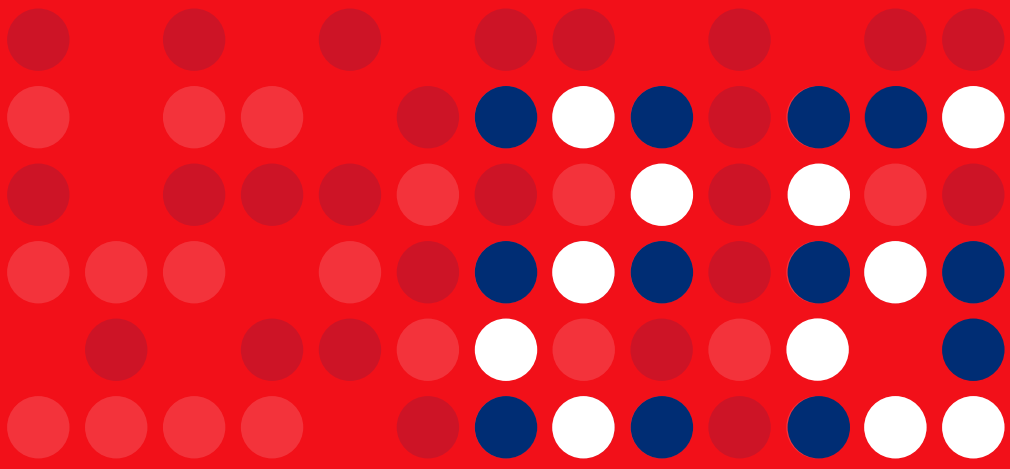
Human Immunodeficiency Virus (HIV)
Infection in the Netherlands

hiv Monitoring

HIV Monitoring Report 2026

Chapter 13: HIV in Curaçao



13. HIV in Curaçao

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Introduction

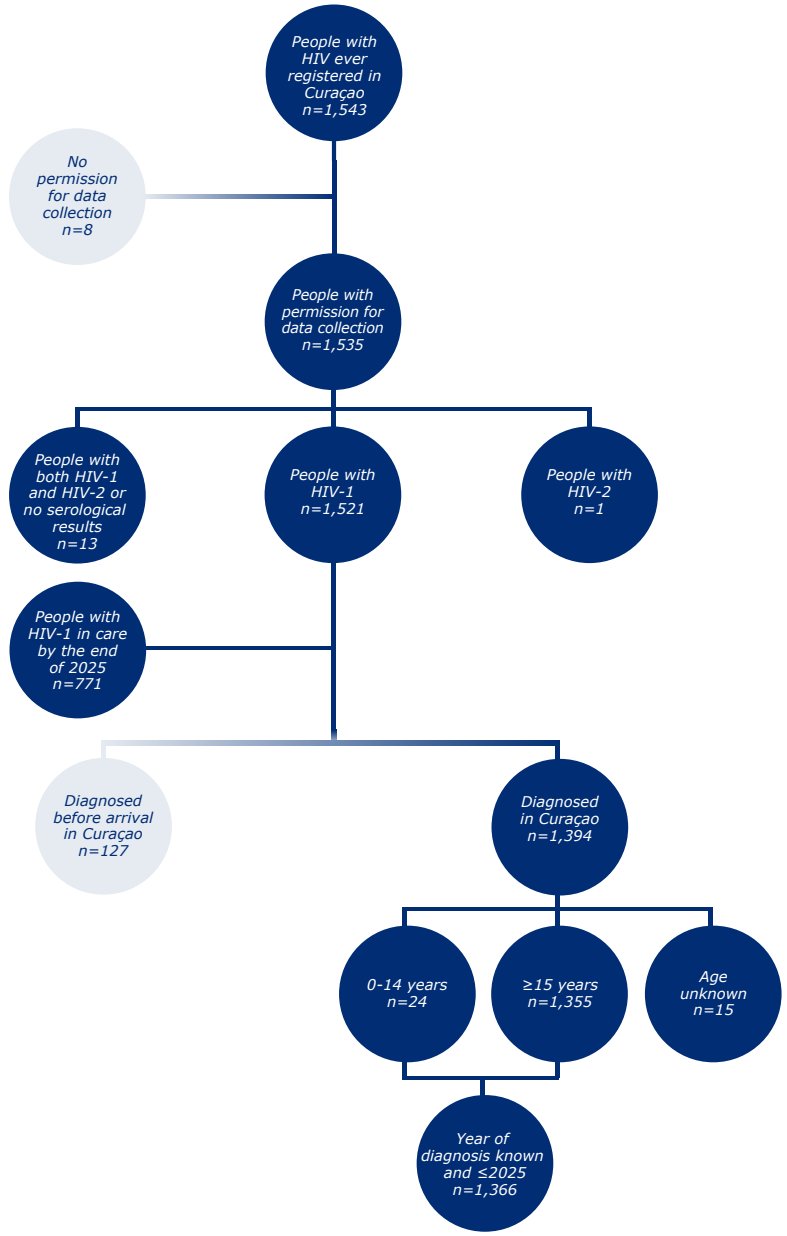
Since 2005, stichting hiv monitoring (SHM) has assisted in collecting demographic and clinical data on individuals with HIV receiving care at the sole general hospital St. Elisabeth Hospital and its successor Curaçao Medical Center in Willemstad, Curaçao. An extensive database has been established as a result of this registration and monitoring. This is quite unique for the region and gives a clear picture of the population with HIV, the effectiveness of HIV care, and the challenges that exist in this relatively small Caribbean setting. This chapter presents a concise overview of the current situation for people with HIV in Curaçao.

In total, 1,535 individuals with HIV recorded by SHM have been registered in Curaçao who gave permission for further data collection. Of these people, the majority were diagnosed with HIV-1 (n=1,521, or 99%), while one individual was diagnosed with HIV-2, and three had antibodies against both HIV-1 and HIV-2 (*Figure 13.1*). For 10 individuals, serological results on HIV type were not available in the SHM database.

The population with HIV-1 in Curaçao

Of the 1,521 individuals in Curaçao with HIV-1, 127 (8%) had a documented HIV diagnosis prior to arrival in Curaçao (*Figure 13.1*). The remaining 1,394 individuals were newly diagnosed while living in Curaçao, or their date of arrival in Curaçao has not yet been recorded in the SHM database.

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



Individuals diagnosed before arriving in Curaçao

The 127 individuals with a documented HIV-1 diagnosis prior to arrival in Curaçao included 104 (82%) people who were registered with an HIV treatment centre in the Netherlands prior to moving to Curaçao (*Figure 13.1*). The majority of these 104 individuals (n=77, or 74%) originated from the former Netherlands Antilles, while 22 (21%) were born in the Netherlands and five (5%) were born elsewhere. The other 23 individuals with pre-migration diagnosis were also born abroad, including 6 in Venezuela and 6 in Colombia. Twelve of the 17 people arriving in Curaçao in 2023-2025 with a documented HIV-1 diagnosis prior to arrival had a suppressed viral load below 200 copies/ml (*Figure 13.2*).

Individuals newly diagnosed in Curaçao

Altogether, 1,394 individuals were newly diagnosed while living in Curaçao, or information on where they lived at the time of diagnosis was not yet available (*Figure 13.1*). For 28 (1%) of these 1,394 individuals, the date or interval of diagnosis was not recorded in the SHM database, or they were diagnosed in 2026. Of the remaining 1,366 individuals, 1,014 (74%) were born in the former Netherlands Antilles, 117 (9%) originated from Haiti, 98 (7%) from the Dominican Republic, 29 (2%) from Jamaica, 29 (2%) from Colombia, 25 (2%) from Venezuela, and 54 (4%) from other countries.

The 1,366 individuals comprised (*Table 13.1*):

- 274 (20%) men who have sex with men (MSM);
- 579 (42%) other men,
  - 337 (58%) of whom reported sex with women as the most likely mode of transmission
  - 242 (42%) reported other or unknown modes of transmission;
- 482 (35%) women,
  - 469 (97%) of whom reported sex with men as the most likely mode of transmission
  - 13 (3%) reported other or unknown modes of transmission;
- 7 (1%) transgender individuals;
- 24 (2%) children diagnosed before the age of 15 years.

Between 2002 and 2018, the annual number of newly-diagnosed infections hovered around 50, before decreasing to around 20 in most recent calendar years (*Table 13.1; Figure 13.2*).

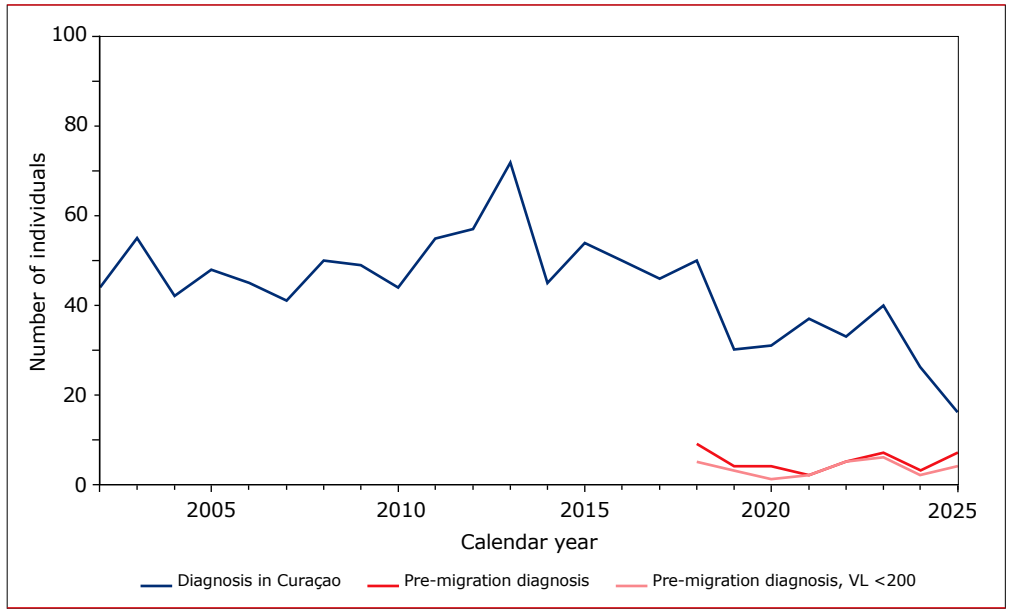
Table 13.1: Annual number of HIV-1 diagnoses in Curaçao among men who have sex with men, other men, women, and trans individuals diagnosed at 15 years of age and over, and children under 15 years.

Year of diagnosis	MSM	Other men	Women	Trans individuals	<15 years of age	Total
≤2001	41	136	109	1	19	306
2002	7	20	17	0	0	44
2003	8	28	19	0	0	55
2004	3	23	16	0	0	42
2005	12	19	17	0	0	48
2006	6	22	17	0	0	45
2007	12	18	11	0	0	41
2008	10	17	20	2	1	50
2009	10	17	21	0	1	49
2010	4	19	21	0	0	44
2011	12	19	24	0	0	55
2012	13	18	26	0	0	57
2013	19	29	22	1	1	72
2014	17	14	14	0	0	45
2015	16	23	13	1	1	54
2016	11	23	15	1	0	50
2017	15	18	13	0	0	46
2018	17	13	19	1	0	50
2019	7	15	8	0	0	30
2020	7	12	12	0	0	31
2021	4	22	10	0	1	37
2022	3	16	14	0	0	33
2023	9	19	12	0	0	40
2024	7	11	8	0	0	26
2025	4	8	4	0	0	16
Total	**274**	**579**	**482**	**7**	**24**	**1,366**

Legend: *MSM = men who have sex with men.*

Note: *data collection for 2025 may not have been finalised at the time of writing.*

Figure 13.2: Annual number of individuals newly diagnosed with HIV-1 in Curaçao (by year of diagnosis) or with documented diagnosis abroad before moving to Curaçao (by year of arrival). VL <200: individuals with documented diagnosis abroad before moving to Curaçao who already had a suppressed viral load below 200 copies/ml by the time they entered HIV care in Curaçao. NB: information on diagnosis abroad and date of arrival in Curaçao has been recorded for all newly registered individuals since early 2018, but is not yet available for everyone.



Among the 82 individuals diagnosed in 2023-2025, the median age at diagnosis was 39 years (interquartile range [IQR] 29-48), with no differences between men and women. Of these 82 individuals:

- 22 (27%) were younger than 30 years of age at the time of diagnosis;
- 22 (27%) were aged between 30 and 39 years;
- 20 (24%) were aged between 40 and 49 years; and
- 18 (22%) were aged 50 years and over.

People in clinical care

In total, 771 (51%) of the 1,521 registered individuals with HIV-1 were known to be in clinical care in Curaçao by the end of 2025. People were considered to be in clinical care if they had visited their treating physician in 2025, or had a CD4 cell count or HIV RNA measurement during that year, and had not moved abroad. Of the 750 individuals who, according to this definition, were not in care by the end of 2025:

- 253 (34%) were known to have died;
- 216 (29%) had moved abroad; and
- 268 (36%) were lost to care

The remaining 13 individuals only entered HIV care after 2025. Of the 268 people lost to care, 51 (19%) had their last visit within a year of entering care, while another 32 (12%) had no follow-up visit after entering care. Of those lost to care:

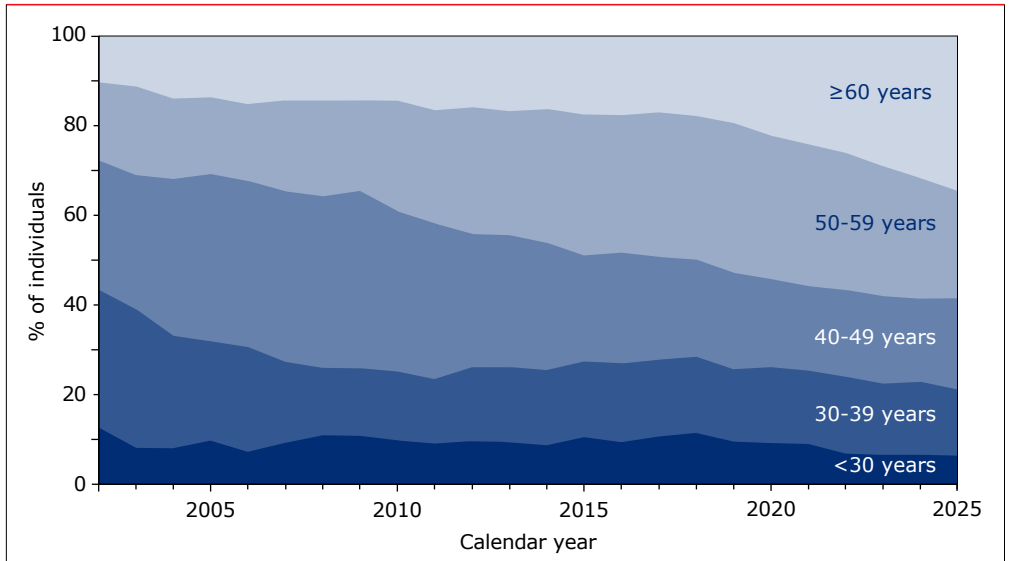
- 152 (57%) originated from the former Netherlands Antilles;
- 48 (18%) were from Haiti;
- 28 (10%) were from the Dominican Republic; and
- 40 (15%) were from other countries.

The 771 people in clinical care in 2025 included 11 individuals who did not have a clinical visit, CD4 cell count or HIV RNA measurement in 2024, but had previously received care for their HIV infection. Four of these individuals had not been in care for more than three years.

Ageing population

The median age of the population in care by the end of 2025 was 54 years (IQR 42-63), a figure which has been increasing since 2002 (*Figure 13.3*). This increase is mainly a result of the improved life expectancy of individuals with HIV following the introduction of combination antiretroviral therapy (ART). As a result, 58% all people currently in care are aged 50 years and over, including 56% of men and 63% of women. More than a third of those in care (35%) are 60 years and over.

Figure 13.3: *Increasing age of the population with HIV-1 in clinical care in Curaçao over calendar time. In 2002, 13% of the people in care were younger than 30 years of age, whereas 28% were 50 years and over. In 2025, these proportions were 6% and 58%, respectively, while 35% of people in care were 60 years of age 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.*



Duration since diagnosis

People in care by the end of 2025 had been diagnosed with HIV a median of 13.1 years (IQR 7.4-19.9) previously. Therefore, a large group (64%) has lived with HIV for more than 10 years; 24% for more than 20 years (*Table 13.2*). The median time since diagnosis was 12.5 years for MSM, 12.3 years for other men, and 14.5 years for women.

Table 13.2: *Characteristics of the 771 individuals with an HIV-1 infection in clinical care in Curaçao by the end of 2025.*

	MSM (n=175, 23%)		Other men (n=307, 40%)		Women (n=287, 37%)		Total* (n=771)	
	n	%	n	%	n	%	n	%
Transmission								
Sex with men	133	76	–	–	277	97	412	53
Sex with women	1	1	161	52	0	0	162	21
Sex, partner unspecified	39	22	7	2	0	0	46	6
Other/unknown	2	1	139	45	10	3	151	20
Current age (years)								
0-14	0	0	1	0	2	1	3	0
15-24	2	1	7	2	6	2	15	2
25-29	8	5	15	5	8	3	31	4
30-39	34	19	41	13	39	14	114	15
40-49	46	26	58	19	52	18	157	20
50-59	41	23	71	23	72	25	185	24
60-69	34	19	83	27	80	28	197	26
≥70	10	6	31	10	28	10	69	9
Country of origin								
Former Netherlands Antilles	142	81	235	77	188	66	566	73
The Dominican Republic	2	1	11	4	44	15	57	7
Haiti	0	0	25	8	26	9	51	7
Colombia	9	5	10	3	5	2	25	3
Venezuela	9	5	10	3	1	0	20	3
Jamaica	0	0	4	1	13	5	17	2
The Netherlands	8	5	3	1	1	0	12	2
Other	5	3	9	3	9	3	23	3
Years aware of HIV infection								
<1	4	2	8	3	4	1	16	2
1-2	17	10	28	9	18	6	63	8
3-4	5	3	33	11	22	8	60	8
5-9	40	23	53	17	40	14	134	17
10-19	72	41	120	39	117	41	310	40
20-29	29	17	49	16	73	25	151	20
≥30	8	5	16	5	11	4	35	5
Unknown	0	0	0	0	2	1	2	0

**includes two transgender individuals*

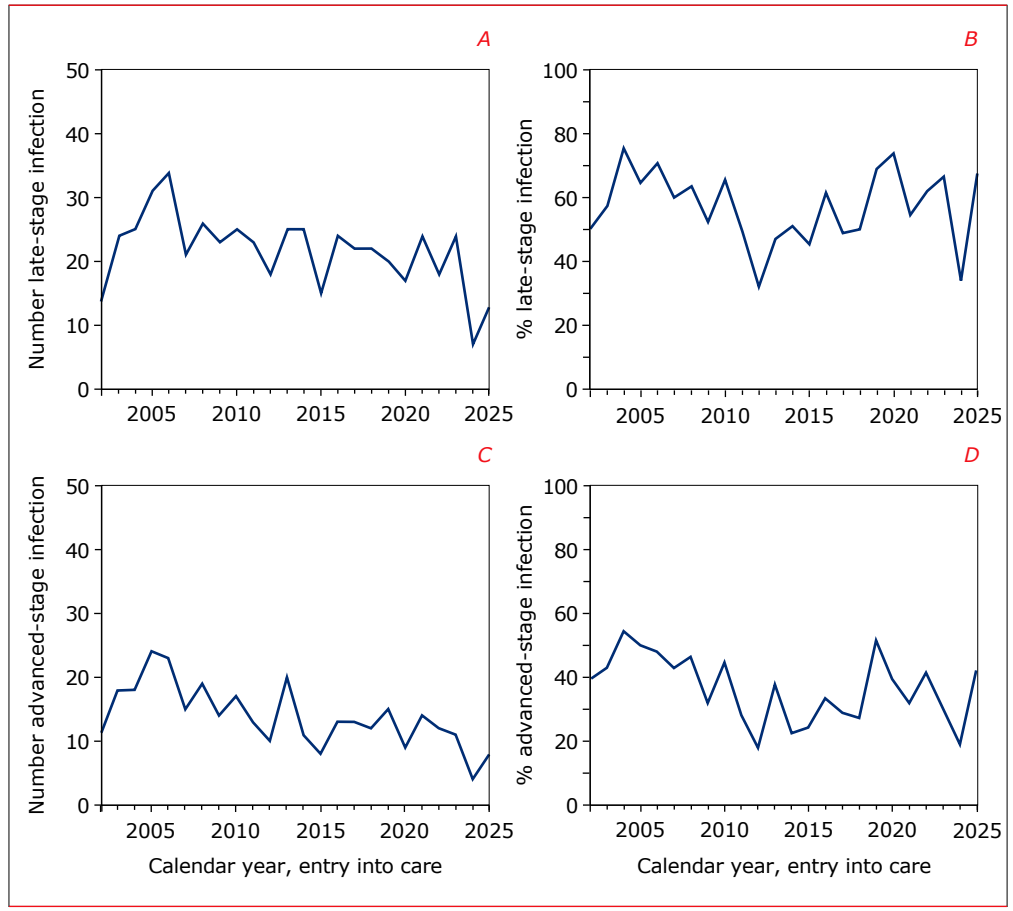
Legend: *MSM = men who have sex men.*

Late presentation

Among the 1,366 people diagnosed with HIV-1 while living in Curaçao, a large proportion of those who have entered care since 2002 were late presenters. This refers to individuals who entered care 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 care[1]. The proportion of late presenters was 56% among individuals entering care in 2002-2022, and remained at a high level of 58% among those entering care in 2023-2025 (*Figures 13.4A* and *13.4B*). There were no significant differences in the proportion of individuals with late presentation in 2023-2025 between MSM (82%), other men (53%), and women (48%).

Advanced HIV infection (i.e. with a CD4 cell count below 200 cells/mm³ or AIDS) was found in 36% of individuals entering care in 2002-2022 and in 30% of those entering care in 2023-2025 (*Figures 13.4C* and *13.4D*). In total, 2 (2%) of the individuals who entered care in 2023-2025 presented with an AIDS-defining disease.

Figure 13.4: *Number and proportion of people classified as presenting with (A, B) late-stage, or (C, D) advanced-stage HIV infection at the time of entry into care. In 2023-2025, 44 (58%) individuals presented with late HIV disease while 23 (30%) were advanced presenters. Late-stage HIV infection: CD4 cell counts below 350 cells/mm³ or having AIDS, regardless of CD4 cell count, and no HIV-negative test in the 12 months prior to entry into care. Advanced-stage HIV infection: CD4 cell counts below 200 cells/mm³ or having AIDS, and no HIV-negative test in the 12 months prior to entry into care. As a pre-therapy CD4 cell count measurement close to the time of entry into care was sometimes missing, the stage of HIV infection could not be determined for all individuals. In 2023-2025, the stage of infection was unknown for 16 (17%) individuals.*



Antiretroviral therapy (ART)

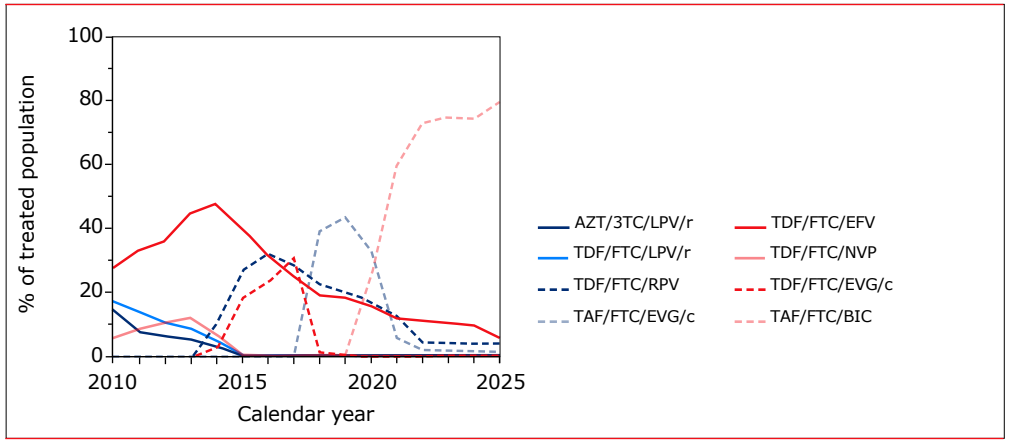
In total, 1,406 (92%) of the 1,521 registered individuals with HIV-1 had started antiretroviral therapy by the end of 2025. Of the 115 people who had not started therapy by that time, two managed to achieve HIV RNA levels below the lower limit of quantification without therapy, while 91 people were no longer in care, including 35 who had died. The other 22 individuals started therapy in 2026, or their ART may not have been recorded yet.

Over time there have been clear shifts in the ART regimens prescribed in Curaçao (*Figure 13.5*). Of the 761 people who were still in care and had started ART by the end of 2025:

- 606 (80%) were being treated with a combination of tenofovir alafenamide, emtricitabine, and bictegravir;
- 45 (6%) with tenofovir disoproxil, emtricitabine, and efavirenz; and
- 32 (4%) with tenofovir disoproxil, emtricitabine, and rilpivirine.

Among the 761 people, 24 (3%) had (temporarily) interrupted ART by the end of 2025. Of the remaining 737 individuals on ART, the majority (733, 99%) used a once-daily regimen, with 695 (94%) being treated with a fixed-dose, single tablet regimen.

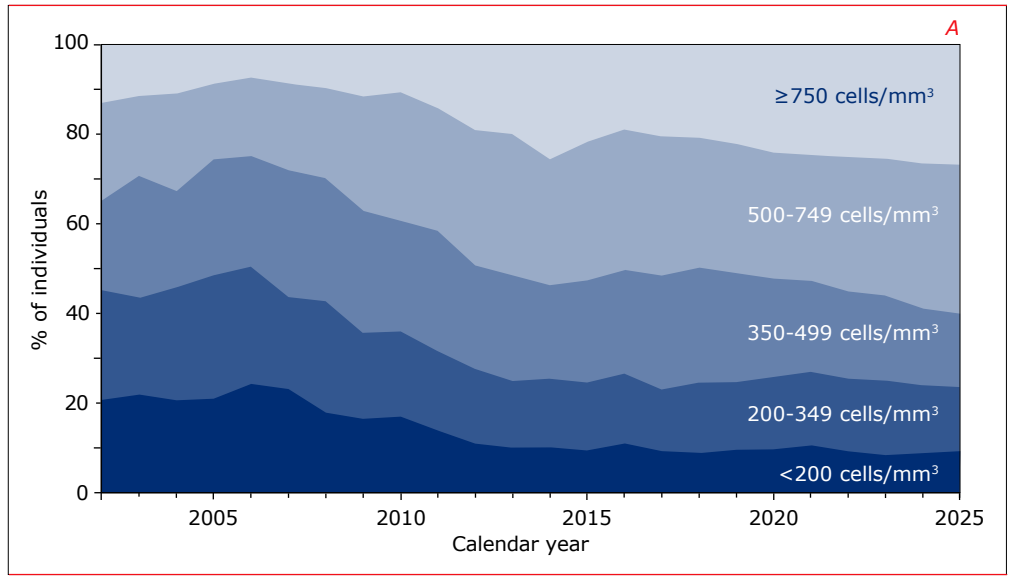
Figure 13.5: *Percentage of individuals treated with antiretroviral therapy (ART) by specific regimens over calendar time. At the end of 2025, 80% were receiving TAF/FTC/BIC, 6% TDF/FTC/EFV, and 4% TDF/FTC/RPV.*

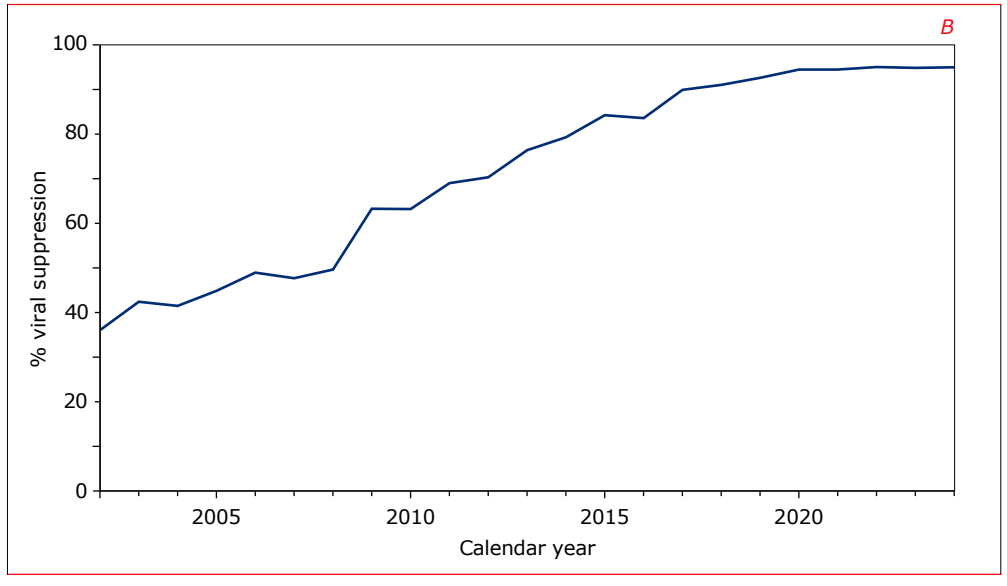


Therapy outcome

In the total population still in care by the end of 2025, the median current CD4 cell count was 454 cells/mm³ (IQR 278-656). CD4 cell counts were highest in women (542 cells/mm³; IQR 323-740) followed by MSM (483 cells/mm³; IQR 288-656) and other men (429 cells/mm³; IQR 250-627). The proportion of individuals with a most recent CD4 cell count below 350 cells/mm³ decreased from 45% in 2002 to 23% in 2025 (*Figure 13.6A*). During the same time, among individuals with a viral load measurement, the proportion with HIV RNA levels lower than 200 copies/ml increased from 36% to 94% (*Figure 13.6B*).

Figure 13.6: *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.*





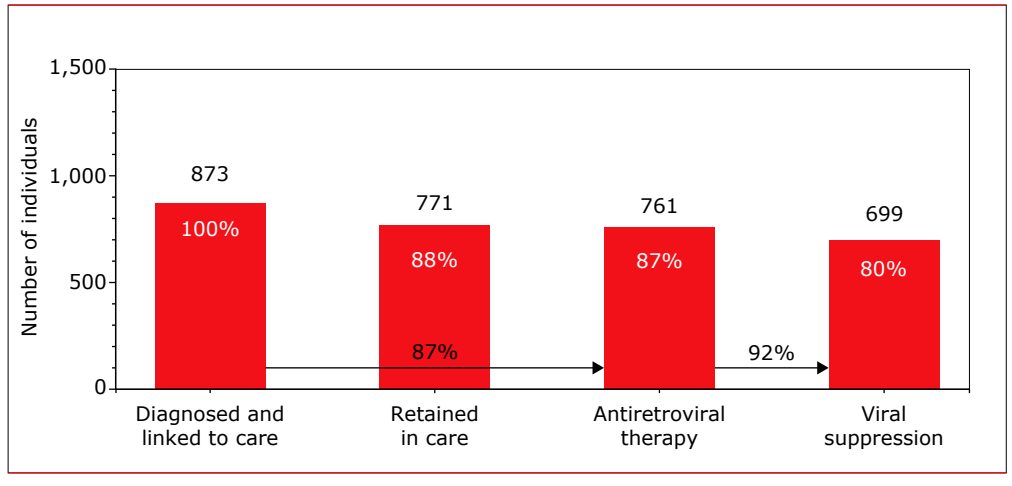
Continuum of HIV care

In total, 873 individuals had been diagnosed and linked to care, registered by SHM, had received HIV care in 2015 or later, and were not recorded in the SHM database as having died or moved abroad (*Figure 13.7*). Altogether:

- 771 people (or 88% 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 2025;
- 761 (or 87% of those diagnosed and linked to care) of whom had started ART;
- 745 (98% of those who started therapy) of whom had an HIV RNA measurement available in 2025; and
- 699 (94%, or 92% of those treated) of those had a most recent HIV RNA level below 200 copies/ml.

Overall, 80% of the 873 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 targets for 2025, the current estimate for the second and third "95" for Curaçao stands at 87-92: 87% of all people diagnosed receive antiretroviral therapy, and 92% of people receiving ART have a suppressed viral load[2].

Figure 13.7: Continuum of HIV care for the population with HIV-1 in Curaçao diagnosed and linked to care by the end of 2025. 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 did 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. In addition, the estimated number with undiagnosed HIV would not include populations that are less likely to reach HIV care in Curaçao, such as undocumented migrants, and would therefore underestimate the true number with undiagnosed HIV.

Viral suppression

Of the 761 individuals who had started ART, 62 (8%) did not have a suppressed viral load. On closer inspection, 16 (26%) of these individuals were found to have no documented HIV RNA measurement in 2025. The remaining 46 (74%) had a viral load measurement in 2025, but with HIV RNA levels exceeding 200 copies/ml. Of these 46 individuals, two only started ART within the six month-period prior to their last measurement and may not have had sufficient follow up to achieve a documented suppressed viral load. The remaining 44 individuals with HIV RNA levels above 200 copies/ml had started ART longer than six months previously.

Lost to care

In total, 268 individuals were lost to care by the end of 2025, of whom:

- 166 (62%) were last seen for care before the end of 2015;
- 66 (25%) between 2015 and 2021;
- 5 (2%) in 2022;
- 7 (3%) in 2023; and
- 24 (9%) in 2024.

The 166 individuals who were lost to care before the end of 2015 were excluded from the number of people diagnosed and linked to care. It is unlikely that these 166 individuals are still living in Curaçao without requiring care or ART. In total, 41 (40%) of the 102 individuals lost to care after 2015 were born outside the former Netherlands Antilles, including 13 in Haiti, 9 in Venezuela, and 8 in the Dominican Republic. For those still in care by the end of 2025, the percentage of people born outside the former Netherlands Antilles falls to 27%. This suggests that some of those lost to care may have moved abroad; in particular, back to their country of birth. It also shows that, overall, a considerable proportion was not retained in care.

Conclusion

Over the years, the quality of care offered to individuals with HIV in Curaçao has improved considerably, as evidenced by the increasing proportion of individuals with a suppressed viral load. In addition, timely registration of HIV RNA measurements in the SHM database has also improved, enabling better monitoring of progress towards achieving UNAIDS' 95-95-95 goals for 2025. However, the proportion of people entering care with late-stage HIV infection remained high in recent years. Furthermore, the relatively high proportion of people lost to care is worrisome and may result in underreporting of death and outmigration.

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