

DET DANSKE HIV KOHORTE STUDIUM

&

DANHIV

21. udgave, 2024



**STATENS
SERUM
INSTITUT**

Forord

Nærværende rapport er en status over DANHIV/Det Danske HIV Kohorte Studies (DHK) arbejde frem til udgangen af 2024.

Rapporten fokuserer på nationale analyser. Der er for visse parametre angivet data for de separate regioner. Dog er Region Hovedstaden delt op i Rigshospitalet (inklusive Herlev) og Hvidovre (inklusive Hillerød).

Data er baseret på de tilgængelige opdateringer i august 2025.

Epidemiologiske opgørelser er ikke sandheden, men et spejlbillede af virkeligheden. Resultaterne i nærværende rapport er derfor heller ikke bedre end de anvendte data. Vi har indtil 2020 opdateret DANHIV manuelt ved udfyldelse af skemaer for hver patient. Siden 2020 har opdateringen af DANHIV alene været baseret på registerudtræk. Trods den høje datakvalitet i de danske registre, kan de indeholde fejl. En stor del af opdateringen har således været at kvalitetstjekke data på tværs af tilgængelige datakilder. Som det ses af rapportens tabeller og figurer er behandlingen af HIV i Danmark på et meget højt niveau. Det ses også, at behandlingerne i alle regioner er effektive og ligeværdige.

DANHIV overgik fra 1. januar 2025 til Statens Seruminstitut, hvor databasen hører naturligt hjemme.

Vi vil benytte lejligheden til at takke DANHIVs styregruppe for et godt samarbejde.

Det Danske HIV Kohorte Studie er helt afhængig af ekstern støtte. I den forbindelse vil vi rette en speciel tak til Preben og Anne Simonsens Fond. Dette projekt havde ikke været muligt uden fondens støtte.

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Forkortelser:

MSM: Mænd som har sex med mænd

RegionSJ: Region Sjælland

RegionS: Region Syd

RegionM: Region Midt

RegionN: Region Nord

IV: Intravenøs stofmisbrug

ART: Antiretroviral terapi

TAF: Tenofovir alafenamid

Karakteristika for samtlige personer registreret i DANHIV fordelt på centre

	Total	Rigshospitalet	Hvidovre	RegionSj	RegionS	RegionM	RegionN
Antal, total	8599 (100%)	3133 (36%)	2613 (30%)	309 (4%)	1000 (12%)	1108 (13%)	436 (5%)
Køn							
Mand	6259 (73%)	2505 (80%)	1849 (71%)	201 (65%)	665 (67%)	744 (67%)	295 (68%)
Kvinde	2340 (27%)	628 (20%)	764 (29%)	108 (35%)	335 (34%)	364 (33%)	141 (32%)
Infektionsmåde							
MSM	3958 (46%)	1932 (62%)	1090 (42%)	93 (30%)	297 (30%)	415 (37%)	131 (30%)
IV	691 (8%)	154 (5%)	386 (15%)	26 (8%)	50 (5%)	48 (4%)	27 (6%)
Heteroseksuel	3395 (39%)	851 (27%)	981 (38%)	167 (54%)	602 (60%)	549 (50%)	245 (56%)
Andet	74 (1%)	17 (1%)	22 (1%)	7 (2%)	7 (1%)	13 (1%)	8 (2%)
Mor til barn	56 (1%)	15 (0%)	17 (1%)	2 (1%)	3 (0%)	9 (1%)	10 (2%)
Ukendt	322 (4%)	117 (4%)	96 (4%)	13 (4%)	30 (3%)	51 (5%)	15 (3%)
I aktiv behandling							
Antal	5356 (100%)	1915 (36%)	1451 (27%)	245 (5%)	687 (13%)	753 (14%)	305 (6%)
Diagnoseår							
<=1994	2088 (24%)	826 (26%)	793 (30%)	23 (7%)	163 (16%)	232 (21%)	51 (12%)
1995 - 2004	2382 (28%)	842 (27%)	805 (31%)	49 (16%)	276 (28%)	277 (25%)	133 (31%)
2005 - 2014	2352 (27%)	898 (29%)	610 (23%)	79 (26%)	299 (30%)	328 (30%)	138 (32%)
>=2015	1777 (21%)	567 (18%)	405 (15%)	158 (51%)	262 (26%)	271 (24%)	114 (26%)
Oprindelsesland							
Danmark	5193 (60%)	1972 (63%)	1611 (62%)	180 (58%)	536 (54%)	645 (58%)	249 (57%)
Grønland	122 (1%)	41 (1%)	37 (1%)	5 (2%)	13 (1%)	15 (1%)	11 (3%)
Skandinavien	225 (3%)	116 (4%)	75 (3%)	1 (0%)	12 (1%)	14 (1%)	7 (2%)
Vest Europa	376 (4%)	180 (6%)	103 (4%)	4 (1%)	44 (4%)	38 (3%)	7 (2%)
Øst Europa	468 (5%)	119 (4%)	111 (4%)	43 (14%)	82 (8%)	81 (7%)	32 (7%)
Nordafrika	20 (0%)	20 (0%)	10 (1%)	2 (1%)	0 (0%)	1 (0%)	0 (0%)
Afrika syd for Sahara	1192 (14%)	281 (9%)	367 (14%)	45 (15%)	201 (20%)	210 (19%)	88 (20%)
Nordamerika	111 (1%)	61 (2%)	32 (1%)	2 (1%)	7 (1%)	6 (1%)	3 (1%)
Sydamerika	209 (2%)	99 (3%)	69 (3%)	2 (1%)	14 (1%)	18 (2%)	7 (2%)
Asien	525 (6%)	181 (6%)	156 (6%)	19 (6%)	72 (7%)	66 (6%)	31 (7%)
Ukendt	16 (0%)	8 (0%)	4 (0%)	2 (0%)	0 (0%)	1 (0%)	1 (0%)

Tabellen indbefatter alle patienter, som er registreret i DANHIV med et center fra 1995 til 2024.

Nyregistrerede og døde fordelt på kalenderår

Årstal	Nyregistrerede	Døde
<=1994	2058	
1995	248	250
1996	239	164
1997	235	89
1998	203	61
1999	246	77
2000	225	50
2001	282	65
2002	229	56
2003	228	74
2004	263	77
2005	236	66
2006	252	55
2007	287	69
2008	267	62
2009	213	74
2010	241	59
2011	251	56
2012	189	54
2013	203	73
2014	213	50
2015	217	60
2016	179	79
2017	193	63
2018	168	63
2019	144	67
2020	128	63
2021	112	76
2022	247	62
2023	205	75
2024	179	69

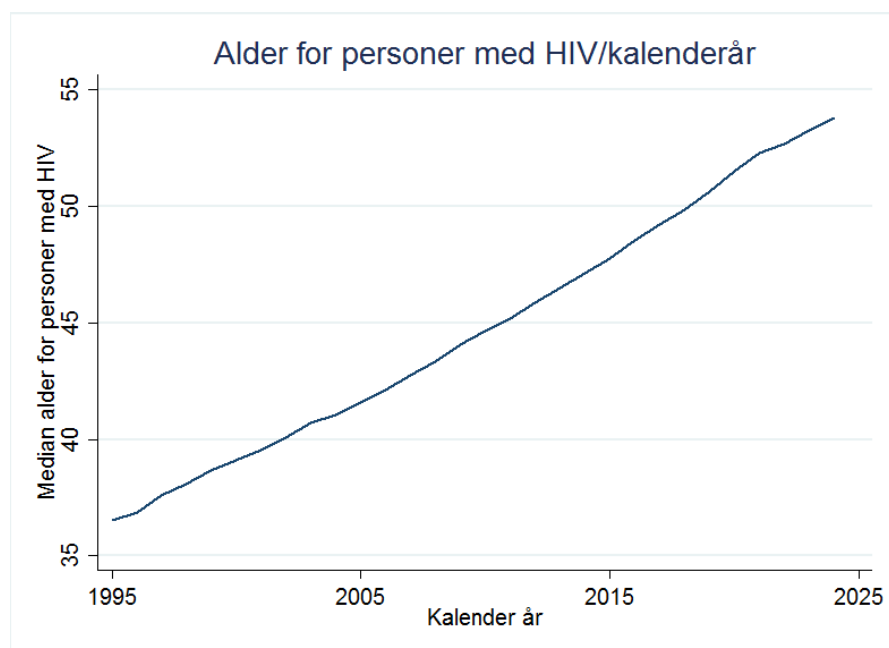
Inkluderer samtlige personer registreret i DANHIV.

Smittemåde fordelt på kalenderår

Årstal	MSM	Heteroseksuelt	IV	Hæmofili /blodtransfusion	Perinatalt	Ukendt
<=1994	1073	515	322	59	22	66
1995	109	105	21	3		10
1996	93	102	21	5	3	15
1997	92	110	20	2	1	10
1998	84	90	19	1	1	8
1999	79	130	18	3	1	15
2000	74	121	16	3	6	5
2001	93	144	30		4	11
2002	82	114	17	3	2	11
2003	95	92	24	2	2	13
2004	135	107	12	2	2	5
2005	125	89	14	1	2	4
2006	111	118	12		1	10
2007	142	116	20	2	3	4
2008	122	120	10	4	1	10
2009	102	89	11	2		9
2010	115	112	7	1		6
2011	117	111	12		1	10
2012	87	75	13	1	2	10
2013	119	72	7		1	4
2014	117	80	11			5
2015	108	93	7	3		6
2016	101	71	1			6
2017	108	77	3	1		4
2018	85	75	3		1	4
2019	75	60	3			6
2020	67	53	1			7
2021	56	38	6	1		10
2022	67	126	16	1		35
2023	72	88	7	2		35
2024	46	96	6	1		30

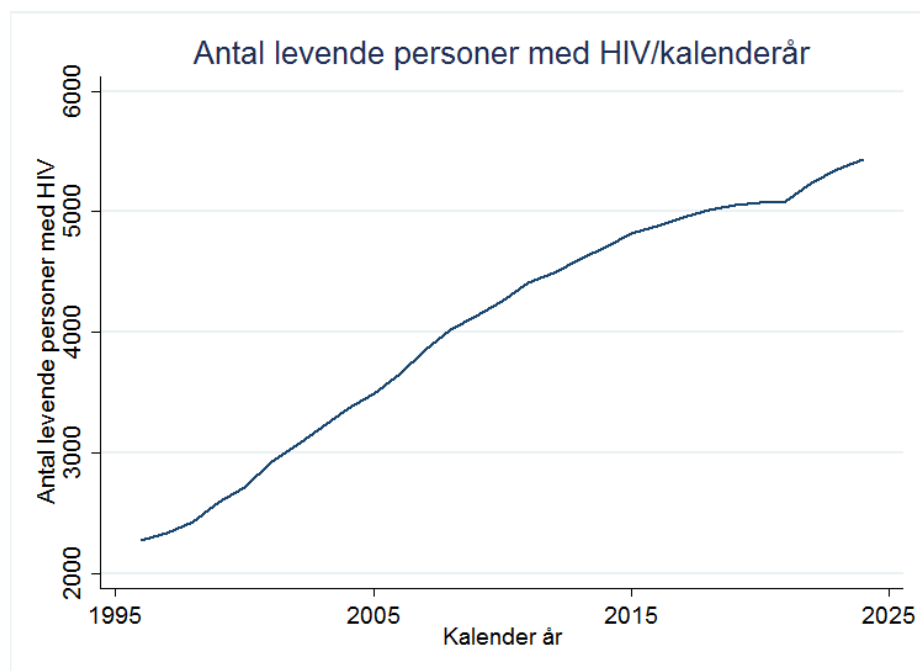
Inkluderer samtlige personer registreret i DANHIV.

Median alder for personer med HIV, som er levende og bor i Danmark det pågældende kalenderår



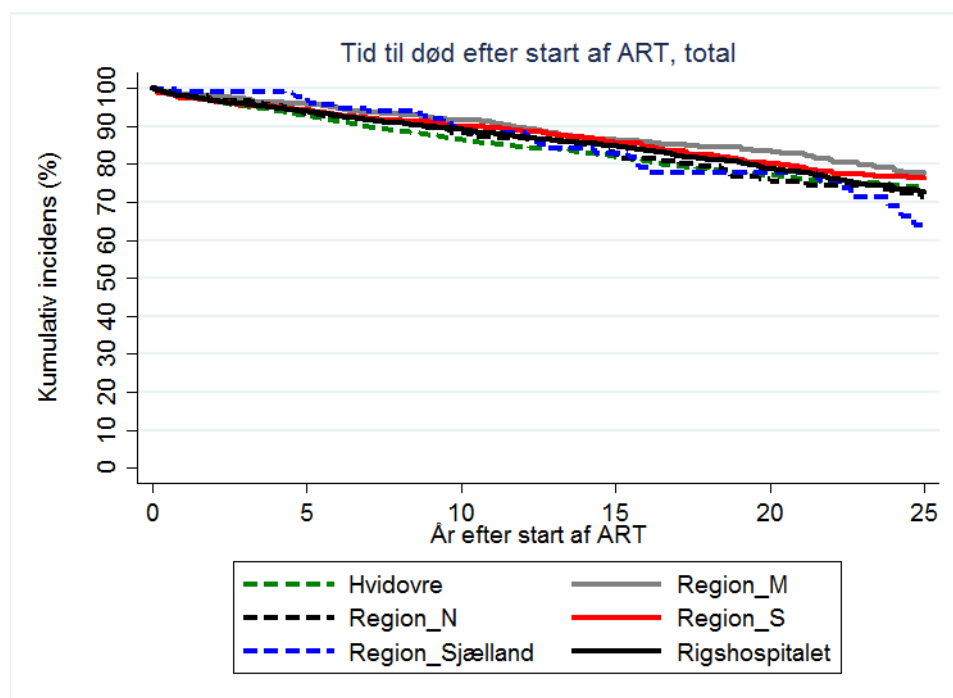
Det ses, at cirka halvdelen af personer, som lever i Danmark med HIV, er over 55 år.

Antal personer med HIV, som er levende og bor i Danmark



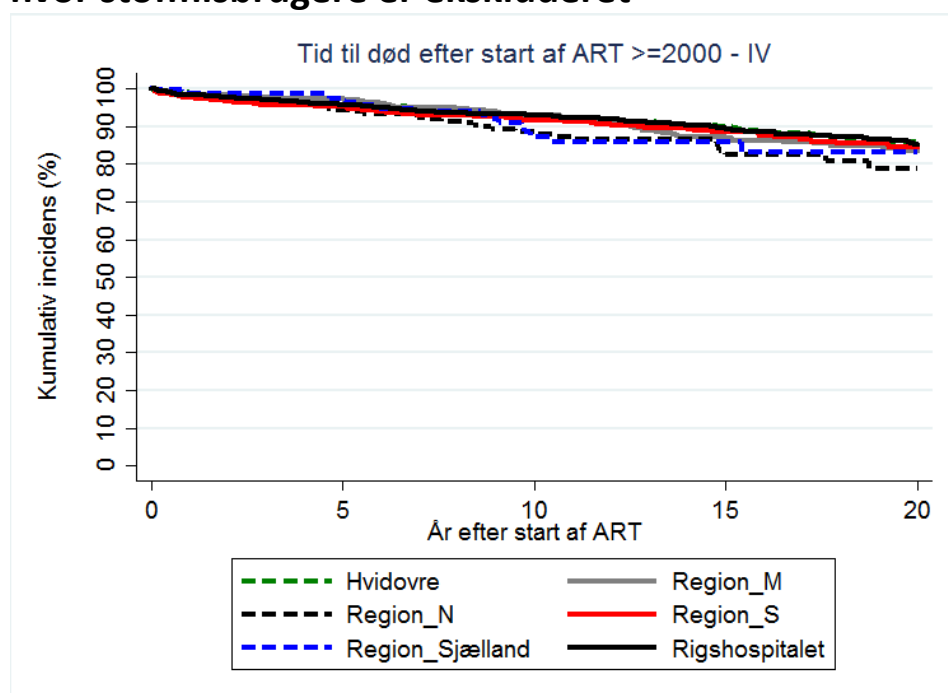
Det ses, at antallet af personer, som lever i Danmark med HIV, er øget fra cirka 2000 til næsten 5500 over de sidste 30 år. Der har dermed aldrig levet så mange personer med HIV i Danmark, som der gør nu.

Overlevelse

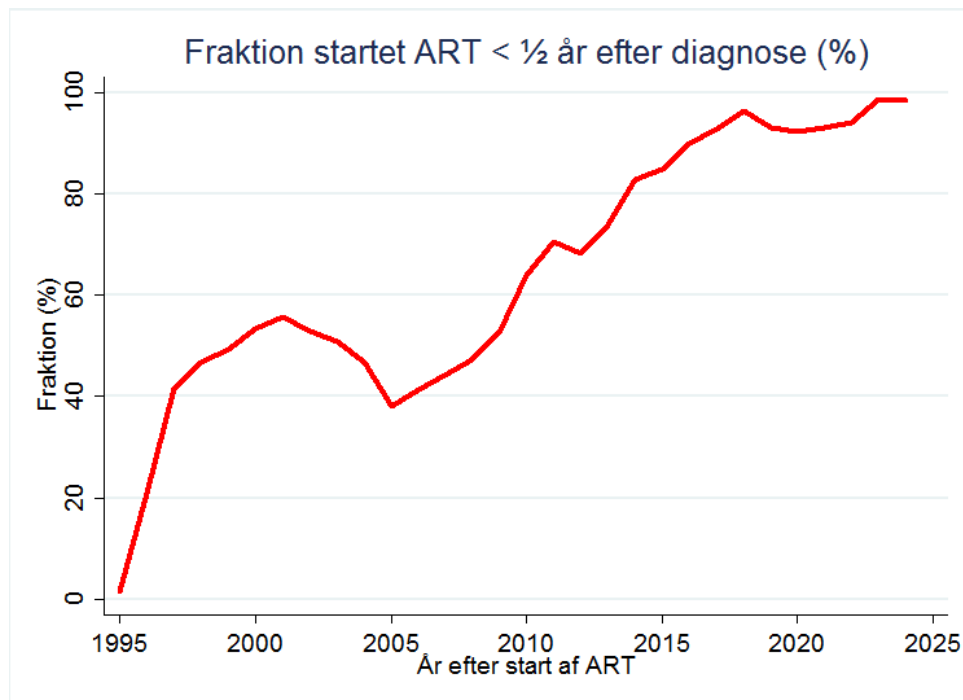


Figuren viser overlevelsen fordelt på HIV behandelende region. Det ses, at der ikke er forskel i overlevelsen afhængigt af behandelende region.

Overlevelse for personer diagnosticeret med HIV i 2000 eller senere, hvor stofmisbrugere er ekskluderet

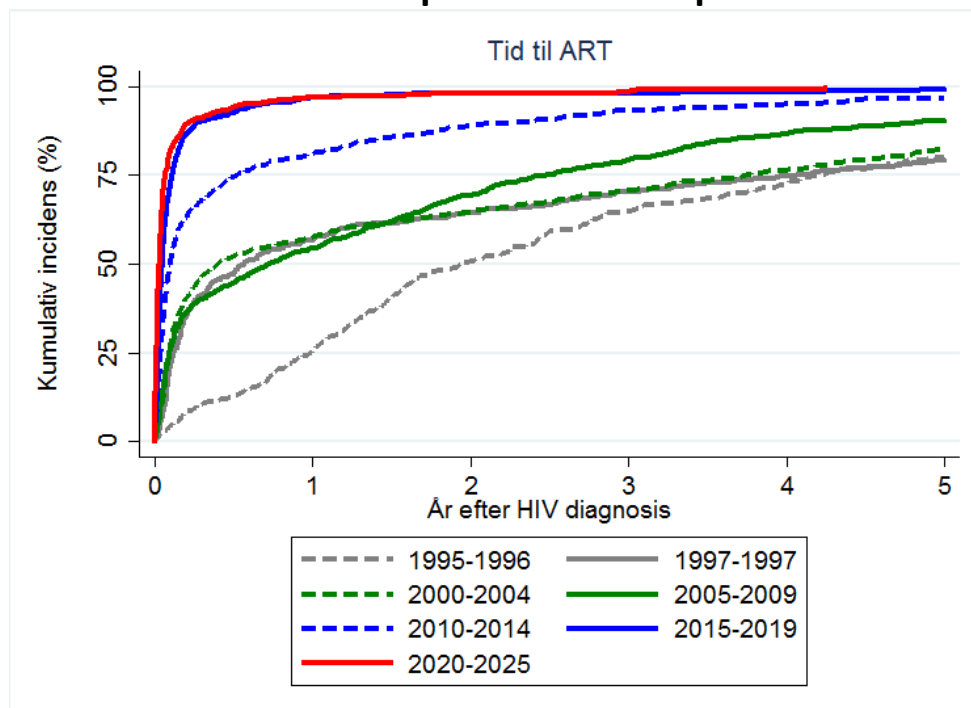


Fraktion, som er startet ART indenfor ½ år efter diagnose fordelt på kalendertid



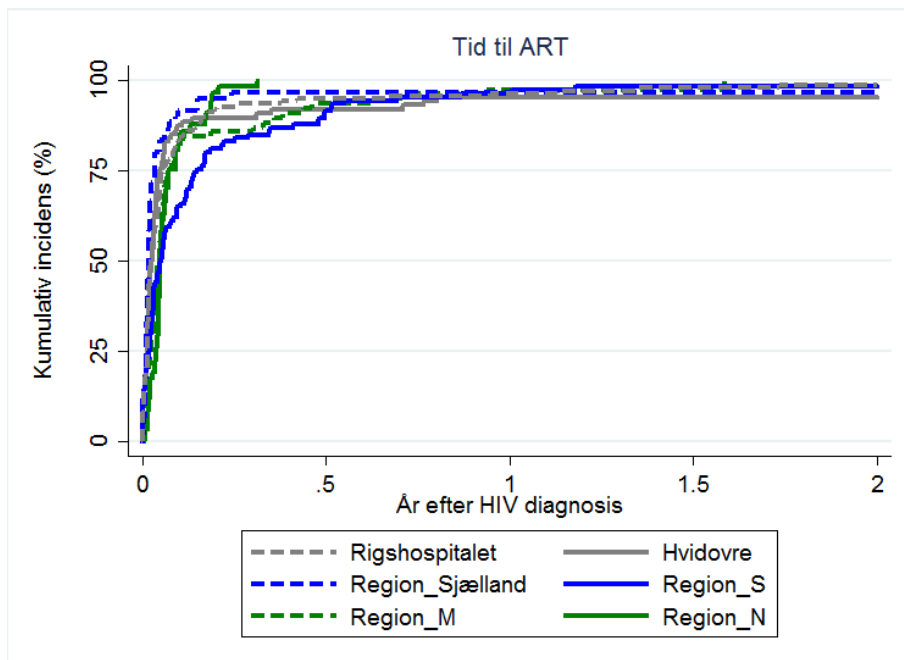
Figuren viser, at stort set alle personer med HIV nu kommer i behandling meget hurtigt.

Tid til start ART fordelt på kalendertidsperioder



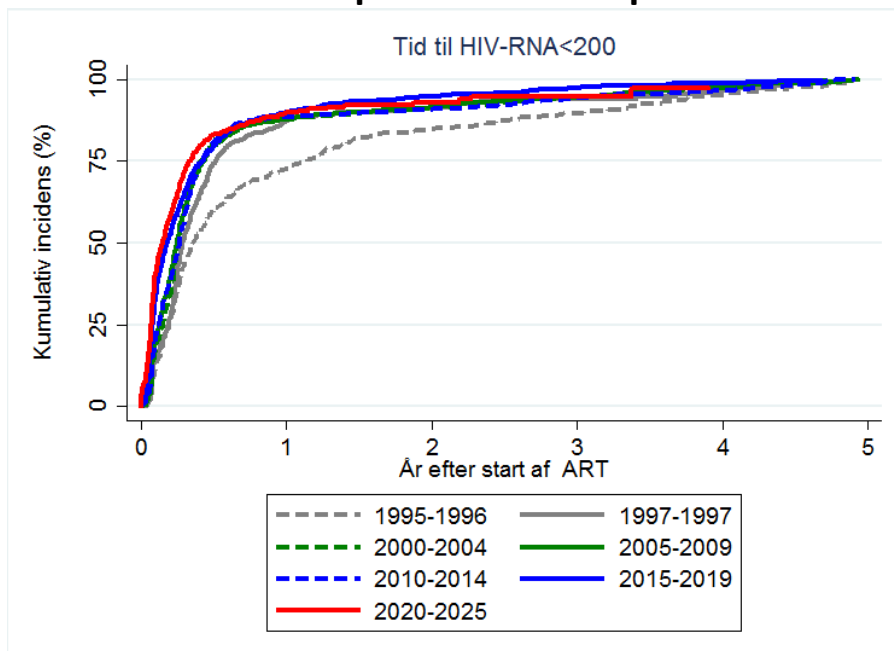
Figuren viser, at tiden fra diagnose til behandling nu er meget kort og nok ikke kan forventes at forbedres yderligere i de kommende år.

Tid til start på ART fordelt på center, inkluderer kun personer diagnosticeret med HIV i 2020 eller senere



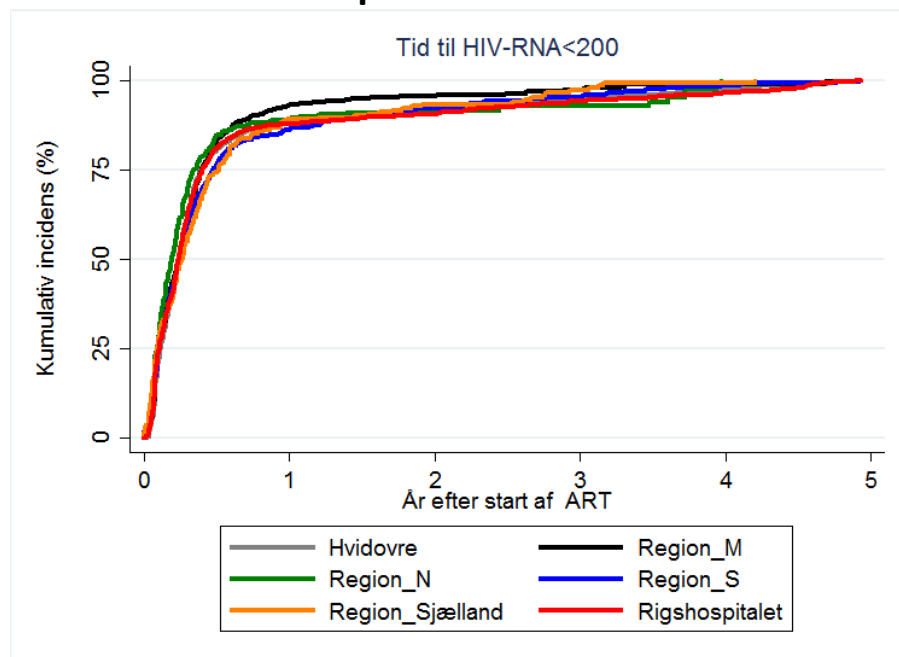
Figuren viser, at i alle regioner startes patienterne nu hurtigt op i ART.

Tid til første HIV-RNA<200 hos personer diagnosticeret med HIV i 2000 eller senere fordelt på kalendertidsperioder



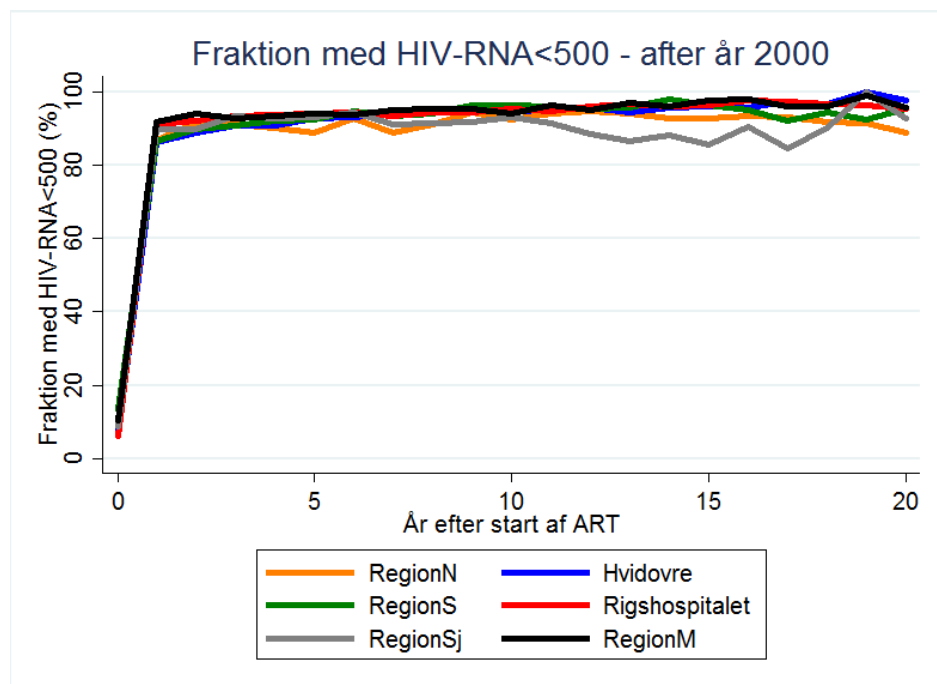
Figuren viser, at en meget stor del af personer med HIV opnår lav viral load hurtigt efter start på ART.

Tid til første HIV-RNA<200 hos personer diagnosticeret med HIV i 2000 eller senere fordelt på center



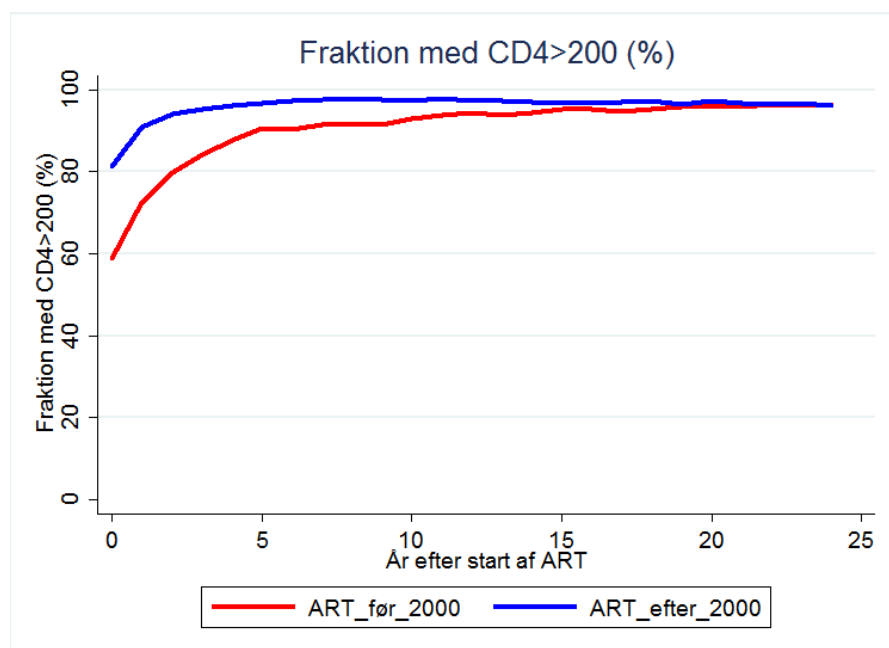
Figuren viser, at personer med HIV opnår lav virusmængde hurtigt uafhængigt af hvilken region, de behandles i.

Fraktion med HIV-RNA<500, hos personer diagnosticeret med HIV i 2000 eller senere fordelt på tid efter start ART



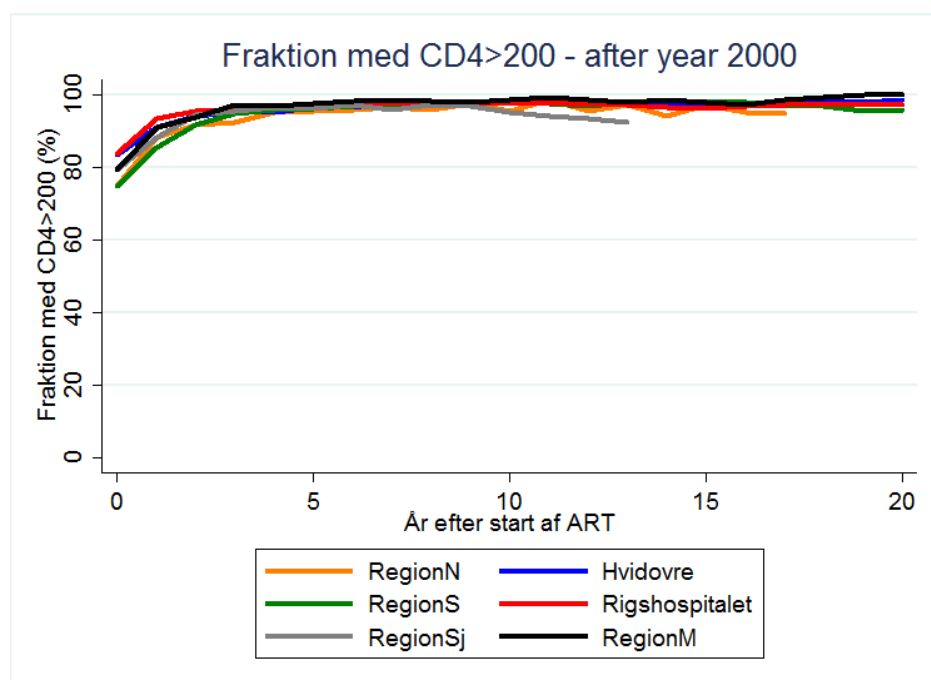
Figuren viser, at op til 25 år efter start på ART har en meget stor del af personer med HIV en lav virusmængde.

CD4 hos personer diagnosticeret med HIV før år 2000 vs. år 2000 eller senere



Figuren viser, at op til 25 år efter start på ART har næsten alle personer med HIV et CD4 celletal > 200 og er dermed i god immunologisk tilstand.

Fraktion med CD4 > 200 hos personer diagnosticeret med HIV i 2000 eller senere fordelt på center



Figuren viser, at den flotte immunologiske respons forekommer i alle regioner.

Antal personer med HIV som får den respektive INRTI eller NNRTI i deres initiale ART regime fordelt på årtal

Årtal	Zidovudin	Didanosin	Zalcitabin	Stavudin	Lamivudin	Abacavir	Tenofovir	TAF	Emtricitabin	Nevirapin	Efavirenz	Etravirin	Rilpivirin
1995	120	22	18		12								
1996	356	163	7	32	221								
1997	443	23	14	64	481								
1998	230	6		35	266	8				40			
1999	195	47		67	235	41				54	22		
2000	175	54		60	193	35	4			39	63		
2001	247	12		11	282	64	5			15	187		
2002	206			8	223	32				8	183		
2003	178			5	191	16	7			11	162		
2004	205			8	224	8	14		6	20	181		
2005	128			5	160	20	20		12	10	132		
2006	114			4	147	29	84		84	15	156		
2007	71				118	45	123		122	20	175		
2008	27				99	70	202		202	14	213	1	
2009	8				47	37	239		236	4	198		
2010	12				36	19	267		264	9	193	1	
2011	5				108	28	247		173	8	167	1	
2012	8				41	6	204		181	13	128	1	4
2013	4				35	13	196		180	4	131		9
2014					61	16	217		177		104	3	4
2015					119	39	198		130		101		
2016					122	31	134	35	86		71		4
2017					94	31	89	31	63		43		6
2018					68	22	71	6	51		26		5
2019					39	16	79	13	79		7	2	6
2020					27	13	50	26	65		5		
2021					14	9	28	20	51		6		6
2022					39	11	74	37	106		11		7
2023					37	13	54	57	105		9		6
2024					43	11	31	48	74				

Viser antal patienter, som fik det anført lægemiddel i den første ART, de modtog i Danmark.

Antal personer med HIV som får den respektive proteaseinhibitor eller integraseinhibitor i deres initiale ART regime fordelt på årtal

Årtal	Saquinavir	Indinavir	Ritonavir	Nelfinavir	Amprenavir	Fosamprenavir	Atazanavir	Darunavir	Raltegravir	Elvitegravir	Dolutegravir	Biktegravir
1995	21											
1996	52	135	80									
1997	167	190	162	5								
1998	65	77	92	78								
1999	73	11	85	117		7						
2000	59	18	80	71		5						
2001	14	11	34	24		12						
2002			8	8		4						
2003	5	6	34			24						
2004		5	60			45	8					
2005			60			44	13					
2006			54			31	18	6				
2007			40			22	19					
2008			55			20	36					
2009			51			8	46		13			
2010			93			19	46	32	8			
2011			106			11	34	62	10			
2012			72			4	29	40	4			
2013			55			4	17	29	8	9		
2014			57				18	41		45	16	
2015			44				16	27	4	33	51	
2016			30				20	20		43	44	
2017			9				10	14		29	48	
2018			7				4	15	4	4	59	
2019			17					19	4		62	
2020									24		37	17
2021									8	4	30	14
2022			5						10		87	28
2023									16		81	48
2024											88	44

Viser antal patienter, som fik det anført lægemiddel i den første ART, de modtog i Danmark.

Antal personer med HIV som for første gang modtager behandling med den respektive NRTI eller NNRTI fordelt på årtal

Årtal	Zidovudin	Didanosin	Zalcitabin	Stavudin	Lamivudin	Abacavir	Tenofovir	TAF	Emtricitabin	Nevirapin	Delaviridin	Efavirenz	Etravirin	Rilpivirin	Doravirin
1995	127	70	34		40										
1996	378	254	14	122	513										
1997	470	47	29	314	652	9				52					
1998	255	50	11	158	298	70				128		30			
1999	223	105		201	263	173				110		193			
2000	205	118		157	219	143	6		4	95		255			
2001	285	62		71	316	239	6			55		396			
2002	258	43		45	249	249	60			40		363			
2003	202	26		20	210	150	134			116		323			
2004	228	30		16	243	151	126		9	131		300			
2005	137	18		7	178	433	174		107	97		215			
2006	127	13		4	157	381	346		384	55		239	1		
2007	82	5			135	241	369		381	72		242	29		
2008	31				114	209	466		470	70		255	19		
2009	12				58	80	496		505	47		247	22		
2010	14				53	68	519		519	39		219	18		
2011	11				603	68	348		235	40		197	14	4	
2012	9				68	40	282		364	30		146	21	67	
2013	8				119	50	297	6	288	18		150	10	113	
2014	4				138	71	318	6	274	9		119	7	48	
2015					331	167	262	9	182			118	8	27	
2016					290	119	213	600	185	5		99	8	26	
2017					329	186	239	440	151	7		78	2	69	5
2018					207	133	198	230	138			55	4	62	
2019					117	56	173	172	193			10	10	40	86
2020					107	36	123	224	271			9	4	37	82
2021					87	23	89	212	216			7	8	40	56
2022					105	20	194	256	316			14		35	53
2023					154	24	150	249	250			10		38	63
2024					174	15	105	267	186				1	44	29

Viser det antal patienter, som for første gang fik det respektive lægemiddel det anførte år.

Antal personer med HIV som for første gang modtager behandling med den respektive proteaseinhibitor eller integraseinhibitor fordelt på årtal

Årstal	Saquinavir	Indinavir	Ritonavir	Nelfinavir	Amprenavir	Fosamprenavir	Atazanavir	Tipranavir	Darunavir	Raltegravir	Elvitegravir	Dolutegravir	Carbotegravir	Biktegravir
1995	32		8											
1996	84	313	211	4										
1997	321	446	360	61										
1998	146	126	162	297										
1999	122	63	208	305		8								
2000	122	88	251	106	5	72								
2001	77	45	169	37	19	150		4						
2002	54	17	87	14	4	75								
2003	29	9	96	8	17	134	7	12						
2004	7	6	150	7	5	181	163	4						
2005	7		188		6	106	258	6						
2006	5		158			113	207	5	19	5				
2007	4		138			74	185		61	34				
2008			148			48	195		33	63				
2009			176			26	231		85	88				
2010			200			29	141		247	83				
2011			240			19	113		307	62				
2012			174			8	81		215	63				
2013			136			10	63		188	83	108	5		
2014			101			5	27		129	42	230	263		
2015			96			10	35		115	18	146	443		
2016			66			4	58		114	15	229	311		
2017			31			5	50		91	22	128	480		
2018			26			10	23		95	52	22	437		
2019			43				7		78	43	18	369		113
2020			26			4			58	99	6	312		240
2021			10			5			33	49	4	287		205
2022			14						20	35		423	20	266
2023			7						24	46		389	19	290
2024									13	9		326	28	291

Viser det antal patienter, som for første gang fik det respektive lægemiddel det anførte år.

Arbejder udgået fra Det Danske HIV Kohorte Studie

1. Jensen-Fangel S, Kirk O, Larsen L, Blaxhult A, Gerstoft J, Pedersen C, Black FT, Lundgren JD, Obel N. Saquinavir hard gel suppresses viral load insufficiently in hiv-infected patients naive to anti-retroviral therapy: a retrospective cohort study. *Scand J Infect Dis* 1999; 31: 489-493.
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3. Jensen-Fangel S, Pedersen C, Larsen CS, Tauris P, Møller A, Obel N. Changing demographics in an HIV-infected population: Results from an observational cohort study in Western Denmark. *Scand J Infect Dis* 2001; 33: 765-770.
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Phd- og doktor afhandlinger udgået fra Det Danske HIV Kohorte Studie

1. Søren Fangel, Doctoral dissertation 2004: The effectiveness of highly active antiretroviral therapy in HIV-infected patients
2. Toke S. Barfod, PhD Thesis 2004: Adherence to HIV treatment. Patient perceptions and physician communication studied by observation, interviews, questionnaires, and patients' files
3. Nicolai Lohse, PhD Thesis 2006: HIV in Denmark and Greenland, 1995-2004: The effect of highly active antiretroviral therapy and characteristics of the HIV-infected population: An observational study
4. Ann-Brit Eg Hansen, PhD Thesis 2007: Non-HIV determinants of outcome in Danish HIV-infected patients: Impact of study participation, body fat distribution and family-related factors
5. Ole Schmeltz Søgaard, PhD Thesis 2011: Non-AIDS defining diseases before and after HIV diagnosis: Characteristics of risk, prognosis, and their usefulness in HIV screening
6. Mette Vang Larsen, PhD Thesis 2011: HIV Infection and Injecting Drug Use in Denmark - Studies on Morbidity and Mortality
7. Lars Haukali Hvass Omland, PhD Thesis 2011: Mortality in patients coinfecting with HIV and viral hepatitis B and C in Denmark
8. Frederik Neess Engsig, PhD Thesis 2012: Morbidity and mortality in Danish HIV patients after the introduction of highly active antiretroviral treatment
9. Marie Helleberg, PhD Thesis 2013: Diagnosis, treatment and cause-specific mortality among HIV patients in Denmark, 1995-2010
10. Line Dahlerup Rasmussen, PhD Thesis 2014: Risk of cardiovascular disease & diabetes mellitus in Danish HIV-infected individuals
11. Lars Haukali Hvass Omland, Doctoral dissertation 2014: HCV-infection in Denmark: Observational studies on mortality, cancer and socioeconomic factors
12. Rebecca Legarth, PhD Thesis 2015: Consequences of social inequality among HIV-infected individuals in Denmark
13. Nicolai Lohse, Doctoral dissertation 2015: The Road to Success – Long-term prognosis for persons living with HIV in Denmark; time trends and risk factors
14. Kirsten Salado-Rasmussen, PhD Thesis 2015: Syphilis and HIV co-infection - Epidemiology, treatment and molecular typing of *Treponema pallidum*

15. Kristina Thorsteinsson. PhD thesis 2016. Studies in Women living with HIV in Denmark - Response to Highly Active Antiretroviral Therapy, Cervical Cancer Screening and Incidence of Cervical Dysplasia
16. Marie Helleberg, Doctoral dissertation, 2016. HIV care and predictors og morbidity among HIV-infected individuals on HAART
17. Magnus Glinvad Ahlström, Ph.D. Thesis, 2017. Estimation of renal function and renal complications in Danish HIV-infected individuals
18. Line Dahlerup Rasmussen, Doctoral dissertation, 2017. Aging and co-morbidity among HIV-infected individuals
19. Frederik Neess Engsig, Doctoral dissertation, 2021. Aspects of HIV-care and treatment in the era of combination antiretroviral therapy.
20. Raquel Marín Iquacel, Ph.D. Thesis, 2023. Late HIV presentation to care: Earlier HIV diagnosis in Primary Health Care & Long-term survival