

## Ungass country progress report

### Hungary

#### I. Epidemiological situation

The development of the HIV/AIDS domestic in Hungary has been favourable so far, and Hungary is still among the countries with a low infection rate. Between 1985 and 30 September 2007, 1453 HIV-positive persons have been registered, 1295 of them under identification codes, and 158 anonymously. What this means is that 144 detected HIV infections were registered for each one million inhabitants in Hungary until 30 September 2007.

85% of infected persons registered under identification codes are male, and 15% female. The ratio of known HIV-positive women between 1985 and 2001 was 17 % based on cumulative data; however, it has varied between 9% and 21% in the past five years (Table I)

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

| <b>Year</b>       | <b>Men</b>  | <b>Women</b> | <b>Unknown</b> | <b>Total</b>    |
|-------------------|-------------|--------------|----------------|-----------------|
| 1985-2001         | 727         | 128          | 108            | 963             |
| 2002              | 65          | 13           | 0              | 78              |
| 2003              | 53          | 10           | 0              | 63              |
| 2004 <sup>+</sup> | 63          | 12           | 0              | 75 <sup>+</sup> |
| 2005              | 80          | 14           | 12             | 106             |
| 2006              | 48          | 13           | 20             | 81              |
| Q1-Q3 2007        | 63          | 6            | 18             | 87              |
| <b>Total</b>      | <b>1099</b> | <b>196</b>   | <b>158</b>     | <b>1453</b>     |

<sup>+</sup> Adjusted data

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

A significant proportion of HIV-positive persons registered in Hungary are not Hungarian citizens. Until the third quarter of 2007, a total of 350 foreign citizens were registered, which corresponds to 27% of registered HIV-positive persons. 38% of the foreign citizens registered between 1995 and 2006 originate from Africa, 17% from central Europe, and 9% from western Europe.

67.5% of the infected persons in known risk groups are homosexuals, while 23.7% acquired the infection through heterosexual contacts. In Hungary, no transfusion recipients have been infected since 2001. According to data gained from passive surveillance, 1.8% of the reported infected were injection drug users, and 1.4%

contracted the infection in a nosocomial way. Only imported cases were registered in both risk groups.

Supported by the Drug Coordination Committee, an examination plan was implemented between 15 November and 31 December 2006, which was aimed at surveying the prevalence of infections associated with injection drug use in Hungary (HIV, HBV, HCV). Within the framework of these examinations, 300 intravenous drug users were screened with the assistance of drug ambulances, needle replacement programmes and civil organisations. Each of the 300 samples proved negative for HIV-infection, i.e. no HIV-positive persons were detected among the examined intravenous drug users – similarly to earlier years –, still, a 30% HCV prevalence was found.

A total of seven vertically infected babies/infants have been registered since 1985, the mothers of most are foreign or have contracted the infection abroad. In case of 367 persons (approximately of a 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   |                 |             |                       |                       |            |          |                 | Total       |
|-------------------|---------------|-----------------|-------------|-----------------------|-----------------------|------------|----------|-----------------|-------------|
|                   | Homo/bisexual | Hetero-sexual   | Haemophilic | Transfusion recipient | Intravenous drug user | Nosocomial | Maternal | Unknown         |             |
| 1985-2001         | 482           | 156             | 32          | 22                    | 11*                   | 12*        | 3        | 245             | 963         |
| 2002              | 36            | 26              | 0           | 0                     | 1*                    | 0          | 0        | 15              | 78          |
| 2003              | 34            | 18              | 0           | 0                     | 1*                    | 0          | 0        | 10              | 63          |
| 2004              | 45            | 13              | 0           | 0                     | 2*                    | 0          | 0        | 15              | 75          |
| 2005              | 55            | 21 <sup>+</sup> | 0           | 0                     | 2**                   | 3*         | 2        | 23 <sup>+</sup> | 106         |
| 2006              | 38            | 14              | 0           | 0                     | 0                     | 0          | 0        | 29              | 81          |
| Q1-Q3 2007        | 43            | 9               | 0           | 1*                    | 2*                    | 0          | 2        | 30              | 87          |
| <b>Altogether</b> | <b>733</b>    | <b>257</b>      | <b>32</b>   | <b>23</b>             | <b>19</b>             | <b>15</b>  | <b>7</b> | <b>367</b>      | <b>1453</b> |

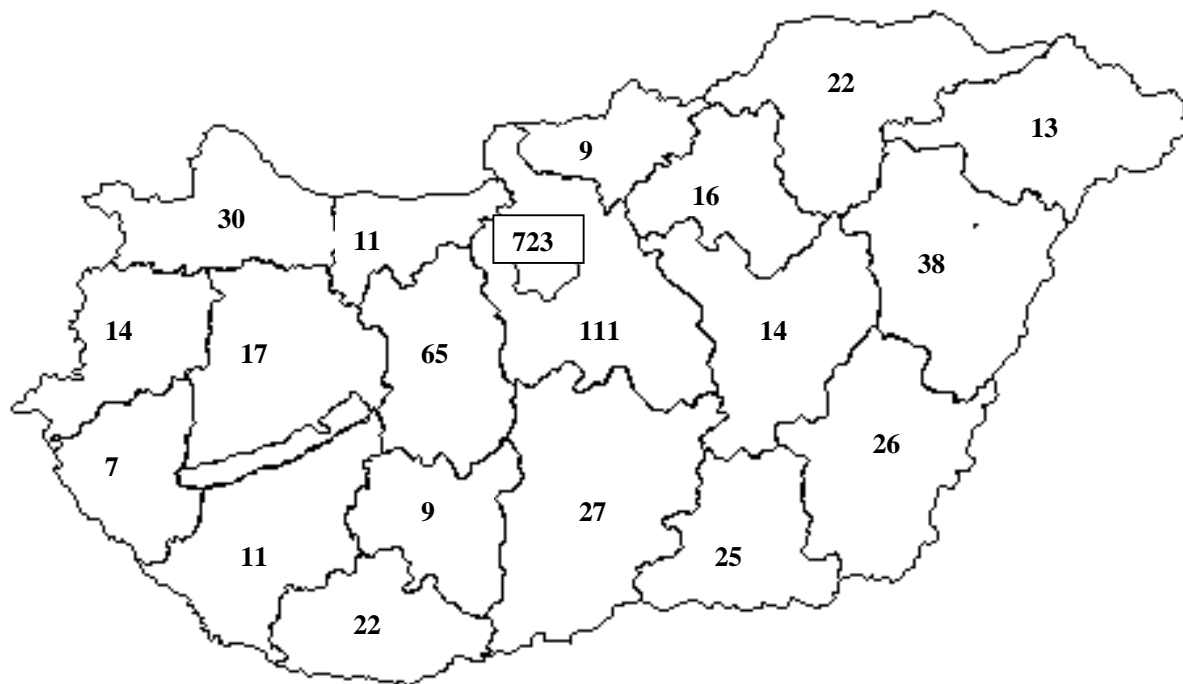
\* Imported cases

\*\* Including imported cases

<sup>+</sup> Adjusted data

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

**Distribution of registered HIV-positive Hungarian and foreign persons \*  
by region (Figure 1)  
(n = 1 210)**



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

58% of HIV-positive persons are in the age group of 20-39; a total of 72 HIV-positive cases have been identified in the group of under-18s in Hungary. 47 of the 72 HIV positive persons acquired the infection abroad or through their foreign relations. Regarding the ways of infection, 15 of the 25 persons having contracted the disease in Hungary suffered from haemophilia, infection was vertical in 5 cases, in addition to two homosexually and one heterosexually acquired infections have been registered in the database. In two cases the way of contracting the infection remains unknown. 11 persons out of the imported cases acquired the infection nosocomially, while 10 persons through transfusion. Seven acquired the virus in a heterosexual way, and three were haemophiliac. The way of infection could not be identified in 16 cases.

Based on available data, no minors have been infected through transfusion or nosocomially since 1985 in Hungary; 60% of infected Hungarian citizens acquired the virus being haemophiliacs and having received uncontrolled blood products before 1985.

Until 30 September 2007, a total of 542 HIV infected persons developed AIDS, and 288 of them deceased (Tables III and, IV).

**Distribution of reported AIDS patients by the year of acquiring the infection and by sex (Table III)**

| <b>Year*</b>      | <b>Male</b> | <b>Female</b> | <b>Total</b> |
|-------------------|-------------|---------------|--------------|
| 1986-2001         | 361         | 36            | 397          |
| 2002 <sup>+</sup> | 19          | 7             | 26           |
| 2003              | 22          | 4             | 26           |
| 2004              | 19          | 4             | 23           |
| 2005              | 29          | 4             | 33           |
| 2006              | 15          | 7             | 22           |
| Q1-Q3 2007        | 13          | 2             | 15           |
| <b>Total</b>      | <b>478</b>  | <b>64</b>     | <b>542</b>   |

Year\* = the year AIDS was diagnosed      <sup>+</sup> Adjusted data

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

| <b>Year*</b> | <b>Male</b> | <b>Female</b> | <b>Total</b> |
|--------------|-------------|---------------|--------------|
| 1987-2001    | 218         | 19            | 237          |
| 2002         | 8           | 2             | 10           |
| 2003         | 9           | 1             | 10           |
| 2004         | 11          | 2             | 13           |
| 2005         | 6           | 0             | 6            |
| 2006         | 5           | 1             | 6            |
| Q1-Q3 2007   | 6           | 0             | 6            |
| <b>Total</b> | <b>263</b>  | <b>25</b>     | <b>288</b>   |

Year\* = the year of death      <sup>+</sup> 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. 72% of such AIDS patients belonged to the age group of 30-49. In the group of under-18s, 33 have reached the stage of AIDS, and 17 have died. Since 2002, 9 AIDS induced deaths have occurred on annual average, with only 6 deaths registered in 2005 and 2006 each. 73% of people who died due to AIDS acquired the infection in a homosexual way, 11% through heterosexual contacts (Tables V.-VI.).

Distribution of AIDS patients by risk groups (Table V)

| Year*             | Risk groups       |                 |             |                          |                          |                |          |           |                 |
|-------------------|-------------------|-----------------|-------------|--------------------------|--------------------------|----------------|----------|-----------|-----------------|
|                   | Homo/<br>bisexual | Hetero-sexual   | Haemophilic | Transfusion<br>recipient | Intravenous<br>drug user | Nosocomial     | Maternal | Unknown   | Total           |
| 1985-2001         | 285               | 52              | 20          | 12                       | 2**                      | 4 <sup>+</sup> | 2        | 20        | 397             |
| 2002 <sup>+</sup> | 12                | 11 <sup>+</sup> | 0           | 0                        | 0                        | 0              | 0        | 3         | 26 <sup>+</sup> |
| 2003              | 16                | 9               | 0           | 0                        | 1**                      | 0              | 0        | 0         | 26              |
| 2004              | 15                | 4               | 0           | 0                        | 0                        | 1**            | 0        | 3         | 23              |
| 2005              | 18                | 8               | 0           | 0                        | 2**                      | 3**            | 1        | 1         | 33              |
| 2006              | 10                | 11              | 0           | 0                        | 0                        | 0              | 0        | 1         | 22              |
| Q1-Q3 2007        | 9                 | 2               | 0           | 2**                      | 1**                      | 0              | 0        | 1         | 15              |
| <b>Altogether</b> | <b>365</b>        | <b>97</b>       | <b>20</b>   | <b>14</b>                | <b>6</b>                 | <b>8</b>       | <b>3</b> | <b>29</b> | <b>542</b>      |

Year\* = the year of developing AIDS

\*\* Including imported cases

<sup>+</sup> Adjusted data

**Distribution of AIDS deaths by risk groups (Table VI)**

| Year*             | Risk groups       |               |              |                          |                          |            |          |           |            |
|-------------------|-------------------|---------------|--------------|--------------------------|--------------------------|------------|----------|-----------|------------|
|                   | Homo/<br>bisexual | Hetero-sexual | Haemophiliac | Transfusion<br>recipient | Intravenous<br>drug user | Nosocomial | Maternal | Unknown   | Total      |
| 1987-2001         | 178               | 19            | 13           | 11                       | 1**                      | 2**        | 1        | 12        | 237        |
| 2002              | 6                 | 3             | 0            | 0                        | 0                        | 0          | 0        | 1         | 10         |
| 2003 <sup>+</sup> | 7                 | 3             | 0            | 0                        | 0                        | 0          | 0        | 0         | 10         |
| 2004              | 8                 | 3             | 0            | 0                        | 0                        | 1**        | 0        | 1         | 13         |
| 2005              | 5                 | 0             | 0            | 0                        | 1**                      | 0          | 0        | 0         | 6          |
| 2006              | 3                 | 3             | 0            | 0                        | 0                        | 0          | 0        | 0         | 6          |
| Q1-Q3 2007        | 4                 | 1             | 0            | 0                        | 1**                      | 0          | 0        | 0         | 6          |
| <b>Altogether</b> | <b>211</b>        | <b>32</b>     | <b>13</b>    | <b>11</b>                | <b>3</b>                 | <b>3</b>   | <b>1</b> | <b>14</b> | <b>288</b> |

Year\* = the year of death

\*\* Imported cases

+ Adjusted data

In the epidemiological situation of the past two years, it should be noted that although the number of people registered with HIV infection decreased by 24% in 2006 compared to the 2005 figure, one quarter of the registered persons remained anonymous, and 21% of those with epidemiological data were women, while this ratio in 2007 amounted to 9% only.

## II. HIV screenings

HIV screening and diagnostics are currently governed by decree 18/2002. (XII.27.) issued by ESZCSM (Ministry for Health, Social and Family Affairs). In 2006, a total of 547575 blood samples were subjected to HIV tests, the overwhelming majority (467407) of these being donor blood samples. In addition to screening donor blood, 80 168 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 9.3% of all tests, while almost half of the tests (49%) are performed for identified patients. Mandatory tests account for 8.8% of all tests, and diagnostic tests one third (Table VII).

**Number of HIV – screenings in 2006 (Table VII)**

| <b>Test category *</b>             | <b>Number of tests</b> | <b>%</b> |
|------------------------------------|------------------------|----------|
| <b>I. Voluntary anonymous</b>      | 7453                   | 9.3      |
| <b>II. Voluntary identified</b>    | 39322                  | 49.0     |
| <b>III. Mandatory</b>              | 6875                   | 8.6      |
| <b>IV. For diagnostic purposes</b> | 26518                  | 33.1     |
| <b>Total</b>                       | <b>80168</b>           | 100      |

Within the framework of ÁNTSZ, 15 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 car institutes 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 1 January 2005 and 30 September 2007, 38% 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 18% of all cases, civil AIDS advisors 15.7 %, and ÁNTSZ 10.6%.

Increasing the number of HIV screenings among the population is an important task. This is suggested by the ratio of AIDS patients who were not known to be HIV positive before the clinical manifestation of AIDS. In 2006, development of AIDS was reported in 22 cases, and in 12 of these (55%) the HIV positive status of the affected persons was not known. According to data received between 2001 and 2005, 76 of the 128 registered AIDS patients (60%) were not known to be HIV positive prior to being diagnosed with AIDS.

### **III. Education, further education**

On this note, 90 physicians, specialists, and specialised healthcare assistants operating within the framework of ÁNTSZ completed a HIV/AIDS counselling course in 2005 under the project "Introduction of anonymous AIDS counselling at ÁNTSZ HIV screening stations".

In 2007, the course was repeated for 30 physicians, specialists, and specialised healthcare assistants working in the field of dermatological and STD patient care.

In order to detect hidden HIV positive persons, epidemiologists also addressed the issue of promoting voluntary HIV screening among those within the risk group at the annual further education meeting for specialists working in institutes for dermatology and STDs, at the annual general meeting of the STD Society, and at Semmelweis University's Prevention Forum in 2007.

In December 2007, the Merged Szent István - Szent László Hospitals owned by the Local Government of Budapest organised further education for family doctors on the issue of HIV/AIDS.

#### **IV. Continuous care, medical care and social services for HIV-infected persons**

Due to combination antiretroviral therapy used since the late 90s, the course of the disease that had threatened with limited life expectancy and extremely bad quality of life in its ultimate phase has changed. By now, HIV/AIDS has become a chronic and treatable disease. Naturally, there continue to be patients for whom treatment is not effective in all cases and the diseases progresses leading to death.

If the screening test is confirmed to be positive, the doctor drawing the blood will notify a health care provider to take the infected person in continuous care, in keeping with Subsection (1) of Section 10 of Act XLVII of 1997 on the protection of health and related personal data, and the provider shall enroll the infected person in continuous care within one week from receipt of the findings.

The doctor at the continuous (extended) care facility shall inform the infected persons, or his/her legal representative about the test findings and the related body of knowledge. At the same time, the doctor will hand over a written information leaflet discussing the circumstances of infection, behavioural and lifestyle rules to be adhered to in order to prevent spread of the infection, and the need to undergo regular medical check-ups, as well as a health certificate testifying to the existence of HIV-infection. The person enrolled into continuous care, or his/her legal representative, shall sign a statement to declare that he/she was given oral and written information and the health certificate.

The questionnaire which contains epidemiological data concerning the infected person's circumstances of contracting the infection, shall be forwarded by the doctor enrolling the person in continuous care to 'Johan Béla' National Epidemiological Centre (hereinafter: NEC), in a format not allowing identification of the person concerned.

The doctor of the continuous care facility shall offer voluntary testing for persons identified pursuant to Paragraph c) of Subsection (2) of Section 26 of the Health Law. The doctor of the continuous care facility shall record all his/her actions taken in order to prevent the spread of HIV-infection in the health documentation of the person enrolled in continuous care. HIV-infected persons enrolled in continuous care as well as persons likely to be suffering from full-blown AIDS shall be referred to 'Szent László' Hospital, Budapest, by the doctor of the continuous care facility, in order to having medical treatment initiated. In the course of delivering healthcare services, all activities related to patient care must be organized so as to fully comply with work safety and hospital hygiene regulations thereby decreasing the opportunity of infection with HIV to the smallest possible level.

Clinical treatment has the following main objectives: to decrease the extent of immune compromise due to HIV, to prevent, diagnose and treat AIDS complications, and last but not least, to provide psychological support to HIV/AIDS patients, to evolve a supportive environment for the patient and his/her family.

The ambulatory clinic is tasked with providing outpatient care services to HIV/AIDS-patients coming from various parts of the country (specialist medical examination, drawing of blood sample, minor instrumental examinations, psychological counselling), and, in keeping with international practice, delivery one-day clinical care that has been spreading recently. Antiretroviral medication is made



available to the patients in the necessary combination at the ambulatory clinic of the inpatient facility. Antiretroviral medicines are purchased from a designated fund provided by the National Health Insurance Fund, which amounted to 700 million HUF in 2003/2004. It was possible to provide antiretroviral therapy of high professional standards to patients, free of charge, from this amount of money. In order to monitor effectiveness of therapy and the appearance of potential side effects, regular and specific tests (cellular immunology, measuring copy number of HIV-RNS) in outpatient care are reimbursed by the National Health Insurance Fund.

Treatment efficacy, in terms of quality and expectancy of life of patients, corresponds to the international standard. Eighty-one percent of our patients receiving combination antiretroviral therapy are in possession of their ability to work and the majority work in full-time jobs. This also supports the statement made above concerning the changed course of HIV/AIDS.

## V. Cooperation with NGOs

For the fight against AIDS to be effective, the health administration, professionals and NGOs concerned need to work in close cooperation.

The NGO of HIV-infected persons may assume an especially important role. One's own experiences, a feeling of being among peers, in a community as well as the emotional commitment of non-positive members may make this work very successful. It is important that these organizations have appropriate tools to allow good technical preparation. It has to be ensured that these organizations are informed of the major relevant events and that they may attend them. Training combined with recreation is very effective, where those concerned may have access to current and important information through the application of concerted and combined methods. Furthermore, a continuous and free access to relevant publications is of pivotal importance. Promoting condom use and providing condoms free of charge are also necessary and important in secondary prevention. In the mid-90s, more than 30 organizations were registered that were involved in sexual education of HIV/AIDS prevention in one way or the other.

The most important NGOs are as follows:

*Sex Education Foundation* transposed the PEPLA program (Peer Education Program of Los Angeles) in 1991 as well as the adult sexual education program of Kupat Holim from Israel. Training materials, posters and leaflets were produced.

*Hungarian Red Cross, Hungarian AIDS Foundation* (1992) trained young peer educators who subsequently provided education in subways and schools. From the late-90s, extracurricular youth programs were started which reached the target audience in summer camps and focused on safe sex and HIV/AIDS prevention.

Created between 1995 and 2002, *Youth Offices* engaged in prevention in major traffic junctions and subways. From 1999, this activity has been organized on the national and regional levels, in coordination with drug prevention, within the frames of child and youth protection activities. Medical undergraduates at Semmelweis University began their peer educators program on AIDS at the time of the change of the political system; subsequently, they added new areas to it: drug, tobacco, alcohol, lifestyles, sex etc. Today, the program is being implemented under the name of *Budapest Medical Undergraduates' Peer Educators Foundation*.

In adult education, the training of school doctors was targeted by *'Fodor József' School Health Society* and *Pápai Páriz Association*.

In 1992, the then National Health Promotion Institute organized a street social worker training program for prostitutes. Subsequently, 'Ov Egylet' [Protection Association] (1994-97) organized, within the frames of *SHAPE* (Swiss and Hungarian AIDS Prevention Effort) program, and in collaboration with several organizations, HIV-prevention programs for gay people, prostitutes, youngsters hanging around in subways and other places, and the program involved correctional facilities and prisons as well. The associations involved were as follows: *Bad Boys, Sexual Education Foundation, Hungarian AIDS Foundation, Anonymous AIDS Counselling Service, Homeros, Lamda and Initial Needle Exchange Program*.

The number of NGOs is increasing year by year and in 2004, the Civilian AIDS Forum was established as an umbrella organization for civil organizations that play pivotal roles in AIDS prevention.

The objectives of the umbrella organization are as follows:

- to promote the operation and collaboration and of NGOs that are active in HIV/AIDS and related areas;
- to enhance the formulation and implementation of effective HIV/AIDS strategy through professional and political advocacy;
- to reduce discrimination and stigmatization related to HIV/AIDS.

Members of the umbrella organization

- Anonymous AIDS Counselling Service
- Budapest Medical Undergraduates' Peer Educators Foundation
- South-Great Plain Gay Friends' Circle
- Harm Reduction, Drug Use Research and Continuing Education Society Association of Southern Hungary
- Together Education Foundation
- Background Society for the Gay
- Lambda Budapest Gay Friendship Society
- Advocacy Association of Hungarian Prostitutes
- Pluss – Hungarian HIV-Positive Persons' Assistance Society
- Pluss – Foundation of Assistance to HIV-Positive Persons and AIDS Patients
- Sexual Education Foundation

## **VI. Further key tasks**

The key objectives to be met under the National AIDS strategy:

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. Implement and control regular mandatory health tests of prostitutes as stipulated by the law.
3. Raise awareness through efficient communication activities:
  - the risk of HIV/AIDS infection is still present in Hungary and in the world;
  - HIV infections detected at an early stage can be treated
  - appropriate behaviour may prevent HIV infection;
  - the virus may infect anyone contacting bodily fluids that contain HIV, regardless of age, sex and sexual orientation.
4. Exposure to HIV/AIDS basically correlates with social disadvantages and various types of exclusion. An objective of the AIDS strategy is to reduce inequalities in this field, and to create an opportunity for healthy life. The related key tasks:
  - Intersectoral 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.