

## HIV in the Netherlands

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### Dutch approach

The Netherlands opted for a pragmatic approach to HIV and this 'Dutch approach' is very effective:

- Good healthcare for everyone, no stigmatising and respecting everyone's rights.
- Concrete preventive action, like sex education from a young age, medical supervision of sex workers and free clean needles for people using drugs intravenously.
- Sex education for young people also includes teaching them skills needed to stand up for themselves, while respecting the other person. This is characterised by a mix of interventions in education, campaigns and online activities. All of this in cooperation with health organizations and with young people.
- Long-term cooperation with all the organizations and parties involved, in particular people living with HIV themselves and people who are most at risk: men who have sex with men, transgender people, sex workers and people who use drugs.

### HIV and AIDS

HIV (human immunodeficiency virus) is the virus that undermines the immune system. Most people experience severe, flu-like symptoms, within six weeks after HIV infection. Campaigns like [hebikhiv.nl](http://hebikhiv.nl) raise awareness among people at risk and healthcare professionals. These initial symptoms nearly always disappear shortly afterwards. In the long term, anyone not using HIV medication will get AIDS (Acquired Immunodeficiency Syndrome): the immune system will be so compromised they eventually die as a result.

### HIV transmission

HIV is not transmitted by air, saliva, sweat, snot or tears. Normal everyday contact doesn't have to be taken into account at all. When people take their HIV medicines successfully, the virus is suppressed to the point that it is no longer measurable in the blood. The virus is no longer transmitted sexually. HIV can only be transmitted through semen, blood and vaginal fluids of people who have HIV but are not using HIV medication, usually because they don't realise they have HIV. HIV is usually transmitted through unprotected sexual contact. Having anal sex without a condom carries a greater risk of contracting HIV than vaginal sex without a condom. In addition, HIV can be transmitted by sharing injection needles. Nowadays blood transfusion is safe in the Netherlands and most other countries.

If a mother is using HIV medication, and precautionary measures are taken during childbirth, it is virtually impossible for the baby to contract HIV during the birth. A man with HIV can become a father of a child free of HIV.

### The HIV test

Every year a few hundred thousand people are tested for HIV. The vast majority do this through their family doctor or an STI centre. A smaller number take a home test or get tested through community initiatives like AHF Checkpoint Amsterdam. People usually have themselves tested because they've taken risks, because they have developed symptoms or because they just started a new relationship. Since 2004, all pregnant women are offered an HIV test. Since then, mother-to-child transmission has become very rare in the Netherlands.

### **HIV prevention**

There are various ways of preventing someone from contracting or transmitting HIV, like:

- Regular HIV testing.
- Using HIV medication when HIV positive.
- Avoiding risks.
- Using condoms.
- PrEP (Pre Exposure Prophylaxis): taking an HIV prevention pill - either daily or when having sexual contacts - to prevent HIV infection. PrEP is an option for people who run a relatively high risk of contracting HIV. PrEP is available on prescription in Dutch pharmacies for around €50 a month when used daily. The inclusion of PrEP in the basic health insurance package reduces the number of new infections and is cost-effective. Free PrEP is already available in a number of western countries. In this respect, the Netherlands is lagging behind.
- PEP: If someone has run a real risk of exposure to HIV, he or she can receive a four-week HIV medicine treatment. This PEP (Post Exposure Prophylaxis) treatment must commence within 72 hours of the suspected exposure to HIV.

In the H-TEAM partnership, a number of organizations are committed to a future with no new HIV infections in Amsterdam. This has contributed to reducing the number of new HIV infections in Amsterdam in the last five years by half. A major effort is required to reduce this further.

### **HIV care**

The care and treatment of HIV is included in the basic health insurance policy everyone in the Netherlands is obliged to take out. No one can be excluded from this. People with HIV are treated at one of the 27 hospitals in the Netherlands, which have internists and nurses specialised in HIV. Children and teenagers with HIV are treated at one of the four specialist children's hospitals at university medical centres in the Netherlands.

### **HIV treatment**

Nowadays, practically everyone who is diagnosed with HIV starts with daily use of HIV medicine shortly afterwards. This treatment can suppress the virus for life. If a patient experiences side effects, it is nearly always possible to switch to another medicine. Life expectancy of people who start using HIV medicines on time is virtually the same as people without HIV. New HIV medicines are constantly becoming available; they are better at suppressing HIV, easier to take (i.e. less pills a day) and/or have less side effects. Increasingly, cheaper generic HIV medicines are becoming available, as the patents on branded HIV medicines run out. People who have been living with HIV since before 1996, when effective HIV treatment was developed, have poorer health outcomes.

### **Stigma and psychological and social aspects**

The problem for many living with HIV is feeling insecure, living with a secret and/or the fear of a negative reaction. About half of the people with HIV have mental health problems. Various Dutch studies of people with HIV have revealed that every one of them has had a negative reaction to their HIV status at some point in time. This fear of being stigmatised can have a huge impact on the psychological well-being of many people living with HIV. This stigmatising is often based on an outdated view of the seriousness and transferability of the disease. Lots of people only tell a few others that they have HIV. People living with HIV in the Netherlands are never obliged to reveal the fact that they have HIV. The robust health of many people with HIV means they have no limitations. Still, it often happens that people with HIV are treated differently: at work, at school, at sporting events, in healthcare or in their relationship.

The borders of a number of non-western countries are closed to people with HIV, and in some countries, it is uncertain whether people with HIV medication in their luggage will be allowed to enter the country without problems. Many other countries have restrictions if someone with HIV wants to stay in their country for longer than a month or to settle there.

### **Research into a cure and a vaccine**

The current HIV treatment can suppress the virus for life, but the virus remains dormant in certain parts of the body. The main source of inspiration for researchers working on a cure for HIV is Timothy Brown: the only person in the world to have been cured of HIV. He not only had HIV, but leukaemia as well. The risky stem cell transplant in 2007, from a donor who was genetically resistant to HIV, cured him of both leukaemia and HIV. This proved that a cure for HIV is possible. Ever since hundreds of researchers around the world have been working on a cure for HIV. In the Netherlands, important research into an HIV cure is being done in Amsterdam UMC, Erasmus MC and UMC Utrecht. Researchers at the Janssen pharmaceutical company in Leiden are also working on a vaccine that prevents or minimises the chances of contracting HIV.

## **HIV in the Netherlands - FIGURES**

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(Source of the figures on this page: Monitoring Report 2017, Stichting HIV Monitoring)

### **Numbers**

Around 19,000 people in the Netherlands know they have HIV

Around 2,600 people in the Netherlands have HIV and don't know it yet

### **Descent**

60% Dutch descent

40% foreign descent

### **How was it contracted?**

63% men who contracted HIV through homosexual contact

19% men who contracted HIV in another way

19% women

### **Ages**

3% under 25

68% 25-55 years old

29% over 55

### **Every year there are fewer new HIV diagnoses in the Netherlands**

In 2009, 2010 and 2011 there were around 1,100 new HIV diagnoses annually; in 2016, this dropped to 820.

### **HIV diagnosis often late**

57% diagnosis made on time

43% diagnosis made when immune system was already compromised

### **Deaths**

In the Netherlands, 40 to 50 people die annually, as a result of AIDS.

### **People with HIV in the Netherlands.**

89% know they have HIV

92% of them use HIV medication

95% of them have the virus suppressed, so HIV can no longer be transmitted