

PRESS RELEASE

Amsterdam, 17 November 2014

Stichting HIV Monitoring reports that the Netherlands is close to meeting 2 out of 3 new UNAIDS HIV treatment targets

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has recently set new ambitious HIV treatment targets to curb the global HIV epidemic: by 2020, 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive antiretroviral therapy; and 90% of all people receiving therapy will have viral suppression. The new figures for the Netherlands, published in Stichting HIV Monitoring's Monitoring Report 2014, show that the Netherlands is already close to achieving the latter two of these three UNAIDS 2020 targets.

Of the approximately 19,000 people with HIV ever linked to care, registered by Stichting HIV Monitoring, still alive and not reported as having moved abroad, 84% receive antiretroviral therapy. Of the 17,750 patients in care at one of the 27 HIV treatment centres in the Netherlands, more than 90% are receiving treatment and more than 90% of the approximately 16,000 patients on cART have very low levels of HIV in their blood.

The remaining target, namely that 90% of people infected with HIV are aware of their HIV status, has not yet been achieved in the Netherlands.

UNAIDS estimates that there are between 20,000 and 34,000 people living with HIV in the Netherlands. Based on a total estimated number of 25,000 people, the figures reported by Stichting HIV Monitoring indicate that 76% of all HIV-infected individuals in the Netherlands know their HIV status. However, the remaining quarter of people with HIV in the Netherlands are likely unaware of their infection and therefore not in care.

This group of as yet undiagnosed individuals is thought to importantly contribute towards sustaining the HIV epidemic in the Netherlands: in 2013, there were once again more than 1000 patients newly diagnosed with HIV. The majority (71%) of these patients were men who have sex with men (MSM), while 23% were persons who had most likely acquired HIV through heterosexual contact.

Achieving the first of the new UNAIDS 90-90-90 targets will require a combined effort by all stakeholders. The approach should combine innovative means to implement more widespread testing, earlier diagnosis and treatment, as well as investigating the use of biomedical prevention strategies, such as pre-exposure and post-exposure prophylaxis, and developing better methods to estimate the number of people living with HIV. Moreover, there is a need for clear communication about the benefits of such an approach amongst both the most at-risk groups and the relevant care providers. The **HIV Transmission Elimination Amsterdam (H-TEAM)** programme, being developed in Amsterdam by a newly formed multidisciplinary and interdisciplinary consortium of stakeholders which includes SHM and other stakeholders

from public health, academia, civil society, the patient organisation, and industry, serves as an example of such an approach.

Novel hepatitis C drugs may prevent hepatitis C transmission in HIV co-infected patients

Of the 1,187 Hepatitis C virus (HCV)/HIV co-infected patients who receive ongoing care in one of the Dutch HIV treatment centres, a total of 907 (76%) still need effective HCV therapy. HCV may more rapidly lead to severe liver disease and liver cancer in these patients compared to in patients without HIV infection. Although rarely seen in men who have sex with men (MSM) without HIV, in the Netherlands sexual transmission of HCV has become an important mode of HCV acquisition among HIV-infected MSM.

The imminent availability of novel, better tolerated all-oral combination antiviral regimens against HCV, which may achieve cure rates in over 90 percent of patients, is eagerly awaited. The first of these agents, sofosbuvir, has very recently been granted approval in the Netherlands for use in a subgroup of patients with chronic hepatitis C infection and in urgent need of treatment. The approval of additional new anti-HCV drugs is expected to follow shortly.

Extending the indication for use of these highly effective combination regimens to all HIV-infected patients with HCV is highly important, not only to improve individual health outcomes, but also because it may importantly contribute to preventing onward transmission of HCV.

Notes to editors, not for publication:

The main results from the SHM Monitoring Report 2014 will be presented at the 8th Netherlands Conference on HIV Pathogenesis, Epidemiology, Prevention and Treatment (NCHIV 2014) on Tuesday, 18 November at the Royal Tropical Institute (KIT) in Amsterdam. Media are invited to attend the event (www.nchiv.org).

The full Monitoring Report 2014 and accompanying Dutch summary will be available for download from SHM's website, www.hiv-monitoring.nl, as of Tuesday 18 November. Printed copies are also available: shm-communicatie@amc.nl.

Media can request a PDF copy of the Monitoring Report from Arie Bos: bosmediaproducties@kpnmail.nl, tel 06 25037057.

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Stichting HIV Monitoring (SHM), the Dutch HIV monitoring foundation, contributes to furthering the knowledge on HIV and the course of the treated and untreated infection. In order to achieve this, SHM engages in activities such as collecting and processing data, and making this information available to treating physicians and researchers.

HIV in the Netherlands: an overview

Table 1: Registered HIV-patients in the Netherlands

Mid year	Total number patients ever registered (incl. deaths and loss to follow-up)	Patients currently in care (with or without therapy)
2007	13,264	10,095
2008	14,960	11,349
2009	16,129	12,405
2010	17,327	13,035
2011	18,735	14,610
2012	19,985	16,169
2013	21,157	17,006
2014	22,311	17,750

Table 2: Yearly number of new HIV diagnoses in adults

Year	MSM	Hetero- sexual**	Injecting drug users	Other/ unknown	Total
2007	767	361	13	63	1204
2008	844	352	7	66	1269
2009	760	336	6	59	1161
2010	760	332	5	54	1151
2011	737	285	4	70	1096
2012*	695	284	7	50	1036
2013*	726	234	3	63	1026

* Projections based on the current state of registration of new HIV diagnoses

** Including men and women.

Monitoring Report 2014

This information is derived from SHM's Monitoring Report 2014. The report and accompanying Dutch summary is available for download from SHM's website, www.hiv-monitoring.nl. Printed copies are also available by contacting shm-communicatie@amc.uva.nl.

About Stichting HIV Monitoring

Stichting HIV Monitoring (SHM), the Dutch HIV monitoring foundation, makes an important and necessary contribution to healthcare for HIV-infected people living in the Netherlands. Through the collection and maintenance of anonymised data from HIV patients throughout the country, SHM's work contributes significantly to the knowledge of HIV and enables treating physicians to assess and improve patient care. As part of this approach, SHM not only monitors traditional HIV-associated outcomes such as AIDS, but also comorbidities and co-infections, most notably hepatitis B and C co-infections. SHM's yearly monitoring report provides valuable input for the development of HIV care and prevention policies within the Netherlands and the EU. Furthermore, SHM delivers contributions to global HIV research. Results of SHM's research and those of others using SHM data are presented regularly in medical journals and national and international meetings and conferences. Such research can result in tangible input into treatment guidelines and advice geared to medical professionals and patients, government and healthcare at large.