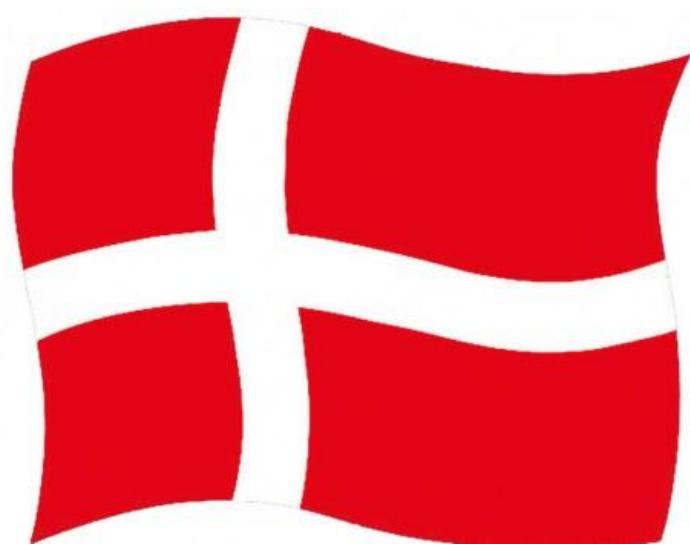


The HIV Epidemic in a Danish Context

EACS summer school 2019

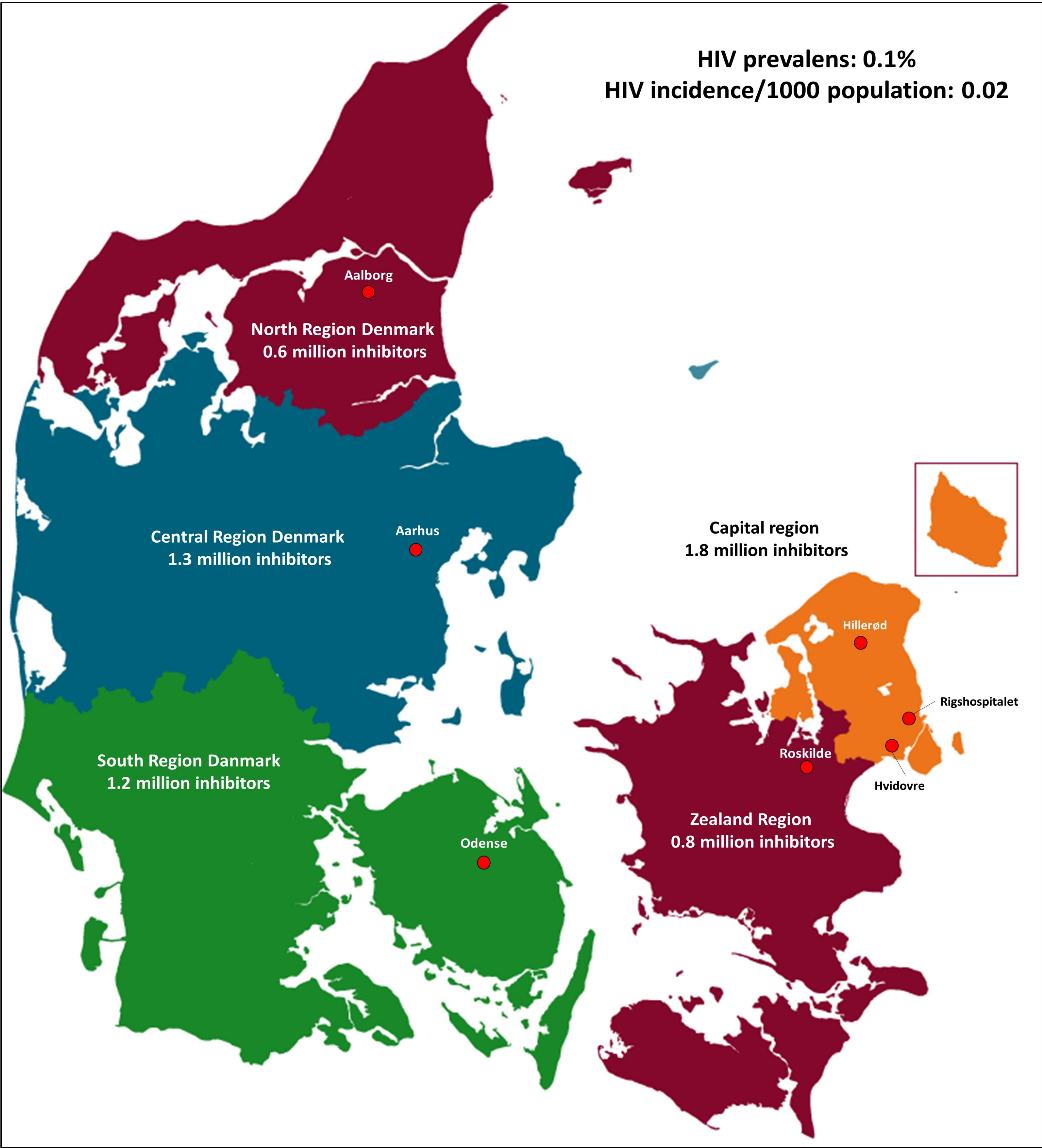
Ellen Frøsig Moseholm Larsen₁ and Bastian Neesgaard₂

1: Department of infectious diseases, Copenhagen University Hospital Hvidovre; 2: CHIP, Department of infectious diseases, Rigshospitalet



The Danish HIV Epidemic and Treatment Options at a Glance

Danish regions and location of centers providing care for people living with HIV ^[1]



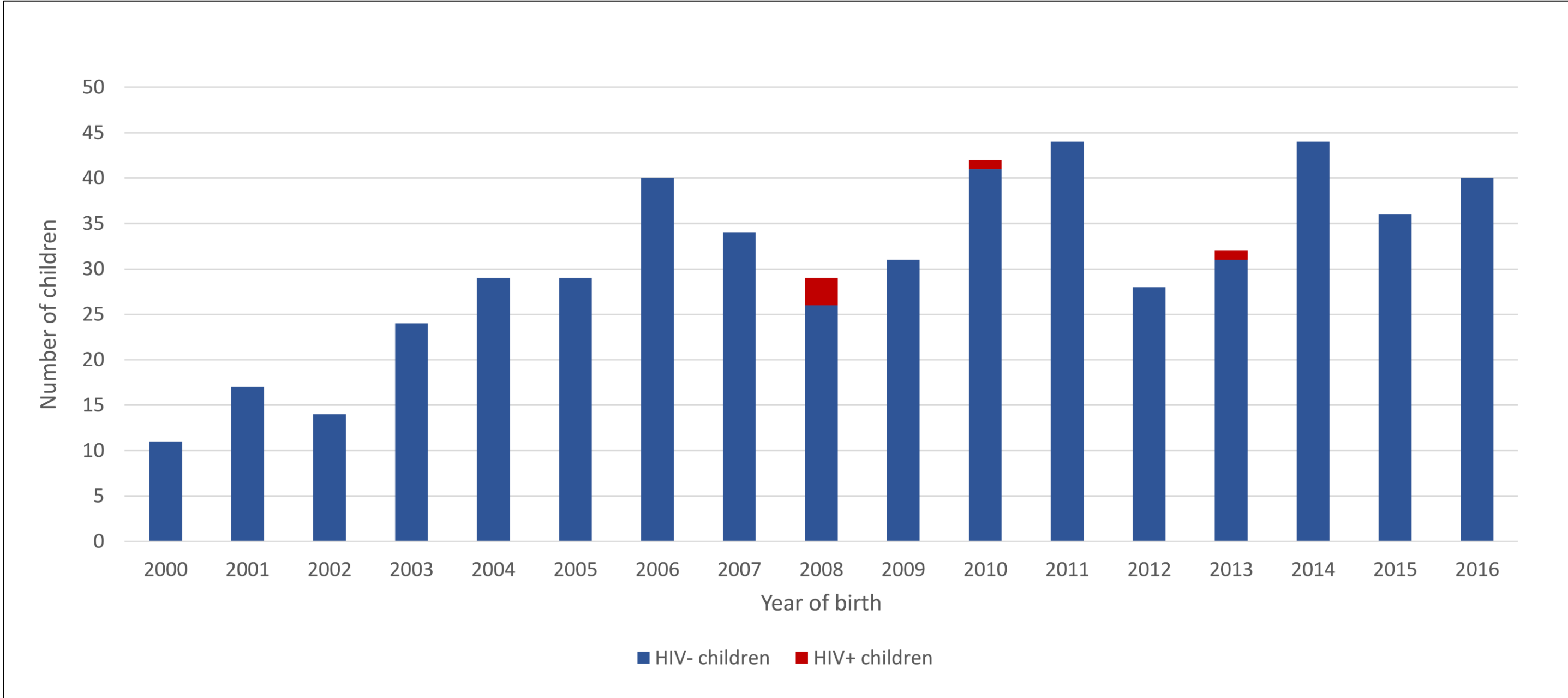
Snapshot of the Danish HIV epidemic anno 2017 ^[2,3]

	People living with HIV in 2017	People aware of HIV diagnosis	People newly infected with HIV in 2017
Σ Total	6400 [5600 - 7000]	5800	182
 Men	4600 [4100 - 5200]		149
 Women	1600 [1400 - 1800]		33
 MSM	4200	3700	97
 Children (<15 years)	49		3

Antiretroviral therapy recommendations (2019) from the Danish Society of Infectious Diseases ^[4]

	1 st Antiretroviral drug	2 nd Antiretroviral drug	3 rd Antiretroviral drug
1 st choice	Lamivurдин Emtricitabin	Tenofovir disoproxil fumarate Tenofovir alafenamide	Darunavir/b* Raltegravir Dolutegravir Bictegravir
Alternative		Abacavir***	Atazanavir/b* Elvitegravir/c** Efavirenz Doravirine Rilpivirine
* Boosted with ritonavir or cobicistat ** Boosted with cobicistat *** Can be 1 st choice in combination with dolutegravir and lamivurдин			

Children born to women living with HIV and vertical transmission ^[5]



Women living with HIV and pregnancy/delivery ^[5]

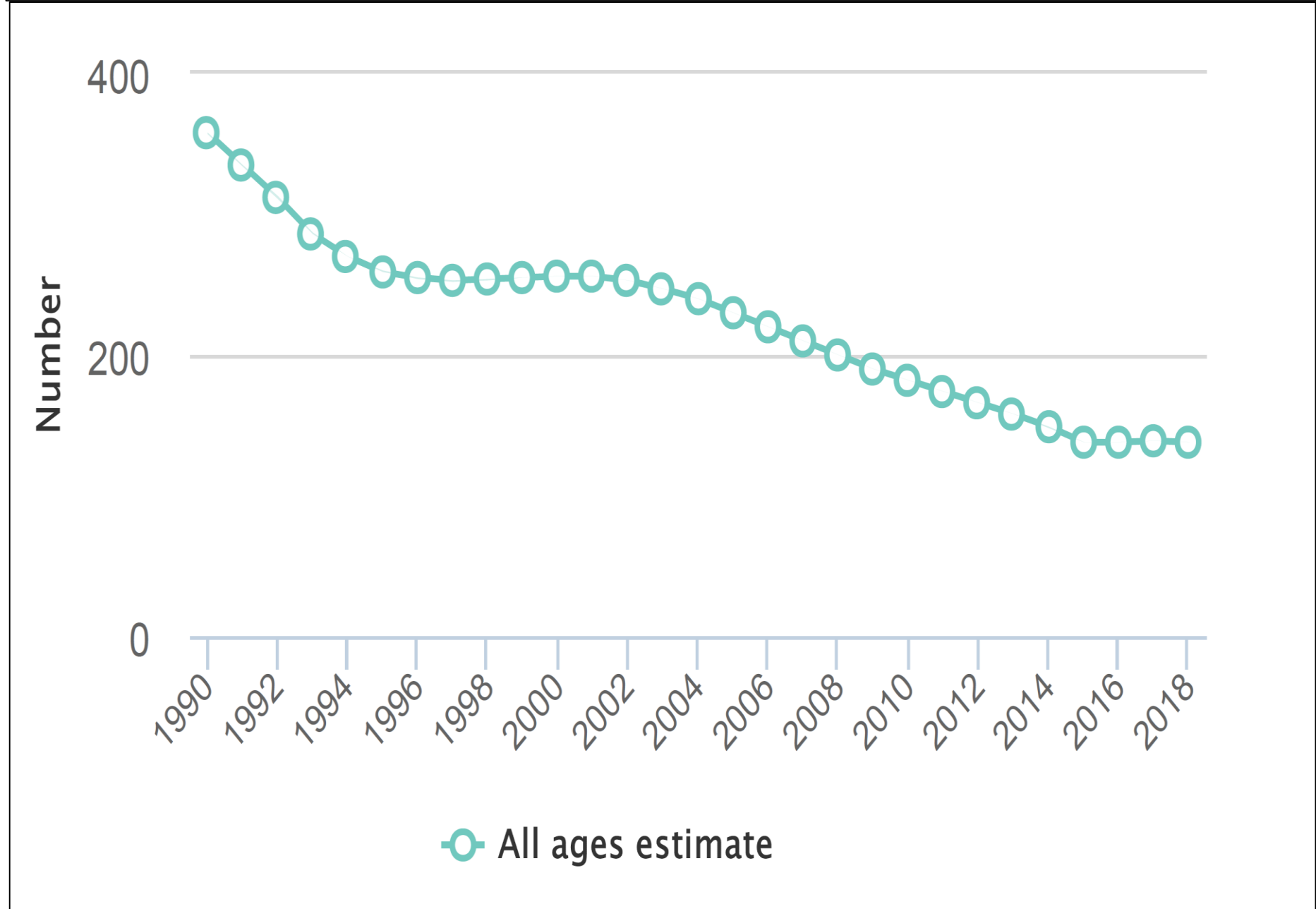
- All pregnant women are screened for HIV in early pregnancy
- All women with known HIV are on treatment at the time of delivery
- 96% have an HIV-RNA <1000 copies/mL at delivery
- 76% have a CD4 cell count >350 at delivery

Challenges in managing the HIV epidemic in Denmark

Access to care, antiretroviral therapy and HIV testing are free and readily available in all regions of Denmark

Despite this, the incidence of new HIV diagnosis have been stable over the last decade

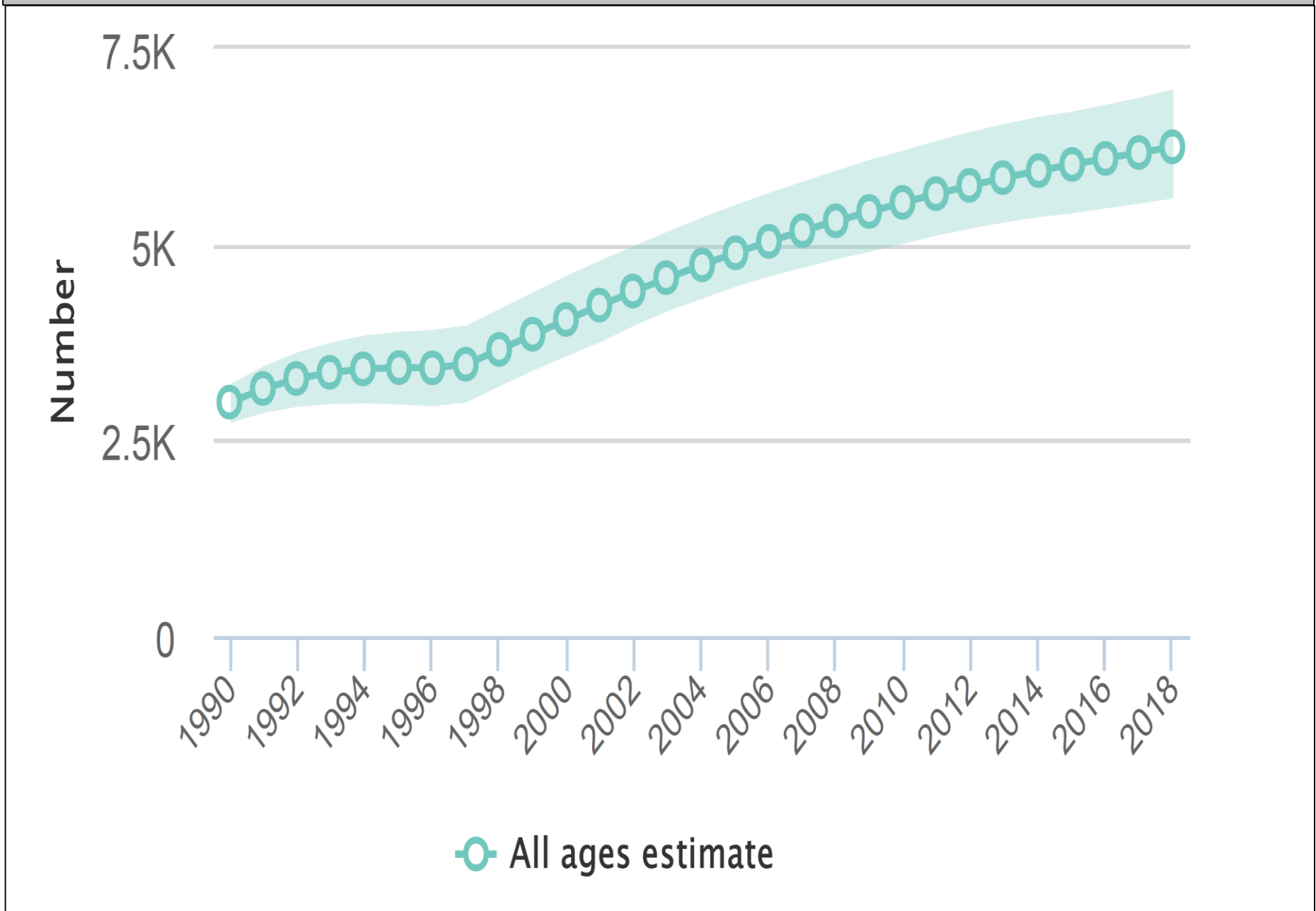
New HIV infections ^[3] (all ages)



Need for increased focus on prevention and rapid diagnosing

The population of people living with HIV are aging and incidence of comorbidities are increasing

People living with HIV ^[3] (all ages)



Need for increased focus on personalized antiretroviral treatment

Experience from everyday clinic work

Older Danish gentleman with a history of well treated hypertension and ischemic heart disease, was transferred to a Copenhagen university hospital, from his normal residence in Thailand, following 3 weeks of low grade fever, general fatigue, coughing and increasing shortness of breath.

Medical history revealed multiple, unprotected contacts with local sex workers, over a 10 year period. No recollection of rash at any time.

Clinical work up revealed undiagnosed diabetes mellitus type II, normal s-creatinin and glomerular filtration rate. Chest x-ray showed multiple cystic infiltration. Following HIV antibody test was positive. Further lab work showed severe immune depletion and HIV-RNA >100.000 copies/mL. No signs of active or latent tuberculosis infection.

Treatment was initiated with sulfamethoxazol/trimethoprim and lamivurдин, tenofovir disoproxil and dolutegravir. The gentleman slowly recovered as the HIV infection was controlled and pneumocystic pneumonia was treated