



Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

Our mission

– to strengthen and develop public health

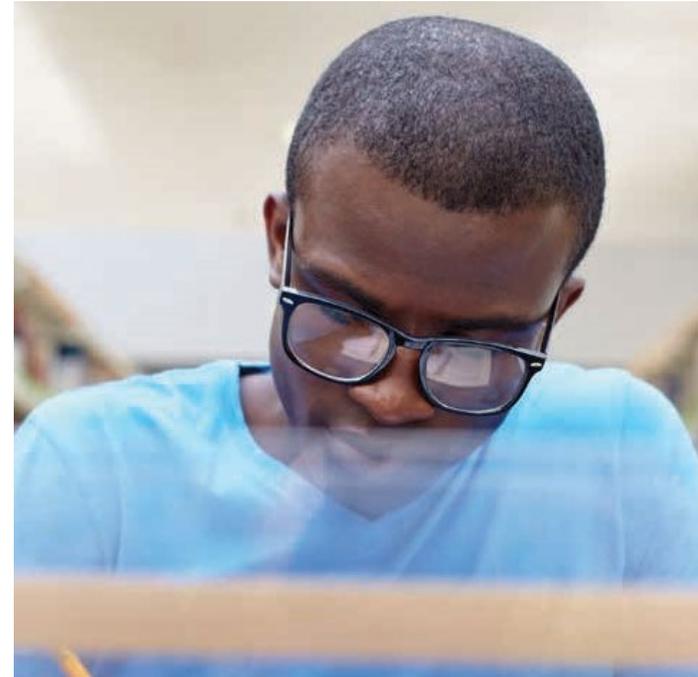


Everyone has the right to feel well

- Good health is the most important thing in life to most people.
- Public health in Sweden has improved significantly.
- Public Health Sweden has responsibility for all aspects of public health and reports to the government directly.
- Preparedness, prevention, post-onset-control, outbreaks, law-making, evidence based information to the politicians etc have rendered this model very fruitful

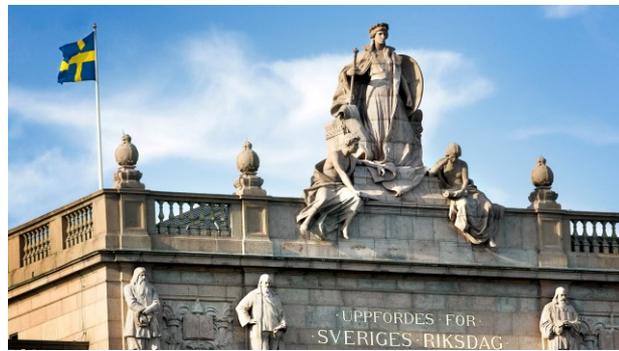
International cooperation

- The agency is actively engaged in public health work within for example EU and WHO.
- We are a national focal point for these organisations concerning international health threats.
- Through cooperation with other stakeholders we contribute to the implementation of Sweden's policy for global development.
- We actively build capacity for public health structures and high consequence pathogens on most continents in tight conjunction with WHO





World Health Organization



Folkhälsomyndigheten

Director-General

Advisory Board



norden

Nordic Council of Ministers

Director-General's Office

Department of Monitoring and Evaluation

Antibiotics and Infection Control

Preparedness and Crisis Management

Epidemiology and Health Economics

Public Health Reporting

Statistics and Registers

Vaccination Programs

Surveillance and Coordination

Department of Microbiology

Diagnostic Preparedness of Notifiable and High Consequence Pathogens

Laboratory Surveillance of Bacterial Pathogens

Laboratory Surveillance of Viral Pathogens and Vaccine Preventable Diseases

Laboratory Development and Technology Transfer

Parasitology and Waterborne Pathogens

The High Containment Laboratories

Department of Knowledge Development

Alcohol Prevention

Drug Prevention

Health and Sexuality

Health-promoting Lifestyles and Gambling Prevention

Environmental Health

Mental Health, Children and Youth

Coordination and Analysis ANDT

Tobacco Prevention

Department of Communication

Digital Channels and Production

Press and Media

Corporate Communication

Department of Administration

Archive and Registry

Finance and Procurement

Facilities and Security

Information Technology

Legal Affairs

Personnel

Planning and Performance Monitoring



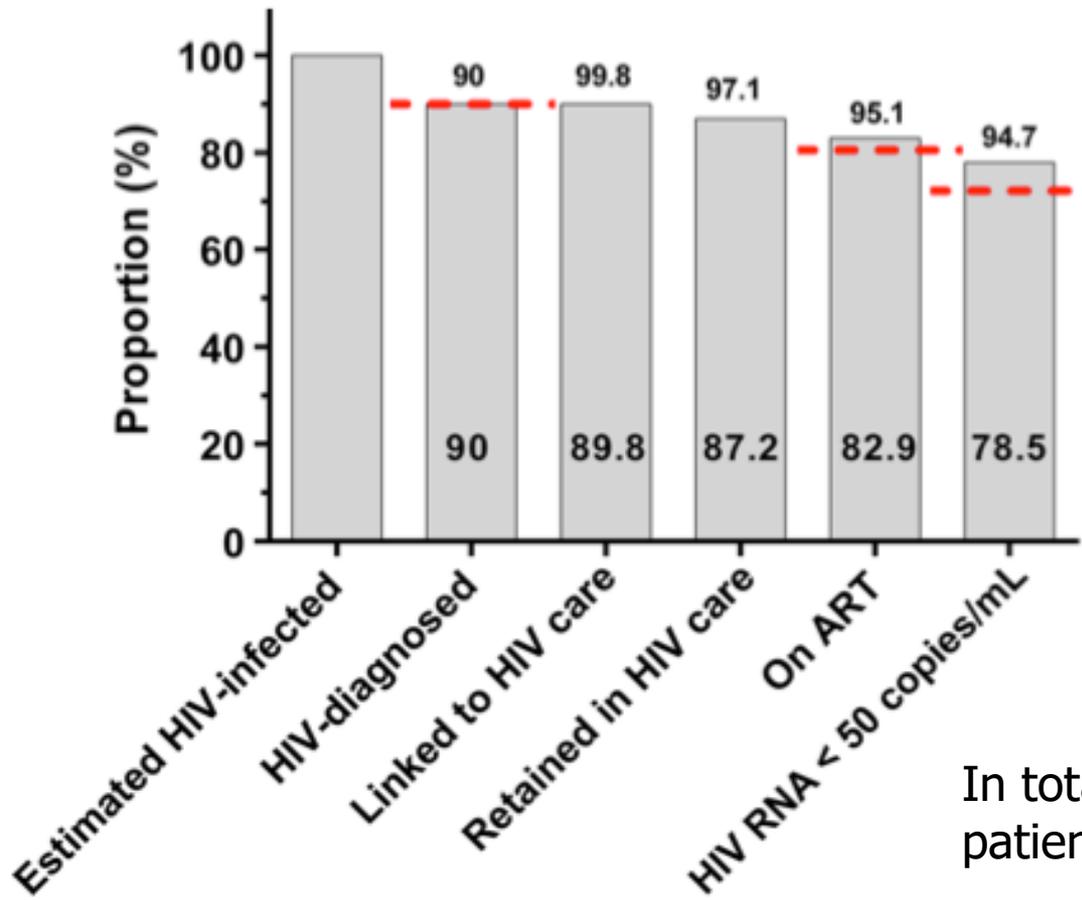
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The Swedish perspective

From death sentence to chronic disease and high quality of life

Thomas Tolfvenstam, MD, PhD
Infectious Disease Consultant
The State Epidemiologists's office

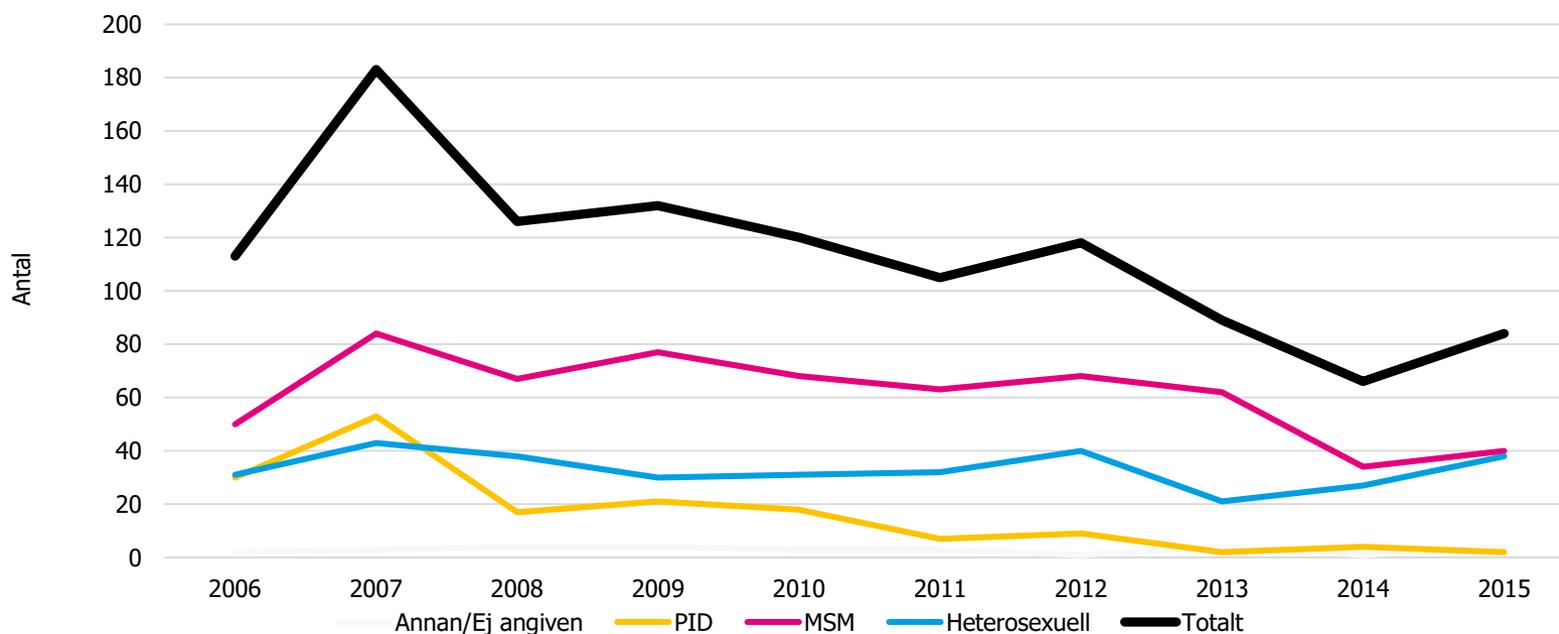
Sweden, the first country to achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Health Organization (WHO) 90-90-90 continuum of HIV care targets



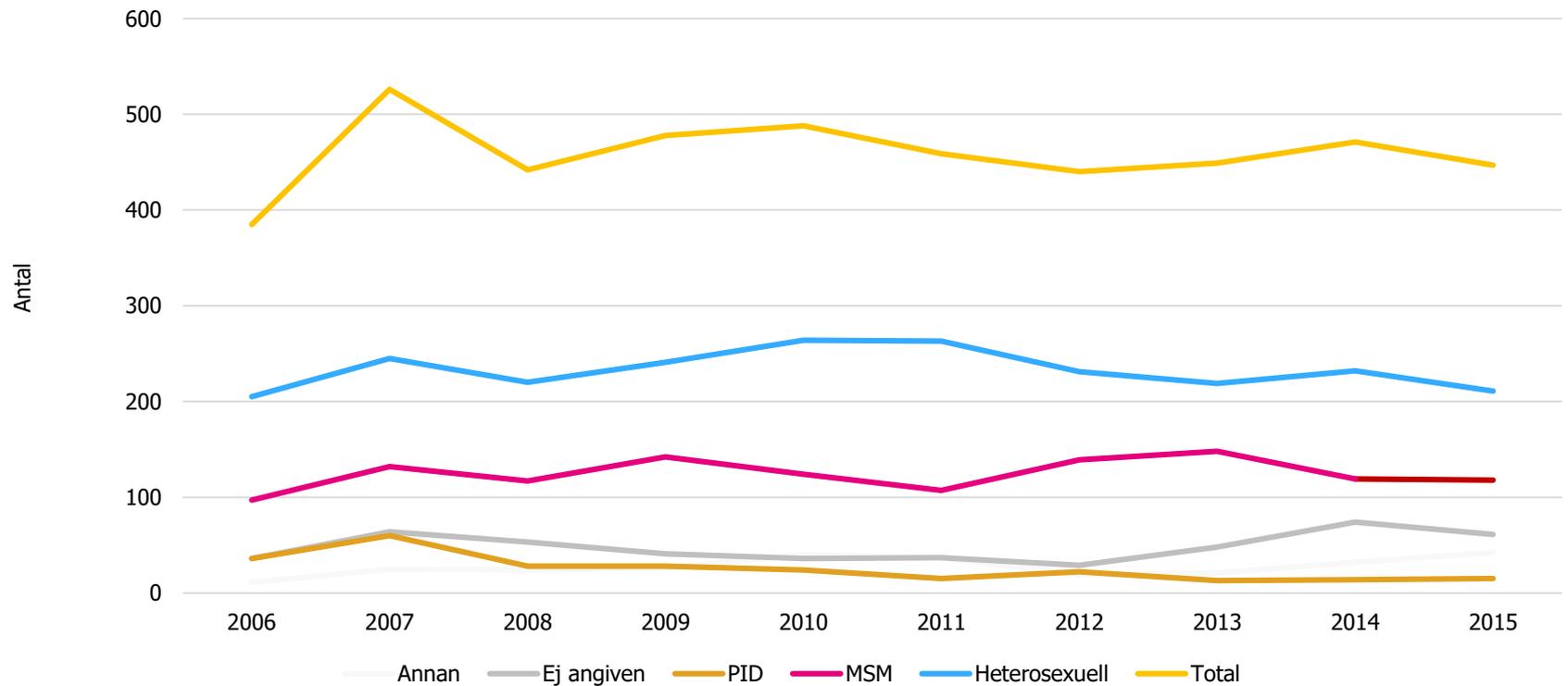
In total about 7000 patients infected

How attitudes and stigma has gradually weakened as the disease slowly has lost it's death sentence aura and replaced it to a lifelong disease of high quality of life.

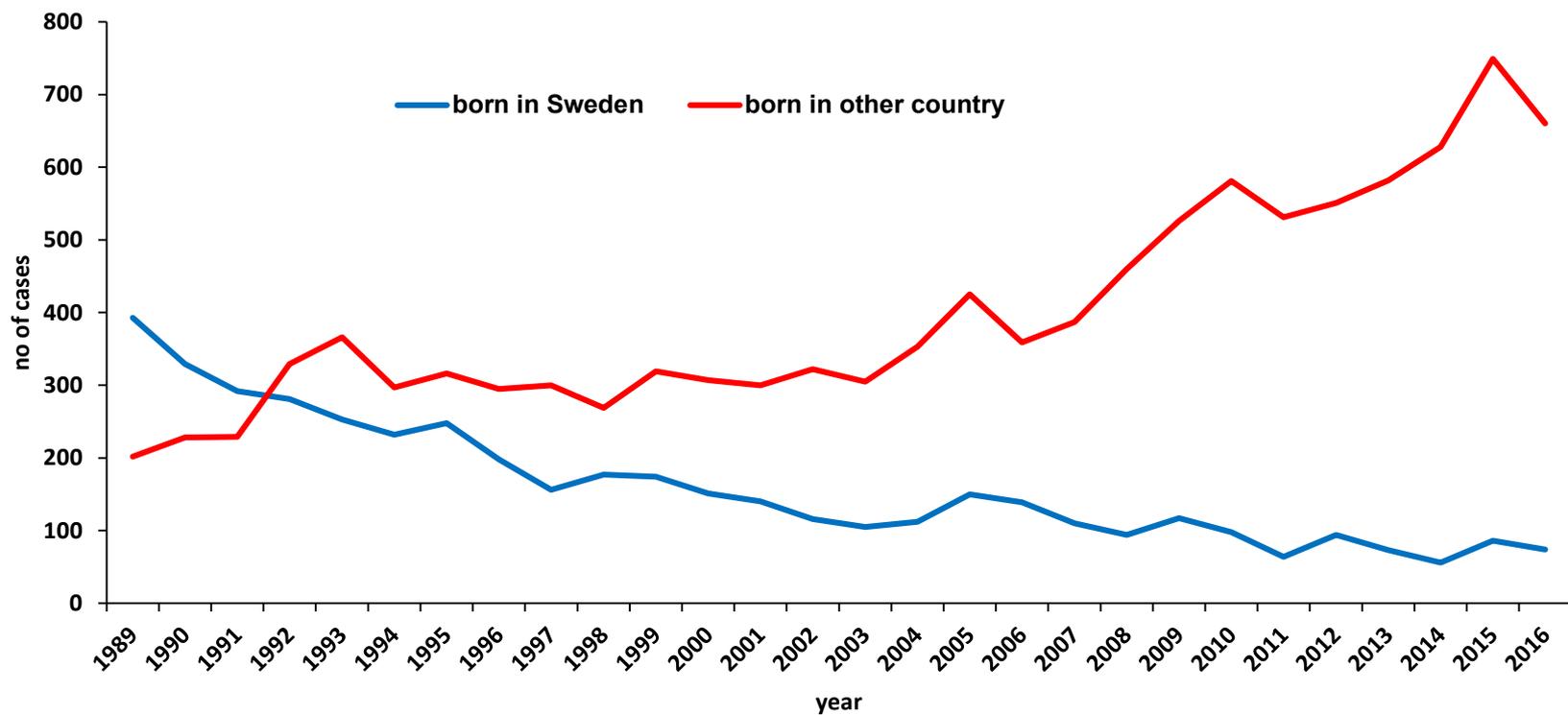
Number of reported cases of HIV transmitted in Sweden 2006-2015



Number of reported cases of HIV per transmission route 2005-2015



TB-cases in Sweden 1989 – 2016 by origin





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New IT-tools for follow up and oversight

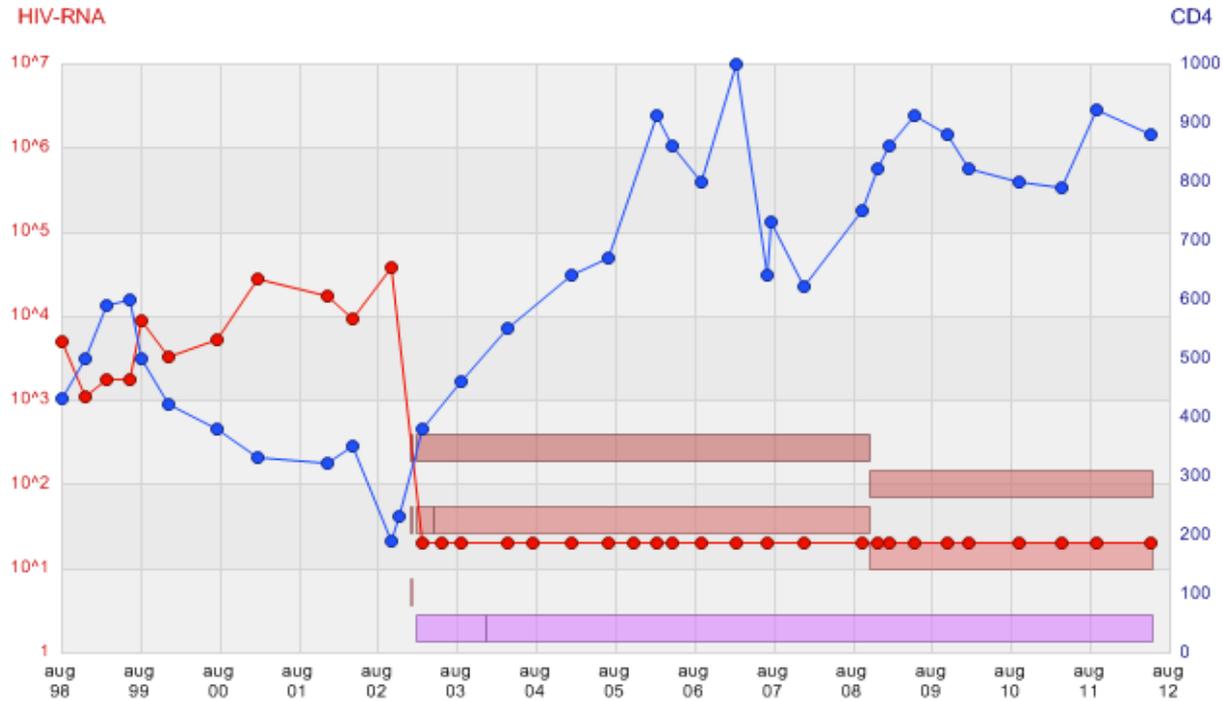
Inf Care HIV

7000 patients enrolled in Sweden. Finland is just starting up



Individual patient follow up

Graph: Quality register



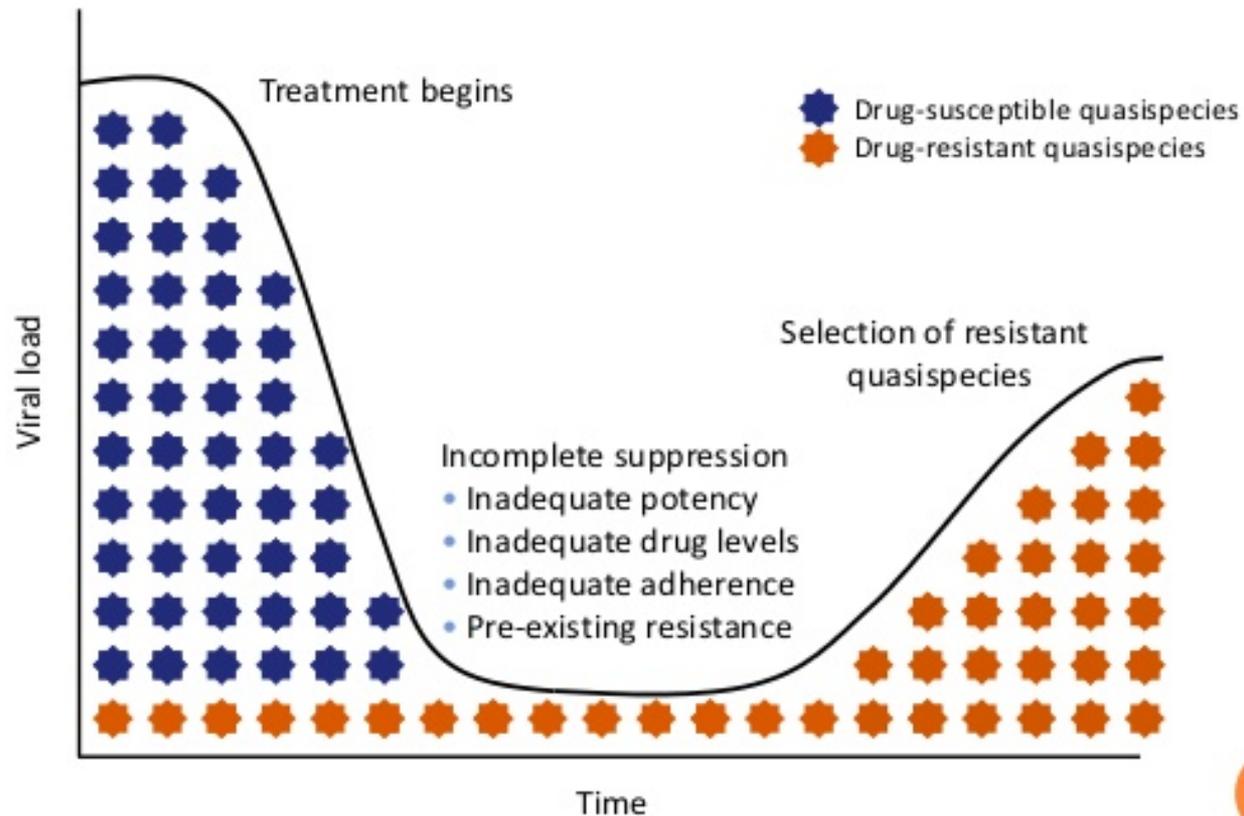
█	Kroppslig hälsa
█	Psykiskt välmående
█	Sexuell tillfreds.
█	Biverkningar
█	Delaktig i planering
█	Antal missade doser

V Svedhem KS 2017



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SELECTIVE PRESSURES OF THERAPY

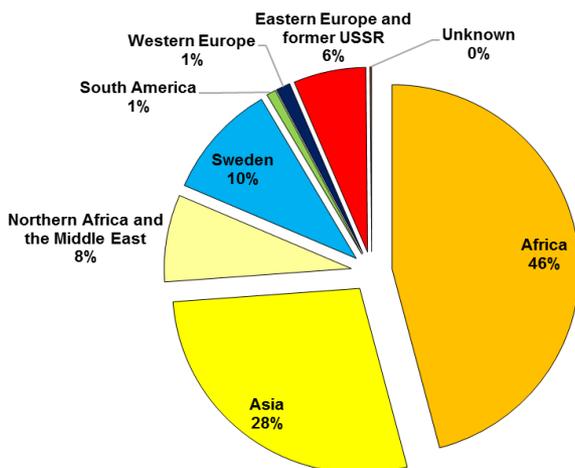


Indispensible arsenal

Cost free treatment, close monitoring of resistance development, CD4+, (individual regimens), compliance to treatment, social support, intense TB-care/treatment and drug addict treatment (substitution therapy, needle exchange programs) are all imperial for success.

TEAMWORK

TB-cases in Sweden 2016 by origin (n=734)



HIV Drug Resistance Report

Report Generated by: Luc

Report Date & Time: 2008-10-22 10:57:38

Patient Info:

Key: NC1115-1997
Accession: AY030433

Mutation sequences:

PR: 1 - 89
RT: 1 - 260

DrugClass	Drug	Algorithm	SIR	Level	Mutations
NRTI	abacavir (ABC)	ANRS 2008.07	I	2	41L 67N 70R 184V 215Y 219E
		HIVDB 4.3.7	I	4	41L 67N 184V 215Y
NRTI	abacavir (ABC)	ANRS 2008.07	I	2	41L 67N 70R 184V 215Y 219E
		HIVDB 4.3.7	I	4	41L 67N 184V 215Y
NRTI	didanosine (DDI)	ANRS 2008.07	S	1	41L 67N 184V 215Y 219E
		HIVDB 4.3.7	I	4	41L 67N 184V 215Y
NRTI	didanosine (DDI)	ANRS 2008.07	S	1	41L 70R 184V 215Y 219E
		HIVDB 4.3.7	I	4	41L 67N 184V 215Y
NRTI	emtricitabine (FTC)	ANRS 2008.07	R	6	184V
		HIVDB 4.3.7	R	6	41L 184V 215Y
NRTI	emtricitabine (FTC)	ANRS 2008.07	R	6	184V
		HIVDB 4.3.7	R	6	41L 184V 215Y
NRTI	lamivudine (3TC)	ANRS 2008.07	R	6	184V
		HIVDB 4.3.7	R	6	41L 184V 215Y
NRTI	lamivudine (3TC)	ANRS 2008.07	R	6	184V
		HIVDB 4.3.7	R	6	41L 184V 215Y
NRTI	stavudine (D4T)	ANRS 2008.07	R	6	41L 67N 70R 184V 215Y 219E
		HIVDB 4.3.7	R	6	41L 67N 70R 184V 215Y 219E
NRTI	stavudine (D4T)	ANRS 2008.07	R	6	41L 67N 70R 184V 215Y 219E
		HIVDB 4.3.7	R	6	41L 67N 70R 184V 215Y 219E
NRTI	tenofovir DF (TDF)	ANRS 2008.07	I	2	41L 67N 215Y
		HIVDB 4.3.7	I	4	41L 67N 70R 184V 215Y
NRTI	tenofovir DF (TDF)	ANRS 2008.07	I	2	41L 67N 215Y
		HIVDB 4.3.7	I	4	41L 67N 70R 184V 215Y
NRTI	zidovudine (ZDV)	ANRS 2008.07	R	6	41L 67N 70R 184V 215Y 219E
		HIVDB 4.3.7	R	6	41L 67N 70R 184V 215Y 219E
NRTI	zidovudine (ZDV)	ANRS 2008.07	R	6	41L 67N 70R 184V 215Y 219E
		HIVDB 4.3.7	R	6	41L 67N 70R 184V 215Y 219E

Mutations at algorithm positions:41L, 67N, 70R, 184V, 215Y, 219E

Other mutations: 83KR, 123E, 245K

DrugClass	Drug	Algorithm	SIR	Level	Mutations
NNRTI	delavirdine (DLV)	ANRS 2008.07	S	1	No rules available for delavirdine
NNRTI	efavirenz (EFV)	ANRS 2008.07	S	1	
		HIVDB 4.3.7	S	1	
NNRTI	efavirenz (EFV)	ANRS 2008.07	S	1	
		HIVDB 4.3.7	S	1	



Legislation



a) Patients are obliged to attend medical visits

b) Intentional spread is a criminal act (very small problem)

c) Drug addicts can be forced to treatments program to enable antiretroviral treatment.

d) Needle exchange prevent new infections

e) Large problem in the immigrant population that they often are sent back obliterating effective treatment and preventing safe deliveries



Infectiousness in treated HIV infection

Knowledge base from the Public Health Authority and Reference Group for Antiviral Therapy (RAV)

2014 The “non-mandatory disclosure act”

12/06/2017

