

Ungass country progress report

Hungary

I/a. Epidemiological situation

The HIV/AIDS situation in Hungary has been favourable so far, and Hungary is still among the countries with a low infection rate. Between 1985 and 2009, 1771 HIV-positive individuals have been registered, 1563 of them under identification codes, and 208 anonymously. It means 177 detected HIV infections for each one million inhabitants in Hungary based upon the national dataset.

86% of the infected persons registered under identification codes are males, and 14% of them are females. The ratio of known HIV-positive women between 1985 and 2001 was 17 % based on cumulative data; however it has varied between 7% and 21% in the past five years (Table I).

Although the number of newly diagnosed HIV-positive people increased by 20% between 2007 and 2008, the epidemiological situation remained stable in the last two years, as the numbers of the new cases were 145 in 2008, and 140 in 2009.

Distribution of registered HIV-infected persons by sex according to the year of verification (Table I)

Year	Men	Women	Unknown	Total
1985-1999	634	91	108	833
2000-2004	275	72	0	347
2005	80	14	12	106
2006	49	13	19	81
2007	88	10	21	119
2008+	110	9	26	145
2009	104	14	22	140
Total	1340	223	208	1771

+ Adjusted data

A significant proportion of HIV-positive persons registered in Hungary are not Hungarian citizens. By December of 2009, a total of 381 foreign citizens were registered, which corresponds to 25% of registered HIV-positive persons.

70% of the infected persons in known risk groups are homosexuals, while 22,5% of them acquired the infection through heterosexual contacts. In Hungary, no transfusion recipients have been infected since 1999. According to data gained from passive surveillance, 1.7% of the reported HIV positive individuals were injection drug users, and 1.4% contracted the infection by nosocomial way. Altogether 32 persons having contracted the disease suffered from haemophilia, the last Hungarian case occurred in 1986.

A total of nine vertically infected babies/infants have been registered since 1985, the mothers of most are foreign or have contracted the infection abroad.

In case of 442 persons (approximately the quarter of all cases), the probable way of infection remains unknown (Table II).

Distribution of registered HIV-infected persons by risk group (Table II)

Year	Risk groups								
	Homo/bisexual	Hetero-sexual	Haemophilic	Transfusion recipient	Intravenous drug user	Nosocomial	Maternal	Unknown	Total
1985-1999	431	120	32	20	7*	12*	3	208	833
2000-2004	168	93	0	2*	8*	0	0	76	347
2005	56	20	0	0	2**	3*	2	23	106
2006	38	14	0	0	0	0	0	29	81
2007+	62	15	0	1*	3*	1*	2	35	119
2008	93	17	0	0	2	0	0	33	145
2009	79	21	0	0	0	0	2	38	140
Total	927	300	32	23	22	16	9	442	1771

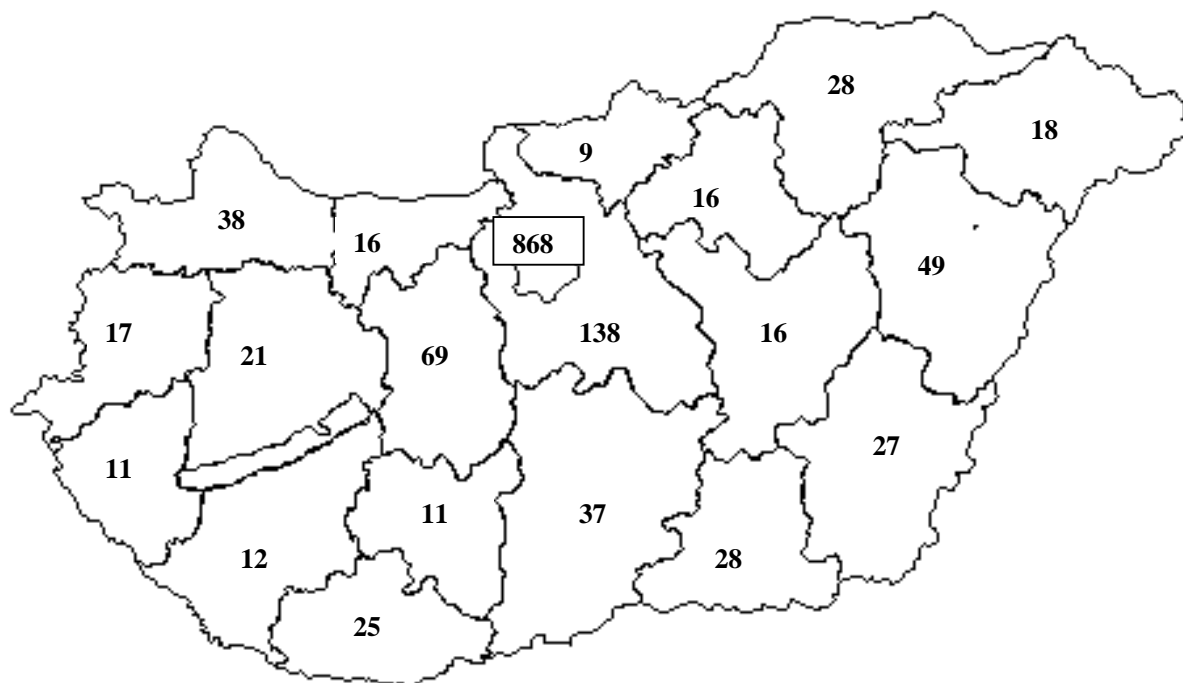
* Imported cases

** Including imported cases

* Adjusted data

Distribution of registered HIV-positive Hungarian and foreign persons * by region (Figure 1)

(n = 1 454)



*Anonymous HIV-positive persons and persons with unknown residence are not represented on the map.

60% of known HIV-positive persons live in Budapest, and 9% of them live in Pest County at the time of the diagnosis (Figure 1).

68% of HIV-positive persons are in the age group of 20-39; a total of 113 HIV-positive cases were under 19 years of age at the time of the diagnosis. More than the half of the minors (59) was not Hungarian citizen. At the moment 7 HIV-positive children less than 13 years of age live in the country.

Until 31 of December in 2009, a total of 596 HIV infected persons developed AIDS, and 305 of them deceased (Tables III and, IV). 30 infected individuals were minor at the time of the diagnosis.

Distribution of reported AIDS patients by year and sex (Table III)

Year*	Male	Female	Total
1985-1999	319	31	350
2000-2004	102	20	122
2005	29	4	33
2006	15	7	22
2007+	17	6	23
2008	21	2	23
2009	17	6	23
Total	520	76	596

Year* = the year AIDS was diagnosed

+ Adjusted data

**AIDS induced deaths by year,
and sex (Table IV)**

Year*	Male	Female	Total
1985-1999	203	11	214
2000-2004	43	13	56
2005	6	0	6
2006	5	1	6
2007+	9	1	10
2008	4	0	4
2009	9	0	9
Total	279	26	305

Year* = the year of death

+ Adjusted data

In the past five years, the number of newly reported AIDS patients varied between 33 and 22, with a yearly average of 26. Since 2005, 7 AIDS induced deaths have occurred on annual average, with only 4 deaths registered in 2008.

In 2009, development of AIDS was reported in 23 cases, and in 13 of these (56%) the HIV positive status of the affected persons was not known. According to data received between 2007 and 2009, 38 of the 69 registered AIDS patients (55%) were not known to be HIV positive prior to being diagnosed with AIDS.

I/b Seroepidemiological studies

No positive gravida was detected in eight HIV sentinel screenings conducted by the National Centre for Epidemiology on pregnant women in the past 10 years under identical circumstances, which gives rise to a conclusion that no measurable changes in HIV prevalence have taken place among young women in reproductive age.

Supported by the Drug Coordination Committee and the Ministry of Health, an examination plan was implemented in every year between 2006-2009, which were aimed at surveying the prevalence of infections associated with injection drug use in Hungary (HIV, HBV, HCV). Within the framework of these examinations, 300, 567, 590, and 705 intravenous drug users were screened with the assistance of drug ambulances, needle replacement programmes and civil organisations. All the samples proved negative for HIV-infection, i.e. no HIV-positive persons were detected among the examined intravenous drug users – similarly to earlier years –, although a 22,6%-30% HCV prevalence was found.

The Ministry of Health supported a HIV prevalence study in homosexual population in 2009. During three months 388 homo/bisexual men were screened for HIV, HBV, HCV and syphilis. The HIV prevalence proved to be 2,6%, and 14,4% of the men exposed to syphilis in any point of time of their life.

II. HIV screenings

HIV screening and diagnostics are currently governed by amended decree 18/2002. (XII. 27.) issued by EüM (Ministry for Health). In 2009, a total of 513 447 blood samples were subjected to HIV tests, the overwhelming majority (422 266) of these being donor blood samples. In 2007 492 372, in 2008 499 452 HIV tests were performed consequently. In addition to screening donor blood, 91 181 HIV screenings were performed by the National Centre for Epidemiology, the Regional Institutes of the National Public Health and Medical Officer Service (ÁNTSZ), ÁNTSZ Laboratory Ltd, SE Clinic for Dermatology and STD-related Diseases and Dermato-Oncology, OEK Microbiological Research Group and a laboratory of Szent László Hospital. Samples that proved positive were verified at two locations, in the laboratory of Szent László Hospital and at the premises of OEK Microbiological Research Group.

Screenings can be classified in three categories: voluntary, mandatory and diagnostic tests. Voluntary tests are performed anonymously or identified by name. Anonymous tests represent 10,2% of all tests, while 42,4 of the tests are performed for identified patients. Mandatory tests account for 19,9% of all tests, and diagnostic tests 27,5% (Table V).

Number of HIV screenings in 2009 (Table V)

Test category *	Number of tests	%
I. Voluntary anonymous	9 250	10,2
II. Voluntary identified	38674	42,4
III. Mandatory	18175	19,9
IV. For diagnostic purposes	25082	27,5
Total	91 181	100

Within the framework of ÁNTSZ, 16 screening locations are currently available to the general public in Hungary (14 former county institutes of ÁNTSZ, plus the National Epidemiological Centre), where HIV screening and counselling is available free of charge. In addition, free HIV screening is available within the care network for dermatology and STDs (124 outpatient clinics are operated nationally), and at the SE's Clinic for Dermatology and STD-related Diseases and Dermato-oncology, as well as civil AIDS counselling premises. Between 2007-2009, 36% of persons with detected HIV infection were screened by the network for STD care and the STD centre of the University clinic. Szent László Hospital detected 21% of all cases, civil AIDS advisors 13,7 %.

III. Education

In 2007, a counselling course was offered for 25 physicians, specialists, and specialised healthcare assistants working in the field of dermatological and STD patient care (mainly in the Hungarian dermato-venereological network).

In 2009 the same course was repeated for 19 social workers and specialists on drug addiction from drug ambulances, needle exchange programmes and civil societies.

In every year a one day course is held for STI specialist and nurses on STIs and HIV/AIDS issues with special focus on continuous care and support for those living with HIV/AIDS.

In every year Szent László Hospital organises further education for family doctors on updated HIV/AIDS issues.

IV. Further key tasks

The amended decree 18/2002. (XII. 27.) came into force on HIV screening, counselling and on special care of patients with symptomatic HIV infection and AIDS. The decree supports the increase of number of laboratories which are authorized performing HIV test and empowers certain outpatient clinics of dermato-venereological network to provide special care for HIV-infected persons without symptoms. Laboratories performing HIV test are liable to suit certain conditions, which are regulated in the decree (data providing, being microbiological laboratory, fulfilment of authorisation etc.)

According to the new decree, a new guideline is under development on HIV screening, counselling, care and treatment. Assessment of knowledge on HIV/AIDS issues and on counselling among health workers in dermato-venereological network has just started, based upon the results further courses will be supported for specialist and health care workers.

Key task is to provide postgraduate courses for family doctors and other specialists on regular basis, as the number of people living with HIV/AIDS will increase in every level of the health system.

The National AIDS strategy has been renewing, in order to:

1. Increase the number of voluntary consensual tests responding to information among the members of the high-risk groups. Develop anonymous HIV screening linked to counselling and the system of institutions authorised for counselling.
2. Detect HIV infection at an early stage in high proportion of the infected individuals
3. Increase the number of health care facilities, where people living with asymptomatic HIV infection receive regular check-up, social care and counselling.
4. Raise awareness through efficient communication activities in the population about HIV virus, AIDS disease, possible route of transmission, appropriate behaviour.
5. Reduce inequalities in this field, and to create an opportunity for healthy life.
 - Intersectorial coordination primarily with social, educational and employment policies at the levels of government and local government.
 - Help self-organisation of disadvantaged groups, reliance on and cooperation with civil organisations working in this area.
 - Improve the availability of HIV/AIDS screening and care.