

AIDS AND HIV INFECTION IN SLOVENIA

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ABSTRACT

The AIDS and HIV epidemic in Slovenia is still at its early stage. By March 1, 1995 the cumulative total of 39 AIDS cases were reported in Slovenia (19.5 per million population). The annual AIDS incidence rate in the period 1986 to 1994 varied from 0.5 to 3.5 per million population.

Most of the male patients (36) acquired infection by sexual contact with men (56%), followed by heterosexual transmission in 7 (18%) and haemophiliacs in 4 (10%). 3 patients belong to category "other" (unknown) and 2 patients to intravenous drug users.

In 54 persons with HIV infection (non AIDS) the transmission categories are very similar to that of AIDS. Data on reported cases of AIDS and HIV infection provide an important information on development of epidemic but the reliable estimation of distribution and spread of HIV infection in different population groups according to demographic and behavioural characteristics is not available.

KEY WORDS

AIDS, epidemiology, data, transmission, Slovenia

BACKGROUND

Epidemiological monitoring of AIDS and HIV infection is essential for planning, implementing and monitoring AIDS prevention and control activities.

METHODS

All data on AIDS and HIV infection cases are collected, analyzed and interpreted at the Institute of Public Health of the Republic of Slovenia. The registration is mandatory. For the reporting of AIDS cases we use 1993 revision of the European AIDS surveillance case definition (1).

RESULTS

We registered the first AIDS patient in June 1986 (2). By March 1, 1995 the cumulative total of 39 AIDS cases were reported in Slovenia (fig. 1). The yearly AIDS incidence rate in the period 1986 to 1994 varied from 0.5 to 3.5 per million population (fig. 2). In the cumulative number of 39, there were 36 male and 3 female cases. Over a half of cases (22), i.e. 56%, were aged between 25 to 39 years. The majority of cases come from the region of Ljubljana. 25 patients already died.

Most of the male patients acquired infection by homosexual intercourse (56%). Heterosexual contact

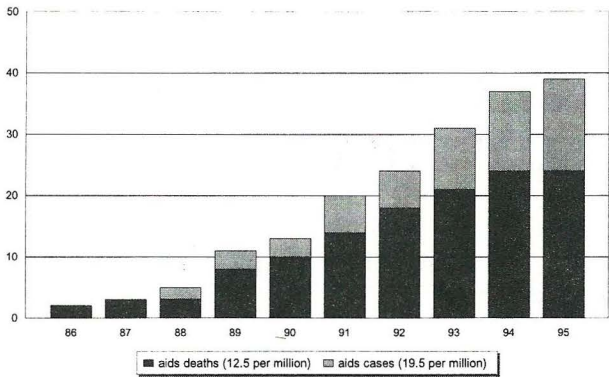


Fig. 1. Cumulative number or registered AIDS cases and AIDS deaths in Slovenia (by March 1, 1995)

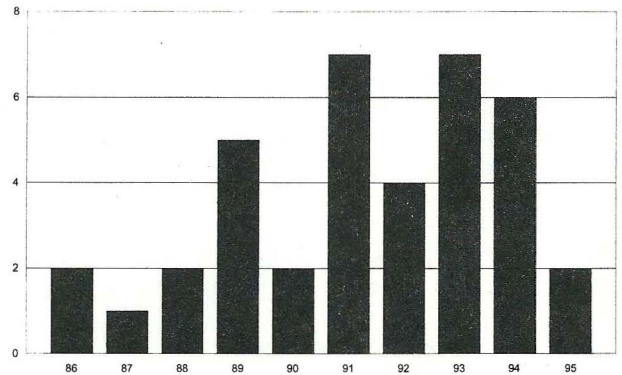


Fig. 2. Yearly registered AIDS cases in Slovenia (by March 1, 1995)

was the mode of HIV transmission in 7 cases (18%), 4 male (all being infected by heterosexual contact in Africa) and 3 female. 4 patients (10%) belong to the high risk group of haemophiliacs. 3 patients in the category "other/unknown" most probably got infected by heterosexual contact, were not reporting the intercourse with sexual partner from one of the high risk behaviour groups. In 1992, the first pediatric AIDS case was registered in a child of less than one year of age. He was infected vertically from his mother, who practiced sexual contacts with a person from one of the countries with epidemiological pattern 2 (3) (Fig. 3).

By March 1, 1995 there has also been a total of 54 cases of diagnosed HIV infection registered in Slovenia, having no signs or symptoms of AIDS yet. There are 39 adult male, 12 adult female cases and 3 children below 15 years of age. Among 39 male cases, the majority (20), i.e. 51%, attributed to homosexual contact, followed by the haemophiliacs (9), i.e. 23%. All the infected haemophiliacs received blood products from the blood which had not been tested for HIV, that means before the era of legalized mandatory testing of all donated blood in January 1986 (4). We registered only one infection of haemophiliac after blood transfusion done by our blood donor (5). All the heterosexually infected in this group practiced sexual contacts in subsahar Africa.

There are 12 HIV positive cases reported among adult women in Slovenia. In the cumulative total of all registered adult AIDS cases and cases with HIV infection (89) there are 15 female cases (17%). In the group of HIV positive cases, 8 women (67%) acquired the infection by heterosexual contact. 3 women confessed using of intravenous drugs (fig.

5). Of 89 reported infected adult cases in Slovenia (HIV infection and AIDS), 7 (8%) probably got infected by sharing infected needles.

There are also 3 known cases of pediatric HIV infection without signs or symptoms of AIDS. Two of them are haemophiliacs in the age group 14 to 15 years and the third is a 6 years old girl, who was vertically infected by her mother.

From January 1986 till the end of 1993, 816.700 samples of donated blood were tested. 10 blood donors tested for anti-HIV antibodies were positive (1.25 per 100.000 samples) (Table 1).

DISCUSSION

Incubation period of AIDS is long. The picture of registered AIDS cases reveals the pattern of HIV transmission, dating from years ago.

Data on reported HIV cases can not reflect current HIV prevalence and incidence rates in particular population groups in certain periods of time.

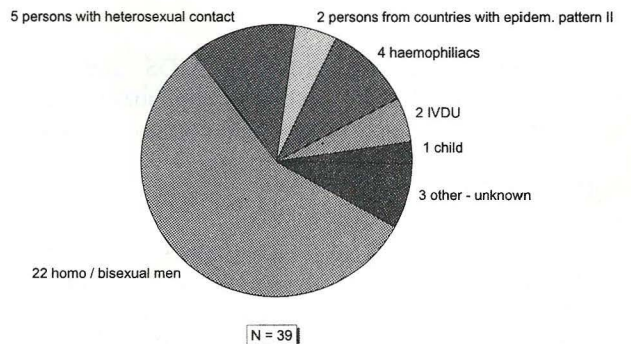


Fig. 3. Cumulative number or registered AIDS cases in Slovenia by the risk factors (by March 1, 1995)

Tab. 1. Number of taken blood samples and number of anti-HIV-1 positive blood donors in the period 1986-1993 in Slovenia

year	number of samples			number of newly taken samples			number of anti-HIV-1+ blood donors
	ZTK*	others	total	ZTK*	others	total	
1986	60413	44988	105401	5804	4490	10294	3
1987	55740	45858	101598	4653	3669	8322	1
1988	57108	48107	105215	5458	4570	10028	1
1989	55906	48138	104044	4975	4332	9307	3
1990	59231	49571	108802	4916	3960	8876	0
1991	52650	45809	98459	3516	3207	6723	1
1992	50203	43249	93452	4123	3460	7583	0
1993	56178	43551	99729	5575	3816	9391	1
total	447429	369271	816700	39020	31504	70524	10

* ... ZAVOD RS ZA TRANSFUZIJO KRVI [Blood Transfusion Centre of Slovenia]

1.25 anti-HIV-1+ per 100,000 samples

CONCLUSIONS

The reliable estimation of distribution and spread of HIV infection in different population groups according to demographic and behavioural characteristics is not available. Data on reported cases provide an important information on development of epidemic. The AIDS and HIV epidemic in

Slovenia is still at its early stage. In spite of risk behaviour patterns in various population groups practicing unprotected penetrative sexual contact and sharing equipment for injecting drugs, the explosive transmission of HIV has not been noticed in any of sentinel groups. Should the virus be brought into those groups in larger proportion, a spread can be expected.

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