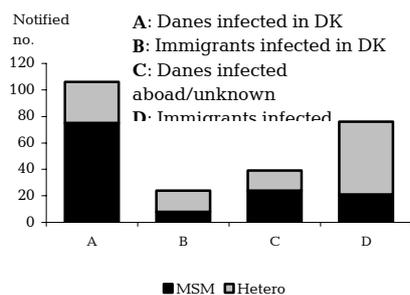




HIV 2008

2008 saw a total of 276 notified cases of newly diagnosed HIV infection, 196 men and 80 women. A total of 147 (53%) were infected in Denmark and 93 (34%) abroad. In 36 cases (13%), the country of infection was unknown. Among the Danish-born, 140 (86%) of 162 were men. Among the 111 immigrant cases, 54 (49%) were men. The country of origin was missing on three notifications. The median age was 39 years (range 0-77 years) for men and 33 years (0-66 years) for women. Among 263 notifications including presumed mode of infection, a total of 246 (94%) were infected via sexual contact, including 129 males who had sex with males (MSM) and 117 heterosexuals, [Figure 1](#).

Figure 1. Country of infection for sexually transmitted HIV by MSM and heterosexuals, 2008



In 12 (5%) of the notified cases, IV drug use (IDU) was stated as mode of infection. Five children were notified with HIV, including two born in Denmark by African mothers. The majority of the notified cases resided in the Copenhagen region. In this group, the majority were MSMs. In the remaining parts of Denmark, the majority of notified cases were heterosexually infected. [Figure 2](#) shows the distribution during the past ten-year period.

Danish men

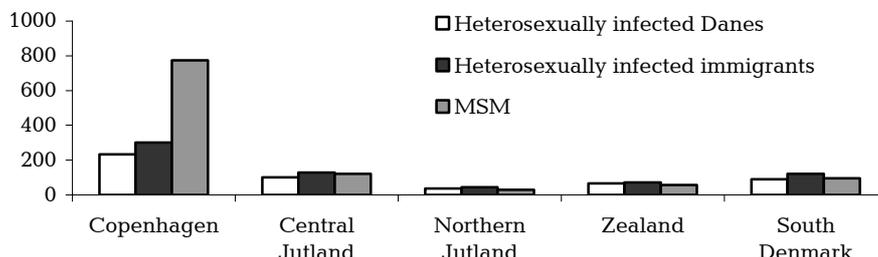
Among 140 Danish men, 99 (71%) were MSM. A total of 33 were infected by sex with a woman: In 23 of these cases, the woman was from a known risk group and in ten cases there was no known risk. Four (3%) were infected by IDU, and in four cases the mode of infection was unknown. Among homosexually infected men, nine (27%) were infected abroad. Among MSM, 17 (17%) were infected abroad.

Danish women

Among 22 Danish women, 13 (59%) were infected through sexual contact with a man: In four cases the man was from a known risk group and in nine cases there was no known risk. Eight (36%) were infected via IDU. In one

HIV AND AIDS 2008

Figure 2. Newly diagnosed sexually transmitted HIV 1999-2008, by region of residence



case, the mode of infection was unknown. Only one Danish woman was notified with infection acquired abroad.

Immigrant men

Among 54 immigrant men, 29 (54%) were MSM. A total of 19 were infected by sex with a woman: In 16 of these cases, the woman was from a known risk group and in three cases there was no known risk. In four cases, the mode of infection was unknown. Among sexually infected immigrant men, 68% were infected abroad.

Immigrant women

Among 57 immigrant women, 52 (91%) were infected by sexual contact with a man: In 46 of these cases, the woman was from a known risk group, and in six cases there was no known risk. In one case, the mode of infection was unknown. Among heterosexually infected immigrant women, 74% were infected abroad.

Children

Two children of African origin were infected in Denmark and three children were infected at birth in Africa.

Time of infection

A total of 230 (83%) of the notifications carried information facilitating division of the cases into newly infected (estimated infection within six months), late diagnosed (concurrent AIDS and/or CD4 cell counts below 350 and not newly infected) and those who were neither newly infected nor late diagnosed. In the remaining 46 (17%) cases, it was not possible to estimate the time of infection. Only five (4%) of the heterosexually infected were newly infected, whereas 25 (19%) of MSM were classified as newly infected. Correspondingly, 53 (45%) of the heterosexually infected were diagnosed late, versus 43 (33%) of MSM.

AIDS 2008

In 2008, there were 34 notified cases of AIDS, 29 (85%) men and five (15%) women. Among the men, 13 (45%)

were MSM, nine (31%) were infected heterosexually, and five via IDU. Among women, four were infected heterosexually and one via IDU. The median age was 43 years. Ten cases (29%) were immigrants. Among the 34 who were diagnosed with AIDS in 2008, a total of 21 (62%) were diagnosed with HIV the same year. In 2008, 16 persons previously notified with AIDS died.

Commentary

As in previous years, the majority of persons notified with newly diagnosed HIV in Denmark (DK) are MSM, and they were most frequently infected in DK. Nevertheless, the infection groups are not homogeneous across the country. In the Copenhagen region, the majority are MSM, while the majority in the remaining parts of DK are heterosexually infected, [Figure 2](#).

Prevention of HIV transmission in DK rests heavily on early diagnosis. A third of MSM and nearly half of the heterosexually infected were tested late in the course of illness. Part of those who are tested at a later stage have previously had contact to health care services. The National Board of Health has recently published a new HIV testing strategy, EPI-NEWS 46/09. In future, all physicians shall, on their own initiative, offer HIV testing to risk group persons, regardless of their current complaint. As well-treated HIV positives only have a very limited infection potential, continued HIV transmission in DK depends on infection by currently undiagnosed HIV positives and from a small group of diagnosed HIV positives who have not yet commenced treatment. The pink 2008 HIV/AIDS annual report is enclosed.

(A.H. Christiansen, S. Cowan, Department of Epidemiology)

IMPORTANT ANNOUNCEMENT FROM THE NATIONAL BOARD OF HEALTH: SEE REVERSE

INFLUENZA A(H1N1)v:

Clarification concerning antiviral treatment and vaccination

Antiviral Tamiflu treatment should be used in accordance with current guidelines.

In case of doubt, the following groups should receive treatment:

- Risk group persons should receive antiviral treatment when presenting with influenza symptoms even if they have previously received vaccination. This provision also covers risk group children; however, Tamiflu treatment of children below the age of one year should only be initiated following specialist assessment
- Otherwise healthy children who present with influenza symptoms should receive standard assessment to assess Tamiflu treatment indication
- Prophylactic antiviral treatment should be administered to risk group persons who have been exposed to influenza but have not yet been vaccinated

Risk group vaccination: initial dose most important

The next delivery of pandemic vaccines may not be sufficient to cover the considerable demand for vaccination among risk group persons. If the need to prioritize arises, all risk group persons should be given the initial dose before administering the second dose to any other patients. With regard to administration of the second dose, any immunosuppressed persons should be given priority; subsequently, patients with chronic conditions at special risk of serious disease due to influenza should receive vaccination.

(National Board of Health)

25 November 2009