

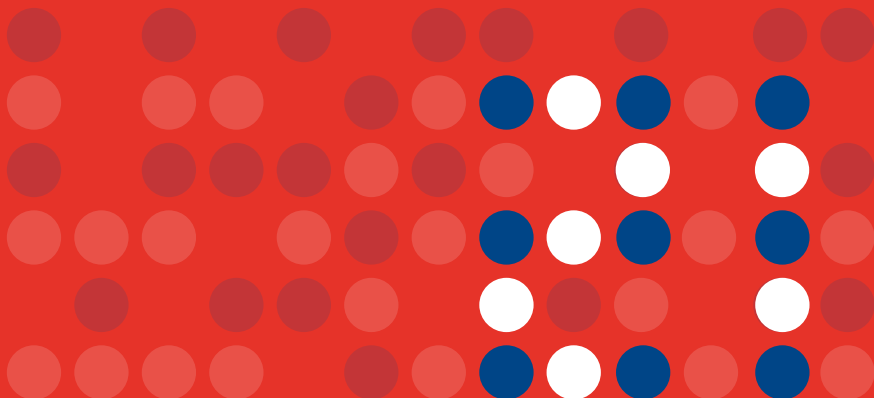
Human Immunodeficiency Virus (HIV)
Infection in the Netherlands



HIV Monitoring Report

2021

Summary



HIV in the Netherlands



21,155
people living
with HIV
in care



13,332
men who
have sex
with men



3,910
other
men



3,914
women



1,640
people who are
living with HIV,
but don't know it

On 31 December 2020 there were an estimated 24,000 HIV-positive people in the Netherlands. Of these, 21,155 were being treated in one of the country's 24 HIV treatment centres for adults or four centres for paediatric HIV care. These 21,155 people represent:

- 21,003 adults
- 152 children
- 13,332 men who have sex with men
- 3,910 other men
- 3,914 women

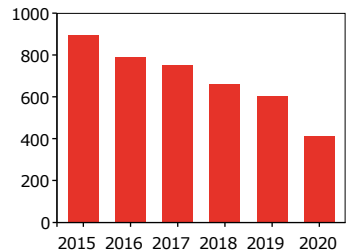
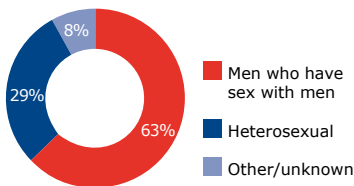
There are an estimated 1,640 people in the Netherlands who are unaware that they are living with HIV.

New diagnoses in 2020

In 2020, 411 people were newly diagnosed with HIV. This annual figure has been falling for some years.

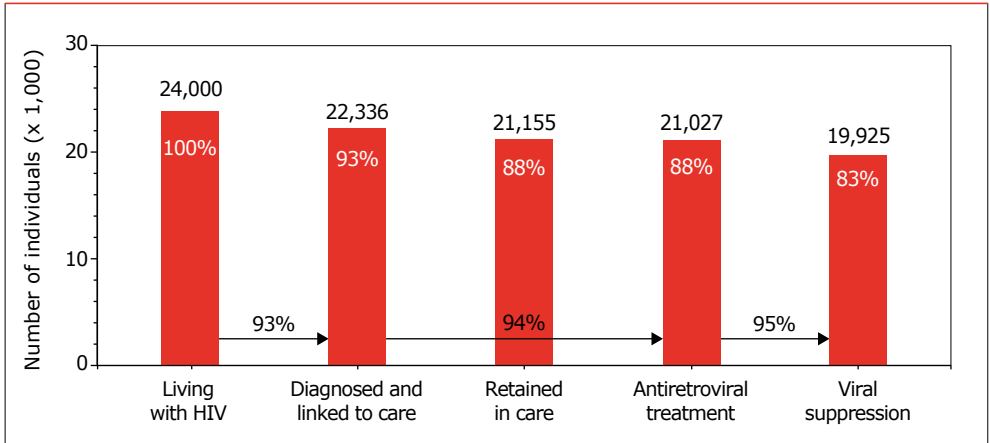


411 new diagnoses in 2020



- Most (63%) of the new diagnoses were found in men who have sex with men. 29% concerned transmission through heterosexual contact, and 8% of the new diagnoses concerned a non-sexual or unknown transmission vector.
- In 2020, 26% of all newly diagnosed people with HIV were aged 50 or older at the moment of their diagnosis.
- A large proportion of new HIV diagnoses concern people who come to HIV treatment centres with an infection at an advanced stage. This percentage has remained the same – about 50% of all new HIV diagnoses – for many years. Because the number of new HIV diagnoses has been falling for years, the number of people in this group is also falling.
- Of all new HIV diagnoses amongst men who have sex with men, 42% come to the HIV treatment centre with the disease at an advanced stage. Amongst other men this percentage is 71%, and amongst women the percentage is 67%.
- On the other hand, 33% of all new HIV diagnoses in men who have sex with men had tested negative a year earlier. In other men and in women these percentages are much lower: 8% (other men) and 9% (women).

Continuum of HIV care



The treatment of HIV is directed principally towards suppression of the virus, which also means that it can no longer be transmitted to others. The treatment therefore not only promotes health but also prevents further HIV infection. The steps involved in achieving a suppressed virus (i.e., fewer than 200 copies/ml of the virus in the blood) can be expressed in terms of an HIV care continuum.

- At the end of 2020 there were an estimated 24,000 HIV-positive people in the Netherlands, 1,640 of whom were not diagnosed as having HIV.
- In all, 22,336 (93%) of the 24,000 people estimated to have HIV have been diagnosed, linked to care, and (with their explicit permission) included in the SHM database.
- Of these 22,336 HIV-positive people, the majority (21,027 – 94%) are being treated for HIV. Amongst these 21,027 people the virus has been suppressed in 19,925 (95%).
- Of the total estimated group of HIV-positive people, 83% had a suppressed virus at the end of 2020; amongst those who have been diagnosed and are receiving health care, this figure is 89%.

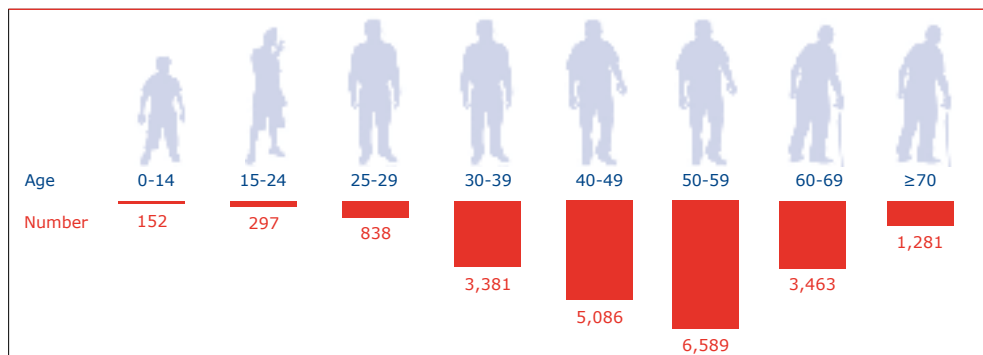
The goals of the National Action Plan for STDs, HIV and sexual health

The Netherlands is well on course to achieve the three HIV goals in the National Action Plan for STDs, HIV and Sexual Health for 2022.

- With just 411 new diagnoses in 2020, it looks as if the first goal – halving the number of new HIV diagnoses in 2022 compared to 2015 (then 894) – has already been achieved.
- The second goal – that 95% of those with HIV are aware of their status, 95% have started treatment, and 95% has a suppressed virus – has been very nearly achieved (see figure above). Amongst men who have sex with men this goal has already been achieved (96%-96%-96%).
- Since 13 people died of AIDS-related illness in 2020, the third goal – zero deaths from AIDS in 2022 – is in sight. However, this figure is falling only slowly and as long as HIV diagnoses arrive late people will continue to die of AIDS.

Living with HIV

Age distribution of people undergoing treatment for HIV in the Netherlands



* These numbers do not add up to 21,155, the number of HIV-positive people in the Netherlands. This is related to a delay in the SHM report

The average age of those undergoing treatment for HIV in the Netherlands continues to rise. In 2020, 54% of this group was over 50 years of age.

Regional distribution of people living with HIV in the Netherlands

| | Estimated number of people living with HIV | Without diagnosis |
|-------------------------|--|-------------------|
| Noord | 1,340 | 110 |
| Oost | 2,690 | 220 |
| Utrecht | 1,420 | 110 |
| Noord-Holland/Flevoland | 9,090 | 420 |
| Zuid-Holland Noord | 1,810 | 130 |
| Zuid-Holland Zuid | 3,780 | 300 |
| Zeeland/Brabant | 2,530 | 170 |
| Limburg | 1,030 | 70 |

Origins of those being treated for HIV in the Netherlands

| | Number | Percentage |
|---------------------------|--------|------------|
| The Netherlands | 12,233 | 58 |
| Sub-Saharan Africa | 2,657 | 13 |
| Western Europe | 1,094 | 5 |
| Elsewhere in Europe | 887 | 4 |
| South America | 1,618 | 8 |
| The Caribbean | 947 | 4 |
| South- and southeast Asia | 780 | 4 |
| Other | 775 | 4 |
| Unknown | 96 | 0 |

** 'Elsewhere in Europe' includes Central Asia

A large proportion of people with HIV (10,370 – 43%) live in the country's four largest cities. It is estimated that about 560 of these people are unaware of their HIV-positive status.

Children with HIV

The results for HIV-positive children undergoing treatment in an HIV treatment centre are favourable: 97% of these under-18s have no detectable virus in their blood.

Around the age of 18 they enter a period of life in which long-term therapeutic adherence becomes a greater challenge. This is shown by the fact that a larger proportion of these young adults (about 20%) have detectable levels of the HIV virus in their blood around the moment that they transfer to an HIV treatment centre for adults.

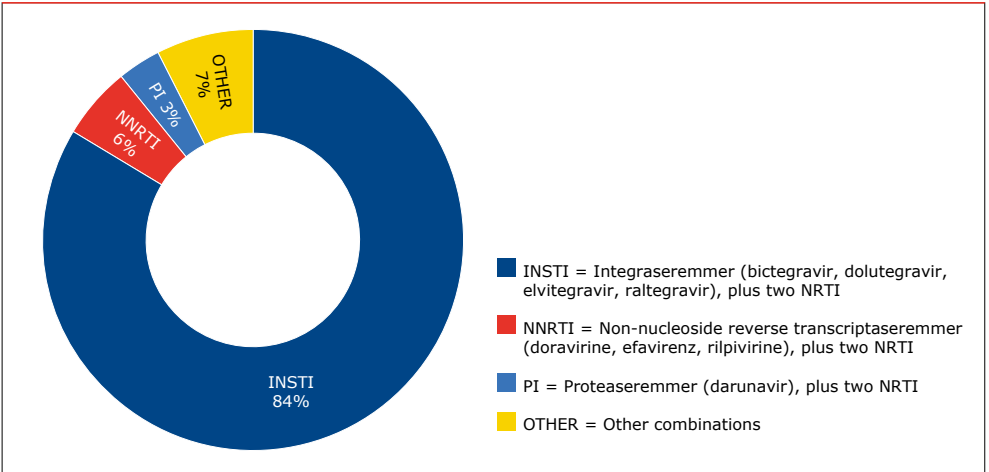
HIV treatment

Start

The time lapse between initial HIV diagnosis, enrolment at an HIV treatment centre, and starting medication has been falling for several years.

In 2020 the large majority (95%) of those with a new HIV diagnosis entered treatment within four weeks of diagnosis. 92% of newly-diagnosed people with HIV began medication within a month of entering care; 98% did so within six months. Of all HIV-positive adults who entered care in 2020 and had had treatment for at least twelve months, 98% had a suppressed virus.

Medicines



Of those people who started antiretroviral therapy in 2020, 84% were given a combined drug containing two nucleoside analogue reverse transcriptase (RT) inhibitors and a single integrase inhibitor. The two most frequently prescribed combinations were a combination of tenofovir alafenamide, emtricitabine and bictegravir (under the brand name Biktarvy) and a combination of tenofovir disoproxil, emtricitabine and dolutegravir.

The other 16% were prescribed a combination of two nucleoside analogue RT inhibitors plus either a protease inhibitor (3%) or a non-nucleoside RT inhibitor (6%), with 7% receiving another type of combination. Less than 1% began treatment with a combination comprising only two drugs.

Over the last ten years the percentage of HIV-positive people who switched to a different combination has stayed fairly constant. The reasons for changing medication have changed, however, since medication now seldom fails. Today a medication is changed mostly to simplify a treatment combination, or because a new regime has become available which is believed to hold better long-term prospects for the user.

COVID-19

Despite the shift from physical to online or telephone consultations, the COVID-19 pandemic appears to have had a negligible effect on care quality for those living with HIV in the Netherlands, although 2020 did see fewer blood samples registered to measure HIV virus levels.

The course taken by COVID-19 does not appear to be very different or more serious in those undergoing effective HIV treatment than in those without HIV. There is, however, a higher risk of serious COVID-19 illness in HIV-positive people with low immunity levels and in HIV-positive people who also have one or more other disorders. In 2020 19 people with HIV died of COVID-19.

Cause of death

Effective HIV treatment has been available in the Netherlands since 1996, and since then the risk of dying from AIDS has fallen steadily. Fatality is increasingly the result of chronic ailments not directly related to HIV, including various forms of cancer, cardiovascular disease, and chronic liver disease.

While some cancers are appearing with increasing frequency, if account is taken of the rising average age of all those living with HIV in the Netherlands then there is a clear decrease in the age-standardised risk. This could be the result of reduced risk factors such as smoking, the more extensive screening and treatment of early-stage diseases such as anal cancer, and the larger number of people with raised CD4 cell counts in recent years.

People living with HIV who began treatment within twelve months of their last HIV-negative test had a lower risk of being diagnosed with a directly HIV-related cancer, regardless of the CD4 cell count and/or other risk factors. This points to an additional health benefit of early HIV treatment.

As a result of the rising average age of those living with HIV, over the last twenty years the proportion of people with a raised risk of cardiovascular disease has gradually risen; however, age-standardised rates of cardiovascular disease have continued to fall over the years. This may mean that the management of cardiovascular risk has improved over these years, but there is still plenty of room for further improvement, for instance by making use of cholesterol-lowering and hypertension-reducing medication and low doses of aspirin after a heart attack or stroke, as well as for the primary prevention of cardiovascular disease in people with a strongly raised risk of this disease.

A healthy, resilient old age in people with HIV, and a reduced disease burden from illnesses not directly related to HIV, can be achieved if medics and HIV-positive people, as in the general population, are made more aware of the role played by adaptable, lifestyle-related risk factors.

HIV treatment centres

There are 24 official HIV treatment centres in the Netherlands.

- 1 Noordwest Ziekenhuisgroep, Alkmaar
- 2 Flevoziekenhuis, Almere
- 3 Amsterdam University Medical Centers, AMC site, Amsterdam
- 4 Amsterdam University Medical Centers, VUmc site, Amsterdam
- 5 DC Klinieken Lairese - HIV Focus Centrum, Amsterdam
- 6 OLVG, Amsterdam
- 7 Medisch Centrum Jan van Goyen (MC Jan van Goyen), Amsterdam
- 8 Rijnstate, Arnhem
- 9 HagaZiekenhuis (Leyweg site), Den Haag
- 10 HMC (Haaglanden Medisch Centrum), Den Haag
- 11 Catharina Ziekenhuis, Eindhoven
- 12 Medisch Spectrum Twente (MST), Enschede
- 13 ADZ (Admiraal De Ruyter Ziekenhuis), Goes
- 14 Universitair Medisch Centrum Groningen (UMCG), Groningen
- 15 Spaarne Gasthuis, Haarlem
- 16 Medisch Centrum Leeuwarden (MCL), Leeuwarden
- 17 Leids Universitair Medisch Centrum (LUMC), Leiden
- 18 Maastricht UMC+ (MUMC+), Maastricht
- 19 Radboudumc, Nijmegen
- 20 Erasmus MC, Rotterdam
- 21 Maastricht Ziekenhuis, Rotterdam
- 22 ETZ (Elisabeth-TweeSteden Ziekenhuis), Tilburg
- 23 Universitair Medisch Centrum Utrecht (UMC Utrecht), Utrecht
- 24 Isala, Zwolle



There are four paediatric HIV treatment centres in the Netherlands.

- A Emma Kinderziekenhuis (EKZ), AMC-UvA, Amsterdam
- B Beatrix Kinderziekenhuis (BKZ), UMCG, Groningen
- C Erasmus MC Sophia Kinderziekenhuis, Rotterdam
- D Wilhelmina Kinderziekenhuis (WKZ), UMC, Utrecht

From diagnosis to optimal treatment

The stichting hiv monitoring (SHM) foundation collects medical data from people living with HIV, naturally only with their explicit consent. The data is used for research that contributes towards the understanding of HIV in the Netherlands.

Use the QR code here to watch an animation about SHM. It explains exactly what SHM does, how we handle the data we collect, and how this data is eventually returned to the treatment centre.



The information in this publication is taken from the 2021 HIV Monitoring Report published by the stichting hiv monitoring (SHM) foundation. The 2021 HIV Monitoring Report details the latest developments and trends in the HIV epidemic and the care being given to HIV-positive people in the Netherlands. The report appears annually, and always refers to the data gathered up to and including the previous year. For more information, see www.hiv-monitoring.nl.

