Country report
HIV/AIDS epidemiological situation in Hungary and a review of prevention activities

In Hungary, the situation concerning HIV/AIDS has evolved relatively favourably so far.
The first HIV-positive persons were detected in August 1985 and the first AIDS patient was diagnosed in 1986. In the period from 1985 to 31 December 2004, altogether 1,176 HIV-positive persons were registered, of whom 1,067 with identification codes and 109 anonymously. It is fair to state that some of the anonymous persons do also figure among those registered with identification codes. This means that at last year's end, there were 116 detected HIV-infections per 1 million population. Over the past five years, the average number of newly diagnosed HIV-infections registered with a code was 69 (ranging between 48 and 82). Of the registered HIV-positive persons, 83% were males and 17% were females. The rate of HIV-positive females was 6% until 1990, 10% until 1995 and 15% until the end of 2004, showing a gradual increase. (Between 2000 and 2004, women accounted for 21% of HIV-infected persons.) Experiences have shown that the majority of infected women is foreigners or has been infected from a foreign sexual partner, very often through prostitution.
No HIV-positive pregnant woman was detected by HIV-sentinel screening that was carried out for the sixth time in ten years, under identical conditions, among expectant mothers by the National Institute of Epidemiology, which leads one to assume that no measurable change in prevalence has taken place in the age-group of young women.

A significant proportion of HIV-positive persons registered in Hungary is not Hungarian citizen. Until the end of 2004, 315 HIV-positive persons coming from 69 countries were registered, which is 27% of all registered HIV-positive persons. The proportion of foreigners was highest in the period 1997-2001 (40-50%), while in 2004, about one-quarter of HIV-infected persons detected were foreigners. Therefore, when assessing the situation in Hungary, one needs to take account of the fact that the overwhelming majority of foreign persons with HIV-infection had certainly not contacted the infection in Hungary, furthermore, only few of them remained in Hungary.

Of the HIV-positive persons notified until 31 December 2004, 71% got infected via homosexual/bisexual contact. The proportion of this risk group within the HIV-positive persons has shrunk considerably during recent years. In the period 1996-2004, the rate stood at 65%, as compared with 76% (1985-1990) and 79% (1991-1995) over the preceding periods.

An opposite trend may be observed when it comes to the rate of those who got infected via heterosexual contact. While their proportion was as low as 5% in 1985-1990, it reached 26% in the period since 1996.

In the early period of the epidemic, all registered haemophiliacs were examined and 4.5% turned out to be HIV-positive. Since 1986, no new HIV-infections have occurred among Hungarian haemophiliacs.

Between 1985 and 2004, 14 HIV-positive persons were included in the national register who had got infected in the course of injecting drug use, of whom 12 were foreigners and two were Hungarian citizens. It is assumed that the two Hungarian citizens might have been infected abroad. While there has been an increase in the number of injecting drug users in Hungary in recent years, there has been no detectable sign of the development of an infection

chain among them. Data from East-European countries show that the spread of HIV among drug users has tragic epidemiological consequences, therefore concerted efforts by the whole of society and government actions to fight against drug use have fundamental preventive roles, in view of, among other things, the spread of HIV.

The majority of both HIV-positive men (66%) and HIV-positive women (60%) belong to the 20-39 year-old age-bracket. Approximately half of the AIDS-cases (40%) were diagnosed among males in the 30-39 year-old age-group. In the past five years, three children (2 foreigners and 1 Hungarian) were diagnosed with HIV-infection in Hungary. The Hungarian child acquired the virus vertically from its mother who had become infected from her foreign partner.

Of the 752 Hungarian HIV-positive persons, 63% lived in Budapest and 10% in Pest County at the time the diagnosis was set up.

Until 31 December 2004, altogether 472 HIV-infected persons developed AIDS, of whom 270 died. Since 1987, the number of newly notified AIDS-patients ranged between 7 and 46, with an annual average of 25. On average there were15 deaths due to AIDS annually. The effect of active antiretroviral therapy could be seen in data on AIDS-cases and mortality in Hungary as well in recent years. HIV positivity had been known in a considerably proportion of AIDS-patients prior to the appearance of the clinical signs of AIDS. Unfortunately, however, this proportion decreased from 1996, although the early diagnosis of HIV-infection is of outstanding significance from the point of view of treatment as well. The relatively low TB incidence in Hungarian HIV/AIDS patients is due, among other things, to a timely initiation of antiretroviral treatment as well as to prophylactic drug treatment to prevent TB in HIV-positive persons. Of the AIDS-patients, 70% got infected through homosexual/bisexual route, but since 1996, the number of AIDS-patients who got infected via heterosexual contact has grown.

Determinants of the HIV/AIDS epidemics in Hungary; conclusions

1. In 1985, when the first HIV-infected persons were detected, diagnostic products were already commercially available, and on the basis of the recommendation by a group of experts, those in charge immediately made available an appropriate budget to establish HIV antibody testing laboratories in the network of blood supply, public hygiene-epidemiology and venereal continuing care facilities.
2. Testing arrangements that were available as early as the initial phase of HIV spread, together with the health regulations instituted, had the consequence that no longer were there possibilities for nosocomial HIV-infection via blood and blood products ; effective case detection and contact tracing was ensured in population groups that might play significant roles in spreading the infection (sexual partners of HIV-infected persons, patients with venereal disease, iv. drug users, inmates in correctional facilities, prostitutes).
3. Possibilities were created for voluntary free-of-charge screening.
4. Intensive continuing education for healthcare workers was initiated as early as the initial stage of the pandemics. Health education and awareness raising activities were launched by governmental and non-governmental organisations, which targeted the entire population and specific population groups, and discussed in details modes of transmission and possibilities of prevention of HIV-infection. It is fair to conclude that

the control measures and system put in place played a pivotal role in the relatively favourable development of the epidemiological situation in Hungary.

5. AIDS has been an obligatory notifiable infectious disease since 1985 and HIV since 1998. Data collection concerning HIV-positive persons was begun as early as 1986, based on the authorisation by a ministerial decree. The National Institute of Epidemiology takes part in the work of the European HIV/AIDS Surveillance Network. It reports HIV/AIDS data using the unified European coding system every six months to the Paris Centre.

FUTURE TASKS

- To monitor and possibly slow down the spread of HIV among injecting drug users. Based on experiences in the neighbouring countries and on the occurrence of other sexually transmitted pathogens, it is fair to conclude that the development and rapid spread of an HIV-epidemic is an existing threat in Hungary, too.
- To continuously monitor and possibly slow down the heterosexual spread of HIV. In East European countries and in countries of the former Soviet Union, the past couple of years saw a rapid increase of sexually transmitted diseases, and parallel or subsequent to that, of HIV cases, resulting in incidence rates several times higher than the ones seen in the preceding years. The epidemic broke out primarily among prostitutes, in addition to, or partly overlapping, injecting drug users. In view of the still unsettled situation of prostitution in Hungary and the presumably massive participation of prostitutes from Eastern Europe in the Hungarian sex industry, it must be concluded that prevention efforts do need to be maintained and made more efficient in this area.
- To ensure the appropriate legal framework for the operation of a system that is appropriate for the collection and integrated evaluation of data on the HIV/AIDS epidemics.
- To continuously expand the knowledge of healthcare workers, and among them, of physicians, concerning HIV/AIDS.
- To monitor the rapid developments in HIV diagnostics. Every year, new molecular biological methods of increasing sensitivity and specificity are developed globally, and by using them patient treatment may become more effective and often less expensive. These methods tend to be applied in HIV epidemiology and may get incorporated among the routine screening methods of blood and organ donors.
- For an AIDS prevention program to be successful, it is indispensable that non-governmental organisation with a proven history of efficient and effective activities in the field of prevention be involved in the work.

Country report on activities in the field of HIV/AIDS prevention in the period 2003-2005

2003

Pursuant to Parliamentary Decision 46/2003. (IV. 16.) OGY, a National Programme for the Decade of Health was formulated. The Public Health Program contributed to improving population health through the concerted efforts of several working groups. Outstanding representatives of the individual disciplines were invited to sit in the working groups. In the area of HIV/AIDS prevention, the National AIDS Committee is responsible for putting together proposals for the annual action plan.

Although the situation in Hungary is favourable, but in order to maintain it and to avoid a negative epidemiological situation, concerted action is required. We set up the National AIDS Committee for a second time, which sets the tasks and monitors their implementation. In this year, the elaboration of a National AIDS Control Strategy was an important achievement, which defines the main tasks for the years to come. In addition to awareness raising programs, it was of particular importance to organise specific prevention programs focusing on decreasing the number of infections and on diagnosing already existing infections in communities of those at high risk. Members from NGOs of the communities concerned and their helpers would also actively participate in formulating these programs, thereby providing successful examples for public and civilian partnership in the field of public health. In order to diagnose latent HIV-infections, the Program supported the operation of low-threshold anonymous HIV-testing and counselling services.

Furthermore, support was given to programs that aimed at improving young persons' sexual culture, disseminating and promoting safe sexual behaviours and preventing STDs, including HIV infection.

2004

On 1 December 2004, the National AIDS Control Strategy was promulgated. Launching and continuing programs that aimed at helping groups at risk of HIV/AIDS were focussed on. Efforts to provide anonymous HIV/AIDS screening and counselling for social groups at increased risk continued, with support from 'Anonymous AIDS-Counselling Service Association'. The Association operated an Internet homepage (www.anonimaids.hu) and spread leaflets and flyers. Similar activities were undertaken in cooperation with civil organisations of gay people and prostitutes, and HIV-positive persons. A teaching package was created in topics of education for family life, safe sex and HIV/AIDS for 15-16 year-old students, taking into account the needs of this age-group and applying modern educational principles.

2005

In July 2005, the first part of a pilot program related to education for family life was completed, which contributed to developing the system of values and personality of young persons, as well as to evolving responsible sexual and drug-avoiding behaviours.
The pilot program was elaborated by 'Sexual Education Foundation of Priority Public Interest', which published a multimedia CD-ROM entitled 'Love, sex and what you should know', supported by the Public Health Program. This methodological teaching material uses

interactive tools to promote building awareness in private life of the 11-17 year-old age-group. In addition to the CD, a student textbook and a teacher's manual were also published with the title 'Private life and health awareness'. A pilot activity to train educators was also launched in 5 regions with the involvement of teachers, health visitors and peer educators.
Prevention programs for communities taking increased infection risk were also completed with the active involvement of NGOs and individual members of the relevant communities (gay communities, prostitutes, HIV-positives). A HIV/AIDS screening bus was purchased for prostitutes, and all preparations were made to launch the bus's operation (on 10 January 2006, the bus did start operation).

Attached to the anonymous HIV screening stations of the National Public Health and Medical Officer's Service, an anonymous AIDS counselling service was established, with the task of providing information on continuing care facilities, the necessary lifestyle changes and providing psychological support to those attending the screening and those screened out. Screening capacities and laboratory background were available in appropriate volume in Hungary. The current capacity of the specific unit established in Szent László Hospital, Budapest is appropriate, for the time being, to provide care for cases in the country, and medicinal products financed from a dedicated budgetary allocation are also available.
The Public Health Government Commissioner's Office organised programs in Budapest to commemorate the World AIDS Day on 1 December 2005, with the title 'Ignorance means risk', when first and foremost, the importance of actions for prevention was stressed.

Legal framework concerning HIV/AIDS disease and prevention

Screening and diagnosis of HIV are regulated by Decree 18/2002. (XII. 27.) ESZCSM on actions required to prevent the spread of infection causing acquired immune deficiency syndrome and on the order of carrying out screening tests.

Types of screening tests:

Screening tests are mandatory for:
- healthcare workers involved in carrying out invasive interventions;
- persons who, in the pursuit of their profession, may get into contact with human blood, human semen or vaginal discharge;
- prostitutes for the purpose of issuing health certificate;
- living and cadaveric donors in the case of organ transplantation;
- blood donors;
- mothers donating breastmilk.

Screening tests may be carried out on a voluntary basis for:
- sexual partners of individuals with HIV-infection,
- persons suffering from active STDs and their sexual partners;
- natural child of an HIV-infected mother;
- IV drug users;
- persons in penal institutions, in pre-trial detention or in correctional facilities.

Anonymous screening test:
In this case, counselling and information are highlighted. If anonymous screening tests are performed on a voluntary basis, the sample identifier that has been stripped of personal identification data must be recorded in the health documentation. If the person tests positive, blood sampling has to be repeated for verification. No finding from an anonymous test may be disclosed with the name attached to it.

Sentinel surveillance study:
In its first generation sentinel studies, WHO wanted to identify infection prevalence first of all among pregnant women and persons with STDs (those tested cannot be identified).

Tests against payment:
There is a growing demand for HIV-tests to be carried out as services that may not be classified in any of the above categories. Tests against payment are requested in order to obtain certificate for travel, visa and work permit purposes.

Confirmation
All positive HIV test results require confirmatory testing in order to exclude or verify HIV infection. Confirmed HIV-positive cases must be notified to the Department of Epidemiology, National Epidemiological Centre for epidemiological data collection. Notification of data stripped of personal information must assist in the appropriate assessment of the epidemiology of HIV/AIDS on the basis of qualitative research.

In keeping with Decree 18/2002. (XII. 27.) ESZCSM, system of institutions authorized to engage in counselling and education must be developed. Pursuant to the Decree, all institutions may offer anonymous screening tests and may engage in counselling activities connected to the screening tests that are in possession of an appropriate license and is able to ensure the continuous participation of qualified and experienced healthcare workers in counselling.

The relevant provisions of Act CLIV of 1997 on Health are as follows:

"Screenings for Epidemiological Considerations

Section 59

(1) The objective of screening for epidemiological considerations is to detect the presence of infectious diseases in an early phase, to track down the sources, and to avert the danger of contagion.

(2) The Minister of Health shall issue a decree setting forth the infectious diseases for which the health authority may order the mandatory screening of

a) the entire population,

b) specific population groups,

c) the residents of a specific area,

d) all people at a workplace, in a family, or in another community,

e) persons arriving from other countries,

f) persons in contact with one of more infected persons

to prevent contagion.

(3) A Minister of Health Decree may provide for the mandatory screening for epidemiological considerations as a prerequisite for employment in specific jobs, or for the donation of blood, organ or tissue for transplantation.

(4) A person must submit to HIV antibody test, or tolerate that a test for this purpose be carried out on the specimen collected, even without specific order of the health authority, if

a) said person may, as part of his occupation, voluntary work or during his income-generating activity, transmit the virus to another person via his own blood or discharge, or who may get infected via the blood and discharge of other persons. "

Voluntary screening tests are financed from the public budget. A smaller proportion of these tests – tests requested by travellers, or penal facilities, or tests initiated by insurance agencies – are carried out by the laboratories against payment. HIV-testing required for the health certificate of prostitutes is also subject to payment. HIV-testing carried out for diagnostic purposes is reimbursed by the National Health Insurance Fund. The National Blood Transfusion Service covers the charges for HIV-testing primarily from the incomes it generates; however, it supplements it in about one-quarter from its budgetary allocation.

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.

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, 'Óv 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