- and bisexual transmission to heterosexual transmission. Adjustment of surveillance activities in the future might be needed in the Netherlands.