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SUBJECT: RESPONSE TO AN ARTICLE PUBLISHED IN THE SUNDAY EDITION OF JUTARNJI LIST ON SEPTEMBER 2, 2012

Dear Madam,

Prompted by an article entitled "The source of fatal disease discovered; This man shut down porn filming! He altered his syphilis test results!" by Goranka Jureško, published in Jutarnji list on September 2, 2012 we are writing to you with a comment on a part of its content.

The article, among others, quotes the words of an epidemiologist, prof. dr. Ira Gjenero Margan, head of the Epidemiology Department of the Croatian National Institute of Public Health: „We have a good situation even with HIV, with around 15 to 20 new cases per year. Including blood donors, approximately 300,000 persons are tested annually for HIV, the cause of AIDS. “

CAHIV as the Croatian Association for HIV and Viral Hepatitis has been advocating improvements in the counseling and testing for blood-borne diseases in Croatia for many years. We would like, therefore, to comment on the statement by the reputable epidemiologist, prof. dr. sc. Ira Gjenero Margan, concerning the annual number of people tested for HIV as well as the annual number of new HIV infections in Croatia.

As we wrote in the last issue of our bulletin in an article entitled „Will blood-borne infectious diseases beat the existing programs for education, prevention and screening of population groups at risk of infection?“ (the chapter entitled "Are the prevention and screening programs sufficient for us"), there are many prevention and education programs in the world and in Croatia aimed at reducing the spread of blood-borne infectious diseases, however with not much success so far. Experts around the world expect such diseases to continue to spread and the number of infected people to grow.

In Croatia, the public health system organized a nationwide network of educated professionals who can provide anyone with counseling, especially the ones at risk of infection, and thus prevent the spread of the disease, but unfortunately the annual number of people who got tested through this network since its establishment in 1993 until the present day remained very small.

The problem of discomfort that population groups at risk of infection by blood-borne infectious diseases feel when they have to go to official health institutions for testing and counseling was recognized long time ago in the world as one of the main reasons behind the failure of programs for the prevention of the spread of such diseases. Counseling and testing were therefore taken out of health institutions into the field, into the community. Only the prevention and screening programs organized in this way can successfully increase the outreach to people at risk of HIV infection. Sadly, outreach programs for the prevention and screening in the community are very rare.

Although according to current indicators Croatia belongs to countries with a low HIV prevalence, the fact remains that prevention and screening programs have reached a low number of people at risk of infection. This leads to a conclusion that there is no full insight into the true epidemiological picture of HIV infection in Croatia. Although in the past few years several epidemiological researches were conducted with an aim of establishing the incidence of HIV infection among members of populations at risk of HIV infection, it should be mentioned that these researches did not encompass significant numbers of people at risk.



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This is the main reason for our response or otherwise it might be concluded from the words of the reputable epidemiologist, professor Gjenero Margan (“around 300,000 persons are annually tested for HIV”), that the situation in Croatia regarding testing and counseling of population groups at risk of HIV infection is excellent. The truth is, sadly, quite the contrary. Although professor Gjenero Margan mentioned that the number of tested persons also included blood samples of volunteer blood donors, we believe it is important to explain this observation in greater detail and present more accurate statistics.

In short, the official website of the Croatian National Institute of Public Health (www.hzjz.hr/epidemiologija/hiv_cent.htm) has the following information: „**From 2003 until the end of 2011 counseling centers scheduled 32,534 individual counseling appointments for 17,780 clients and 17,272 persons were tested for HIV (with 144 positive results during that period)**”. This information makes it easy to conclude that there are less than 2,000 people belonging to populations at risk of HIV infection who annually get tested at the CNIPH’s network of HIV testing and counseling centers in Zagreb, Rijeka, Split, Zadar, Pula, Dubrovnik, Korula, Osijek and Slavonski Brod.

If we add to this aforementioned number the *presumed* number of people at risk of HIV infection who get tested outside the CNIPH’s network of centers, in other health care institutions in Croatia, the total number of individuals at risk of HIV infection who are annually tested amounts to around 3,000 to 4,000. This is one hundred times less than what professor Gjenero Margan claimed. The difference occurs when blood samples taken for testing from volunteer blood donors are added to the number of tested people who are at risk of HIV infection.

It is important to stress that volunteer blood donors do not belong to the population at risk of infection with blood-borne diseases. Volunteer blood donors are not people who give their blood samples primarily to check if they are positive for blood-borne infectious diseases. Naturally, some blood donors may be infected with blood-borne diseases as well, but that is exactly the reason for mandatory testing of samples of all blood donations. Volunteer blood donors are often people who have donated blood for years and are well-familiar with the HIV status. Often they give blood several times a year which means that the total number of blood samples by volunteer blood donors tested for HIV may contain several results for the same person.

Therefore, the only relevant information giving true insight into the epidemiological picture of the HIV infection in Croatia and the successfulness of programs for prevention and early detection of HIV is the number of people at risk of HIV infection who were tested and counseled. In Croatia, these are the people who were tested at the CNIPH’s network of centers or other health institutions to find out their HIV status after one or several possibly risky behaviors. How successful was the program can be seen from the following data. It is presumed that at least 50,000 people at risk of HIV infection live in Zagreb. In the whole of Croatia there are at least 200,000 such people. In the best case scenario, 2% of that population or a maximum of 4,000 people will get tested annually. This simple mathematics tells us about the true insight into the epidemiological picture of HIV infection in Croatia.

Although the number of tested people at risk of HIV infection is very well known in professional circles, the public is often presented with insufficiently clear data. We would once again like to emphasize that, according to current data, Croatia is a country with a low prevalence of HIV; however, the credit for such a situation surely does not go to the successful testing and counseling programs, as has sadly been corroborated by the presented figures.

It should also be pointed out that the number of new HIV infections is on the constant rise every year while the number of tested people is slowly decreasing. The annual number of new HIV cases is already



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on average three times higher than what professor Gjenero Margan claimed in the article. The question arises as to what we can expect in the next 5 to 10 years.

It is precisely for this reason that we at CAHIV believe that the counseling and testing system should be improved by developing efficient prevention and screening programs in the community because it is the only way to get a true picture of the situation and take on time appropriate measures to prevent the possible spreading of the disease.

In the last issue of our bulletin we covered this topic in great detail, including also other challenges that would have to be tackled in Croatia in order for prevention and screening programs to become truly effective and successful once they are implemented routinely. We hope that preconditions for their implementation will be ensured as soon as possible.

Yours faithfully,

Croatian Association for HIV and Viral Hepatitis