

Country Progress Report: Ireland

Date of submission, 7th April, 2014

Status at a glance

The Department of Health, the Crisis Pregnancy Programme and the Health Protection Surveillance Centre have completed the 2014 reporting requirement for GARPR. In completing the report, information was also provided by the Gay Mens Health Service, HSE Health Promotion, the women's health project, Baggot Street, Dublin, and the Irish focal point for the EMCDDA. Part B of the National Commitments and Policy instrument was completed in collaboration with the Sexual Health Centre, Cork.

Overview of HIV in Ireland

The Health protection Surveillance Centre publishes an annual report on HIV in Ireland available at <http://www.hpsc.ie/hpsc/A-Z/HIVSTIs/HIVandAIDS/SurveillanceReports/File,14126,en.pdf>

In the latest report, the key findings were:

- In 2012, 341 people were newly diagnosed with HIV in Ireland (crude notification rate of 7.4 per 100,000 population). The annual number of newly diagnosed HIV infections had been decreasing since 2008; however in 2012 there has been a slight increase (7%) compared with 2011.
- The highest proportion of new diagnoses (49%) in 2012 was among men who have sex with men (MSM) and this proportion has been increasing since 2004.
- Heterosexual contact accounted for 38% of new diagnoses in 2012. Among the heterosexual cases, 63% were among individuals originating from countries with generalised epidemics, 8% had a high-risk partner or a partner known to be HIV positive, and 6% had a partner originating from a country with a generalised epidemic. The number of heterosexual cases originating in a country with a generalised HIV epidemic had been decreasing since 2008 but increased slightly in 2012.
- Four per cent of new diagnoses were among Injecting Drug Users (IDUs) and this proportion has been declining since 2004. In 2012, 69% of IDUs newly diagnosed with HIV infection were co-infected with Hepatitis C.
- Five Mother to Child Transmission (MTCT) cases were newly diagnosed. The probable countries of infection for all cases were in sub-Saharan Africa. No MTCT cases were identified in children born in Ireland in 2012.
- Almost half of new HIV diagnoses in 2012 (48%) were born abroad with 123 (36%) born in Ireland. Of the 162 not born in Ireland, 52% were born in sub-Saharan Africa, 15% were born in Latin America, 13% were born in Central and Eastern Europe and 12% were born in Western Europe. Information on geographic origin was unavailable for 56 cases.

- Of the newly diagnosed cases in 2012 with CD4 count available (249 of 341 cases; 73%), 48% were reported as late presenters (CD4 count of <350 cells/mm³), compared with 52% in 2011 (CD4 count available for 224/319 cases; 70%). The proportion of those diagnosed late varied by risk group and was highest among heterosexual males (64%) and IDUs (63%). In 2012, 24% of people were severely immuno-compromised at diagnosis (CD4 cell count <200 cells/mm³), compared with 33% in 2011..
- In 2012 overall, 16% of individuals newly diagnosed with HIV were co-infected with one or more STI (Chlamydia/Gonorrhoea/Syphilis), 7% were co-infected with Hepatitis C and 5% with Hepatitis B. One in four MSM (27%) were co-infected with an STI while 69% of IDUs were co-infected with Hepatitis C.
- Of the 341 new diagnoses, 10% were diagnosed with an AIDS defining illness at the time of their HIV diagnosis. Of the 34 cases, 19 were heterosexual, 13 were MSM and 2 were IDU. During 2012, the most commonly reported AIDS-defining illnesses were PCP (Pneumocystis pneumonia)(32%), Kaposi 's sarcoma (24%), TB (24%) and Candidiasis (12%).
- Some of the changes noted this year may be due to recent changes in the surveillance system for HIV. In September 2011, the voluntary surveillance system was changed to a mandatory system when HIV became a notifiable disease in Ireland. Also, starting in January 2012, all notifications are entered in the national Computerised Infectious Disease Reporting system (CIDR).

National response

In 1992 the Irish Government responded to the HIV crisis by establishing the National AIDS Strategy Committee (NASC). This committee and its subgroups continued to meet until 2012 (when the development of a new Sexual Health strategy was underway) and were comprised of a wide-range of stakeholders from Government departments and non-governmental organisations (NGOs). The sexual health strategy is due to be published this year and will be accompanied by an implementation plan and mechanism for stakeholder involvement across government and civil society.