

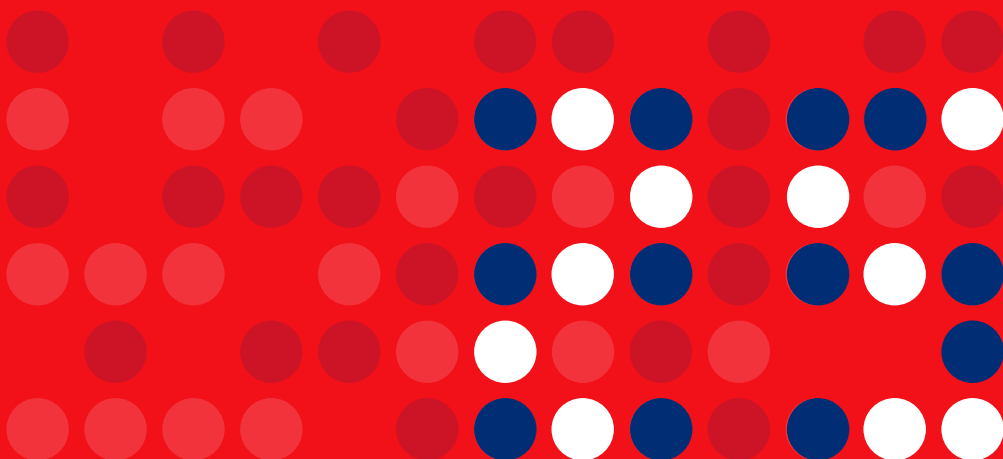
Human Immunodeficiency Virus (HIV)
Infection in the Netherlands



HIV Monitoring Report

2025

Chapter 13: HIV in Aruba



13. HIV in Aruba

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Introduction

Since 2024, stichting hiv monitoring (SHM) has assisted in collecting demographic and clinical data on individuals with HIV receiving care at the Horacio Oduber Hospital in Oranjestad, Aruba. This hospital is the only institution in Aruba that can provide care and treatment to people with HIV. As inclusion of people with HIV in SHM is still ongoing, the first analyses of people in care in Aruba presented in this chapter may not yet be representative of the entire population of people with HIV.

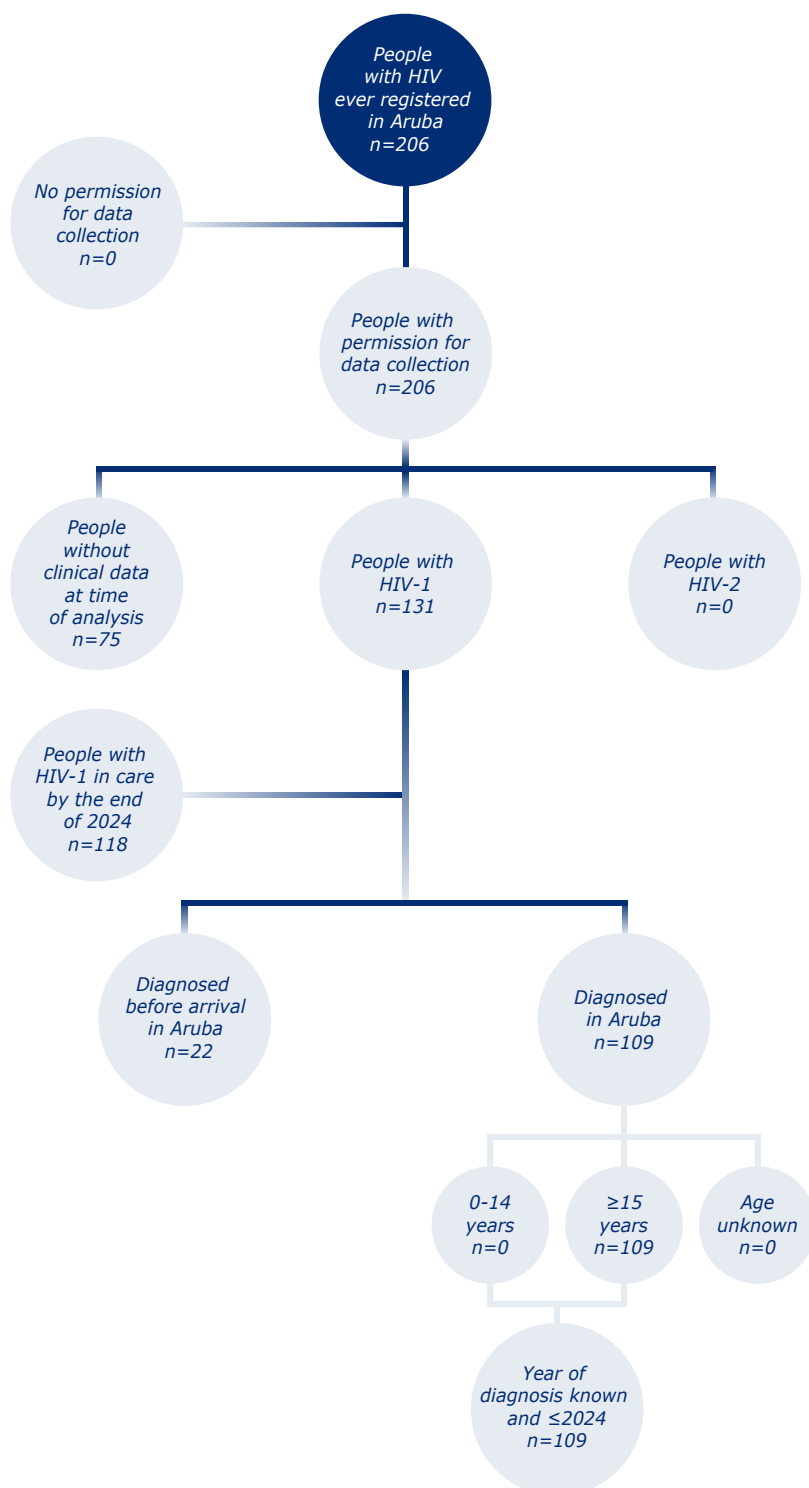
In total, 206 individuals with HIV recorded by SHM have been registered in Aruba; all of them gave permission for further data collection. Of these individuals, 75 were only recently included in the database and, at the time of analysis, no clinical data had been collected (*Figure 13.1*). The other 131 individuals with HIV were all diagnosed with an HIV-1 infection.

Population with HIV in Aruba

Of the 131 individuals in Aruba with HIV-1, 22 (17%) had a documented HIV diagnosis prior to arrival in Aruba (*Figure 13.1*). The remaining 109 individuals were newly diagnosed while living in Aruba, or their date of arrival in Aruba has not yet been recorded in the SHM database.



Figure 13.1: Overview of the population with HIV registered in Aruba.



Individuals diagnosed before arriving in Aruba

The 22 individuals with a documented HIV-1 diagnosis prior to arrival in Aruba included 10 people who were registered with an HIV treatment centre in the Netherlands or Curaçao prior to moving to Aruba (*Figure 13.1*). All 10 individuals originated from the former Netherlands Antilles, including 8 from Aruba. The other 12 individuals with pre-migration diagnosis were born in other countries, including 9 in Colombia. Seven of the 12 people arriving in Aruba in 2022-2024 with a documented HIV-1 diagnosis prior to arrival already had a suppressed viral load below 200 copies/ml.

Individuals newly diagnosed in Aruba

Altogether, 109 individuals were newly diagnosed while living in Aruba (*Figure 13.1*). Of these 109 individuals, 50 (46%) were born in Aruba, 19 (17%) originated from Venezuela, 18 (17%) from Colombia, and 22 (20%) from other countries.

The 109 individuals comprised:

- 77 (71%) men who have sex with men (MSM);
- 17 (16%) other men,
 - 12 of whom reported sex with women as the most likely mode of transmission
 - 5 reported other or unknown modes of transmission;
- 13 (12%) women, who all reported sex with men as the most likely mode of transmission;
- 2 (2%) transgender women.

All 109 individuals were 15 years of age or older at the time of diagnosis. Among the 41 (38%) individuals diagnosed in 2022-2024, the median age at diagnosis was 36 years (interquartile range [IQR] 30-51). Of these 41 individuals:

- 10 (24%) were younger than 30 years of age at the time of diagnosis;
- 14 (34%) were aged between 30 and 39 years;
- 6 (15%) were aged between 40 and 49 years; and
- 11 (27%) were aged 50 years and over.



People in clinical care

In total, 118 (90%) of the 131 registered individuals with HIV-1 were known to be in clinical care in Aruba by the end of 2024. People were considered to be in clinical care if they had visited their treating physician in 2024, or had a CD4 cell count or HIV RNA measurement during that year, and were still living in Aruba. Of the 13 individuals who, according to this definition, were not in care by the end of 2024, 3 were known to have died, 3 had moved abroad, and 7 were lost to care. Of note, five of the individuals lost care had first been in care in the Netherlands or Curaçao but no data had been collected yet after arrival in Aruba.

Age and duration of infection

The median age of the population in care by the end of 2024 was 44 years (IQR 35-57) (Figure 13.2). In total, 42% all people were 50 years or older. People in care by the end of 2024 had been diagnosed with HIV a median of 5.1 years (IQR 1.8-8.5) previously; 18% had lived with HIV for more than 10 years (Table 13.1). Most likely, these figures for age and duration of infection underestimate the true distribution in the population in care because 59 (50%) of the 118 people for whom data were collected, were diagnosed in 2020 or later.

Figure 13.2: Age distribution of the population with HIV-1 in clinical care in Aruba over calendar time. In 2024, 13% of the people in care were younger than 30 years of age, whereas 42% were 50 years and over. The proportion of people in clinical care as of 31 December of each calendar year is shown according to those who were <30 years of age, 30-39 years, 40-49 years, 50-59 years, and 60 years and over.

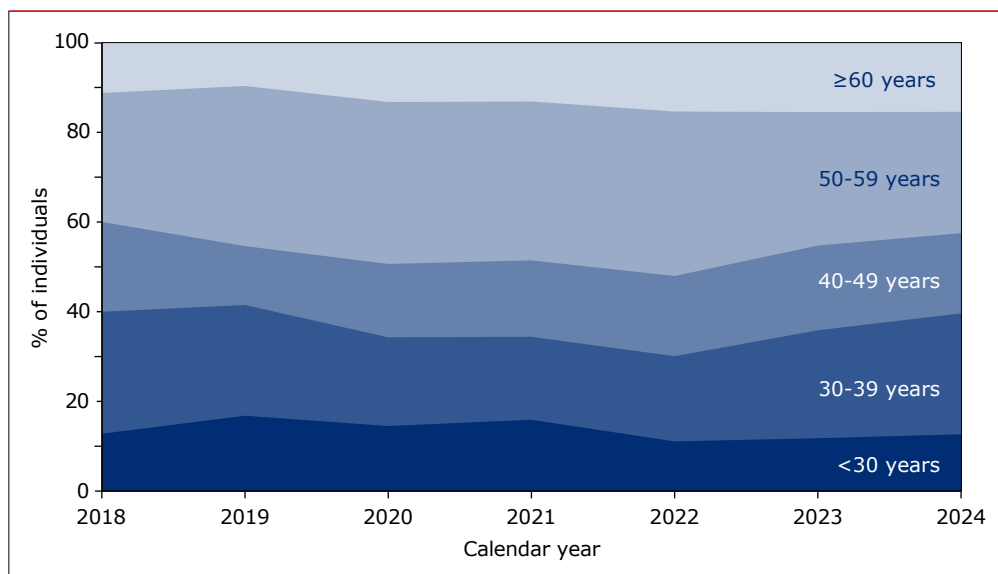


Table 13.1: Characteristics of the 118 individuals with an HIV-1 infection in clinical care in Aruba by the end of 2024.

	MSM (n= 85, 72%)		Other men (n=20, 17%)		Women (n=11, 9%)		Total * (n=118)	
	n	%	n	%	n	%	n	%
Transmission								
Sex with men	81	95	–	–	11	100	92	78
Sex with women	1	1	13	65	0	0	14	12
Sex, partner unspecified	3	4	3	15	0	0	7	6
Other/unknown	0	0	4	20	0	0	5	4
Current age (years)								
0–14	0	0	0	0	0	0	0	0
15–24	3	4	0	0	0	0	3	3
25–29	9	11	2	10	1	9	12	10
30–39	25	29	3	15	2	18	32	27
40–49	15	18	3	15	3	27	21	18
50–59	24	28	5	25	3	27	32	27
60–69	9	11	5	25	0	0	14	12
≥70	0	0	2	10	2	18	4	3
Country of origin								
Aruba	41	48	6	30	2	18	50	42
Colombia	17	20	5	25	2	18	24	20
Venezuela	15	18	4	20	1	9	21	18
Other	12	14	5	25	6	54	23	19
Years aware of HIV infection								
<1	3	4	1	5	1	9	5	4
1–2	23	27	9	45	5	45	38	32
3–4	13	15	3	15	0	0	16	14
5–9	33	39	2	10	3	27	38	32
10–19	11	13	4	20	0	0	16	14
≥20	2	2	1	5	2	18	5	4

**includes two trans individuals*

Legend: MSM = men who have sex men.



Late diagnosis

Among the 41 individuals diagnosed in 2022-2024, 15 (47%) had a late-stage HIV infection at the time of diagnosis. This refers to individuals who were diagnosed with a CD4 cell count below 350 cells/mm³, or with an AIDS-defining event, regardless of CD4 cell count, and who had no HIV-negative test in the 12 months prior to entry into care¹. For 9 individuals, the stage of infection could not be determined. Advanced HIV infection (i.e. with a CD4 cell count below 200 cells/mm³ or AIDS) was found in 13 (41%) of individuals diagnosed in 2022-2024. In total, 6 (15%) of the individuals who were diagnosed in 2022-2024 presented with an AIDS-defining disease.

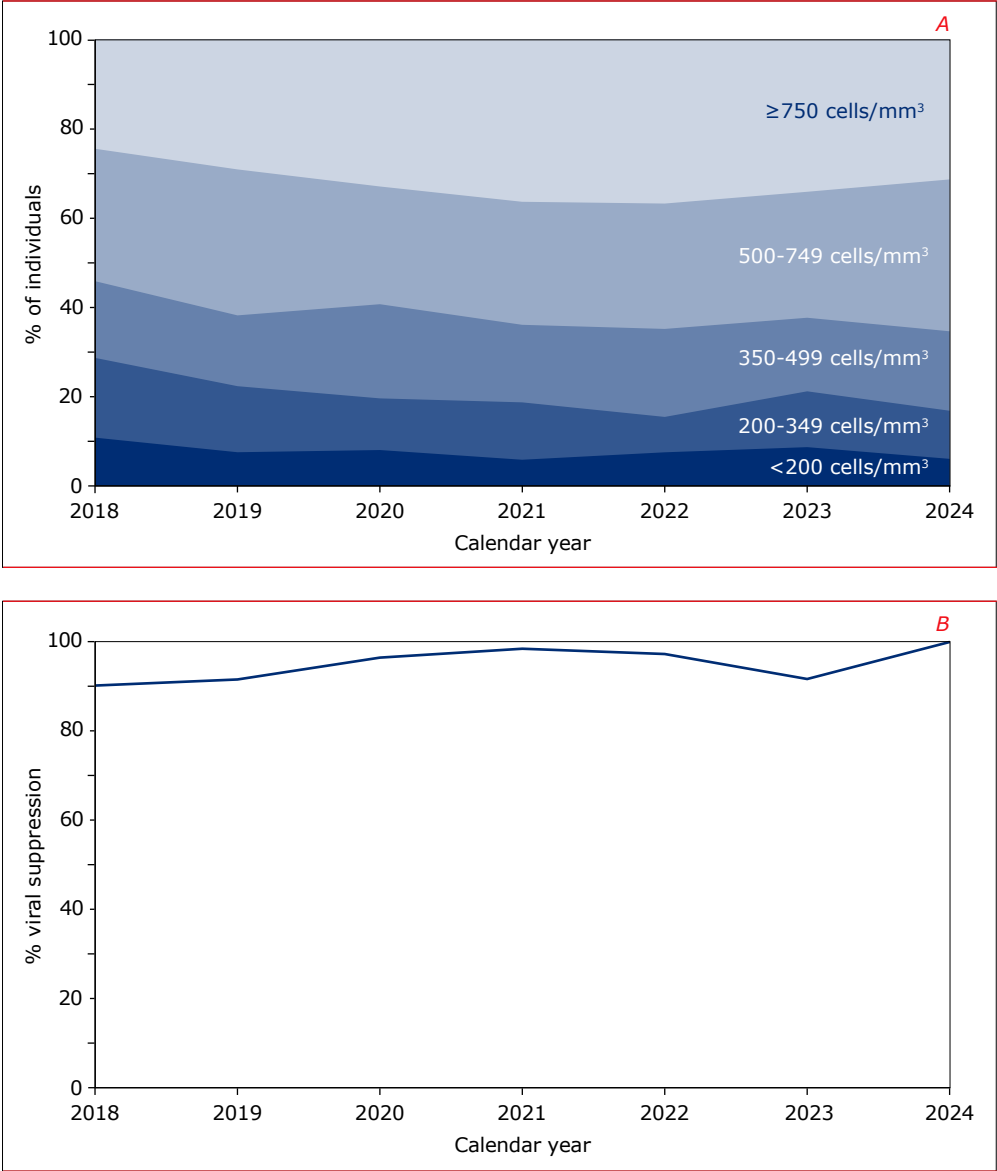
Antiretroviral therapy (ART)

At least 126 (96%) of the 131 registered individuals with HIV-1 had started antiretroviral therapy by the end of 2024. For the other 5 individuals no ART had been recorded yet at the time of analysis. Of the 114 people who were still in care and had started ART by the end of 2024, 99 (87%) were being treated with a combination of tenofovir alafenamide, emtricitabine, and bictegravir, 9 (8%) with tenofovir disoproxil, emtricitabine, and efavirenz, and 6 with other combinations. All 114 individuals used a once-daily regimen.

Therapy outcome

In the total population still in care by the end of 2024, the median current CD4 cell count was 616 cells/mm³ (IQR 441-844). The proportion of individuals with a most recent CD4 cell count below 350 cells/mm³ decreased from 29% in 2018 to 17% in 2024 (*Figure 13.3A*). During the same time, among individuals with a viral load measurement, the proportion with HIV RNA levels lower than 200 copies/ml was above 90% (*Figure 13.3B*).

Figure 13.3: Proportion of people in care by the end of each calendar year (A) stratified by most recent CD4 cell count, and (B) with HIV RNA <200 copies/ml at their last viral load measurement in each calendar year.





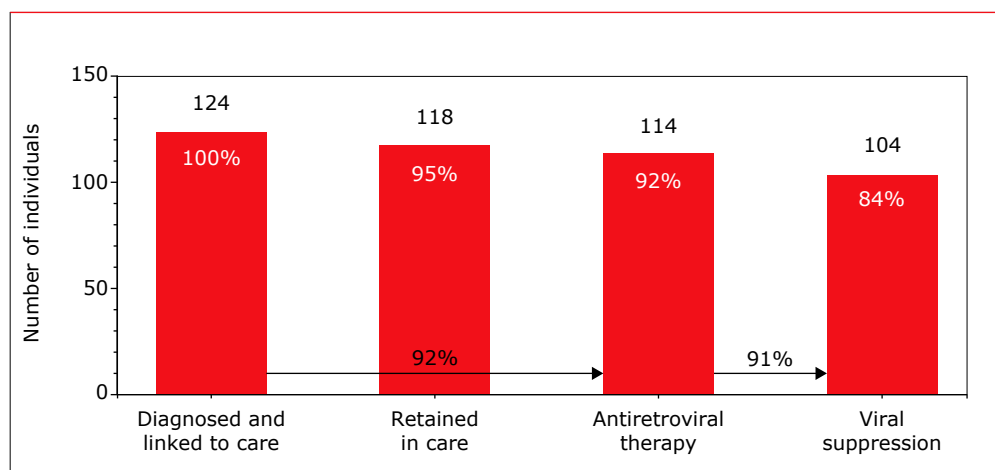
Continuum of HIV care

In total, 124 individuals had been diagnosed and linked to care, registered by SHM, had received HIV care in 2014 or later, and were not recorded in the SHM database as having died or moved abroad (Figure 13.4). Altogether:

- 118 people (or 95% of those diagnosed and linked to care) were still in care, having had at least one HIV RNA or CD4 cell count measurement, or a clinical visit in 2024;
- 114 (or 92% of those diagnosed and linked to care) of whom had started ART;
- 104 (91% of those who started therapy) of whom had an HIV RNA measurement available in 2024; and
- 104 (100%, or 91% of those treated) of those had a most recent HIV RNA level below 200 copies/ml.

Overall, 84% of the 124 individuals diagnosed and ever linked to care, had a suppressed viral load. In terms of the Joint United Nations Programme on HIV/AIDS' (UNAIDS) 95-95-95 target for 2025, the current estimate for the second and third "95" for Aruba stands at 92-91: 92% of all people diagnosed receive antiretroviral therapy, and 91% of people receiving ART have a suppressed viral load².

Figure 13.4: Continuum of HIV care for the population with HIV-1 in Aruba diagnosed and linked to care by the end of 2024. Percentages at the top of the bars are calculated relative to the number of people diagnosed and linked to care, while percentages at the bottom correspond to the second and third of UNAIDS' 95-95-95 targets.



It is worth noting that we could not estimate the total number of people with HIV, including those not yet diagnosed. Estimation of the undiagnosed population is based on trends over calendar time in observed diagnoses and CD4 cell counts at the time of diagnosis. A requirement for this estimate is that all diagnoses are reported in the SHM database, and this was not yet the case.

Conclusion

This first analysis of people in care in Aruba, using data collected in SHM, shows that Aruba appears to be on the way to reach two of the three UNAIDS 95-95-95 targets. However, data presented here may not be fully representative of the entire population with HIV in care. Inclusion of people with HIV in SHM is still ongoing and more in depth analyses will only be possible in the coming years.

References

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2. Joint United Nations Programme on HIV/AIDS (UNAIDS). *End Inequalities. End AIDS. UNAIDS Global AIDS Strategy 2021-2026*. 2021. https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

