

# **HIV-infection trends in Estonia**

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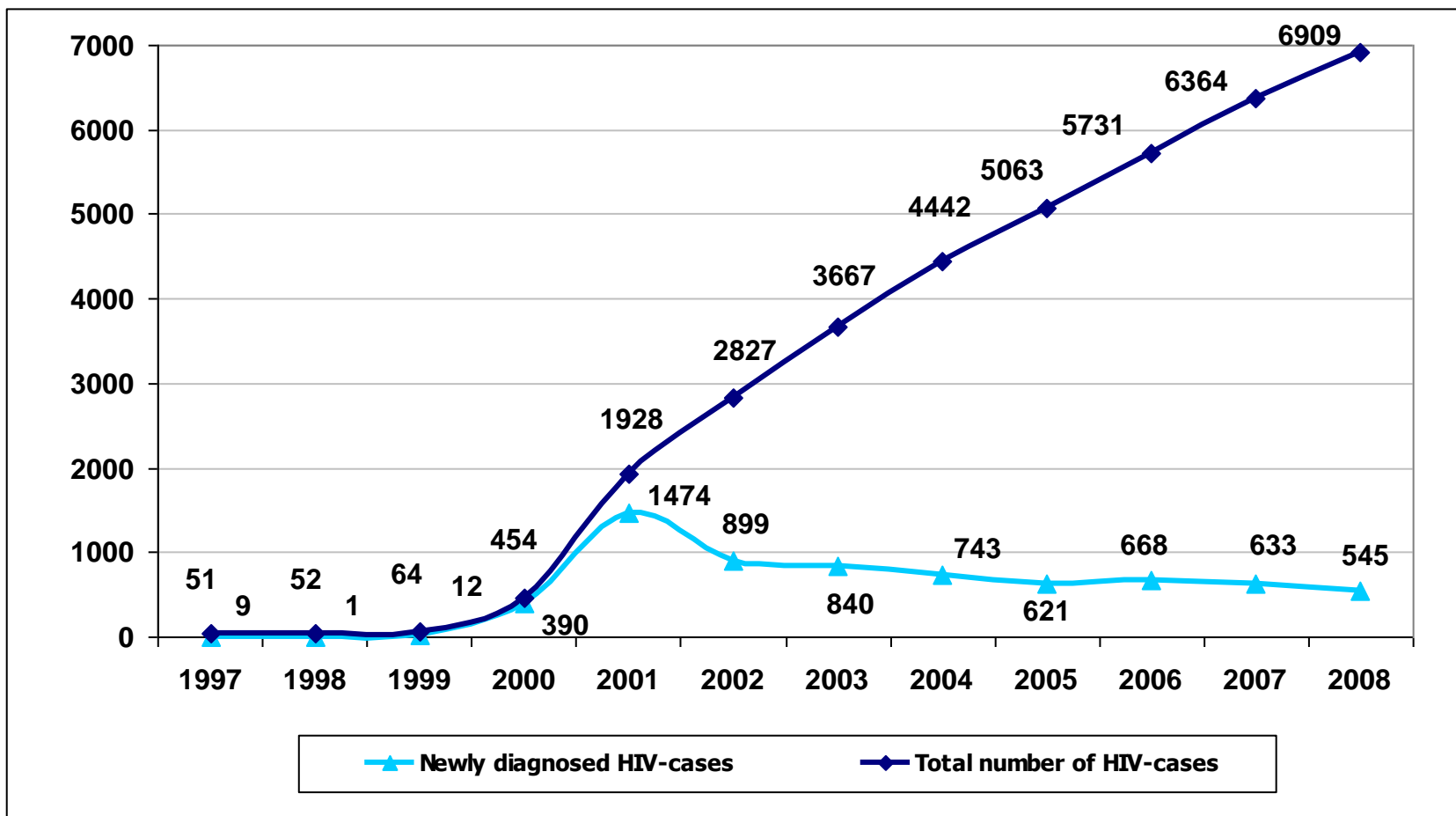
# Republic of Estonia:

- ✓ Population – 1.34 million people
- ✓ 406 newly diagnosed HIV cases per million population in 2008
- ✓ 6,909 HIV-cases in 1988–2008
- ✓ Main risk group – injecting drug users (~70% of cases)
- ✓ MTCT rate <2%, vertical transmission cases less than 2% of all newly diagnosed cases



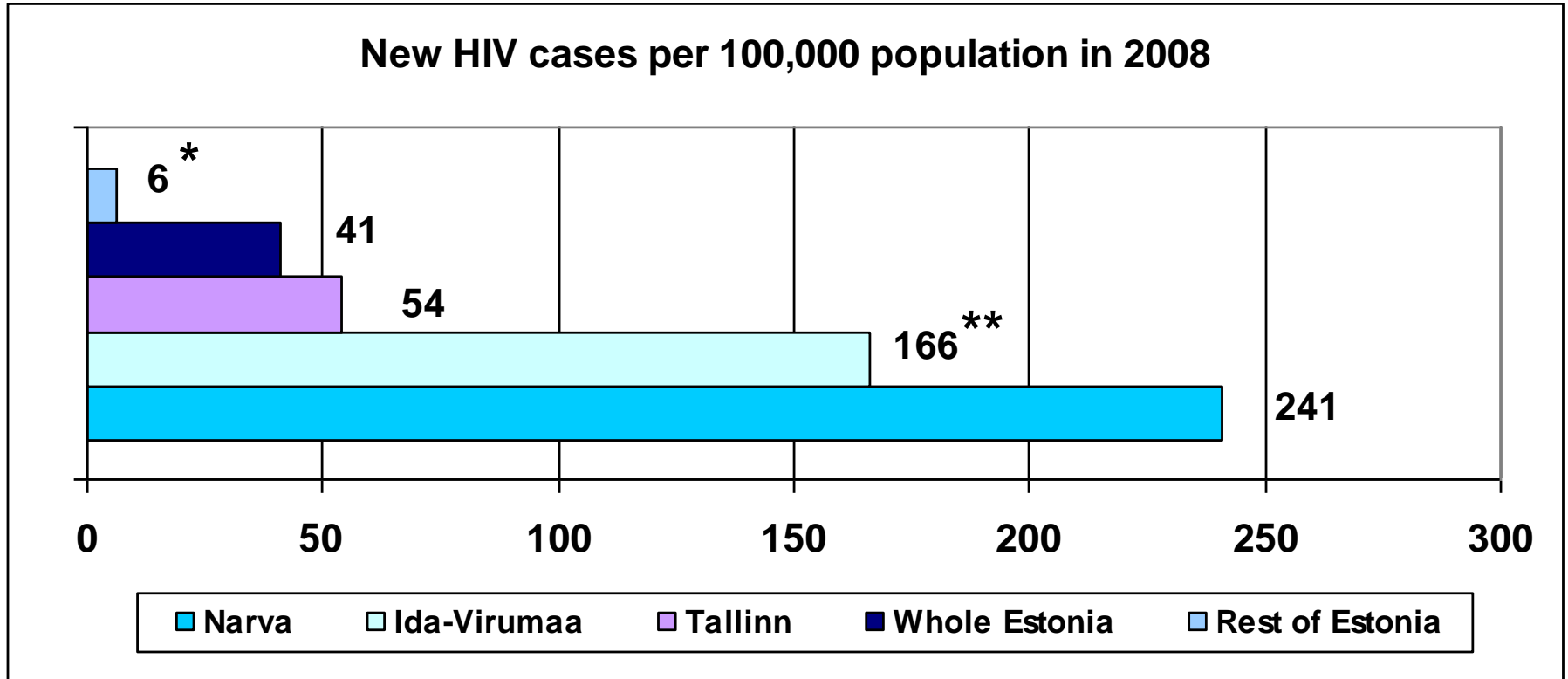


# Newly diagnosed HIV-cases in 1997–2008, and total number of HIV-cases (since 1988)



(Health Protection Inspectorate)

# Regional differences

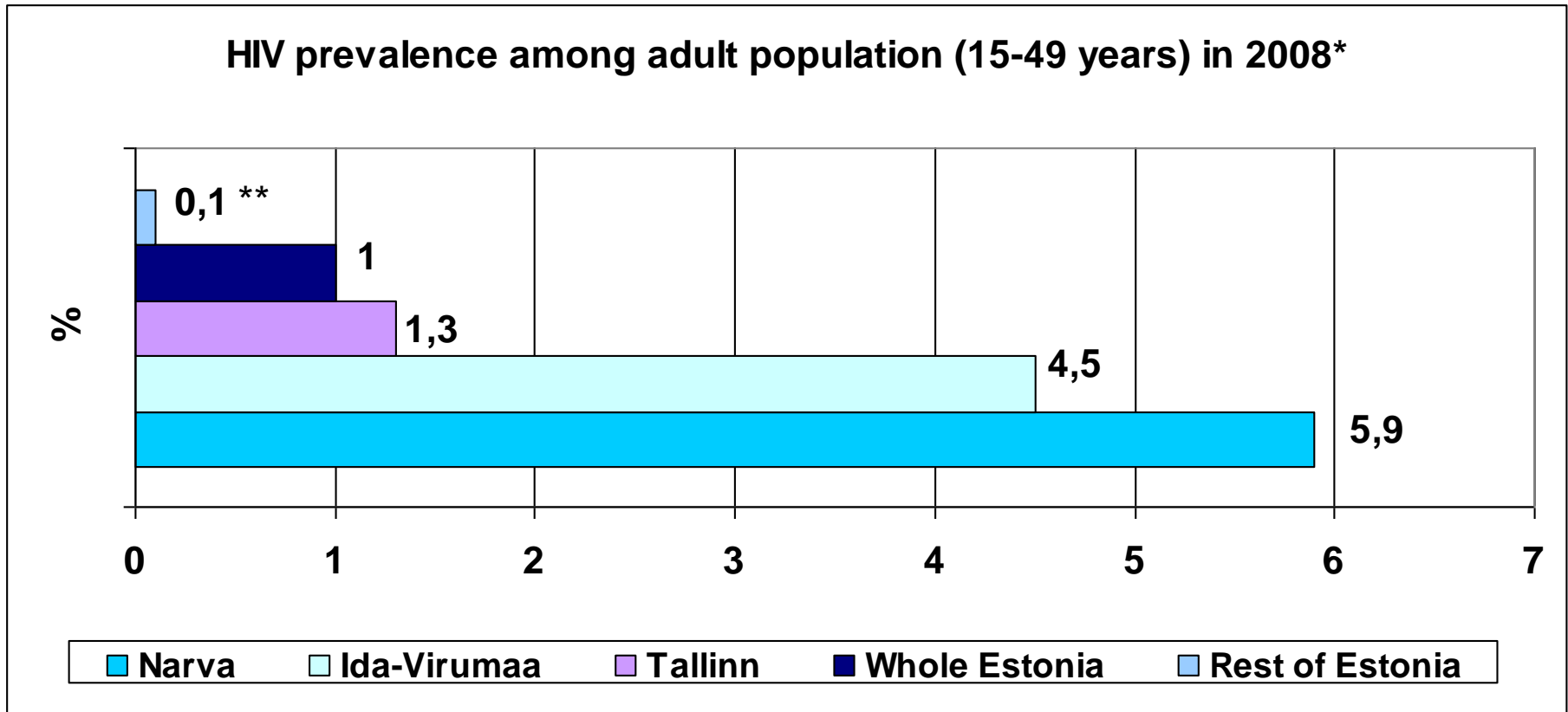


\* Without Tallinn and Ida-Virumaa

\*\* Including Narva

(Statistics Estonia, National HIV Reference Laboratory)

# Regional differences

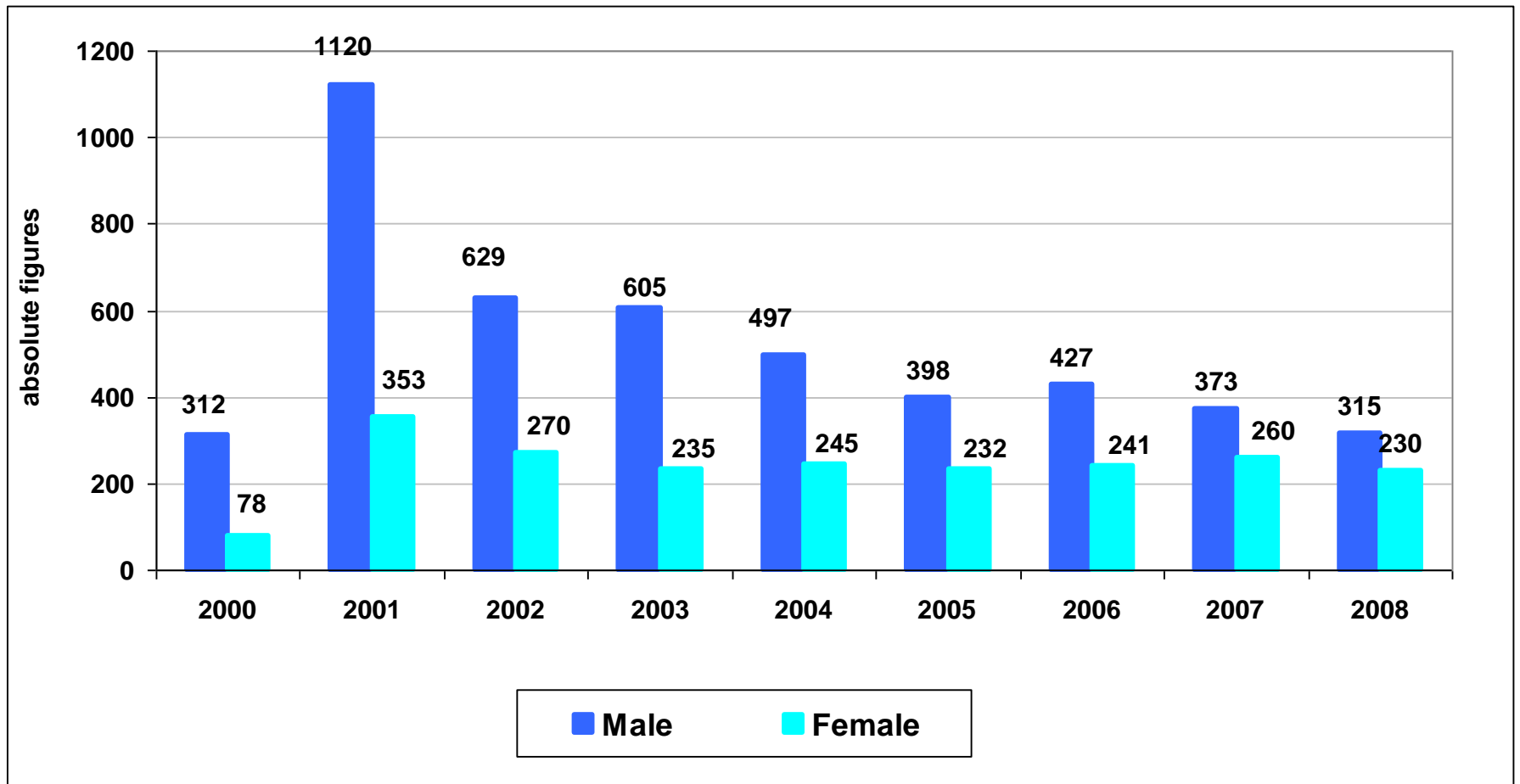


\* Does not take into consideration data on deaths

\*\* Without Tallinn and Ida-Virumaa

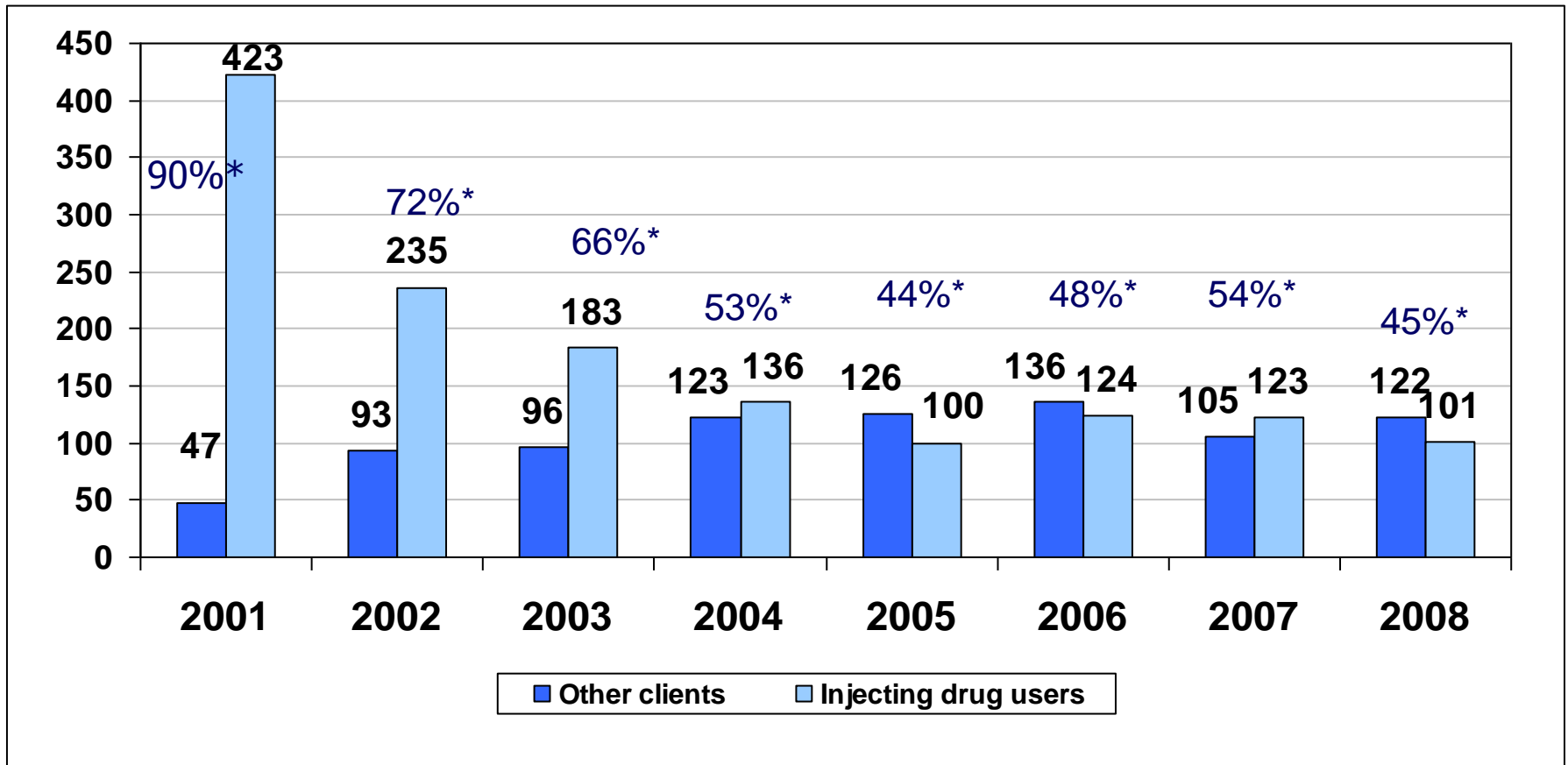
(Statistics Estonia, National HIV Reference Laboratory)

# Newly diagnosed HIV-cases in Estonia in 2000–2008 by gender (n)



*(Health Protection Inspectorate)*

# HIV Cases in AIDS Counselling Centers by Mode of Transmission, 2001–2008

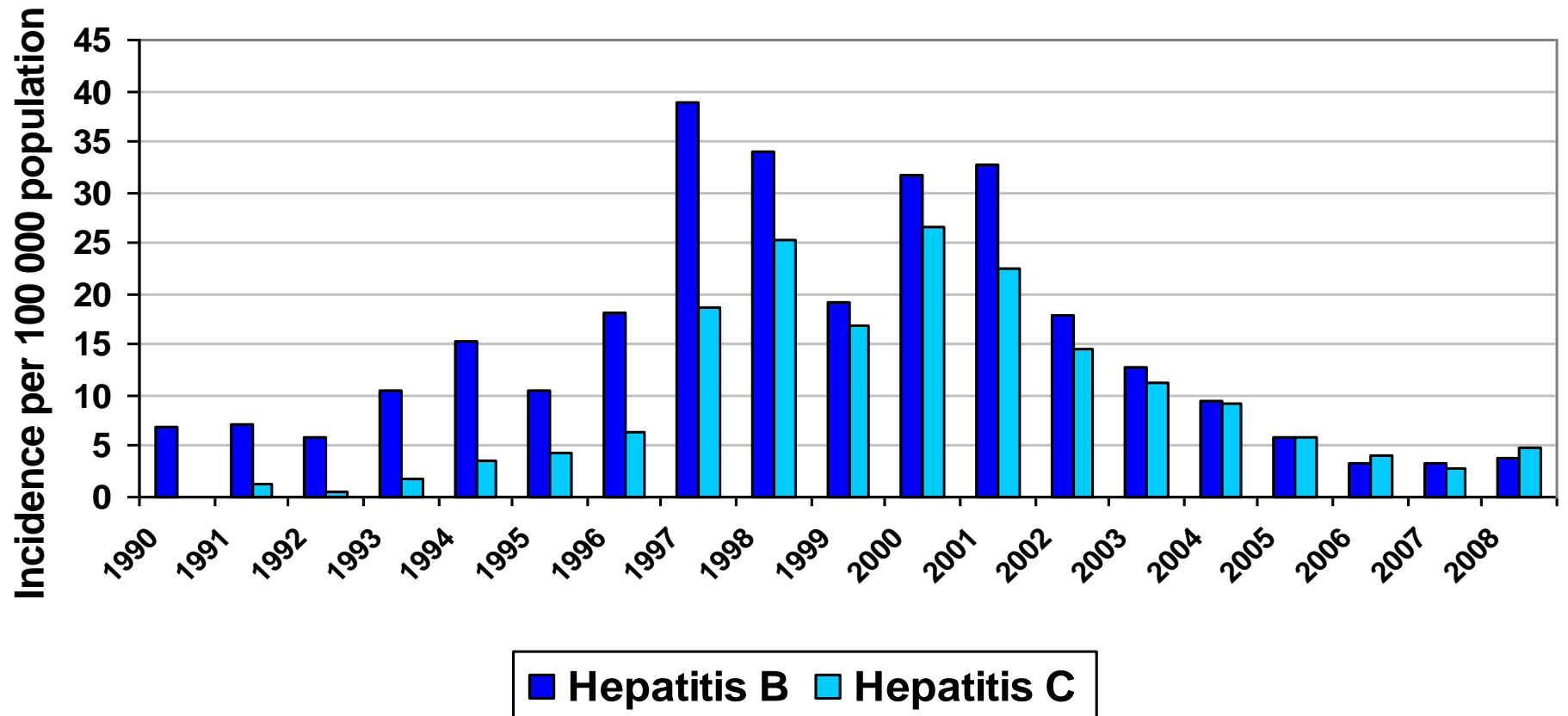


\* Proportion of IDUs among new cases

*(National Institute for Health Development)*

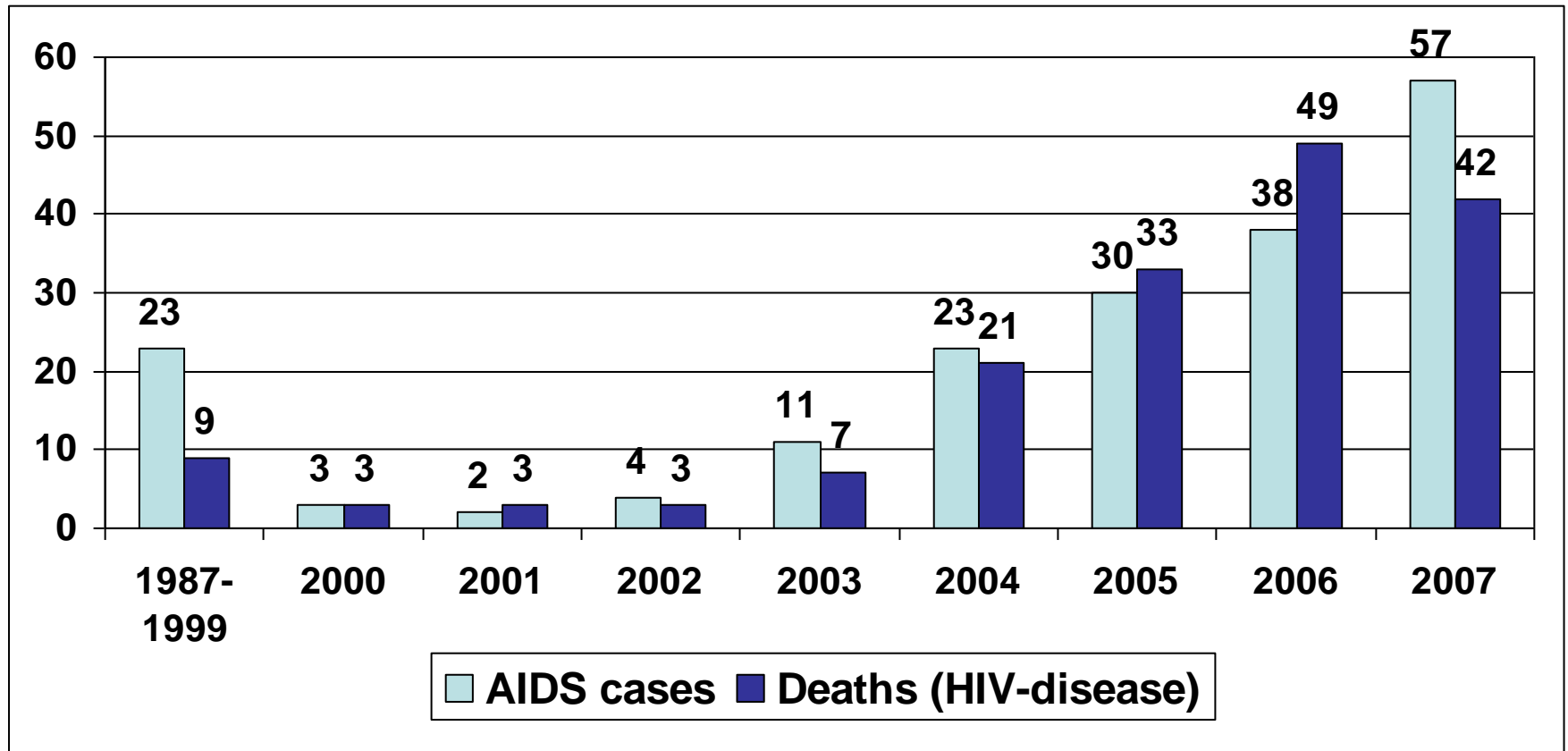


# Incidence of HBV and HCV, 1990–2008



*(Health Protection Inspectorate)*

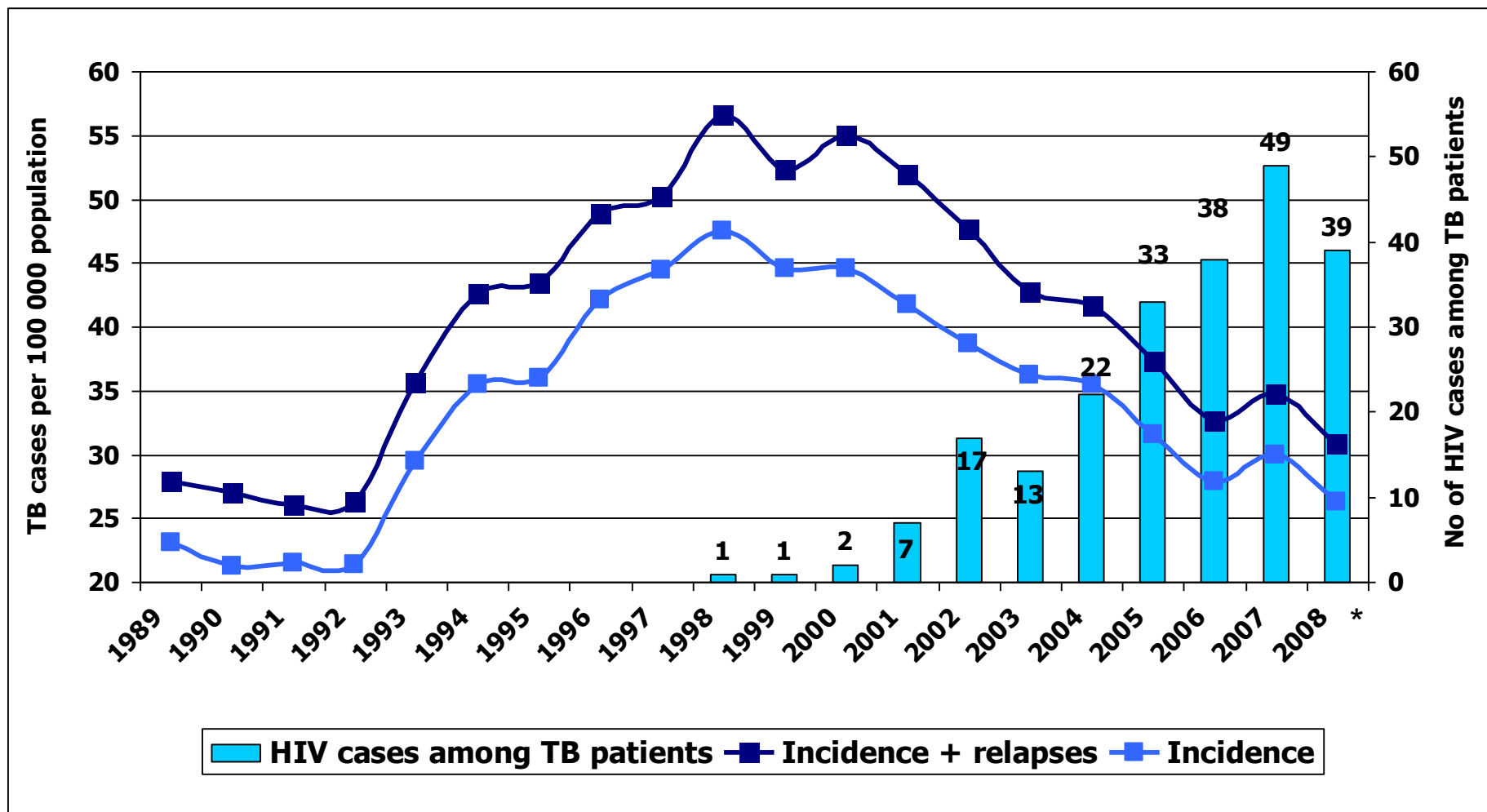
# AIDS cases and AIDS deaths 1987–2007



**In 2001–2007 44% AIDS cases were diagnosed less than 12 months after HIV-diagnosis**

*(Statistics Estonia, National HIV Reference Laboratory)*

# TB incidence and TB+HIV cases by year, Estonia, 1989–2008



\* Preliminary data

(National Tuberculosis Registry)

# Main risk groups

- Injecting drug users (IDU):
  - ✓ The size of IDU population – 13,800 (2.4% of adult population) (Uusküla 2007)
  - ✓ HCV prevalence in Tallinn 90% and in Kohtla-Järve 76%
  - ✓ HIV prevalence in Tallinn 48% and in Kohtla-Järve 59%; 38% unaware of their status

# **Main risk groups** (continued)

- Commercial sex workers (CSW)
  - ✓ An estimated 3,000–5,000 CSWs
  - ✓ HIV-prevalence 7,7% (in capital city Tallinn), 19% aware of their status (Trummal 2006).
- Men who have sex with men
  - ✓ In small samples HIV-prevalence ~1.5–2% (Trummal 2007, Rüütel 2008).

# **National public health strategies**

- **National Strategy on Prevention of Drug Dependence 2012**
- **National HIV and AIDS Prevention Strategy 2006–2015**
- **National Tuberculosis Prevention Programme 2008–2012**

# HIV-prevention intervention categories for IDUs

- Harm reduction services
- ✓ Needle and syringe exchange (2.4 million syringes distributed in 36 syringe exchange programs in 2008), special focus on outreach
- ✓ IDU and infectious diseases related counselling, HIV-and hepatitis testing, referrals to specialist care
- ✓ Social counselling and support (including shower, laundry, hot meals)

# **HIV-prevention intervention categories for IDUs (continued)**

- **Illegal drug use treatment and rehabilitation programs (including substitution treatment)**
- **STI services (free of charge)**
- **Pilot projects for enhanced tuberculosis control among IDUs (in syringe exchange programs)**
- **Pilot projects for return-to-work programs**



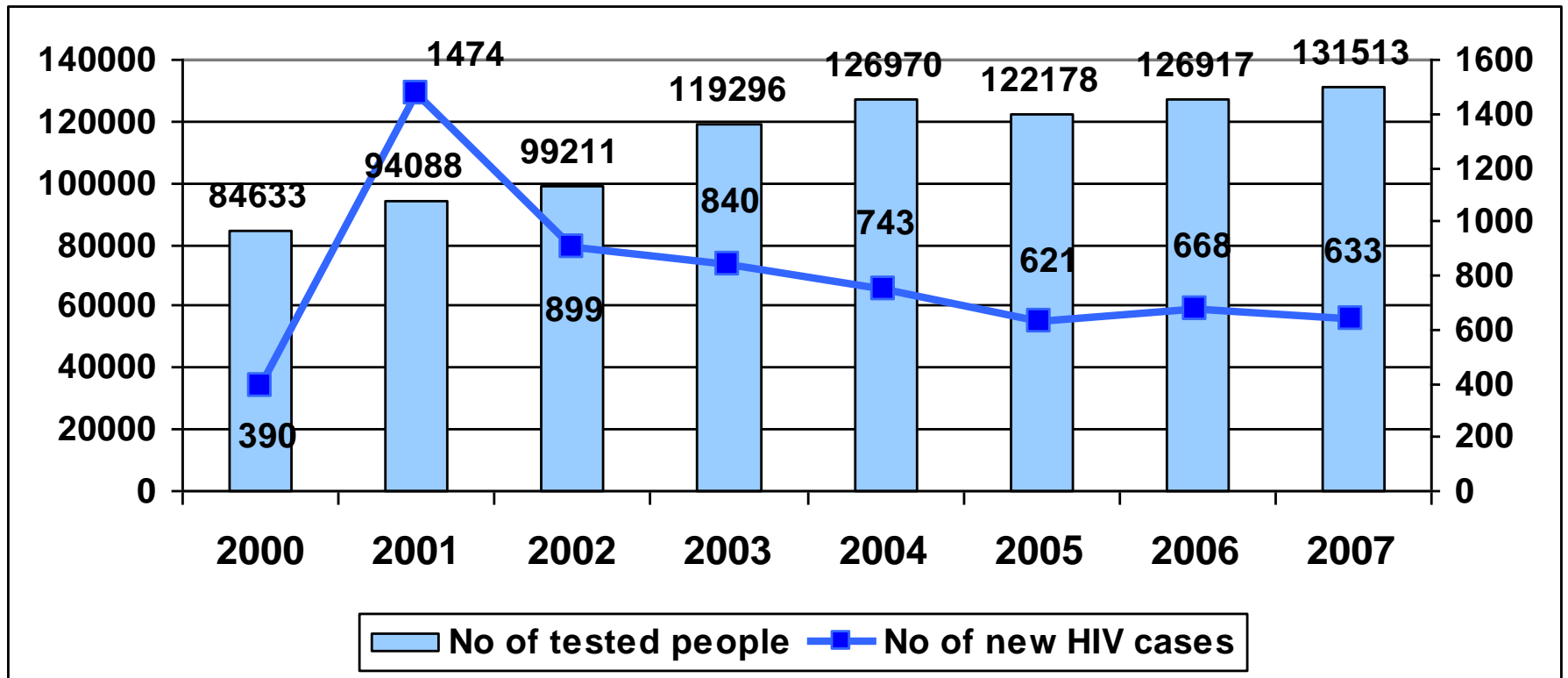
# **HIV-prevention intervention categories for CSWs**

- Sexual health and infectious diseases related counselling, HIV-and hepatitis testing, referrals to specialist care
- Illegal drug use counselling and referral to treatment and rehabilitation programs
- STI services (free of charge)
- Pilot projects for return-to-work programs

# People living with HIV

- HIV-related health care services including HAART – free of charge for all (1,000 people on treatment in 2008)
- Case-management system (process of building the system started in 2005–2006) – in order help to solve social problems (700 patients in 2008)
- Special attention – pregnant women with HIV and their newborns; free of charge milk powder for all babies of HIV-positive women up to 1,5 years old.

# Screening of HIV in 2000–2007\*



\* Includes blood- and organ donors and anonymous testing

(Data sources: Health Protection Inspectorate, National HIV Reference Laboratory)