

HIV/AIDS surveillance in Europe

2019

2018 data

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Abbreviations

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral treatment
CI	confidence interval
ECDC	European Centre for Disease Prevention and Control
EU/EEA	European Union/European Economic Area
HIV	human immunodeficiency virus
ICJ	International Court of Justice
MSM	men who have sex with men
PrEP	pre-exposure prophylaxis
TB	tuberculosis
TESSy	The European Surveillance System
SDGs	(United Nations) Sustainable Development Goals
UNSCR	United Nations Security Council Resolution
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Overview of HIV and AIDS in Europe

Although HIV infection is preventable, significant HIV transmission continues across the WHO European Region. In 2018, 141 552 newly diagnosed HIV infections were reported in 50 of the 53 countries in the WHO European Region,² including 26 164 from the EU/EEA. This corresponds to a crude rate of 16.2 newly diagnosed infections per 100 000 population (Table A). This year, Russia has reported data for 2018 to the joint surveillance system, and in addition historic data for 2009–2017. It should be noted that reporting was limited to data on new HIV diagnoses by sex and data on HIV testing.³ This fact needs to be taken into account when comparing the data with the previous years and analysing the trends.

The trend that has persisted over the last decade continues, with rates and overall numbers of people diagnosed with HIV highest in the East of the Region (44.8 per 100 000 population), lower in the West and in the EU/EEA (6.0 and 5.6 per 100 000, respectively) and lowest in the Centre⁴ (3.3 per 100 000) (Table A). The main transmission mode also varied by geographical area, illustrating the diversity in the epidemiology of HIV in Europe. Sexual transmission between men was the most common mode in the EU/EEA, while heterosexual transmission and injecting drug use were the main reported transmission modes in the East of the Region.

The number of people newly diagnosed with HIV in the WHO European Region has increased by 22% over the last decade, while the number of new diagnoses among countries in the EU/EEA has declined by 17% since 2009 (Figure A). When comparing the number of new diagnoses to the estimated number of new HIV infections over the last decade, it is evident that for most of this period, more people have become infected with HIV than have been diagnosed, indicating that the number of people living with undiagnosed HIV is increasing in the Region. In contrast, in the EU/EEA it is estimated that more people were diagnosed than are becoming infected, indicating that the proportion of those living with undiagnosed HIV is decreasing.

The rate of new HIV diagnoses in men in the Region overall has increased at a faster pace than in women and, by the end of the period was twice as high as the rate in women. In the EU/EEA, the rate of new HIV diagnoses has declined in both men and women, but more rapidly in women so that by the end of the period, the rate of new diagnoses in men was three times higher than that in women (Figure B). The rate of new diagnoses in the Region was also higher among men than women in all age groups, except people under 15 years (Table 9).

In 2018, just over half (53%) of those diagnosed with HIV in the European Region were diagnosed at a late stage of infection (CD4 cell count <350 cells/mm³ at diagnosis). This percentage was highest in the East (56%) and Centre (55%) and lowest in the West (49%), while 49% were diagnosed late in the EU/EEA (Table A, Figure C).

- 2 Due to technical problems, no data export was available from Tajikistan for 2018 and no data were received from Turkmenistan or Uzbekistan. Liechtenstein is an EEA Member State but not a WHO Member State, so its data are included in the totals for the EU/EEA but not for the WHO European Region.
- 3 Detailed information on the status of the data submitted by Russia can be found in Annex 5.
- 4 The grouping of countries into the West (23 countries), Centre (15 countries) and East (15 countries) of the WHO European Region is based on epidemiological considerations and follows the division of countries used in reports published by EuroHIV since 1984: see Annex 1, Figure A1.1 for details.

Table A: Characteristics of new HIV and AIDS diagnoses reported in the WHO European Region, the EU/EEA, and West, Centre and East of the WHO European Region, 2018

	WHO European Region	West	Centre	East	EU/EEA
Reporting countries/number of countries ^a	50/53	23/23	15/15	12/15	31/31
Number of new HIV diagnoses	141 552	23 483	6 519	111 550	26 164
Rate of HIV diagnoses per 100 000 population ^b	16.2	6.0	3.3	44.8	5.6
Percentage age 15–24 years	8.8%	10.3%	13.5%	6.0%	10.6%
Percentage age 50+ years	17.5%	21.4%	14.8%	14.6%	19.8%
Male-to-female ratio	1.8	2.9	5.6	1.6	3.1
Transmission mode					
Sex between men	22.6%	40.7%	28.3%	4.4%	39.8%
Heterosexual transmission (men)	25.9%	15.8%	20.5%	36.6%	15.6%
Heterosexual transmission (women)	23.8%	18.0%	7.5%	33.4%	16.9%
Injecting drug use	11.8%	3.1%	2.5%	22.1%	3.7%
Mother-to-child transmission	0.6%	0.7%	0.4%	0.6%	0.7%
Unknown	15.0%	21.2%	40.7%	2.8%	22.7%
AIDS and Late HIV Diagnosis					
Percentage new HIV diagnoses CD4 <350 cells/mm ³	52.8%	48.8%	54.6%	55.5%	49.4%
Number of new AIDS diagnoses ^c	14 227	2 549	857	10 821	3 235
Rate of AIDS diagnoses per 100 000 population	2.0	0.6	0.4	10.5	0.6

a No data received from the Tajikistan, Turkmenistan and Uzbekistan.

b EU/EEA and West rates are adjusted for reporting delay (Annex 6); the corresponding estimated number of new diagnoses adjusted for reporting delay are 28 432 and 25 633, respectively.

c No data received from Sweden, Tajikistan, Turkmenistan and Uzbekistan.

In 2018, 14 227 people were diagnosed with AIDS, reported in 48 countries⁵ of the WHO European Region, and the rate of new diagnoses was 2.0 per 100 000 population (Table A, see also Table 14). In the EU/EEA, 3 235 people were diagnosed with AIDS in 2018, giving a rate of 0.6 per 100 000 population. The number of AIDS cases has continued to decline steadily in the West and the EU/EEA during the last decade. At the same time, in the East it has nearly doubled, although between 2012 and 2018 it began to stabilise and even declined by 11% (see Figure 1.17 and 2.5).

European Union and European Economic Area

In 2018, 26 164 people were diagnosed with HIV in the 31 countries of the EU/EEA, with a rate of 5.6 per 100 000 when adjusted for reporting delay (Table 1, Annex 6). Countries with the highest rates were Latvia (16.9; 326 cases), Malta (15.3; 73 cases) and Estonia (14.4; 190 cases), and the lowest were reported by Slovakia (1.9; 101 cases) and Slovenia (1.7; 35 cases) (Table 1, Map). The rate of new HIV diagnoses was higher among men (7.9 per 100 000 population; Table 2) than women (2.4 per 100 000 population; Table 3). The overall male-to-female ratio was 3.1 (Table A). This ratio was highest in Slovenia (34.0) and Hungary (24.4) and was above one in all of the EU/EEA countries (Figure 1.1). The predominant mode of transmission in countries with the highest male-to-female ratio was sex between men.

Men had higher age-specific rates than women in all age groups except among people under 15 years, where age-specific rates were similar (Figure 1.2). The highest overall age-specific rate of HIV diagnoses in both genders was observed among 25–29-year-olds (12.3 per 100 000 population), largely because this age group has the highest age-specific rate for men at 18.4 per 100 000 population, while rates for women were highest

in the 30–39 age group (6.0 per 100 000 population) (Figure 1.2).

Sex between men remains the predominant mode of HIV transmission reported in the EU/EEA, accounting for 40% (10 415) of all new HIV diagnoses in 2018 and more than half (52%) of diagnoses where the route of transmission was known (Table 4, Table 8, Figure 1.4). Among those with known route of HIV transmission, sex between men accounted for more than 60% of new HIV diagnoses in 10 countries (Croatia, the Czech Republic, Germany, Hungary, Ireland, the Netherlands, Poland, Slovakia, Slovenia and Spain) (Figure 1.4).

Heterosexual contact was the second most common reported mode of HIV transmission in the EU/EEA in 2018, accounting for 33% (8 580) of HIV diagnoses and 42% of diagnoses where the route of transmission was known (Table 6, Table 8, Figure 1.4). Heterosexual transmission was the most commonly reported known mode of transmission in 10 EU/EEA countries (Estonia, Finland, France, Iceland, Latvia, Lithuania, Norway, Portugal, Romania and Sweden).

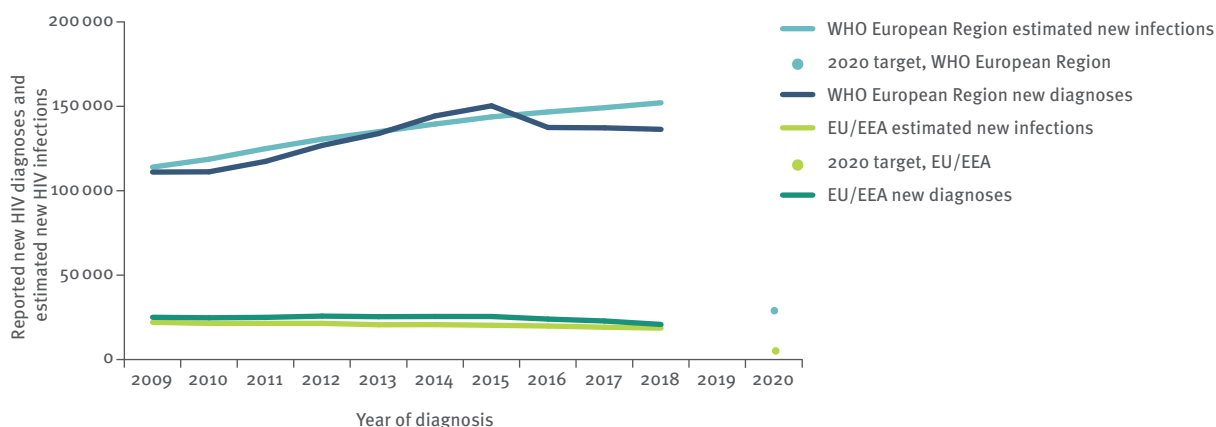
Transmission due to injecting drug use accounted for 4% of HIV diagnoses in 2018 and was the probable route of transmission for one quarter or more of the cases reported in Latvia (35%) and Lithuania (40%) (Figure 1.4).

Vertical transmission accounted for less than 1% of new HIV diagnoses in the EU/EEA in 2018 while the transmission mode was not reported or reported to be unknown for 23% of new HIV diagnoses (Table A).

Forty-two per cent of those diagnosed in the EU/EEA in 2018 were migrants, defined as originating from outside of the country in which they were diagnosed (Figure 1.6), with 18% originating from countries in sub-Saharan Africa, 8% from countries in Latin America and the Caribbean, 7% from other countries in central and eastern Europe, and 4% from other countries in western Europe.

⁵ No data were reported by Russia, Sweden, Tajikistan, Turkmenistan or Uzbekistan. (Russia only reported data on new HIV diagnoses by sex and data on HIV testing).

Figure A: Estimated new HIV infections and reported new HIV diagnoses in the EU/EEA and WHO European Region, 2009–2018, and target for 2020



Data from Italy, Spain, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period.

Between 2009 and 2018 the trend in reported HIV diagnoses declined slightly. In the earlier part of this period, rates were 6.6 per 100 000, decreasing slightly to 6.5 in more recent years, and 5.6 in 2018 (see Table 1, Figure 1.10 and Annexes 1, 5 and 6). While the overall EU/EEA trend appears to have declined during the past decade, trends at national level vary. Several countries, including Austria, Belgium, Denmark, France, Estonia, Italy, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain and the United Kingdom, have also reported a decline in rates of new diagnoses, even after adjusting for reporting delay. Conversely, since 2009, and taking reporting delay into account, rates of HIV diagnoses have more than doubled in Malta and have increased by over 50% in Bulgaria, Croatia, Cyprus, Hungary, Iceland, and Slovakia (Table 1, Annex 6). Some countries are disproportionately affected by reporting delay, with the result that decreases in the rates of new HIV diagnoses may be overestimated and increases in rates underestimated.

Trends differ by gender and age group. Age-specific rates have declined since 2009 in all age groups except for male adults over 50 years, with rates among 25–29-year-olds and 30–39-year-olds consistently higher than other groups throughout the period in both women and men. (Figure 1.11a, 1.11b).

The median age at HIV diagnosis increased from 33 in 2009 to 37 years in 2018 among women, while remaining stable in men at 37 years. A larger proportion of diagnoses is being reported in older age groups; 14% of people diagnosed in 2009 were over 50 years upon diagnosis, rising to 20% in 2018.

The proportion of all HIV diagnoses with known route of transmission attributed to sex between men increased from 44% of cases in 2009 to 51% in 2015, then decreased to 48% in 2018 (Fig 1.13b). The number of HIV diagnoses reported among MSM in countries reporting consistently increased from 8 972 cases in 2008 and peaked at 10 300 in 2014. Fewer cases were reported in 2018 (7 589), with reporting delay probably playing some role in this

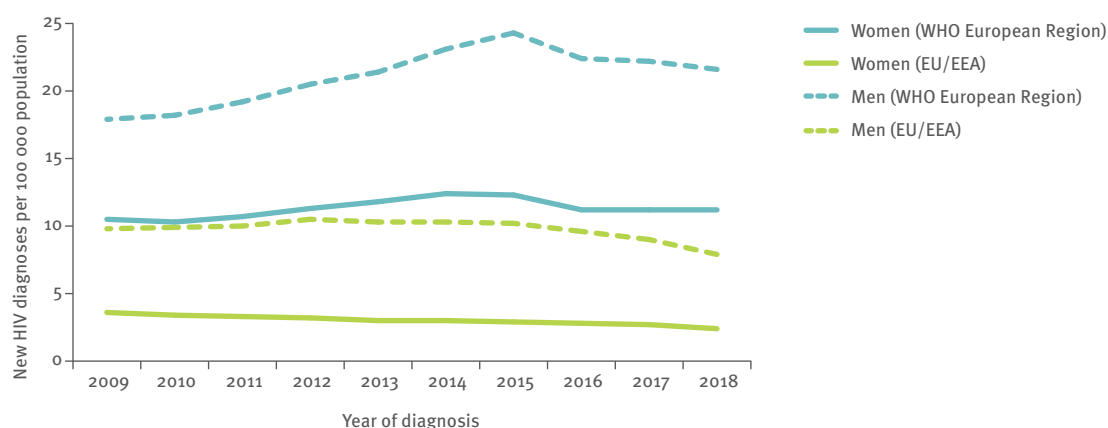
decline. Most of the decline appears to be due to fewer diagnoses among MSM in Austria, Belgium, Finland, France, Germany, Greece, the Netherlands, Portugal and the United Kingdom. Increases were observed in many EU/EEA countries between 2009 and 2018 (Table 4), with substantial increases noted in Bulgaria, Cyprus, Iceland, Ireland, Poland, Romania, and Slovakia in recent years. Cases attributed to MSM born outside of the reporting country increased over the period, declining slightly between 2016 and 2018 but not to the same extent as observed in EU/EEA-native MSM (Figure 1.14).

The number of heterosexually acquired cases decreased steadily over the last decade (Figure 1.13a), with sharper declines among women and foreign-born heterosexuals than among men and non-foreign-born people (Figure 1.13a, 1.14). Despite the overall decline in heterosexually acquired cases during this period, new diagnoses in Slovakia increased substantially in this group.

The number of HIV diagnoses reported as due to injecting drug use has declined since 2009 in both foreign-born and non-foreign-born groups, but localised outbreaks were seen in 2011–2012, which affected the EU/EEA trend in this group, and smaller local outbreaks were also noted in some countries during the period (Table 5, Figure 1.13a, Figure 1.14). Mother-to-child transmission and transmission through nosocomial infection or blood transfusion also decreased steadily between 2009 and 2018; these types of transmission now represent less than 1% of new cases diagnosed (Table 8). The number of cases reported to have an unknown mode of transmission increased from 14% in 2009 to 23% in 2018.

Information on CD4 cell count at the time of HIV diagnosis was provided by 26 countries (Table 13). Among all cases diagnosed in 2018 where information on CD4 count or acute HIV infection was available, 11% (1 888) of cases were reported as acute infections and 26% (4 638) as recent infection – i.e. with a CD4 count above 500 cells per mm³ at diagnosis. Among MSM diagnosed in 2018 where information was available, 13% (1 091) were

Figure B: Rate of new HIV diagnosis per 100 000 population, by year of diagnosis and gender, in the EU/EEA and the WHO European Region, 2009–2018



reported as acute infections and 31% (2 512) had a CD4 count above 500 cells per mm³ at diagnosis (Figure 1.7). As in previous years nearly half (49%) of all cases with a CD4 cell count were diagnosed several years after being infected, with a count of less than 350 cells per mm³; 29% of cases were considered to have advanced HIV infection at the time of diagnosis (CD4 less than 200 cells/mm³).

When analysing CD4 cell count by transmission mode, the highest proportions of people presenting at a later stage of HIV infection (CD4 <350 cells/mm³) were observed among women (51%), older adults (56% in 40–49-year-olds and 64% in people over 50), men or women infected by heterosexual sex (63% and 53%, respectively), people who acquired HIV through injecting drug use (53%), and migrants from south and south-east Asia (56%) and sub-Saharan Africa (57%) (Figure 1.8, Table 13). While many people are still being diagnosed several years after becoming infected with HIV, the median CD4 cell count at HIV diagnosis has increased significantly over the past decade, from 347 (95% CI: 340–352) cells/mm³ in 2009 to 365 (95% CI: 359–372) cells/mm³ in 2018. The group with the highest median CD4 cell count at diagnosis is MSM, with 423 cells/mm³ in 2018 (Figure 1.15).

For 2018, 3 235 diagnoses of AIDS were reported by 30 EU/EEA countries,⁶ giving a rate of 0.6 cases per 100 000 population (Table 14). Overall, 72% of these AIDS diagnoses were made within 90 days of the HIV diagnosis, indicating that most AIDS cases in the EU/EEA are due to late diagnosis of HIV infection. This pattern holds for all transmission groups except people who acquired HIV through injecting drug use, where over half (56%) of the AIDS cases occur more than 90 days after the HIV diagnosis (Figure 1.16) Twenty countries reported tuberculosis (TB) (pulmonary and/or extrapulmonary) as an AIDS-defining illness in 14% of those newly diagnosed with AIDS in 2018 (Figure 1.18). In the EU/EEA,

the number of AIDS cases has more than halved in the past decade (Figure 1.10). This decline is noted in men and women and in all transmission groups, but appears greatest among cases attributed to injecting drug use (Tables 15–19, Figure 1.17). Despite the general EU/EEA-wide decline, an increase has been reported in the rate of AIDS diagnoses since 2009 in Bulgaria, the Czech Republic, Hungary and Slovakia. AIDS-related deaths have declined steadily in the EU/EEA since the mid-1990s.

WHO European Region

With 141 552 people newly diagnosed with HIV in the WHO European Region, corresponding to a rate of 16.2 per 100 000 population, 2018 has been marked as the first year of halted growth in new HIV diagnoses for the WHO European Region, mainly due to the continuous decrease in the West and the overall stabilising trend in the East.

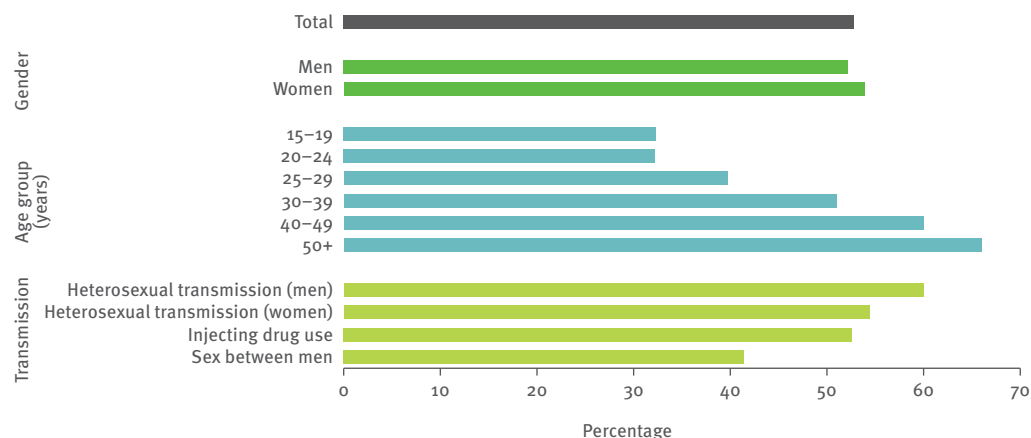
Of the 141 552 people diagnosed in 2018, 79% were diagnosed in the East (111 550), 16% in the West (23 483) and 5% in the Centre of the Region (6 519) (Table A). The rate was also highest in the East (44.8 per 100 000 population), being disproportionately higher than in the West (6.0 per 100 000 population, corrected for reporting delay) and the Centre (3.3 per 100 000 population) (Table A).

Rates of newly diagnosed HIV infections for 2018 varied significantly among countries in the WHO European Region, with the highest rates per 100 000 population observed in Russia (59.0), Ukraine (37.3), Belarus⁷ (25.2) and Moldova (22.3), and the lowest in Bosnia and Herzegovina (0.8), and Slovenia (1.7) (Table 1).

6 All EU/EEA countries except Sweden.

7 Due to technical issues Belarus reported 33 extra cases in 2018 but because of the late notice those cases could not be removed from the total number of new diagnoses.

Figure C: Proportion of people diagnosed late (CD4 cell count < 350 per mm³) by gender, age and transmission, WHO European Region, 2018 (n = 38 606)



The overall rate for men was 21.6 per 100 000 population (Table 2) and for women 11.2 per 100 000 population (Table 3).

The largest proportion of new diagnoses in the 49 reporting countries⁸ were in the age group 30–39 years (35%), while 9% were young people aged 15–24 years and 18% were 50 years or older at the time of diagnosis. The male-to-female ratio was 1.8, lowest in the East (1.6), higher in the West (2.9) and highest in the Centre (5.6). The most common form of infection was through heterosexual sex (50%), with 12% of these cases originating from countries with generalised HIV epidemics outside of the Region, while 23% were infected through sex between men, 12% through injecting drug use and 0.6% through mother-to-child transmission. Information about transmission mode was unknown or missing for 15% of the new diagnoses (Table A).

In the East, among the new diagnoses reported by 12 countries for whom the mode of HIV transmission was known, 72% were infected through heterosexual transmission and 23% through injecting drug use, while reported transmission through sex between men remained low, at 4% of cases (Tables 4–6, Table 8). Sex between men (28%) and heterosexual sex (28%) were the main reported transmission modes in the Centre, but 41% of the new diagnoses lacked transmission mode information. Sex between men was the predominant mode of transmission in 12 of the 15 countries in the Centre. In the West, sex between men remained the main transmission mode (41% of cases) followed by heterosexual transmission (34% of cases, among whom 41% originated from generalised epidemic countries). Information was lacking for 21% of new diagnoses.

The rate of newly diagnosed HIV infections in the 50 reporting countries has increased by 14% over the past 10 years, from 14.2 per 100 000 population in 2009 (118 546 cases) to 16.2 per 100 000 population in 2018 (141 552 cases) (Figure 2.2). The increase is mainly driven by the continuing upward trend in the East, where the rate increased by 30%, from 34.4 per 100 000 (85 017 cases) to 44.8 per 100 000 (111 550 cases). In the Centre, the rate increased by 120%, the largest relative increase among the three geographical areas, from 1.5 to 3.3 per 100 000 population between 2009 and 2018, while in the West it decreased by 23%, from 7.6 to 6.0 per 100 000 population over the same period (Figure 2.2).

Consistent data on transmission mode were available from 43 countries for the period 2009–2018 (Figure 2.3). The transmission in the East was driven by a rise in the number of HIV diagnoses with reported sexual transmission, increasing by 57% for heterosexual transmission and seven-fold for transmission through sex between men. With heterosexual transmission the increase was considerably larger among men (118% increase) than

women with heterosexual transmission (20% increase). Transmission through injecting drug use, while still substantial, decreased by 46% (Figure 2.9). In the Centre, new diagnoses in people infected through sex between men doubled between 2009 and 2018; this was the predominant mode of transmission in 12 of the 15 countries, while heterosexual transmission increased by 36%. Transmission through injecting drug use has levelled off after an outbreak in Romania during 2011–2013, resulting in an overall increase of 6% in comparison with the 2009 level (Figure 2.16). In the West, heterosexual transmission continued its steady decline and decreased by 37% over the 10-year period overall. Injecting drug use-related transmission decreased by 38% between 2009 and 2018 and is now decreasing again after a peak in 2012 caused by an outbreak in Greece. New diagnoses due to sex between men decreased by 21% compared to 2009. New diagnoses with unknown transmission mode increased by 30% in the West (Figure 2.18).

Late HIV diagnosis remains a challenge in the Region. Among those (>14 years) newly diagnosed for whom information about CD4 cell count at the time of HIV diagnosis was available, over half (53%) were late presenters, with CD4 cell counts below 350 cells per mm³, including 31% with advanced HIV infection (CD4 <200 cells/mm³). The percentage of people newly diagnosed who were late presenters (CD4 <350/mm³) varied across transmission categories and age groups but was highest for people with reported heterosexual transmission (57%; 60% for men with heterosexual transmission and 54% for women with heterosexual transmission) and injecting drug use (53%), and lowest for men infected through sex with men (41%) (Figure C). The percentage increased with age, ranging from 32% among people aged 15–19 and 20–24 years at diagnosis, to 66% among those aged 50 years or older. In terms of gender, the percentage of late presenters was similar overall (52% for men and 54% for women) which, for men, conceals the difference between MSM (who tend to get diagnosed earlier) and heterosexual men (who tend to get diagnosed later). Additionally, there was a mild variation across the Region, with 56% late presenters in the East, 55% in the Centre and 49% in the West.

In 2018, 14 227 people were newly diagnosed with AIDS in 48 countries of the WHO European Region,⁹ corresponding to a rate of 2.0 per 100 000 population. Overall, 76% of AIDS cases were diagnosed in the East, where the rate per 100 000 was also highest (10.5), 18% in the West (with a rate of 0.6 per 100 000) and 6% in the Centre of the Region (0.4 per 100 000) (Table 14). Twenty per cent of people diagnosed with AIDS presented with TB as an AIDS-defining illness, ranging from 13% of cases in the West and 21% in the Centre to 28% in the East. The rate of new AIDS diagnoses remained largely stable between 2009 and 2018. There was, however, considerable variation across the Region, with the rate almost doubling in the East between 2009 and 2011 (from 6.0 to 11.0 per 100 000) followed by a stabilisation

⁸ The data reported by Russia was limited to new HIV diagnosis by sex for 2009–2018 and data on HIV testing, which enabled the inclusion of Russia's data in Tables 1–3 and 25 and in the figures showing the trend in HIV diagnosis. Data on age and modes of transmission presented in this report include countries that provided full a set of data to the joint ECDC/WHO European HIV surveillance system.

⁹ No data were reported by Russia, Sweden, Tajikistan, Turkmenistan or Uzbekistan.

of the trend; a constant rate of around 0.4 per 100 000 in the Centre, and a steady decline, by 62% overall, in the West, from 1.6 to 0.6 per 100 000 (Figure 2.4).

Conclusions

HIV transmission remains a major public health concern and affects millions of people in the WHO European Region, particularly in the eastern part of the Region. More than 140 000 people were diagnosed with HIV in 2018 at a rate of 16.2 per 100 000 population. The vast majority, 79%, were diagnosed in the East of the Region and 16% in the EU/EEA. Newly diagnosed infections in Russia contributed 61% of all cases in the WHO European Region and 77% of cases in the East. The share of the cases reported from Ukraine in WHO European Region and in the East, was 11% and 14%, respectively. An increasing trend in new HIV diagnoses has been observed in almost half of the reporting countries in the WHO European Region, although this is at a slower rate than previously. Over the last three years, halted growth has been observed in Russia. Some signs of stabilisation have been noted in Ukraine. This contributed to the overall stabilisation of the epidemic in the East.

While epidemic patterns and trends vary widely across WHO European countries, sustained increases have been seen in the number of newly diagnosed infections within certain transmission groups across parts of the Region: men who have sex with men in the Centre and East, and heterosexual transmission in the East. Heterosexual transmission has decreased substantially in the EU/EEA and the West, particularly among women, as has the number of cases due to sex between men in selected countries in the EU/EEA and the West in recent years. Transmission through injecting drug use has continued to decrease in many countries, although in 2018 it still accounted for 23% of reported new diagnoses with a known mode of transmission in the East.

Too many people throughout the WHO European Region are diagnosed late (53%), which is increasing their risk of ill health, death and onward HIV transmission. The high number of AIDS diagnoses in the East confirms that late HIV diagnosis remains a major challenge. At the same time, the stabilising AIDS trend observed since 2012 may be the result of a majority of countries in the East having now implemented treat-all policies, which aim to offer anyone living with HIV the opportunity to receive ART regardless of the stage of disease.

New strategies are required to improve early diagnosis and make more people aware of their infection by expanding diversified and user-friendly approaches to more widely-available HIV testing. WHO consolidated guidelines on HIV self-testing and partner notification and ECDC public health guidance on an integrated approach to HIV and hepatitis B and C testing both recommend implementation of innovative approaches that include self-testing and community testing by lay providers as part of overall HIV testing services [1–3]. However, policy-monitoring in the Region indicates that implementation of community-based testing, self-testing and

voluntary partner notification are limited or non-existent in many European countries [4]. HIV testing services should focus on reaching the most affected population groups in the local epidemic context, be tailored to the specific needs of these groups and support timely linkage to HIV prevention, treatment and care. This will ensure earlier diagnoses and treatment initiation and result in improved treatment outcomes and reduced morbidity, mortality and HIV incidence in support of the 90–90–90¹⁰ and other regional and global targets [5–7].

There is a robust body of evidence that early initiation of ART is beneficial both to the health of the person receiving the treatment and in preventing onward HIV transmission [8–13]. Nearly 90% of countries in the WHO European Region have a policy to provide treatment regardless of CD4 count [14–15].

Interventions to control the epidemic should be based on evidence and adapted to national and local epidemiology. From the comprehensive epidemiological data presented in this report, the following can be concluded.

- For the countries in the EU/EEA and West, given the predominance of HIV transmission among MSM and increases in some countries, it would appear that current prevention, treatment and care interventions targeting MSM need to be scaled up and strengthened and should remain the priority of the HIV response. Countries with declines have demonstrated the impact of changing the culture towards more frequent testing for at-risk gay men and linkage to immediate care and ART for those found to be positive (16). Multicomponent interventions and the inclusion of pre-exposure prophylaxis (PrEP) for HIV, STI screening and treatment, self-testing and assisted voluntary partner notification in the package of prevention and control interventions could help to curb the increasing trends that are being seen in some countries. However, in most European countries the reported use of PrEP is well below the perceived need [1,17–19]. The 2011–2012 increase in HIV cases among people who inject drugs and continued reported local outbreaks in a number of countries [20–22] demonstrate the need to maintain or scale up harm-reduction programmes.
- For the countries in the Centre, new diagnoses are increasing faster than in any other part of the WHO European Region. There is a very strong gender disparity in the rate of new HIV diagnoses in this part of the Region, with alarming increases among men, particularly MSM, compared with a fairly stable rate among women. Sex between men is the predominant mode of transmission in 12 of the 15 Centre countries. Interventions to address this situation are needed, such as PrEP for high-risk groups, HIV testing by lay providers, HIV rapid diagnostic tests, HIV self-testing and voluntary assisted partner notification, alongside policies and practices to offer ART to all people living

¹⁰ The 90–90–90 targets are that 90% of people living with HIV know their HIV status, 90% of diagnosed people living with HIV receive treatment, and 90% of people on treatment achieve viral suppression.

with HIV. Some countries have undergone a transition to domestic financing of the HIV response after withdrawal of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. This has posed sustainability challenges, particularly in relation to the financing of HIV prevention programmes. Increased political will and attention, alongside intensified involvement of civil society, is needed to mitigate some of these challenges and prevent the epidemic from accelerating [23].

- For the countries in the East, there is an urgent need to continue the scale up of bold, evidence-based interventions and deliver more effective, integrated services through health systems that better address the social determinants of health. Comprehensive combination-prevention and innovative HIV-testing strategies are needed, with a particular focus on reaching key populations. This can be achieved through user-friendly prevention and testing services, including assisted partner notification, PrEP, HIV testing performed by trained lay providers and self-testing in line with WHO recommendations. All of these services should be integrated into national policies and programmes and then implemented [1,2,7,24]. Community involvement in the design and delivery of services is essential to reducing the rate of new HIV infections and increasing the number of people linked to care and initiated and retained on ART, with the ultimate aim of reducing the high number of AIDS diagnoses and AIDS-related deaths. Innovative HIV prevention interventions should address the risk of heterosexual transmission, particularly in couples where one partner is engaged in high-risk behaviour (such as injecting drug use) or is spending longer periods of time abroad. The large number of new diagnoses in people infected through injecting drug use emphasises that evidence-based policies focused on key populations, including high coverage of harm-reduction programmes for people who inject drugs, remain critical to the HIV response in the eastern part of the Region.

Robust surveillance data are critical for monitoring and informing the public health response to the European HIV epidemic in an accurate and timely fashion. The number of countries conducting enhanced HIV surveillance and reporting surveillance data at European level has gradually increased over time. In 2018, 41 countries submitted linked HIV and AIDS data, enabling greater understanding of the clinical status of people diagnosed with HIV. This approach increases the possibilities for longer-term monitoring of HIV continuum-of-care outcomes, such as modelling the undiagnosed fraction, and measurement of linkage to care, treatment and viral suppression following diagnosis. It can also support national and global efforts to monitor progress towards the 90–90–90 and other global and regional targets.

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Обзор эпидемиологической ситуации по ВИЧ/СПИДу в Европе

Несмотря на наличие эффективных мер профилактики ВИЧ-инфекции, показатели ВИЧ-инфицирования в Европейском регионе ВОЗ продолжают оставаться высокими.² В 2018 г. в 50 из 53 стран Европейского региона ВОЗ было зарегистрировано 141 552 новых случая ВИЧ-инфекции, включая 26 164 случая в странах ЕС/ЕЭЗ, что приблизительно соответствует показателю заболеваемости ВИЧ-инфекцией, равному 16,2 на 100 000 населения (таблица А). В этом году Российская Федерация представила статистические данные за 2018 г. в объединенную систему эпиднадзора, а также исторические данные за 2009–2017 гг. Следует отметить, что отчетность по Российской Федерации ограничивалась данными о новых диагнозах ВИЧ-инфекции в разбивке по полу и данными о тестировании на ВИЧ.³ Этот факт необходимо учитывать и при сравнении данных с предыдущими годами, и при анализе тенденций.

СПо-прежнему, как и в течение всего последнего десятилетия, показатели ВИЧ-инфицирования и частота и общее число впервые выявленных случаев ВИЧ-инфекции были самыми высокими на Востоке Региона (44,8 на 100 000 населения), более низкими на Западе Региона и в странах ЕС/ЕЭЗ (6,0 и 5,6 на 100 000 населения, соответственно) и самыми низкими в Центре Региона (3,3 на 100 000 населения)

(таблица А).⁴ Преобладающие пути передачи ВИЧ также различались в зависимости от географической зоны, указывая на неоднородность эпидемиологической ситуации по ВИЧ-инфекции в рамках Европы. Преобладающими путями передачи ВИЧ-инфекции в странах ЕС/ЕЭЗ были половые контакты между мужчинами, а в восточной части Региона – гетеросексуальные контакты и употребление инъекционных наркотиков.

В Европейском регионе ВОЗ количество людей с впервые выявленной ВИЧ-инфекцией увеличилось на 22% за последнее десятилетие. Однако в странах ЕС/ЕЭЗ в этот же период число новых диагнозов ВИЧ-инфекции сократилось на 17% (рис. А). При сопоставлении числа новых диагностированных случаев ВИЧ-инфекции с предполагаемым числом новых ВИЧ-инфекций за последнее десятилетие становится очевидным, что в течение большей части этого периода количество людей, заразившихся ВИЧ, превышает количество диагностированных случаев ВИЧ-инфекции, что свидетельствует о росте числа людей, живущих с недиагностированной ВИЧ-инфекцией в рамках Региона. Напротив, в ЕС/ЕЭЗ, согласно расчетным данным, число впервые выявленных случаев ВИЧ-инфекции превышало число людей, инфицированных ВИЧ, что свидетельствует о сокращении доли людей, живущих с недиагностированной ВИЧ-инфекцией.

2 Отсутствуют данные по Таджикистану (экспортирование данных за 2018 г. не могло быть выполнено из-за технических проблем), Туркменистану и Узбекистану. Лихтенштейн является членом ЕЭЗ, но не государством-членом ВОЗ, поэтому данные по Лихтенштейну включены в итоговые данные по ЕС/ЕЭЗ, но не включены в итоговые данные по Европейскому региону ВОЗ.

3 Подробная информация о состоянии данных, предоставленных Россией, содержится в приложении 5.

4 Группировка стран Европейского региона ВОЗ на страны Запада (23 страны), Центра (15 стран) и Востока (15 стран) основана на эпидемиологических характеристиках и соответствует разделению стран в предыдущих обзорах, опубликованных EuroHIV в период с 1984 г. Подробнее см. приложение 1, рис. А1.1.

Таблица А: Эпидемиологические характеристики впервые установленных диагнозов ВИЧ-инфекции и СПИДа, зарегистрированных в Европейском регионе ВОЗ, ЕС/ЕЭЗ, а также в западной, центральной и восточной частях Региона, 2018 г.

	Европейский регион ВОЗ	Запад	Центр	Восток	ЕС/ЕЭЗ
Страны, предоставляющие данные/число стран ^a	50/53	23/23	15/15	12/15	31/31
Число впервые выявленных случаев ВИЧ-инфекции	141 552	23 483	6 519	111 550	26 164
Частота новых случаев СПИДа на 100 000 населения ^b	16,2	6,0	3,3	44,8	5,6
Доля случаев в возрастной группе 15-24 лет	8,8%	10,3%	13,5%	6,0%	10,6%
Доля случаев в возрастной группе 50+	17,5%	21,4%	14,8%	14,6%	19,8%
Соотношение мужчины/женщины	1,8	2,9	5,6	1,6	3,1
Путь передачи инфекции					
Половые контакты между мужчинами	22,6%	40,7%	28,3%	4,4%	39,8%
Гетеросексуальная передача (мужчины)	25,9%	15,8%	20,5%	36,6%	15,6%
Гетеросексуальная передача (женщины)	23,8%	18,0%	7,5%	33,4%	16,9%
Употребление инъекционных наркотиков	11,8%	3,1%	2,5%	22,1%	3,7%
Передача ВИЧ от матери ребенку (вертикальный путь)	0,6%	0,7%	0,4%	0,6%	0,7%
Неизвестный	15,0%	21,2%	40,7%	2,8%	22,7%
СПИД и поздняя диагностика ВИЧ-инфекции					
Доля впервые выявленных случаев ВИЧ-инфекции с числом CD4 <350 клеток/мм ³	52,8%	48,8%	54,6%	55,5%	49,4%
Число новых случаев СПИДа ^c	14 227	2 549	857	10 821	3 235
Частота новых случаев СПИДа на 100 000 населения	2,0	0,6	0,4	10,5	0,6

a Отсутствуют данные по Таджикистану, Туркменистану и Узбекистану.

b Показатели заболеваемости в ЕС/ЕЭЗ скорректированы с учетом задержки отчетности (приложение 6). Расчетное число новых случаев с учетом задержки отчетности составляет 28 432 и 25633, соответственно.

c Отсутствуют данные по Таджикистану, Туркменистану, Узбекистану и Швеции.

В Регионе в целом частота новых случаев ВИЧ-инфекции среди мужчин увеличивалась более быстрыми темпами, чем среди женщин, и к концу анализируемого периода этот показатель у мужчин был в два раза выше, чем у женщин. В ЕС/ЕЭЗ частота новых диагнозов ВИЧ-инфекции снизилась как у мужчин, так и у женщин, но у женщин темпы снижения были более быстрыми, так что к концу анализируемого периода этот показатель у мужчин был в три раза выше, чем у женщин (рис. В). Уровень зарегистрированной заболеваемости ВИЧ-инфекцией в рамках Региона также был выше среди мужчин, чем среди женщин во всех возрастных группах, за исключением лиц моложе 15 лет (таблица 9).

В Европейском регионе в 2018 г. чуть более половины (53%) впервые выявленных случаев ВИЧ-инфекции были диагностированы на поздней стадии инфекции (количество CD4-лимфоцитов <350 клеток/мм³ на момент установления диагноза). Этот показатель был самым высоким в странах Востока (56%), несколько ниже в странах Центра (49%) и самым низким в странах Запада и ЕС/ЕЭЗ (49%) (таблица А, рис. С.).

В 2018 г. в 48 государствах-членах⁵ Европейского региона ВОЗ было зарегистрировано 14 227 новых случаев СПИДа, что дает показатель заболеваемости СПИДом по Региону, равный 2,0 случая на 100 000 населения (см. таблицу А, а также таблицу 14 в разделе «Таблицы»). В 2018 г. в странах ЕС/ЕЭЗ было зарегистрировано 3 235 случаев заболевания СПИДом, что составило 0,6 случая на 100 000 населения. В течение последнего десятилетия заболеваемость СПИДом на Западе и в странах ЕС/ЕЭЗ продолжала неуклонно снижаться. В то же время на

⁵ Россия, Таджикистан, Туркменистан, Узбекистан и Швеция не предоставили никаких данных. (Россия предоставила только данные о новых диагнозах ВИЧ-инфекции в разбивке по полу и данные о тестировании на ВИЧ).

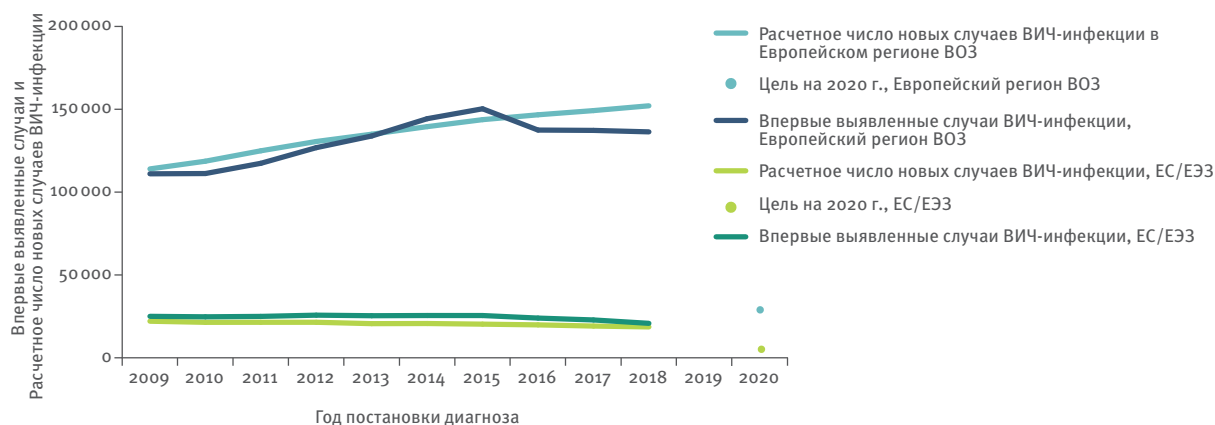
Востоке заболеваемость СПИДом почти удвоилась, хотя в период с 2012 по 2018 г. она начала стабилизироваться и даже снизилась на 11% (см. рис. 1.17 и 2.5).

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В 2018 г. в 31 стране ЕС/ЕЭЗ диагноз ВИЧ-инфекции был установлен у 26 164 человек, что соответствует частоте, равной 5,8 на 100 000 населения с поправкой на задержку отчетности (таблица 1, приложение 6). В 2018 г. самые высокие показатели ВИЧ-инфицирования были зарегистрированы в Латвии (16,9; 326 случаев), Мальте (15,3; 73 случая) и Эстонии (14,4; 190 случаев), а самые низкие – в Словакии (1,9; 101 случай) и Словении (1,7; 35 случаев) (таблица 1, карта). Частота новых случаев ВИЧ-инфекции была выше среди мужчин (7,9 на 100 000 населения; таблица 2), чем среди женщин (2,4 на 100 000 населения; таблица 3). Общее процентное соотношение случаев ВИЧ-инфицирования у мужчин и женщин составило 3,1 (таблица А). Это соотношение, которое было самым высоким в Словении (34,0) и Венгрии (24,4), превышало 1 во всех странах ЕС/ЕЭЗ (рис. 1.1). Преобладающим путем передачи ВИЧ-инфекции в странах с наиболее высоким процентным соотношением случаев ВИЧ-инфицирования у мужчин и женщин были половые контакты между мужчинами.

Анализ половозрастных показателей показывает, что заболеваемость ВИЧ-инфекцией у мужчин была выше чем у женщин во всех возрастных группах, за исключением возрастной группы до 15 лет, в которой показатели заболеваемости мужчин и женщин были аналогичными (рис. 1.2). Наибольший по возрастной показатель впервые выявленных случаев

Рисунок А: Данные по ЕС/ЕЭЗ и Европейскому региону ВОЗ: расчетное число новых случаев ВИЧ-инфекции и число впервые выявленных случаев ВИЧ-инфекции, 2009–2018 гг., а также цель на 2020 год



Данные, полученные от Испании, Италии, Туркменистана и Узбекистана, исключены из-за непоследовательной отчетности в анализируемый период времени.

ВИЧ-инфекция наблюдалась в возрастной группе 25–29 лет (12,3 на 100 000 населения) – в основном из-за самого высокого по возрасту показателя у мужчин этой группы, равного 18,4 на 100 000 населения. Самый высокий по возрасту показатель у женщин наблюдался в возрастной группе 30–39 лет (6,0 на 100 000 населения) (рис. 1.2).

Половые контакты между мужчинами остаются преобладающим путем передачи ВИЧ в ЕС/ЕЭЗ. В 2018 г. на этот путь инфицирования пришлось 40% (10 415) всех впервые диагностированных случаев ВИЧ-инфекции и более половины (52%) таких случаев с известным путем заражения (таблица 4, таблица 8, рис. 1.4). Среди новых случаев ВИЧ-инфекции с известным путем передачи ВИЧ преобладали случаи инфицирования при половых контактах между мужчинами, на долю которых приходилось свыше 60% впервые поставленных диагнозов ВИЧ-инфекции в 10 странах (Венгрия, Германия, Ирландия, Нидерланды, Польша, Словакия, Словения, Хорватия, Чешская Республика) (рис. 1.4).

Гетеросексуальные контакты были на втором месте в списке наиболее распространенных путей передачи ВИЧ-инфекции среди лиц, впервые диагностированных в ЕС/ЕЭЗ в 2018 г. На этот путь заражения пришлось 33% (8 580 случаев) новых диагностированных случаев ВИЧ-инфекции и 42% таких случаев с известным путем инфицирования (таблица 6, таблица 8, рис. 1.4). Гетеросексуальные контакты были наиболее распространенным известным путем передачи ВИЧ-инфекции в 10 странах ЕС/ЕЭЗ (Исландия, Латвия, Литва, Норвегия, Португалия, Румыния, Финляндия, Франция, Швеция и Эстония).

В 2018 г. на заражение ВИЧ при употреблении инъекционных наркотиков пришлось 4% впервые диагностированных случаев ВИЧ-инфекции. Употребление инъекционных наркотиков является вероятным путем ВИЧ-инфицирования для одной четверти или более новых случаев ВИЧ-инфекций,

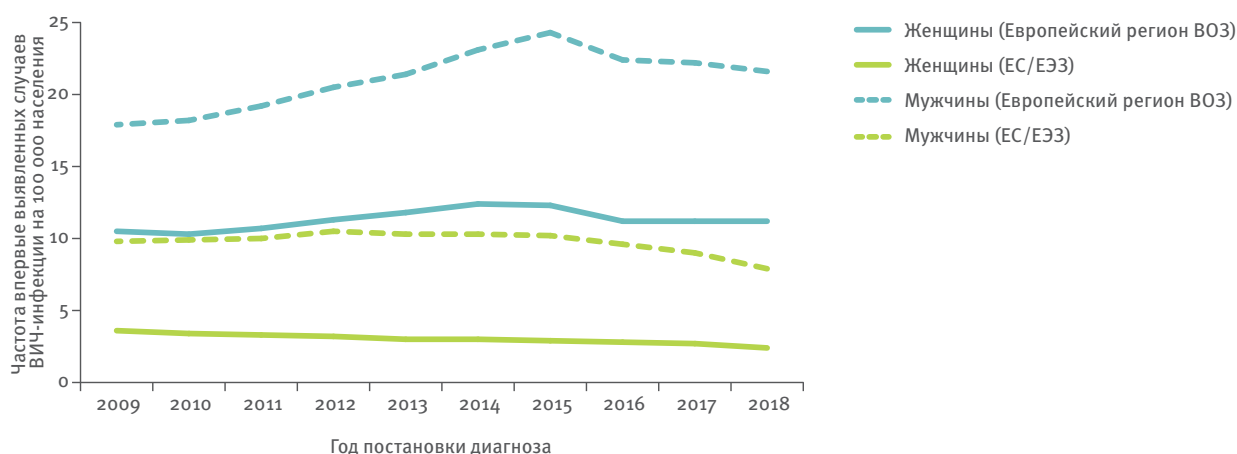
зарегистрированных в Латвии (35%) и Литве (40%) (рис. 1.4).

В 2018 г. в странах ЕС/ЕЭЗ на вертикальную передачу пришлось менее 1% новых диагностированных случаев ВИЧ-инфекции, а в 23% таких случаев путь заражения либо не был указан, либо был указан как неизвестный (таблица А).

В 2018 г. в ЕС/ЕЭЗ 42% новых случаев ВИЧ-инфекции были диагностированы у мигрантов, родившихся за пределами страны, где был поставлен диагноз (рис. 1.6). По месту рождения мигрантов распределение было следующим: 18% – страны Африки к югу от Сахары, 8% – страны Латинской Америки и Карибского бассейна, 7% – другие страны Центральной и Восточной Европы, 4% – другие страны Западной Европы.

В период с 2009 по 2018 г. наметилась тенденция к незначительному снижению показателей частоты зарегистрированных новых случаев ВИЧ-инфекции. Эти показатели составляли 6,6 на 100 000 в начале этого периода, 6,5 в последующие годы и 5,6 в 2018 г. (см. таблицу 1, рис. 1.10 и приложения 1, 5 и 6). Несмотря на то, что в последнее десятилетие имеет место снижение анализируемых показателей в ЕС/ЕЭЗ в целом, на страновом уровне наблюдаются различные тенденции. Ряд стран, включая Австрию, Бельгию, Данию, Испанию, Италию, Люксембург, Нидерланды, Норвегию, Португалию, Словению, Соединенное Королевство, Францию и Эстонию, сообщили о снижении частоты впервые диагностированных случаев ВИЧ-инфекции даже после корректировки на задержку отчетности. Однако в других странах наблюдается противоположная тенденция. Так, например, с 2009 г. частота новых случаев ВИЧ-инфекции – с учетом корректировки на задержку отчетности – более чем удвоилась на Мальте и увеличилась более чем на 50% в Болгарии, Венгрии, Исландии, Словакии, Кипре и Хорватии (таблица 1, приложение 6). В некоторых странах

Рисунок В: Частота впервые выявленных случаев ВИЧ-инфекции на 100 000 населения (с разбивкой по полу и году постановки диагноза) в ЕС/ЕЭЗ и в Европейском регионе ВОЗ, 2009–2018 гг.



наблюдаются непропорционально большие задержки отчетности, что сопряжено с риском как завышения показателей, указывающих на снижение частоты новых случаев ВИЧ-инфекции, так и занижения показателей, указывающих на увеличение частоты таких случаев.

Тенденции различаются и по половому, и по возрастному признаку. За период с 2009 г. повозрастные показатели снизились во всех возрастных группах, за исключением мужчин старше 50 лет. Сравнение возрастных групп показывает, что показатели частоты выявления новых случаев ВИЧ-инфекции были устойчиво выше в группах 25–29 лет и 30–39 лет на протяжении всего анализируемого периода как у женщин, так и у мужчин (рис. 1.11а, 1.11б).

Среди женщин средний возраст на момент постановки диагноза ВИЧ-инфекции увеличился с 33 лет в 2009 г. до 37 лет в 2018 г. Среди мужчин этот показатель остается стабильным на уровне 37 лет. В старших возрастных группах регистрируется более высокая доля новых диагнозов ВИЧ-инфекции. Если в 2009 г. 14% людей, которым был впервые поставлен диагноз ВИЧ-инфекции, были старше 50 лет, то в 2018 г. этот показатель повысился до 20%.

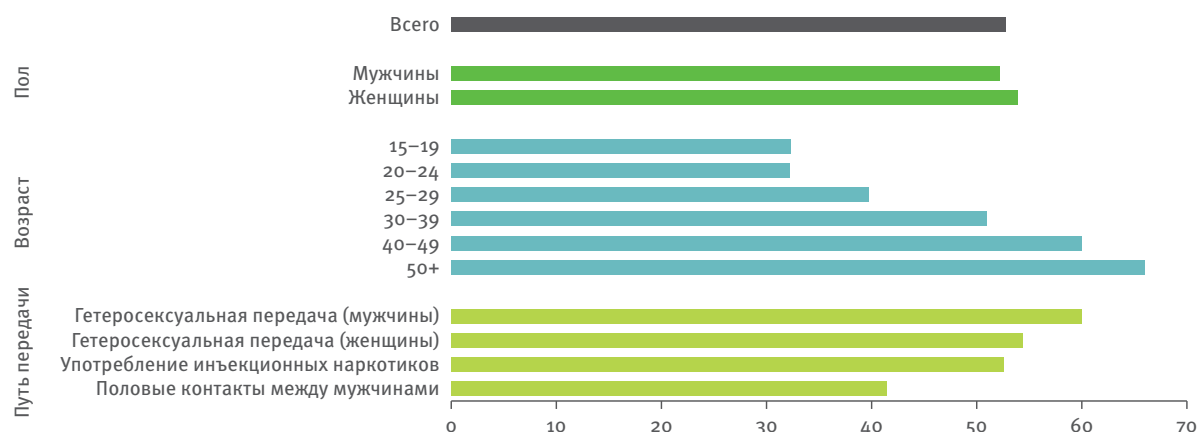
В структуре всех впервые выявленных случаев ВИЧ-инфекции доля случаев, обусловленных половыми контактами между мужчинами, составляла 44% в 2009 г., 51% в 2015 г. и 48% в 2018 г. (рис. 1.13б). В странах, предоставляющих данные регулярно, число диагнозов ВИЧ-инфекции среди МСМ последовательно увеличивалось – в 2008 г. их число составляло 8 972, а в 2014 г. оно достигло пикового значения, равного 10 300. В 2018 г. было зарегистрировано меньшее количество новых случаев ВИЧ-инфекции (7 589), причем это снижение было, по-видимому, частично обусловлено задержкой отчетности. Это снижение, вероятно, в основном объясняется меньшим количеством новых случаев ВИЧ-инфекции среди МСМ в Австрии, Бельгии, Германии, Греции, Нидерландах,

Португалии, Соединенном Королевстве, Финляндии и Франции. В период с 2009 по 2018 г. рост показателей ВИЧ-инфицирования наблюдался во многих странах ЕС/ЕЭЗ (таблица 4), причем в последние годы значительное повышение этих показателей было отмечено в Болгарии, Ирландии, Исландии, Кипре, Польше, Румынии и Словакии. В анализируемый период показатели ВИЧ-инфицирования среди МСМ, родившихся за границей, увеличились. В период с 2016 по 2018 г. они несколько снизились, но не в такой степени, которая наблюдалась среди МСМ, которые родились в странах ЕС/ЕЭЗ (рис. 1.14).

В течение последнего десятилетия число новых случаев ВИЧ-инфекции с гетеросексуальным путем передачи последовательно снижалось (рис. 1.13а), причем такое снижение было более выраженным среди женщин и гетеросексуалов, родившихся за границей, чем среди мужчин и коренных жителей (рис. 1.13а, 1.14). Несмотря на то, что в странах ЕС/ЕЭЗ в этот период наблюдалось общее снижение частоты новых случаев ВИЧ-инфекции, обусловленных гетеросексуальными контактами, в Словакии было отмечено существенное повышение этого показателя.

Число впервые диагностированных случаев ВИЧ-инфекции, обусловленных употреблением инъекционных наркотиков, снизилось в период с 2009 г. как среди лиц, родившихся за границей, так и среди коренных жителей – за исключением локальных всплесков в 2011–2012 гг., повлиявших на тенденцию показателей в этой группе населения в странах ЕС/ЕЭЗ, и менее широких локальных всплесков, отмеченных в этот же период времени в ряде других стран (таблица 5, рис. 1.13а, рис. 1.14). Показатели вертикального инфицирования (т.е. передачи ВИЧ от матери ребенку), внутрибольничного инфицирования и инфицирования при переливании крови также последовательно снижались в период с 2009 по 2018 г., и теперь они составляют менее 1% впервые диагностированных случаев ВИЧ-инфекции (таблица 8).

Рисунок С: Доля лиц с поздно поставленным диагнозом (число клеток CD4 < 350/мм³) с разбивкой по полу, возрасту и пути передачи, Европейский регион ВОЗ, 2016



Показатель частоты случаев с неизвестным путем заражения увеличился с 14% в 2009 г. до 23% в 2018 г.

Информация о количестве CD4-лимфоцитов на момент постановки диагноза ВИЧ-инфекции была сообщена 26 странами (таблица 13). Среди всех случаев ВИЧ-инфекции, диагностированных в 2018 г., по которым имелась информация о количестве CD4-лимфоцитов или об острой стадии ВИЧ-инфекции, 11% (1888) случаев были зарегистрированы как острая стадия ВИЧ-инфекции и 26% (4638) – как случаи недавнего ВИЧ-инфицирования, о чем свидетельствовал уровень CD4-лимфоцитов выше 500 клеток/мм³ на момент постановки диагноза ВИЧ-инфекции. Среди тех МСМ, у которых ВИЧ-инфекция была впервые выявлена в 2018 г. и о которых имелась соответствующая информация, 13% (1091) случаев были зарегистрированы как случаи острой ВИЧ-инфекции, а у 31% (2512) количество CD4-лимфоцитов было выше 500 клеток/мм³ на момент постановки диагноза (рис.1.7). Как и в предыдущие годы, почти половина (49%) всех новых случаев ВИЧ-инфекции, в которых было проведено определение количества CD4-лимфоцитов, диагноз был поставлен через несколько лет после инфицирования, когда количество CD4-лимфоцитов было менее 350 клеток/мм³; при этом у 29% пациентов наблюдалась продвинутая стадия ВИЧ-инфекции (CD4 <200 клеток/мм³).

Доля людей с впервые выявленной ВИЧ-инфекцией на поздней стадии (CD4 <350/мм³) варьировалась в зависимости от пути заражения и возраста. Она была самой высокой среди женщин (51%), людей среднего и пожилого возраста (56% в возрасте 40–49 лет и 64% в возрасте старше 50 лет), мужчин и женщин, инфицированных при гетеросексуальных контактах (63% и 53% соответственно), людей, которые были инфицированы ВИЧ при употреблении инъекционных наркотиков (53%), а также мигрантов из Южной и Юго-Восточной Азии (56%) и из стран Африки к югу от Сахары (57%) (рис. 1.8, таблица 13). Хотя у многих людей диагноз ВИЧ-инфекции все еще ставится на поздней стадии, то есть через несколько лет после заражения ВИЧ, за последнее десятилетие медианное количество CD4-лимфоцитов на момент постановки диагноза значительно увеличилось – с 347 клеток/мм³ в 2009 г. (95% ДИ: 340–352) до 365 клеток/мм³ в 2018 г. (95% ДИ: 359–372). Группа населения с наибольшим медианным количеством CD4-лимфоцитов на момент постановки диагноза – это МСМ, среди которых этот показатель в 2018 г. был равен 423 клеткам/мм³ (рис. 1.15).

В 2018 г. в 30 странах ЕС/ЕЭЗ было диагностировано и зарегистрировано 3235 случаев СПИДа⁶, что составило 0,6 случая на 100 000 населения (таблица 14). Из общего числа новых случаев СПИДа у 72% пациентов диагноз СПИДа был поставлен в период 90 дней с момента постановки диагноза ВИЧ-инфекции, что указывает на то, что большинство случаев СПИДа в ЕС/ЕЭЗ являются следствием поздней диагностики

ВИЧ-инфекции. Эта закономерность характерна для всех групп пациентов, сформированных в зависимости от пути заражения ВИЧ-инфекцией, за исключением людей, инфицированных при употреблении инъекционных наркотиков, так как в этой группе у 56% пациентов диагноз СПИДа ставится в период, превышающий 90 дней с момента постановки диагноза ВИЧ-инфекции (рис. 1.16). В 2018 г. 20 стран сообщили о выявлении (легочного и/или внелегочного) туберкулеза (ТБ) как СПИД-индикаторного заболевания в 14% впервые диагностированных случаев СПИДа (рис. 1.18). В ЕС/ЕЭЗ число случаев заболевания СПИДом за последнее десятилетие сократилось более чем вдвое (рис. 1.10). Это снижение отмечается у мужчин и женщин и во всех группах пациентов, сформированных в зависимости от пути заражения, но оно является наиболее выраженным у пациентов, заражение которых обусловлено употреблением инъекционных наркотиков (таблицы 15–19, рис. 1.17). Несмотря на общее сокращение частоты случаев СПИДа в масштабах ЕС/ЕЭЗ, в период с 2009 г. в Болгарии, Венгрии, Словакии и Чешской Республике отмечается рост заболеваемости СПИДом. Показатели смертности от СПИДа в ЕС/ЕЭЗ неуклонно снижаются с середины 1990-х годов.

Европейский регион ВОЗ

С учетом того, что в 2018 г. число зарегистрированных новых случаев ВИЧ-инфекции в Европейском регионе ВОЗ составило 141552, что соответствует показателю 16,2 на 100 000 населения, этот год стал первым годом, когда Региону удалось остановить рост новых случаев ВИЧ-инфицирования, главным образом благодаря постоянному снижению этого показателя на Западе и общей тенденции к его стабилизации на Востоке.

Из 141552 случаев ВИЧ-инфекции, впервые выявленных в 2018 г., 79% были зарегистрированы на Востоке (111550), 16% на Западе (23483) и 5% в Центре (6519) (таблица А). Что касается географического распределения показателей заболеваемости ВИЧ-инфекцией, то они были самыми высокими на Востоке (44,8 на 100 000 населения), где они были значительно выше, чем на Западе (5,5 на 100 000 населения с поправкой на задержку отчетности) и в Центре (3,3 на 100 000 населения) (таблица А).

Показатели новых диагностированных случаев ВИЧ-инфекции в 2018 г. существенно различались между странами Европейского региона ВОЗ. Самые высокие показатели на 100 000 населения наблюдались в Российской Федерации (59,0), Украине (37,3), Беларуси⁷ (25,2) и Республике Молдова (22,3), а самые низкие – в Боснии и Герцеговине (0,8) и Словении (1,7) (таблица 1).

⁶ Все страны ЕС/ЕЭЗ, кроме Швеции.

⁷ Вследствие технических проблем в 2018 г. в Беларуси было зарегистрировано такое число случаев ВИЧ-инфекции, которое на 33 случая превышает фактическое число. Однако из-за позднего уведомления об этой проблеме эти случаи не могли быть исключены из общего числа новых случаев ВИЧ-инфекции.

Общий показатель ВИЧ-инфицирования среди мужчин составлял 21,6 на 100 000 населения (таблица 2), а среди женщин – 11,2 на 100 000 населения (таблица 3).

Наибольшая доля лиц с впервые диагностированной ВИЧ-инфекцией в 49 странах, предоставивших данные,⁸ приходится на возрастную группу 30–39 лет (35%), 9% – на молодых людей в возрасте 15–24 года и 18% – на людей в возрасте 50 лет и старше на момент постановки диагноза. Соотношение новых случаев ВИЧ-инфекции у мужчин и женщин было равно 1,8 – с самым низким значением в восточной части Региона (1,6), более высоким значением в западной части Региона (2,9) и самым высоким значением в центральной части Региона (5,6). Распределение случаев ВИЧ-инфекции по пути передачи является следующим: гетеросексуальные контакты – 50%, в том числе 12% у выходцев из стран с генерализованной эпидемией ВИЧ-инфекции; половые контакты между мужчинами – 23%; употребление инъекционных наркотиков – 12%; передача ВИЧ от матери ребенку – 0,6%. В 15% новых случаев ВИЧ-инфекции информация о пути заражения неизвестна или отсутствует (таблица А).

В восточной части Региона в 12 странах, предоставивших данные о новых случаях ВИЧ-инфекции с известным путем заражения, 72% пациентов были инфицированы при гетеросексуальных контактах и 23% – при употреблении инъекционных наркотиков. Частота заражения ВИЧ при половых контактах между мужчинами оставалась низкой – на уровне 4% случаев (таблицы 4-6, таблица 8). Основными путями передачи ВИЧ-инфекции в центральной части Региона были половые контакты между мужчинами (28%) и гетеросексуальные контакты (28%). У 41% пациентов с впервые диагностированной ВИЧ-инфекцией информация о пути заражения отсутствовала. Половые контакты между мужчинами были преобладающим путем передачи ВИЧ-инфекции в 12 из 15 стран центральной части Региона. В западной части Региона основными путями заражения ВИЧ были половые контакты между мужчинами (41% случаев) и гетеросексуальные контакты (34% случаев, среди которых 41% приходилось на выходцев из стран с генерализованной эпидемией ВИЧ-инфекции). По 21% новых случаев ВИЧ-инфекции информация о пути заражения отсутствует.

За последние десять лет в 50 отчитывающихся странах показатели впервые диагностированных случаев ВИЧ-инфекции увеличились на 14% (с 14,2 на 100 000 населения в 2009 г. (118 546 случаев), до 16,2 на 100 000 населения в 2018 г. (141 552 случая) (рис. 2.2). Увеличение происходило, главным образом, за счет

сохранения восходящей тенденции в восточной части Региона, где этот показатель увеличился на 30% – с 34,4 на 100 000 (85 017 случаев) до 44,8 на 100 000 (111 550 случаев). В период с 2009 по 2018 г. в центральной части Региона этот показатель увеличился на 120% (наибольшее относительное увеличение среди всех трех географических зон) – от 1,5 до 3,3 на 100 000 населения, в то время как в западной части Региона он снизился на 23% – от 7,6 до 6,0 на 100 000 населения (рис. 2.2).

В период 2009–2018 гг. данные о путях передачи ВИЧ-инфекции стабильно сообщались 43 странами (рис. 2.3). На Востоке общий рост был обусловлен быстрым увеличением числа новых случаев ВИЧ-инфекции, обусловленных половыми контактами – на 57% для гетеросексуальной передачи и в семь раз для передачи инфекции при половых контактах между мужчинами. При гетеросексуальной передаче увеличение показателей было значительно более выраженным среди мужчин (увеличение на 118%), чем среди женщин (увеличение на 20%). Частота случаев передачи инфекции при употреблении инъекционных наркотиков снизилась на 46%, хотя она продолжает оставаться на достаточно высоком уровне (рис. 2.9). В Центре в период между 2009 и 2018 г. число впервые выявленных ВИЧ-позитивных лиц, инфицированных при половых контактах между мужчинами, увеличилось вдвое. Этот путь заражения преобладал в 12 из 15 стран; в то же время число случаев передачи ВИЧ-инфекции гетеросексуальным путем увеличилось на 36%. Уровень передачи ВИЧ при употреблении инъекционных наркотиков стабилизировался после вспышки, наблюдавшейся в Румынии в 2011–2013 гг., и повысился в целом на 6% по сравнению с уровнем 2009 г. (рис. 2.16). На Западе частота новых случаев ВИЧ-инфекции, обусловленных гетеросексуальными контактами, продолжала неуклонно снижаться и в целом за 10-летний период она сократилась на 37%. В период с 2009 по 2018 г. частота заражения ВИЧ при употреблении инъекционных наркотиков снизилась на 38% и после пика в 2012 г., вызванного вспышкой в Греции, в настоящее время опять снижается. В период с 2008 г. число впервые выявленных случаев ВИЧ-инфекции, обусловленных половыми контактами между мужчинами, снизилось на 21%. Число новых диагнозов ВИЧ-инфекции с неизвестным путем заражения увеличилось на Западе на 30% (рис. 2.18).

Поздняя диагностика ВИЧ-инфекции остается в Регионе проблемой, требующей неотложного решения. Среди впервые выявленных инфицированных ВИЧ (старше 14 лет) с имеющейся информацией о количестве CD4-лимфоцитов на момент постановки диагноза, у более половины (53%) диагноз был поставлен поздно, когда число CD4-лимфоцитов было менее 350 клеток/мм³, в том числе у 31% пациентов с продвинутой стадией ВИЧ-инфекции (CD4 <200 клеток/мм³). Доля людей с впервые выявленной ВИЧ-инфекцией на поздней стадии (CD4 <350/мм³) варьировалась в зависимости от пути заражения и

⁸ Данные, предоставленные Российской Федерацией, ограничивались данными о новых случаях ВИЧ-инфекции с разбивкой по полу за 2009–2018 гг. и данными о тестировании на ВИЧ, что позволило включить российские данные в таблицы 1-3 и 25 и в рисунки, показывающие динамику показателей ВИЧ-инфицирования. Данные о возрасте пациентов и путях заражения, предоставленные в настоящем докладе, охватывают страны, которые предоставили полный набор данных в единую европейскую систему эпиднадзора за ВИЧ-инфекцией ECDC/ВОЗ.

возрастной группы и была самой высокой у инфицированных при гетеросексуальных половых контактах (57%; 60% для мужчин и 54% для женщин) и при употреблении инъекционных наркотиков (53%) и самой низкой у мужчин, инфицированных при половых контактах с мужчинами (41%) (рис. С). Эта доля повышается с увеличением возраста на момент постановки установления диагноза: от 32% у людей в возрасте 15–19 лет до 66% у людей в возрасте 50 лет и старше. Каких-либо значительных различий в частоте случаев поздней диагностики у мужчин и женщин выявлено не было (соответственно 52% и 54%). Однако общий показатель для мужчин не позволяет увидеть различие в частоте случаев поздней диагностики у MSM (у которых, как правило, диагноз ставится раньше) и у гетеросексуальных мужчин (у которых, это, как правило, происходит позже). Показатели поздней диагностики различались и в рамках Региона – 56% на Востоке, 55% в Центре и 49% на Западе.

В 2018 г. в 48 государствах-членах Европейского региона ВОЗ⁹ было зарегистрировано 14 227 новых случаев СПИДа, и заболеваемость СПИДом, таким образом, составила 2,0 случая на 100 000 населения. В целом по Региону 76% случаев СПИДа были диагностированы на Востоке, где показатель частоты таких случаев на 100 000 человек также был самым высоким (10,5), 18% – на Западе (0,6 на 100 000) и 6% – в Центре (0,4 на 100 000) (таблица 14). У 20% людей с диагностированным СПИДом СПИД-индикаторным заболеванием был туберкулез. В рамках Региона этот показатель варьировался следующим образом: 13% на Западе, 21% в Центре и 28% на Востоке. В период с 2009 по 2018 г. частота новых диагнозов СПИДа оставалась в основном стабильной. Однако в этот же период времени были отмечены очень большие различия в динамике показателей в рамках Региона: их увеличение почти в два раза в период 2009–2011 гг. на Востоке (от 6,0 до 11,0 на 100 000) с последующей стабилизацией показателей, стабилизация показателей на уровне 0,4 на 100 000 в Центре и устойчивое снижение показателей на Западе (от 1,6 до 0,6 на 100 000) (рис. 2.4).

Выводы

Эпидемия ВИЧ-инфекции, которая затрагивает миллионы людей в Европейском регионе ВОЗ, особенно в восточной его части, остается одной из важнейших нерешенных проблем здравоохранения. В 2018 г. ВИЧ-инфекция была впервые диагностирована у более 140 000 человек (16,2 случая на 100 000 населения). Подавляющее большинство новых случаев ВИЧ-инфекции (79%) были выявлены в восточной части Региона и 16% – в странах ЕС/ЕЭЗ. На новые случаи ВИЧ-инфекции, зарегистрированные в России, приходится 61% всех таких случаев в Европейском регионе ВОЗ и 77% – в восточной части Региона. Доля новых случаев ВИЧ-инфекции, зарегистрированных в Украине, в общей заболеваемости в Европейском

регионе ВОЗ и в восточной его части, составила соответственно 11% и 14%. Почти в половине стран Европейского региона ВОЗ, предоставивших данные, наблюдается тенденция к увеличению числа новых диагнозов ВИЧ-инфекции, хотя это происходит более медленными темпами, чем ранее. В последние три года в России наблюдается приостановление темпов роста заболеваемости ВИЧ-инфекцией. В Украине были отмечены некоторые признаки стабилизации эпидемиологической ситуации по ВИЧ-инфекции. Это способствовало общей стабилизации эпидемии ВИЧ-инфекции на Востоке.

Хотя эпидемические модели и тенденции в разных странах Европейского региона ВОЗ широко варьируются, в некоторых частях Региона наблюдается устойчивое увеличение числа случаев вновь диагностированных инфекций, связанных с определенными путями передачи, например, среди мужчин, имеющих половые контакты с мужчинами, в Центре и на Востоке и среди гетеросексуалов на Востоке Региона. В последние годы частота гетеросексуальной передачи ВИЧ-инфекции существенно сократилась в ЕС/ЕЭЗ и западной части Региона, особенно среди женщин, равно как и частота случаев передачи ВИЧ-инфекции при половых контактах между мужчинами в отдельных странах ЕС/ЕЭЗ и западной части Региона. Во многих странах продолжала снижаться частота передачи ВИЧ при употреблении инъекционных наркотиков. Однако, в 2018 г. на этот путь заражения в восточной части Региона по-прежнему приходилось 23% впервые зарегистрированных случаев ВИЧ-инфекции с известным путем заражения.

У слишком большого числа людей во всем Европейском регионе диагноз ВИЧ-инфекции устанавливается на поздней стадии (53%), что повышает риск развития заболеваний, летального исхода и дальнейшего распространения ВИЧ-инфекции. Большое число диагнозов СПИДа на Востоке подтверждает, что поздняя диагностика ВИЧ-инфекции остается серьезной проблемой. В то же время тенденция к стабилизации показателей заболеваемости СПИДом, наблюдаемая с 2012 г., может быть результатом того, что большинство стран восточной части Региона в настоящее время проводят политику «Лечить всех», согласно которой АРТ предлагается всем людям, живущим с ВИЧ, независимо от стадии заболевания.

Для того, чтобы обеспечить более раннюю диагностику ВИЧ-инфекции и повысить число людей, осведомленных о своем ВИЧ статусе, необходимо расширить диапазон разнообразных и удобных для пользователей методов тестирования на ВИЧ. Сводное руководство ВОЗ по самотестированию на ВИЧ и информированию партнеров и Руководство ECDC по комплексному тестированию на ВИЧ-инфекцию и гепатиты В и С содержат рекомендации о внедрении в практику тестирования инновационных подходов, включая самотестирование и тестирование на уровне общин, проводимое обученными

⁹ Россия, Таджикистан, Туркменистан, Узбекистан и Швеция не предоставили никаких данных.

поставщиками услуг без медицинского образования (1-3). Однако результаты мониторинга политики в рамках Региона свидетельствуют о том, что во многих европейских странах такие подходы, как тестирование на уровне общин, самотестирование и оказание помощи в добровольном информировании полового партнера о своем положительном ВИЧ-статусе, используются в ограниченных масштабах или вообще не используются (4). Услуги по тестированию на ВИЧ должны быть ориентированы на охват наиболее пострадавших групп населения с учетом местных эпидемиологических особенностей, быть адаптированы к конкретным потребностям этих групп, а также содействовать своевременному охвату таких групп диспансерным наблюдением, включающим такие составляющие, как профилактика, диагностика и лечение ВИЧ-инфекции и оказание помощи ЛЖВ. Это обеспечит более раннюю диагностику и начало лечения и приведет к улучшению результатов лечения и снижению ВИЧ-ассоциированной заболеваемости и смертности, что будет способствовать достижению целей «90-90-90» и других региональных и глобальных целей (5-7).

В настоящее время имеются убедительные фактические данные о том, что раннее начало АРТ полезно как для здоровья людей, получающих лечение, так и для предотвращения дальнейшей передачи ВИЧ (8-13). Почти 90% стран Европейского региона ВОЗ имеют политику предоставления АРТ людям, живущим с ВИЧ, независимо от количества CD4-лимфоцитов (14-15).

Меры по противодействию эпидемии ВИЧ-инфекции должны основываться на научных данных и они должны быть адаптированы к национальной и местной эпидемиологической ситуации. На основании данных эпиднадзора, приведенных в этом докладе, можно сделать следующие выводы:

- Что касается стран ЕС/ЕЭЗ и западной части Региона, то ввиду повышения частоты ВИЧ-инфицирования среди MSM в некоторых странах и преобладания передачи ВИЧ среди MSM существующие мероприятия по профилактике, противодействию и лечению ВИЧ-инфекции должны быть расширены и укреплены, оставаясь приоритетным направлением борьбы с ВИЧ-инфекцией. Страны со снижением показателей продемонстрировали эффективность изменения характера деятельности служб здравоохранения, выражающееся в более широком тестировании на ВИЧ MSM из групп риска и незамедлительном охвате антиретровирусной терапией и диспансерным наблюдением всех выявленных ВИЧ-инфицированных (16). Многокомпонентные вмешательства и включение в комплекс мероприятий по противодействию ВИЧ-инфекции таких подходов, как доконтактная профилактика ВИЧ-инфекции (ДКП), скрининг и лечение ИППП, самотестирование и оказание услуг по добровольному уведомлению полового партнера о своем положительном ВИЧ-статусе, может помочь остановить тенденцию к росту заболеваемости

ВИЧ-инфекцией, которая наблюдается в некоторых странах. Однако согласно поступающим данным в большинстве европейских стран уровень использования ДКП значительно ниже предполагаемой потребности (1,17-19). Увеличение в 2011–2012 гг. числа случаев ВИЧ-инфекции у людей, употребляющих инъекционные наркотики, и продолжающиеся местные вспышки в ряде стран (20-22) свидетельствует о необходимости поддерживать или расширять программы снижения вреда.

- В странах центральной части Региона показатели заболеваемости ВИЧ-инфекцией растут быстрее, чем в любой другой части Европейского региона ВОЗ. В этих странах наблюдаются большие различия в частоте новых случаев ВИЧ-инфекции между мужчинами и женщинами. Среди мужчин, особенно среди MSM, наблюдается тревожный рост этого показателя по сравнению с довольно стабильной динамикой среди женщин. Половые контакты между мужчинами являются преобладающим путем передачи ВИЧ-инфекции в 12 из 15 стран в центральной части Региона. Для улучшения эпидемиологической ситуации по ВИЧ-инфекции помимо стратегий и практических мер, направленных на охват АРВ-терапией всех людей, живущих с ВИЧ, также необходимо следующее: внедрение услуг доконтактной профилактики для групп высокого риска; тестирование на ВИЧ, проводимое работниками, не имеющими медицинского образования; экспресс-тестирование на ВИЧ; самотестирование на ВИЧ; оказание помощи в добровольном уведомлении полового партнера о своем положительном ВИЧ-статусе. В ряде стран после прекращения финансирования со стороны Глобального фонда для борьбы со СПИДом, туберкулезом и малярией произошел переход на практику внутреннего финансирования стратегий, программ и мер противодействия ВИЧ-инфекции. Однако этот переход связан с риском снижения устойчивости финансирования, что особенно касается программ профилактики ВИЧ-инфекции. Для смягчения некоторых из этих проблем и предотвращения ускорения темпов распространения эпидемии необходимы такие условия, как усиление политической поддержки и помощи и активизация участия гражданского общества (23).
- В странах восточной части Региона существует настоятельная необходимость расширить масштабы смелых и научно-обоснованных мер и обеспечить предоставление гражданам эффективных, высококачественных и комплексных услуг с помощью хорошо функционирующих систем здравоохранения, одной из задач которых является улучшение социальных детерминант здоровья. Имеется необходимость в разработке и реализации комплексных стратегий профилактики ВИЧ-инфекции, предусматривающих использование инновационных подходов тестирования на ВИЧ, с уделением особого внимания охвату ключевых групп населения. Для улучшения

эпидемиологической ситуации по ВИЧ-инфекции необходимо расширять комплекс удобных для пользователей услуг по профилактике и тестированию на ВИЧ, включая следующие: оказание помощи в добровольном уведомлении полового партнера о своем положительном ВИЧ-статусе, доконтактная профилактика; тестирование на ВИЧ, проводимое обученными работниками без медицинского образования и самотестирование на ВИЧ в соответствии с рекомендациями ВОЗ. Все эти виды услуг должны быть интегрированы в национальные стратегии и программы, а затем осуществлены на практике (1,2,7,24). Участие граждан и общественных организаций в разработке и оказании лечебно-профилактических услуг имеет решающее значение для сокращения числа новых случаев инфицирования ВИЧ и увеличения числа людей, охваченных диспансерным наблюдением и получающих АРТ, с конечной целью снижения высоких показателей заболеваемости и смертности от СПИДа. Инновационные мероприятия по профилактике ВИЧ-инфекции должны быть направлены на снижение риска гетеросексуальной передачи, особенно среди пар, где один из партнеров склонен к поведению высокого риска (например, употребляет инъекционные наркотики) или в течение длительных периодов времени находится за границей. Большое количество впервые диагностированных случаев ВИЧ-инфекции у людей, зараженных при употреблении инъекционных наркотиков, указывает на то, что основанная на фактических данных политика противодействия ВИЧ-инфекции, направленная на ключевые группы населения и предусматривающая широкий охват программами снижения вреда людей, употребляющих инъекционные наркотики, по-прежнему играет важнейшую роль в эффективном противодействии ВИЧ-инфекции в восточной части Региона.

Надежные эпидемиологические данные имеют решающее значение для мониторинга ситуации и принятия службами общественного здравоохранения информированных решений относительно своевременных и эффективных мер противодействия эпидемии ВИЧ-инфекции в Европейском регионе ВОЗ. Постепенно увеличивается число стран, которые проводят расширенный эпиднадзор за ВИЧ-инфекцией и сообщают собранные эпидемиологические данные на европейский уровень. В 2018 году 41 страна предоставила связанные данные о случаях ВИЧ-инфекции и СПИДа, что позволяет лучше понять клинический статус людей с диагностированной ВИЧ-инфекцией. Этот подход расширяет возможности долгосрочного мониторинга результатов оказания непрерывной медицинской помощи при ВИЧ-инфекции, например, путем моделирования доли недиагностированных случаев инфекции и количественной оценки таких параметров, как охват людей с диагностированной ВИЧ-инфекцией диспансерным наблюдением и АРВ-терапией и достижение вирусной супрессии (т.е. подавление вирусной нагрузки до неопределяемого уровня). Он также может внести существенный вклад

в мониторинг достижения целей «90-90-90» и других глобальных и региональных целей как на национальном, так и на глобальном уровне.

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1. HIV and AIDS in the EU/EEA

1.1. HIV diagnoses

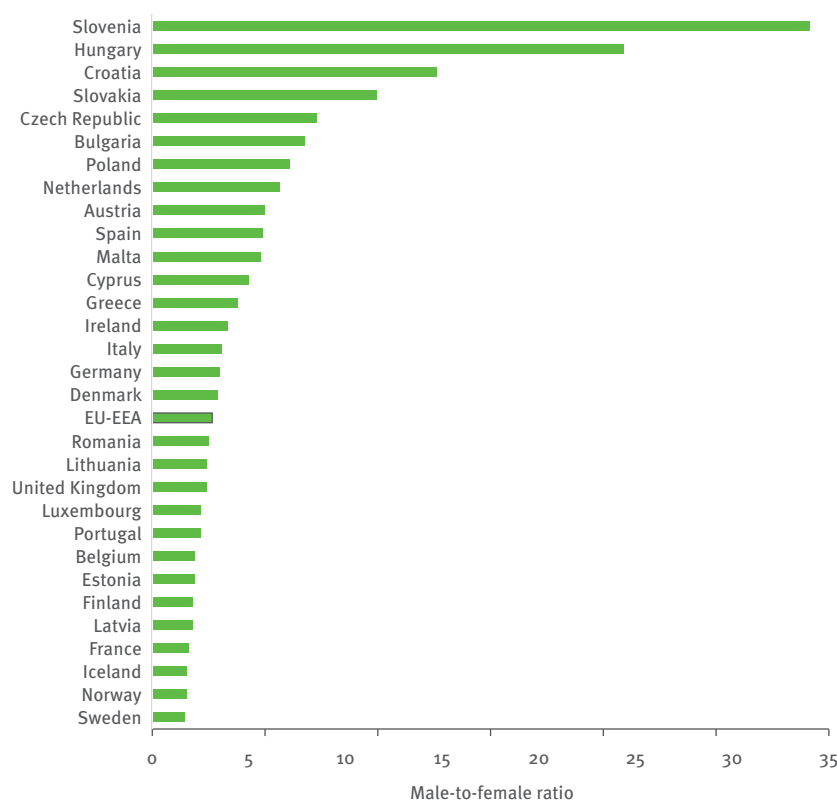
In 2018, 26 164 new HIV diagnoses were reported in the 31 countries of the EU/EEA, with a rate of 5.6 per 100 000 when adjusted for reporting delay (Table 1, Annex 6). The highest rates were reported by Latvia (16.9; 326 cases), Malta (15.3; 73 cases) and Estonia (14.4; 190 cases), and the lowest by Slovakia (1.9; 101 cases) and Slovenia (1.7; 35 cases) (Table 1, Map).

As in previous years, more men than women were diagnosed with HIV in 2018 (19 665 and 6 366, respectively), resulting in an overall male–female ratio of 3.1:1 (Tables 2 and 3, Figure 1.1). This ratio was highest in Slovenia (34.0) and Hungary (24.4) and was above one in all countries in the EU/EEA (Figure 1.1). The predominant mode of transmission in countries with the highest male-female ratios was sex between men. The overall rate of new diagnoses in men was 7.9 per 100 000 population (Table 2) and for women 2.4 per 100 000 population (Table 3).

Men had higher age-specific rates than women in all age groups except among people under 15 years, where age-specific rates were similar (Figure 1.2). The highest overall age-specific rate of HIV diagnoses in both genders was observed among 25–29-year-olds (12.3 per 100 000 population), largely because this age group has the highest age-specific rate for men at 18.4 per 100 000 population, while rates for women were highest in the 30–39 age group (6.0 per 100 000 population) (Figure 1.2).

The median age at diagnosis was lower for MSM (36 years) than for cases attributed to injecting drug use (38 years) or heterosexual transmission (41 years overall, 37 in women and 43 in men). The 30–39 age group accounted for most HIV diagnoses overall (32%) and in all transmission groups (Figure 1.3). Thirty-three per cent of cases attributed to sex between men were diagnosed before age 30, while 50% of HIV infections due to sex between men and women were diagnosed at 40 years or above, and nearly one quarter (24%) at 50 or above. The age-pattern among those newly diagnosed with HIV differed across countries, with 30% or

Figure 1.1: Male-to-female ratio in new HIV diagnoses, by country, EU/EEA, 2018 (n=26 164)



No female cases were diagnosed in Liechtenstein in 2018

more of new diagnoses among persons under 30 years in Bulgaria, Cyprus, Hungary, Poland and Romania and 50% or more of new diagnoses among persons 40 years and older in Finland, Lithuania and Portugal (Figure 1.5).

Data on transmission mode provide information on the groups that are most affected by HIV in the EU/EEA (Tables 4–8; Figure 1.4):

- Sex between men remains the predominant mode of HIV transmission reported in the EU/EEA, accounting for 40% (10 415) of all new HIV diagnoses in 2018. Sex between men was the most commonly reported route of transmission (52%) among those for whom route of transmission was known (Table 4, Table 8, Figure 1.4), and accounted for more than 60% of new HIV diagnoses in 10 countries (Croatia, the Czech Republic, Germany, Hungary, Ireland, the Netherlands, Poland, Slovakia, Slovenia and Spain) (Figure 1.4).
- Sex between men and women is the second most commonly reported mode of transmission in the EU/EEA, accounting for 33% (8 580) of HIV diagnoses and 42% of diagnoses where the route of transmission was known (Table 6, Table 8, Figure 1.4). These proportions are divided roughly equally between men

and women. Heterosexual transmission is the most commonly reported known mode of transmission in 10 EU/EEA countries (Estonia, Finland, France, Iceland, Latvia, Lithuania, Norway, Portugal, Romania and Sweden). More than one-third (40%; 2 454) of newly diagnosed cases due to heterosexual transmission are among migrants originating from countries with generalised HIV epidemics. The highest proportions of these were observed in Ireland (68%), and France (52%) (Table 10).

- Four per cent (974 cases) of all new HIV diagnoses and 5% of those with known route of HIV transmission were attributed to injecting drug use (Table 5, Table 8, Figure 1.4). Injecting drug use was the probable route of transmission for one-third or more of the cases reported in Latvia (35%) and Lithuania (40%) (Figure 1.4).
- Of the remainder, 177 diagnoses (less than 1%) were reported as being due to vertical transmission during pregnancy, childbirth or breastfeeding (Table 7); 124 of these cases (70%) were born outside of the country in which the case was reported. Eighty-three (0.3%) diagnoses were reported to be due to contaminated transfusion of blood and its products, and nine cases

Figure 1.2: Age- and gender-specific rates of new HIV diagnoses per 100 000 population, EU/EEA, 2018 (n = 26 031)

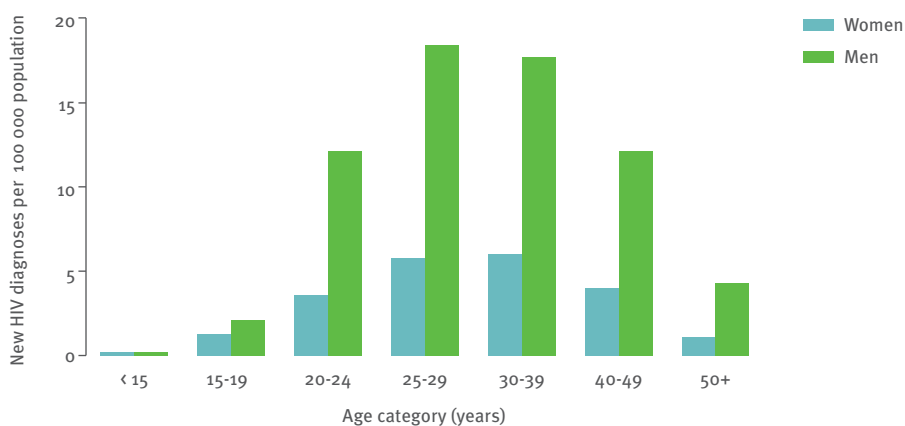
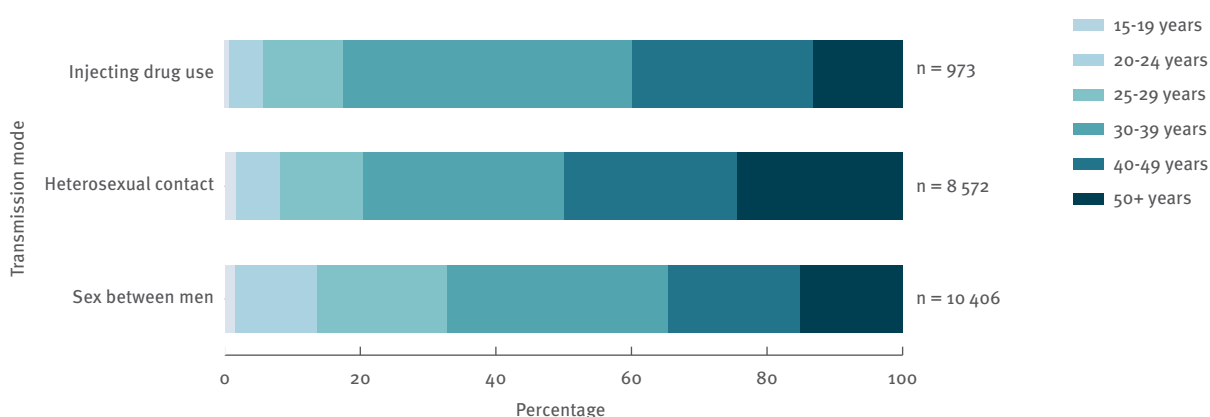


Figure 1.3: New HIV diagnoses, by age group (in years) and transmission mode, EU/EEA, 2018



to hospital-acquired infections (Table 8). Nearly all of these nosocomial and transfusion-related cases were reported to have been acquired outside of the country where the case was reported (Table 11a).

- Transmission mode was reported as unknown for 5926 diagnoses (22.7%), with wide variation among countries: less than 5% of diagnoses were reported with unknown transmission mode in Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Norway, Portugal, Romania and Slovenia, and over 60% in Poland (Table 8).

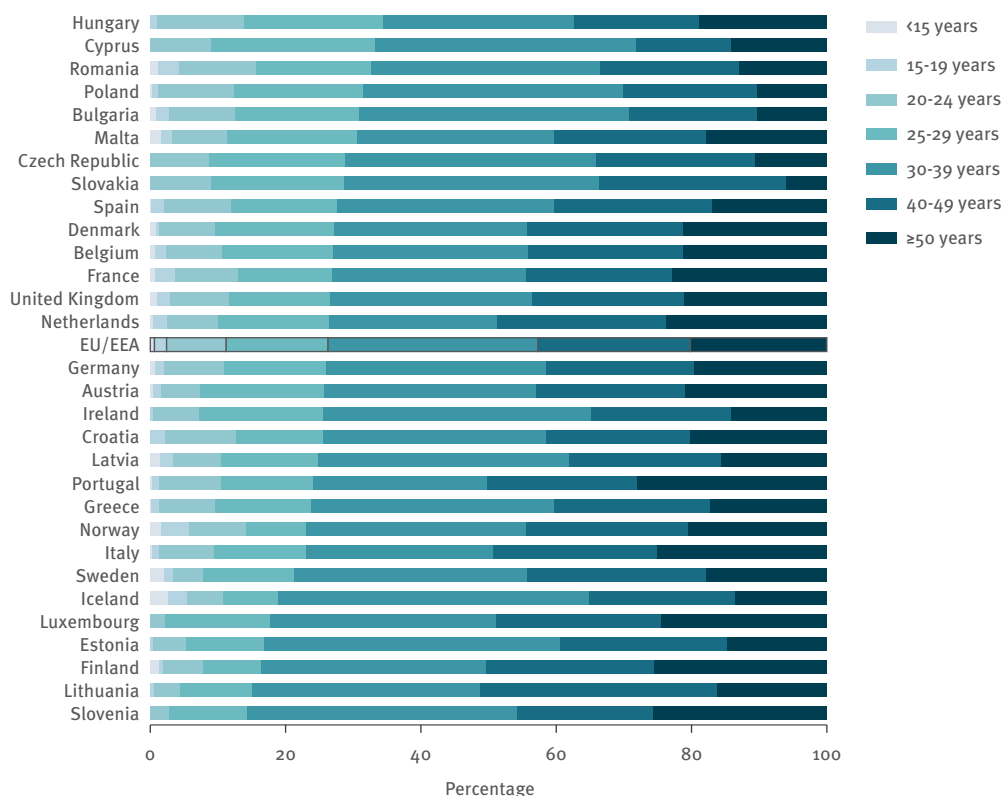
Young people aged 15 to 24 years comprised 11% of the EU/EEA population and 11% of HIV diagnoses in 2018. Romania reported more than 15% of its HIV diagnoses in this age group (Figure 1.5; Table 9). Forty per cent of the EU/EEA population consists of older adults (50 years and above), who contributed 20% of the new HIV diagnoses reported in 2018. In Finland, Italy, Portugal and Slovenia, older adults comprised more than 25% of those newly diagnosed with HIV (Figure 1.5; Table 9).

Twenty-nine EU/EEA countries provided information on the country of birth, country of nationality or region of origin for 22 337 (85%) HIV diagnoses in 2018 (Figure 1.6). In the EU/EEA, 9 454 diagnoses (42% of those with known information on region of origin) were reported among people originating from outside of the reporting country. Of these, 3 960 (18% of those with

known information on region of origin), irrespective of transmission mode, were reported among people originating from countries with generalised HIV epidemics in sub-Saharan Africa (Figure 1.6, Table 10). An additional 25% of new diagnoses with known region of origin (5 494 cases) were among people born outside of the reporting country who did not originate from a country experiencing a generalised epidemic, including 8% from countries in Latin America and the Caribbean (1 823 cases), 7% from other countries in central and eastern Europe (1 619 cases) and 4% from other countries in western Europe (864 cases). Those countries with half or more of their new HIV diagnoses among people originating from outside of the reporting country were Belgium, Denmark, Finland, France, Iceland, Ireland, Luxembourg, Norway, Sweden and the United Kingdom.

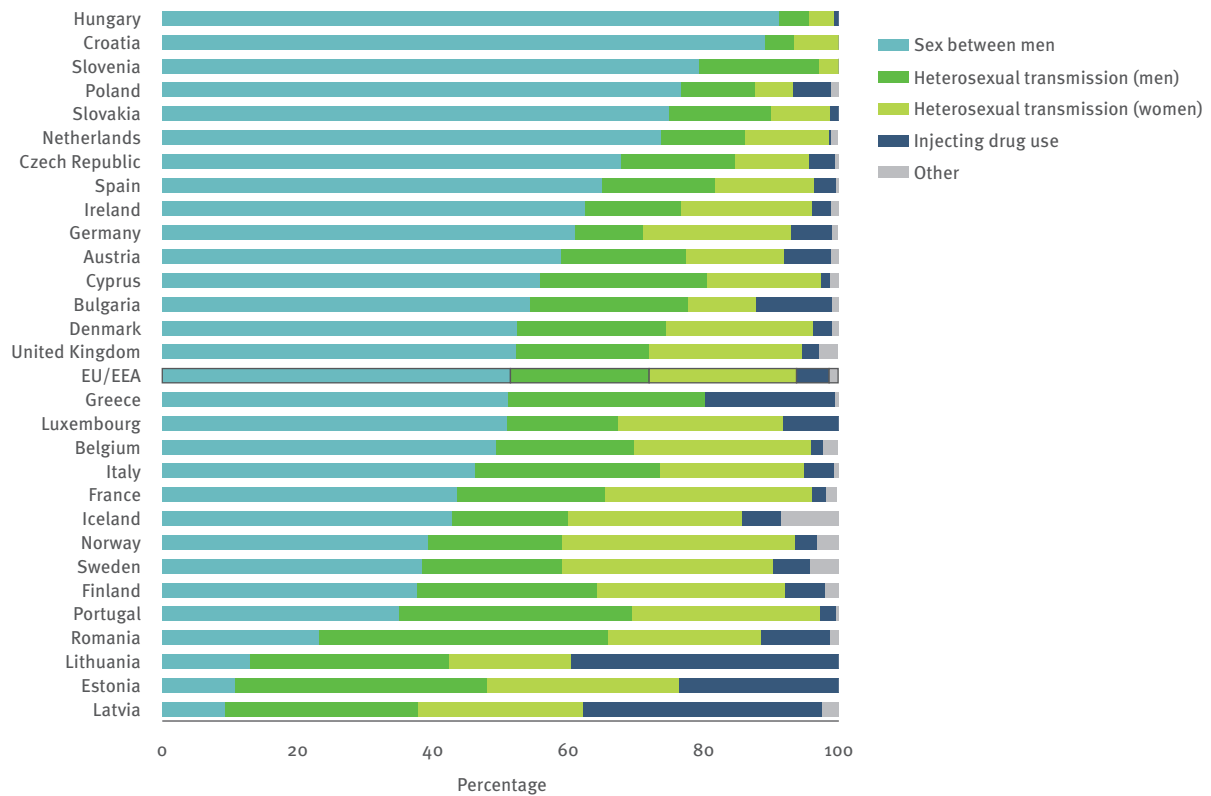
About 4% of people diagnosed with HIV in the EU/EEA in 2018 were reported to have been previously diagnosed with HIV, most frequently in another country, prior to their 2018 diagnosis in the reporting country (data not shown). The proportion of 2018 diagnoses that had previously been diagnosed was higher than the EU/EEA average in some countries, including Cyprus (23%), the Czech Republic (15%), Denmark (27%), Iceland (57%), Ireland (41%), France (9%), Malta (23%), Norway (30%) and Sweden (34%).

Figure 1.4: Percentage of new HIV diagnoses, by country and age group, EU/EEA, 2018 (n=26 073)



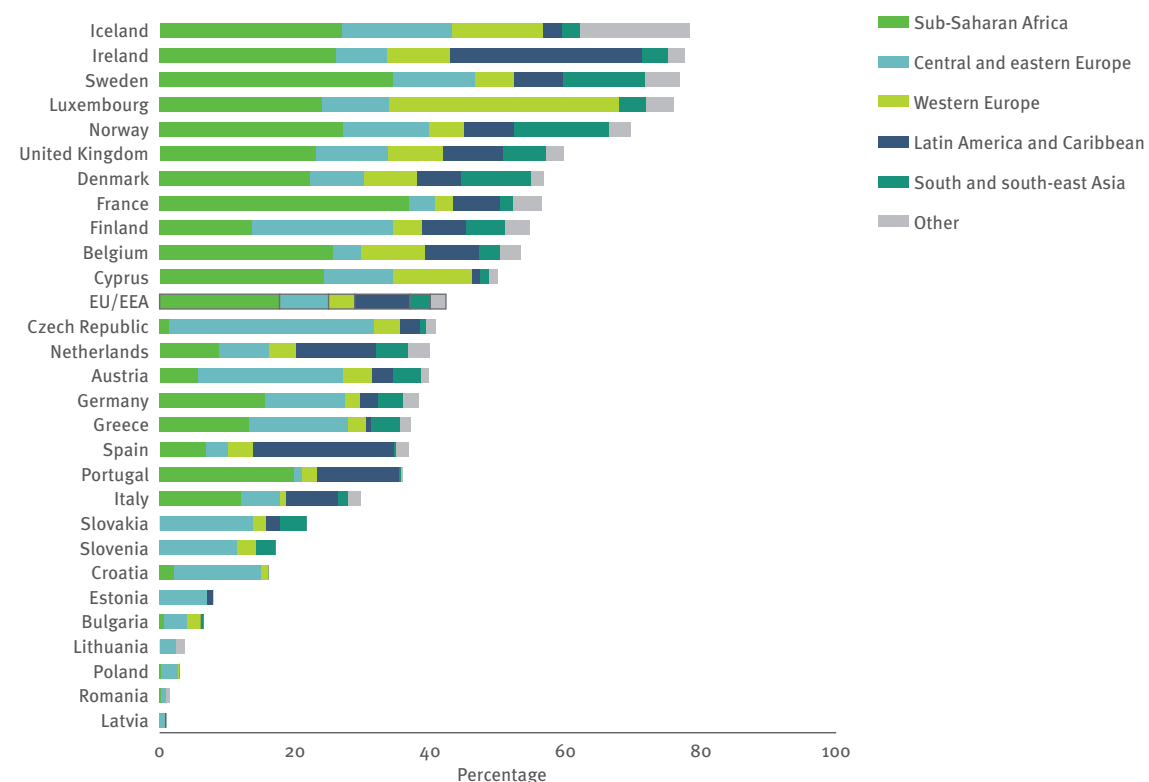
Graph organises countries in order of proportion of population <30 years. Liechtenstein reported zero cases in 2018.

Figure 1.5: Percentage of new HIV diagnoses with known mode of transmission, by transmission route and country, EU/EEA, 2018 (n=20 238)



Liechtenstein reported zero cases in 2018 and Malta did not report transmission data. Unknown route of transmission is excluded from proportions presented here.

Figure 1.6: Percentage of new HIV diagnoses among migrants out of all reported cases with known information on region of origin, by country of report, EU/EEA, 2018 (n=22 337)



Hungary and Malta did not report data on country of birth or region of origin.

Information on CD4 cell count at the time of HIV diagnosis was provided for 16 694 (70%) adults and adolescents diagnosed in 26 countries (Table 13). All countries reporting such data were able to provide CD4 cell counts for 50% or more of their reported cases, apart from Croatia, Estonia and Germany which provided data for 15%, 18% and 30% of new diagnoses, respectively. Nearly half (49%) of all cases with a CD4 cell count were considered to have been diagnosed several years after being infected, with a count of less than 350 cells per mm³, including 29% of cases considered to have advanced HIV infection (CD4 less than 200 cells/mm³). The proportion of those diagnosed late (CD4 count below 350 cells per mm³) was above 60% among cases with known CD4 cell count at diagnosis in Romania (63%) and Slovenia (64%).

Among all cases diagnosed in 2018 where information on CD4 count or acute HIV infection was available, 11% (1888) of cases were reported as acute infections and 26% (4 638) as more recent infection (i.e. with a CD4 count above 500 cells per mm³ at diagnosis) (data not shown). Among MSM diagnosed in 2018 where information was available, 13% (1 091) were reported as acute infections and 31% (2 512) had a CD4 count above 500 cells per mm³ at diagnosis (Figure 1.7).

When analysing CD4 cell count, the highest proportions of people presenting at a later stage of HIV infection (CD4 <350 cells/mm³) were observed among women (51%), older adults (56% in 40–49-year-olds and 64% in people over 50 years), men or women infected by heterosexual sex (63% and 53% respectively), people who acquired HIV through injecting drug use (53%), and migrants from south and south-east Asia (56%) and sub-Saharan Africa (57%) (Figure 1.8, Table 13).

The lowest proportions of late diagnosis (CD4 <350 cells/mm³) were observed among younger age groups (32% of those aged 15–24 years), men who acquired HIV through sex with another man (41%) and migrants from other western European countries (34%) (Figure 1.8).

The interval between the date of diagnosis and the date of the CD4 count was used as a proxy for time to linkage to care and, among cases where CD4 data were reported, 78% of those diagnosed in 2018 were linked to care within four days of HIV diagnosis and 98% were linked to care within three months (Figure 1.9).

1.2. Trends in HIV diagnoses

The trend in reported HIV diagnoses for the period 2009–2018 has shown a slight decline in recent years. Rates in the earlier part of this decade were 6.6 per 100 000 in 2009, increasing to 6.8 in 2012 and decreasing steadily thereafter to 5.6 in 2018 (28 432 cases when adjusted for reporting delay; see Table 1, Figure 1.10 and Annexes 1 (for reporting delay adjustment methods), 5 (for country comments) and 6 (results)).

While the overall EU/EEA trend appears to have declined during the past decade, trends at national level vary. Several countries, including Austria, Belgium, Denmark, France, Estonia, Italy, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain and the United Kingdom, have also reported a decline in rates of new diagnoses, even after adjusting for reporting delay. In contrast, since 2009, and taking reporting delay into account, rates of HIV diagnoses have more than doubled in Malta and have increased by more than 50% in Bulgaria, Croatia, Cyprus, Hungary, Iceland, and Slovakia (Table 1, Annex 6). Some countries are more affected by reporting delay, meaning that decreases in the rates of new HIV diagnoses may be overestimated and increases in rates underestimated.

Trends differ by gender and age group. Age-specific rates have declined since 2009 in all age groups except for male adults over 50 years, with rates among 25–29-year-olds and 30–39-year-olds consistently higher than other groups throughout the period in both women and men. Age-specific rates in females have declined more markedly in those under 40 years, while rates among females

Figure 1.7: Acute infection or CD4 cell count per mm³ at HIV diagnosis, overall and by transmission group, EU/EEA, 2018

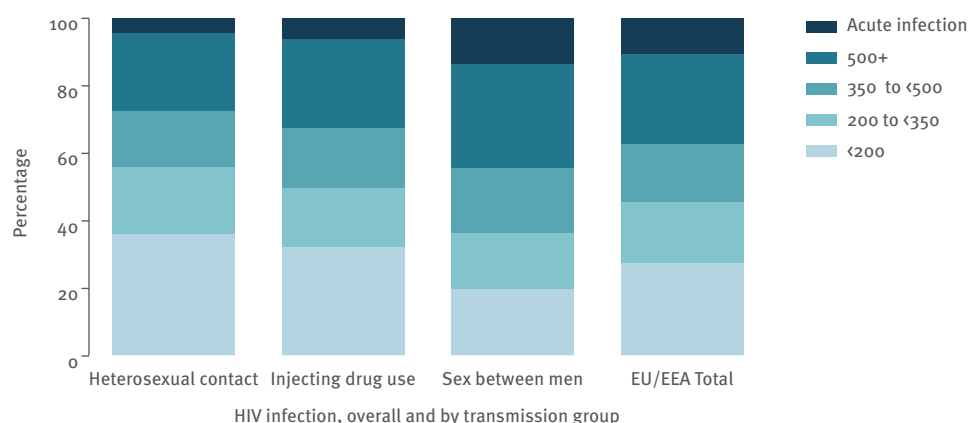
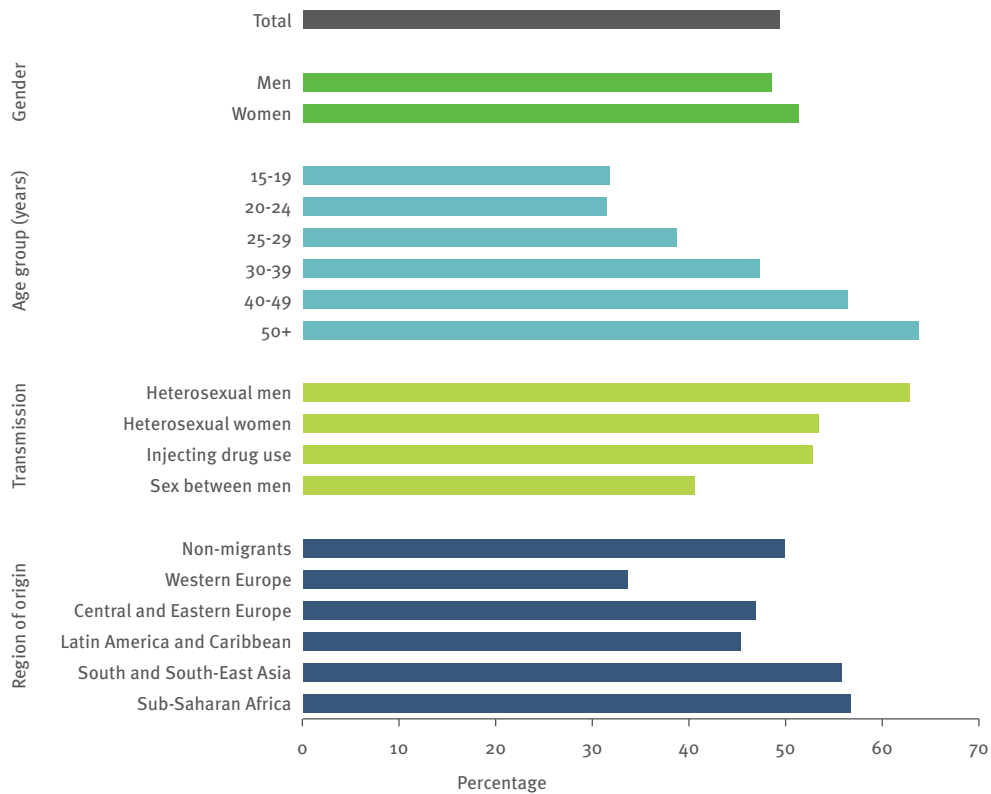
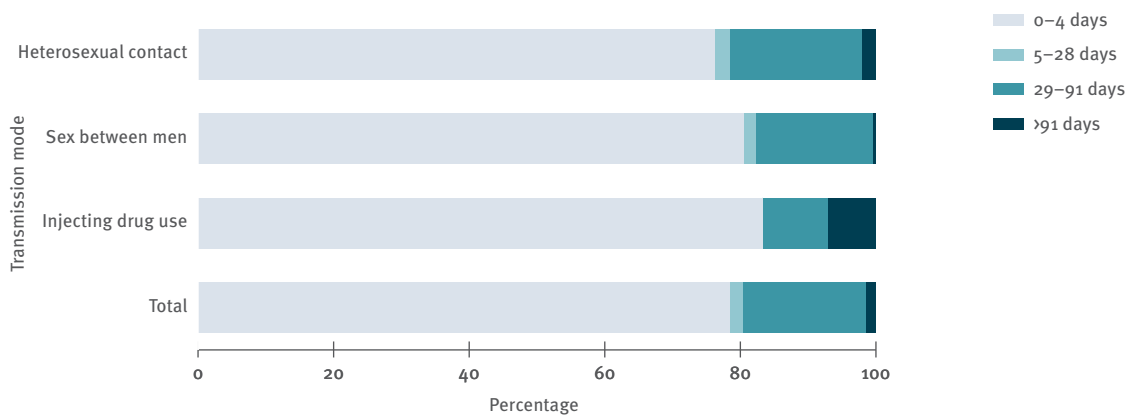


Figure 1.8: Percentage of people diagnosed late (CD4 cell count < 350 per mm³) by demographic, EU/EEA, 2018



Note: cases with unknown CD4 count and individuals previously diagnosed abroad are excluded from proportions presented here.

Figure 1.9: Linkage to care after HIV diagnosis in the EU/EEA, 2018 (n=2585).



40 years and older have remained stable. Among males, rates among 20–29-year-olds peaked in 2014 and have declined since. Rates in males aged 30–49 years have declined during the period. Meanwhile, rates in males aged 15–24 years and in men over 50 have remained stable (Figure 1.11a, 1.11b).

Between 2009 and 2018 the median age at HIV diagnosis increased from 36 years to 37 years overall (and from 33 to 37 years among women, while remaining at 37 years in men). A larger proportion of diagnoses is being reported in older age groups; 14% of people diagnosed in 2009 were over 50 years at HIV diagnosis, rising to 20% in 2018. In women, 12% of diagnoses in 2009 and 19% in 2018 were among those aged 50 years or above, while in men, 15% of diagnoses in 2009 and 21% in 2018 were among those aged 50 years or above (data not shown).

HIV diagnoses among those born outside of the reporting country comprised 43% of all new diagnoses in 2009, decreasing slightly to 37% in 2013 but increasing again in 2018 to 42% (Figure 1.12). New diagnoses among people originating from sub-Saharan Africa decreased from 23% of all new diagnoses in 2009 to 18% in 2018, while new diagnoses among people originating from other countries in central and eastern Europe increased from 4% to 7% of all new diagnoses. The proportion of people originating from other regions has remained stable.

Since 2009, most EU/EEA countries have consistently reported data on transmission mode. From those countries consistently reporting, the data over the past decade indicate the following:

- The proportion of all HIV diagnoses attributed to sex between men increased from 38% of cases in 2009 to 43% in 2015, then decreased to 39% in 2018. The number of HIV diagnoses reported among MSM in

countries reporting consistently increased from 8 972 cases in 2008 and peaked at 10 300 in 2014. Fewer cases were reported in 2018 (7 589), with reporting delay probably playing some role in this decline. Most of the decline appears to be due to fewer diagnoses among MSM in Austria, Belgium, Finland, France, Germany, Greece, the Netherlands, Portugal and the United Kingdom. Increases were observed in many EU/EEA countries between 2009 and 2018 (Table 4), with substantial increases noted in Bulgaria, Cyprus, Iceland, Ireland, Poland, Romania, and Slovakia in recent years. Cases attributed to MSM born outside of the reporting country increased during the period, declining slightly between 2016 and 2018 but not to the same extent as observed in MSM who were natives of the EU/EEA (Figure 1.14).

- The number of heterosexually acquired cases decreased steadily in women, from 5 477 in 2009 to 3 526 in 2018, and in men, from 4 402 to 3 045 during the same decade (Figure 1.13a). The proportion of all HIV diagnoses attributed to heterosexually-acquired infection in women decreased from 23% of cases in 2009 to 18% in 2018, and that attributed to heterosexually acquired infection in men decreased from 19% to 16% during the same period (Figure 1.13b). Between 2009 and 2018, the number of cases among women and foreign-born heterosexuals decreased at a greater rate than cases among men and non-foreign-born people (Figure 1.13a, 1.14). The decline in foreign-born cases is mainly due to sharp decreases among migrants originating from countries with generalised HIV epidemics (5 740 in 2009 and 3 960 in 2018). Despite the overall decline in heterosexually-acquired cases during this period, new diagnoses in Slovakia increased substantially in this group.

Figure 1.12: Percentage of new diagnoses among people born abroad, by year of diagnosis and region of origin, EU/EEA, 2009–2018

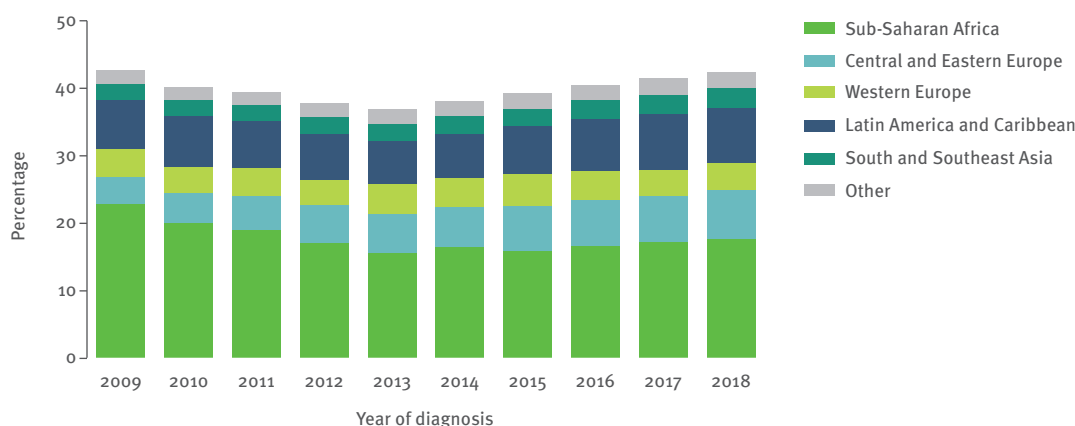
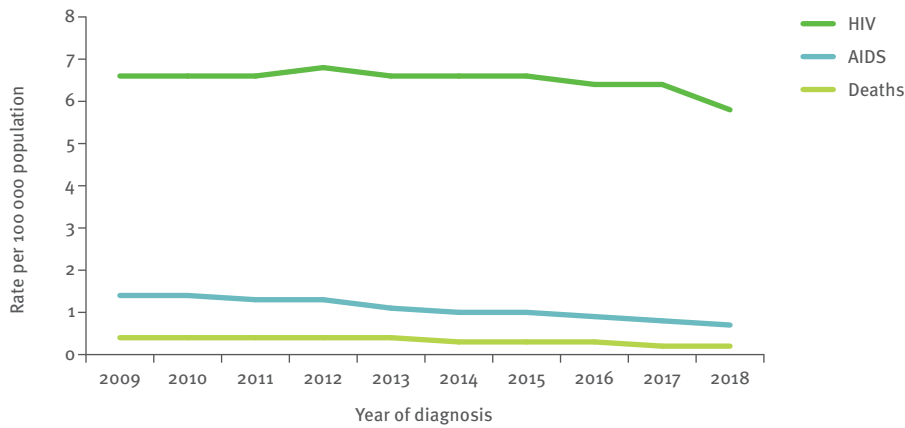


Figure 1.10: People diagnosed with HIV, AIDS and deaths reported per 100 000 population, EU/EEA, 2009–2018



Note: Rates exclude countries not reporting consistently over the period: Sweden (AIDS and AIDS-deaths), Italy and Denmark (AIDS deaths)

Figure 1.11a: Age-specific trends in new HIV diagnoses in men, 2009–2018

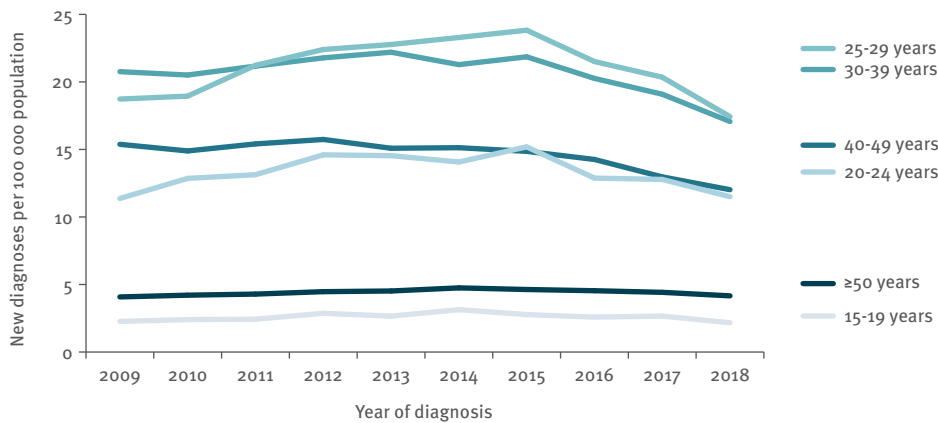
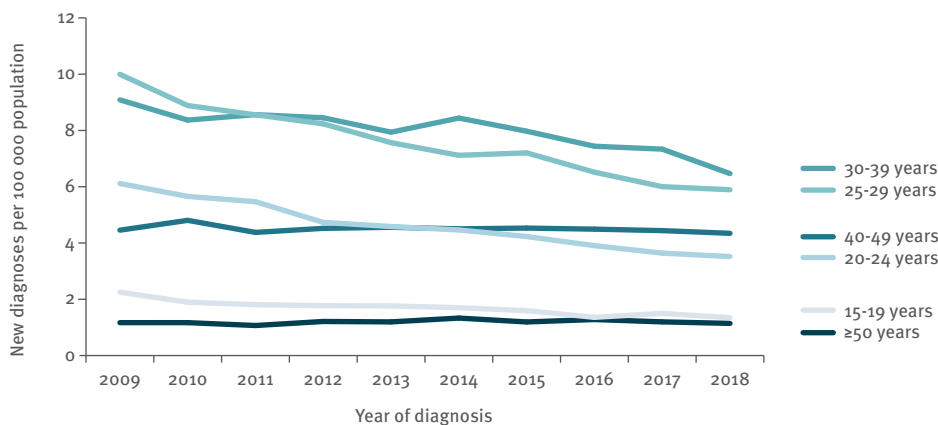


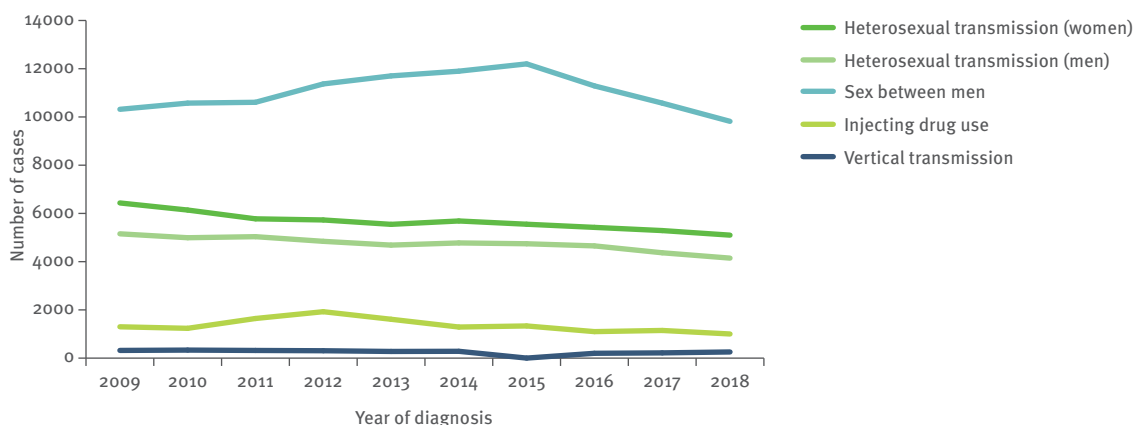
Figure 1.11b: Age-specific trends in new HIV diagnoses in women, 2009–2018



Note: These figures contain data for 29 countries. Data from Italy and Spain are excluded due to incomplete coverage of the surveillance for a portion of the period.

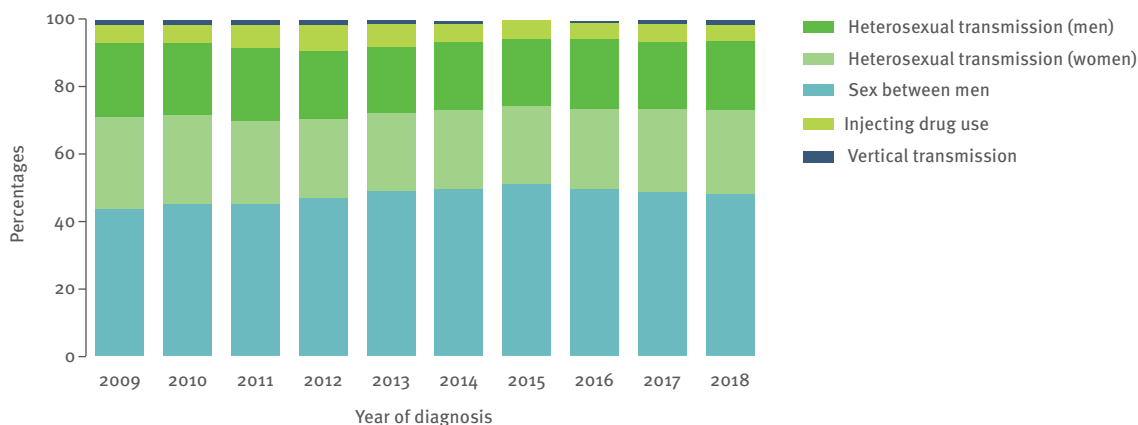
- The number of HIV diagnoses reported among people who inject drugs has also declined since 2009 (from 1117 cases to 750) in both foreign-born and non-foreign-born people (Figure 1.13a, 1.14). A temporary increase in overall numbers for the EU/EEA was observed in 2011 and 2012 due to localised outbreaks reported in Greece and Romania, but the overall downward trend in the number of reported cases continued for the EU/EEA in 2018 (Table 5). Several countries including Austria, Bulgaria, Estonia, France, Italy, Portugal and Spain, have seen a sharp decrease in the rate of HIV diagnoses due to injecting drug use during the past decade.
- The number of diagnoses reported to be due to vertical transmission of HIV decreased from 270 in 2009 to 162 in 2018 (Figure 1.13a). Throughout the period, between two thirds and three quarters of these cases originated from outside the reporting country.
- The number of HIV diagnoses reported to be due to nosocomial infection has remained stable over the period, with eight cases in 2009 and nine in 2018. The number of cases reported to be due to transfusion of contaminated blood and its products remained stable at 76 in 2009 to 74 in 2018. A large and growing proportion of these cases was among people who had migrated to the EU/EEA and were later diagnosed in the reporting country (86% in 2009 to 100% in 2018 among nosocomial cases, and 73% in 2009 to 84% in 2018 among transfusion-related cases).
- The number of cases with an unknown mode of transmission increased significantly from 3 297 in 2009 to

Figure 1.13a: HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2009–2018



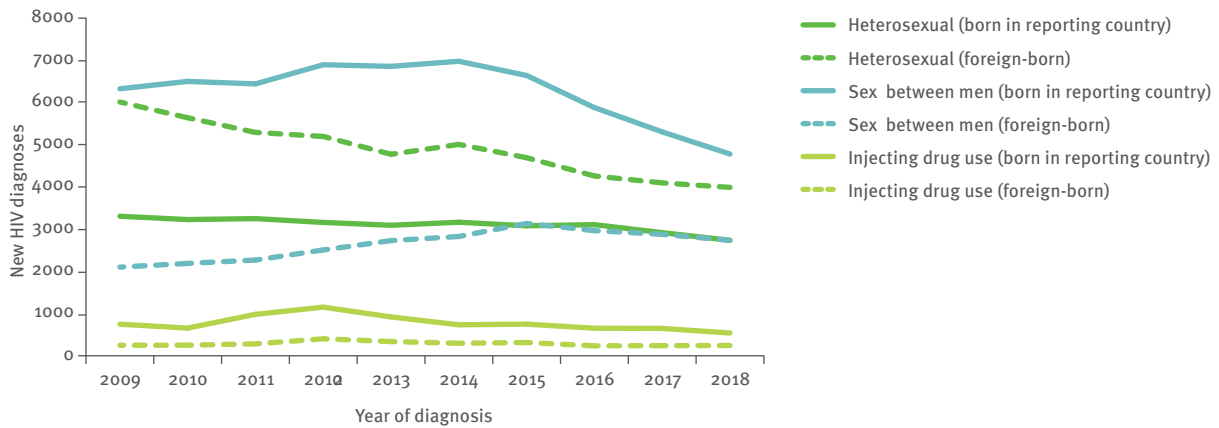
Data from 26 EU/EEA countries included. HIV diagnoses reported by Estonia, Malta and Poland excluded due to incomplete reporting on transmission mode during some years of the period; diagnoses reported by Italy and Spain excluded due to incomplete reporting during a portion of the period. Data are adjusted to account for unknown transmission category.

Figure 1.13b: Percentage of HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2009–2018



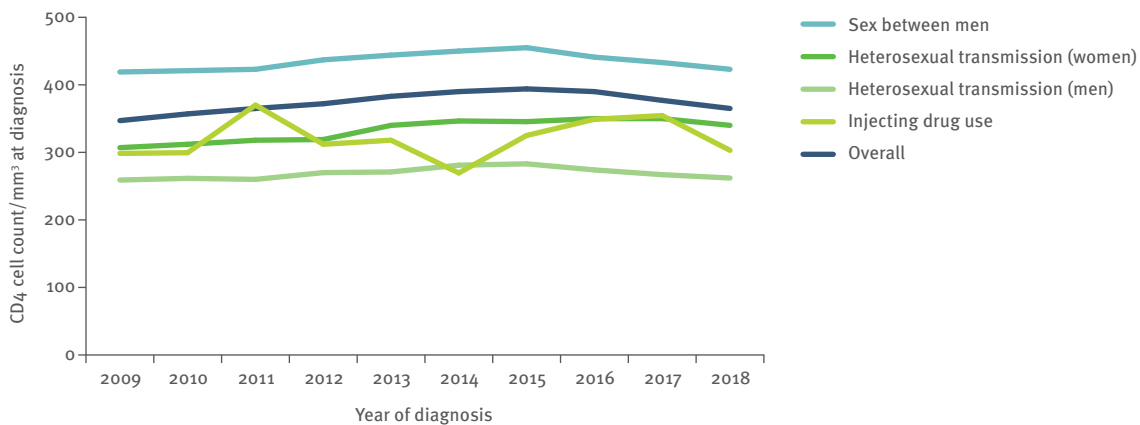
Change footnote to read: Data from 26 EU/EEA countries included. HIV diagnoses reported by Estonia, Malta and Poland excluded due to incomplete reporting on transmission mode for during some years of the period; diagnoses reported by Italy and Spain excluded due to incomplete reporting for during a portion of the period. Data for missing transmission is imputed.

Figure 1.14: New HIV diagnoses, by year of diagnosis, transmission and migration status, adjusted for reporting delay, EU/EEA, 2009–2018



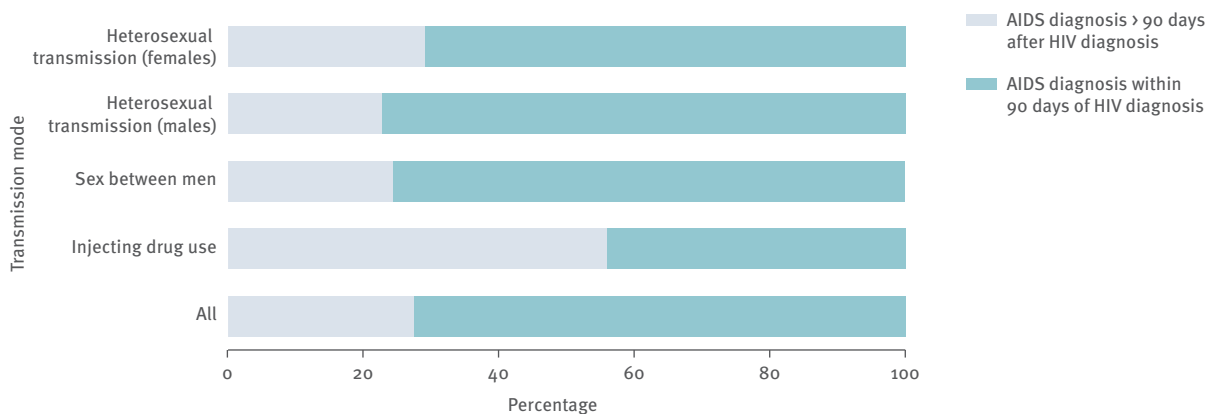
Data from 26 EU/EEA countries included. HIV diagnoses reported by Estonia, Malta and Poland excluded due to incomplete reporting on transmission mode during some years of the period; diagnoses reported by Italy and Spain excluded due to incomplete reporting during a portion of the period.

Figure 1.15: Median CD4 cell count per mm³ at HIV diagnosis, by transmission mode, EU/EEA, 2009–2018



Excludes countries with > 60% incomplete data on CD4 cell count during any year over the period (Croatia, Estonia, Germany, Hungary, Ireland, Liechtenstein, Lithuania, Malta, Poland, and Sweden). Acute infections are excluded from this analysis.

Figure 1.16: Percentage of AIDS diagnoses within 90 days of HIV diagnosis, EU/EEA, 2018 (n=1888)



4 189 in 2018 (14% of cases in 2009 and 22% in 2018). This increase is affected by reporting delay and is expected to decrease slightly in future reporting.

- Reporting delays differ significantly among transmission categories for some countries. When standardised adjustments for reporting delay are introduced, they increase the number of reported HIV cases in all transmission categories by between 8% and 19%, depending on the category. (Figure 1.13a and Figure 1.14 show these adjusted trends.)

While many people are still being diagnosed several years after being infected with HIV, the median CD4 cell count at HIV diagnosis has increased significantly over the past decade, from 347 (95% CI: 340–352) cells/mm³ in 2009 to 365 (95% CI: 359–372) cells/mm³ in 2018. The group with the highest median CD4 cell count at diagnosis is MSM, with 423 cells/mm³ in 2018. However, this has also improved over the past decade indicating earlier diagnosis (Figure 1.15). Median CD4 count at diagnosis was lower in cases attributed to heterosexual transmission, but similarly increased over the period (from 284 cells/mm³ in 2009 to 297 cells/mm³ in 2018, mostly driven by an increase from 307 cells/mm³ to 340 cells/mm³ in women).

1.3. AIDS cases, morbidity and mortality

Despite improvements in early diagnosis of HIV, 3 235 diagnoses of AIDS were reported by 30 EU/EEA countries¹¹ in 2018 – a crude rate of 0.6 cases per 100 000 population (Table 15). The highest rate was reported by Latvia (5.1 per 100 000 population; 99 cases). Overall, 72% of AIDS diagnoses in 2018 were made within 90 days of the HIV diagnosis, although this is affected by reporting practices in some countries which only report AIDS at the time of HIV diagnosis. Among people whose HIV infection was attributed to injecting drug use, over half

(56%) of AIDS diagnoses were made more than 90 days following the HIV diagnosis (Figure 1.16).

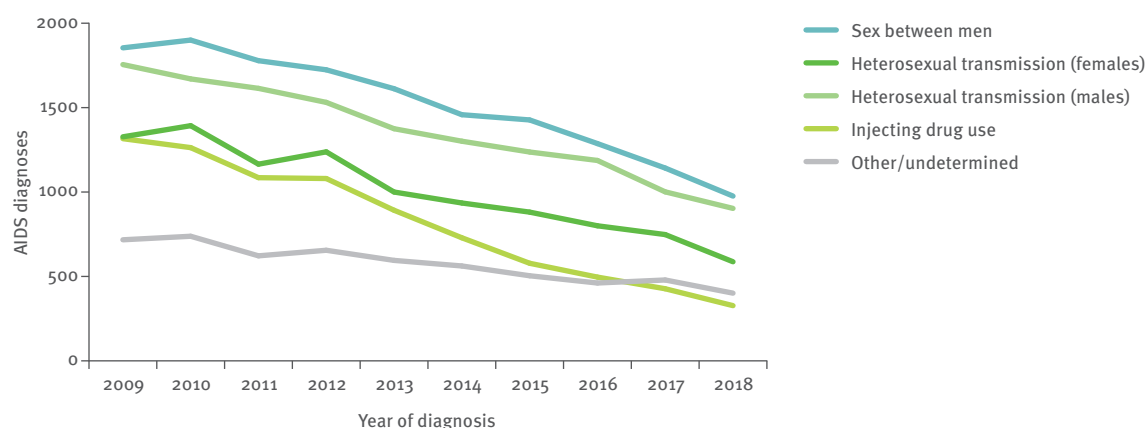
The rate of reported AIDS cases has more than halved in the past decade, down from 1.4 per 100 000 reported in 2009 (Figure 1.10). This decline is noted in men and women and in all transmission groups, but appears greatest among cases attributed to injecting drug use (Tables 16–20, Figure 1.17). Despite the general EU/EEA-wide decline, an increase has been reported in the rate of AIDS diagnoses since 2009 in Bulgaria, the Czech Republic, Hungary and Slovakia.

The most common AIDS-indicative diseases diagnosed in 2018 in the EU/EEA were *Pneumocystis pneumonia* (21% of all AIDS-indicative diseases), pulmonary and/or extrapulmonary TB (13%), wasting syndrome due to HIV (11%) and oesophageal candidiasis (11%) (Table 22). Twenty countries reported TB (pulmonary and/or extrapulmonary) as the AIDS-defining illness in people newly diagnosed with AIDS in 2018. Fourteen per cent of people diagnosed with AIDS in these twenty countries presented with TB as an AIDS-defining illness, ranging from 3% of cases in Hungary to more than 50% in Lithuania (Figure 1.18).

Twenty-eight EU/EEA countries (all but Denmark, Italy and Sweden, which did not report consistently over the past decade) reported data on deaths of people diagnosed with AIDS. Overall, 822 were reported to have died due to AIDS-related causes during 2018 (Table 23), although these data are affected by under-reporting due to the challenges for many countries in linking to death registries. AIDS-related death reports have consistently been decreasing since 2009, when 1 819 deaths were recorded in the countries reporting consistently over time, although delays in reporting affect the latest figures and under-reporting has affected AIDS deaths reporting throughout the period (Table 24, Figure 1.10). From the beginning of the HIV epidemic to the end of 2018, the cumulative total of people diagnosed with AIDS in the EU/EEA was 363 480 (Table 14).

¹¹ This included all EU/EEA countries except Sweden.

Figure 1.17: AIDS diagnoses, by transmission mode, EU/EEA, 2009–2018



Data from Sweden and Belgium excluded due to inconsistent reporting during the period

The cumulative total of cases reported as known to have died due to AIDS-related causes by the end of 2018 was 190 262 (Table 23).

1.4. HIV testing

Twelve countries reported data on HIV tests performed, excluding unlinked anonymous testing and testing of blood donations. The number of tests increased by 22% in countries reporting consistently since 2010 (Table 25). Changes in overall testing activity do not appear to explain the decrease in cases reported, particularly among MSM, in some European countries. It is important to note that numbers provided are collected in a heterogeneous manner and comparisons between country rates should be undertaken with caution, but these data can indicate large changes in overall testing policy or be used to support the interpretation of HIV cases notified.

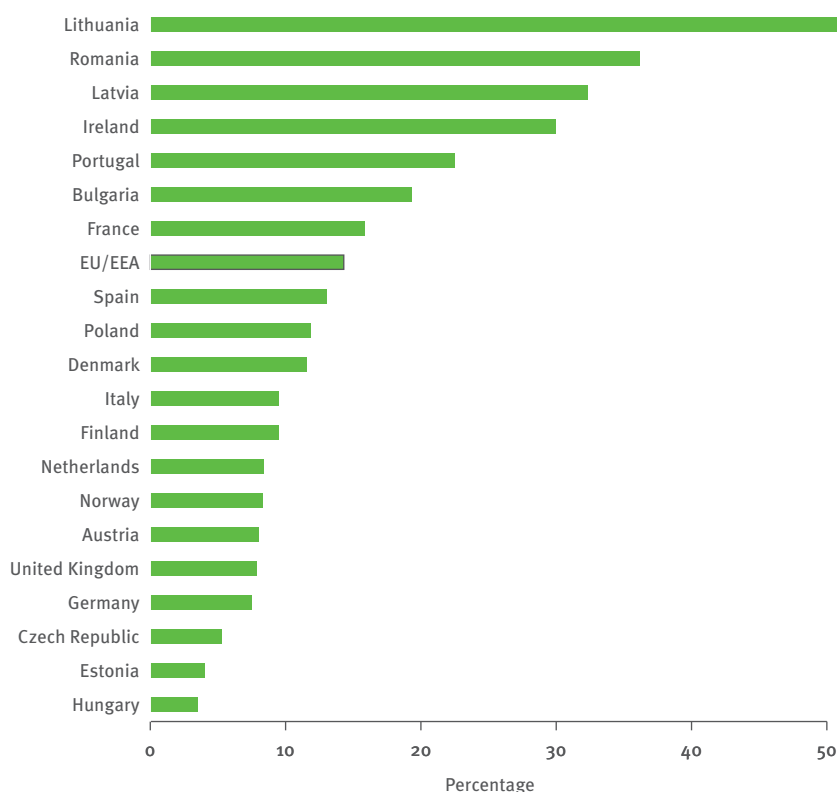
1.5. Conclusions

HIV surveillance data for 2018 indicate important changes in the epidemiology of HIV in EU/EEA countries over the past decade. Rates of AIDS and AIDS-related deaths in the EU/EEA as a whole have decreased significantly over the past decade, reflecting greater access to treatment and better case management,

indicating sustained progress towards the Sustainable Development Goal (SDG) of ending the AIDS epidemic as a public health threat and decreasing AIDS-related deaths. There has been a clear, continuous decline in the rate of new HIV diagnoses per 100 000 population in the EU/EEA overall, with an adjusted rate of 5.8 reported in 2018. While the notification rate is lower than in previous years, it is expected to be revised upwards in future reporting cycles due to reporting delay, which is common for HIV generally and for certain countries in the EU/EEA in particular. Despite the evidence of some progress in reducing the number of new HIV diagnoses in the EU/EEA overall, rates continue to increase in about one third of EU/EEA countries.

There is evidence of a decline in diagnoses among MSM in certain EU/EEA countries that appears to be the main determinant behind the overall decline observed in the EU/EEA. This is significant because MSM still account for the largest number of new HIV diagnoses in the EU/EEA and, until recently, this was the only population in the EU/EEA in which HIV cases were increasing for most of the past decade. The decline at EU/EEA level is driven by substantial declines in specific EU/EEA countries – Austria, Belgium, Finland, France, Germany, Greece, the Netherlands, Portugal and the United Kingdom. Reasons for the decrease may include successful programmes to

Figure 1.18: Proportion of persons diagnosed with AIDS with tuberculosis as an AIDS-defining illness, EU/EEA, 2017 (n = 2 825)



Countries that did not report AIDS (Sweden) or reported no cases of TB as an AIDS-defining illness (Belgium, Croatia, Cyprus, Greece, Iceland, Luxembourg, Slovakia, Slovenia and Sweden) are excluded.

offer more frequent and targeted HIV testing to promote earlier diagnosis, rapid linkage to care and immediate initiation of ART for those found to be positive, which results in higher rates of viral suppression and a decline in HIV incidence [1,2]. A trend toward earlier diagnosis is evident in the mean CD4 count data at diagnosis, which has increased significantly over the past decade in all people diagnosed, including MSM. This indicates improvements in case ascertainment, which could be a result of more effective testing policies. In addition to more frequent testing and linkage to care, the use of formal and informal PrEP may also have played a role in the decline of HIV diagnoses observed in at least some of these settings, as it is noted that PrEP has been made available through the health system or pilot projects in all of these countries [2,3].

However, the positive trends described above are countered by the prevailing situation in several EU/EEA countries where HIV continues to increase among MSM. Substantial increases have been reported in Bulgaria, Cyprus, Iceland, Malta, Poland, Romania, and Slovakia in recent years. Overall in the EU/EEA, and even in some settings with declines in MSM, new HIV diagnoses in migrant MSM have not declined at the same rate as those who are not foreign-born. There is an urgent need to significantly scale up more effective combination-prevention programmes for this at-risk population. This includes promoting the uptake of regular, easy-to-access HIV testing, accompanied by immediate linkage to care and treatment for those found positive, and providing condoms, peer support and PrEP for some populations of high-risk HIV-negative men [4].

The substantial decrease in the number of HIV infections transmitted through heterosexual contact, particularly among women, represents an important epidemiological trend observed over the past decade. Heterosexual transmission nevertheless remains the second most common mode of HIV transmission reported in the EU/EEA, and in some countries it is the most common transmission mode. Despite the overall declines, heterosexual transmission increased substantially in Bulgaria, Lithuania and Romania.

The declining trend in heterosexual cases is probably influenced by the decrease (since 2009) in the number of heterosexually-acquired cases in migrants originating from countries with generalised HIV epidemics [5]. Migrants (or people originating from outside of the reporting country) again constituted a considerable proportion (42%) of new HIV diagnoses in the EU/EEA in 2018. It is important to recognise the emerging evidence that a significant proportion of migrants, even those originating from high HIV-endemic areas, acquire HIV after arrival in the EU/EEA [6–8]. This indicates the need for specific HIV prevention campaigns for migrants from the moment of their arrival, including the offer of HIV testing to newly-arrived migrants to the EU [9].

Transmission among people who inject drugs continues to decline and remains at a low level in most EU/EEA countries, thanks to well-established effective

harm-reduction programmes throughout most of the Region, with the most drastic decline noted in Estonia where new diagnoses among people who inject drugs in 2018 are one-quarter of what they were a decade ago. However, increases were observed in 2016–2017 in Lithuania and in have also been seen in Germany recent years. There were also outbreaks reported during the earlier part of the period in Romania and Greece – countries with previously very low levels of HIV among people who inject drugs [10, 11]. More localised outbreaks have been reported in Ireland, Luxembourg and the United Kingdom (Scotland) [12–14]. This reinforces the importance of maintaining adequate scale and coverage of harm-reduction services and recognising that trends can change quickly for this group in the absence of effective prevention delivered at scale [15].

It is estimated that 120 000 people were living with undiagnosed HIV in the EU/EEA in 2018, implying that about 14% of those living with HIV are not aware of their status [16]. Modelled estimates also indicate that it takes an average of 2.9 years from HIV infection to diagnosis in the EU/EEA, with variation by geographical area from 2.2 to 3.6 years [17]. In addition to the clinical and personal benefits for the person diagnosed, early diagnosis and effective anti-retroviral treatment (ART) can also benefit sexual and injecting partners by inhibiting onward HIV transmission. Nearly half of those newly diagnosed (49%) have a CD4 cell count of below 350 cells per mm³, including 29% of cases with advanced HIV infection (CD4 <200 cells/mm³), indicating the need to improve testing programmes to diagnose people living with HIV at an earlier stage. These data indicate that they were infected many years previously and suggest problems with access to, and uptake of, HIV testing for some segments of the population in these countries.

One of the subgroups to emerge with the highest rate of late diagnosis is older adults (people aged over 50 years), particularly older men reported as having acquired HIV heterosexually. The trend during the past decade has been towards an increasing median age at HIV diagnosis, particularly among women. In 2018, nearly one in five new HIV diagnoses was in a person over 50 years. This may be the result of stigma, or low or inaccurate risk perception among older adults or the healthcare providers who serve them [18].

To reduce the high proportion of people diagnosed late, it is essential to diversify HIV testing by augmenting routine testing for health conditions associated with HIV (indicator condition-guided testing), increasing HIV testing during screening for other sexually transmitted infections, and continuing to expand community-based testing, self-testing/home-sampling and partner notification. New European guidance on setting-based approaches for HIV and viral hepatitis testing, including best practices for effective implementation, can help countries seeking to implement more effective testing programmes [19]. Testing provides not only a gateway to HIV treatment for people found to be positive, but can

also serve as an entry point for high-risk HIV-negative people to effective prevention, including PrEP.

Despite clear evidence of the benefits of introducing ART early for the health of HIV-positive people [20, 21] and the fact that this should serve as an incentive for people to know their HIV status, many continue to be diagnosed with HIV years after becoming infected at an advanced stage of illness. Overall, 72% of AIDS diagnoses were reported to have been made within 90 days of the HIV diagnosis, indicating that most AIDS cases in the EU/EEA are due to late diagnosis of HIV infection. The only group where half of the AIDS cases occurred after the initial HIV diagnosis was among people whose HIV infection was attributed to injecting drug use, possibly indicating that AIDS diagnoses in this group are associated with lack of engagement with clinical services.

Once tested, rapid linkage to high-quality care (including ART) is essential. Ninety-eight per cent of people diagnosed in 2018 who had evidence of linkage to care were linked to care within three months of HIV diagnosis. However, those not linked to care are less likely to be included in the data used to calculate this indicator and therefore this is likely to be an underestimate of poor linkage to care. This bias is slightly countered by the use of the date of the CD4 count as a proxy for time to linkage to care as this would tend to slightly overestimate the time interval. Timely linkage to care following HIV diagnosis is crucial, as delayed access can result in poor patient outcomes (22). Once linked to care, there is evidence that high proportions of people diagnosed with HIV in the EU/EEA have access to ART and achieve viral suppression [23].

Recent years have seen a worrying trend of reduced data completeness on the HIV transmission route, with about one quarter of cases reported in 2018 lacking this important information. Information on probable route of transmission is crucial in order to better inform HIV prevention interventions and programme planning. Greater efforts to improve collaboration with clinicians and follow-up with other data providers may improve the transmission data. Meanwhile, statistical adjustments for missing data were used in select figures presented in this chapter to partially address this issue [24].

The changing epidemiology of HIV infections observed in the EU/EEA over the past decade suggests that some progress has been achieved, particularly in reducing infections attributed to heterosexual transmission and injecting drug use. More recently, progress has also been made in reducing the number of HIV infections resulting from sex between men in selected EU/EEA countries. These epidemiological trends also indicate, however, that it is crucial to sustain, and in some places strengthen, evidence-based HIV prevention interventions tailored to the local epidemiological context and targeting those most at risk.

Programmes on the prevention and control of HIV infection adapted to key populations and maintained to scale remain important in EU/EEA countries. For most EU/EEA

countries, this means a strong focus on MSM, including intra-European and other migrant MSM. Other migrants, both those from countries with generalised HIV epidemics and others, are also a key vulnerable population that needs specific prevention and control efforts in most EU/EEA countries. Given the increasing evidence of post-migration HIV acquisition, it is important that migrant-sensitive services for prevention and HIV testing, combined with policies that promote and ensure linkage and access to care, are delivered in all EU/EEA countries.

Harm-reduction programmes among people who inject drugs and their sexual partners are crucial and should be maintained and scaled up where service coverage is low, particularly when patterns of drug use change. Finally, strengthening the offer and effectiveness of HIV testing programmes to increase the frequency of testing in high-risk individuals will help to decrease late diagnosis and, ultimately, the proportion of people living with undiagnosed HIV in the EU/EEA.

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2. HIV and AIDS in the WHO European Region

2.1. HIV and AIDS diagnoses in the WHO European Region

2.1.1. HIV diagnoses

In 2018, 141 552 people were newly diagnosed with HIV in the WHO European Region, corresponding to a rate of 16.2 per 100 000 population (Table A, Table 1). This number includes new diagnoses reported by 50 countries¹² to the joint ECDC and WHO Regional Office for Europe surveillance system.¹³ It brings the cumulative number of reported HIV diagnoses in the Region since reporting began in the 1980s to 1 974 953. As in previous years, most (79%) of the 141 552 people newly diagnosed with HIV in 2018 were from the East of the Region (111 550), 16% from the West (23 483) and 5% from the Centre (6 519). The rate was also highest in the East (44.8 per 100 000 population), seven times higher than in the West (6.0 per 100 000, adjusted for reporting delay; see Annex 1 for methods and Annex 6 for results) and 14 times higher than in the Centre (3.3 per 100 000) (Table A, Table 1). For men, the rate was 21.6 per 100 000 population (Table 2) and for women it was 11.2 per 100 000 population (Table 3).

Rates of newly diagnosed HIV infections varied widely across countries in the WHO European Region in 2018. The highest rates per 100 000 population (>15.0) were observed in Russia (59.0) followed by Ukraine (37.3), Belarus (25.2), Moldova (22.3), Kazakhstan (17.6), Latvia (16.9), Georgia (16.8), Andorra (15.6) and Malta (15.3). The lowest rates (<3.0) were reported by Bosnia and Herzegovina (0.8), Slovenia (1.7), Slovakia (1.9), Czech Republic (2.0), Serbia (2.1), Austria (2.2), North Macedonia (2.2), Croatia (2.3), Hungary (2.3) and Finland (2.8). No new HIV were diagnosed in Monaco in 2018.

The male-to-female ratio was 1.8, lowest in the East (1.6), higher in the West (2.9) and highest in the Centre (5.6). The highest male-to-female ratios (>15.0) at country level among countries with more than 10 new cases were observed in Slovenia (34.0) and Hungary (24.4) and the lowest (≤ 1.6) in Moldova (1.5), Ukraine (1.6), Russia (1.6) and Kyrgyzstan (1.6) (see the sections 'HIV diagnoses' in Chapter 1 and 'HIV diagnoses in the East' and 'Trends in HIV diagnoses in the East' below).

¹² No data were received from Tajikistan (no data export for 2018 due to technical problems), Turkmenistan or Uzbekistan. Liechtenstein is an EEA Member State but not a WHO Member State, so its data are included in the totals for the EU/EEA but not for the WHO European Region.

¹³ The data reported by Russia was limited to new HIV diagnosis by sex for 2009–2018 and data on HIV testing, which enabled the inclusion of Russia's data in the Tables 1–3 and 25 and in the figures showing the trend of HIV diagnosis. Data on age and modes of transmission presented in this report include countries that provided a full set of data to the joint ECDC/WHO European HIV surveillance system, excluding Russia.

The largest proportion of people newly diagnosed in the 49 reporting countries¹³ were in the age group 30–39 years (35%), while 9% were young people aged 15–24 years and 18% were 50 years or older at diagnosis (Table A, Table 9).

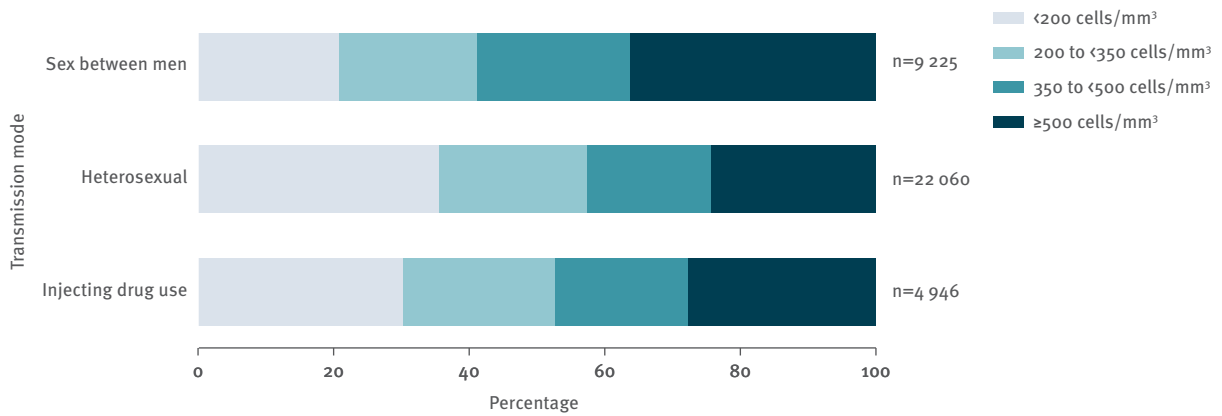
Data on transmission mode (Table A, Tables 4–8, no data received from Russia) provide information about risk exposure among people newly diagnosed with HIV and indicate the following for 2018:

- Heterosexual contact was still the main reported mode of HIV transmission in the WHO European Region, accounting for half (50%) of people newly diagnosed in 2018 (27 662) and 59% of new HIV diagnoses with a known mode of transmission (Table 6). Among those, 12% originated from countries with generalised epidemics (data not shown).
- Sex between men was the second most common transmission mode, accounting for 23% of new diagnoses overall (12 539) and 27% of new HIV diagnoses with a known mode of transmission (Table 4).
- Injecting drug use accounted for 12% of new diagnoses (6 543) and 14% of new HIV diagnoses with a known mode of transmission (Table 5).
- One per cent (0.6%, 358) of cases were infected through mother-to-child transmission (0.8% of those with a known mode of transmission) (Table 7) and 0.2% (108) through other transmission routes (nosocomial infection, transfusion or use of other blood products) (Table 8).
- Transmission mode was reported as unknown or missing for 15% (8 347 cases) (Table 8). Reporting completeness regarding transmission mode varies greatly across the Region, with information lacking for 3% of new diagnoses in the East, 41% in the Centre and 21% in the West.

Information about country of birth, country of nationality or region of origin was provided by 33 countries for 55 325 people newly diagnosed in 2018. Among those with known origin (51 546), 21% (10 611) originated from outside of the reporting country, including 14% (7 434) from outside the WHO European Region and 6% (3 177) from a European country other than the country of report (Table 10).

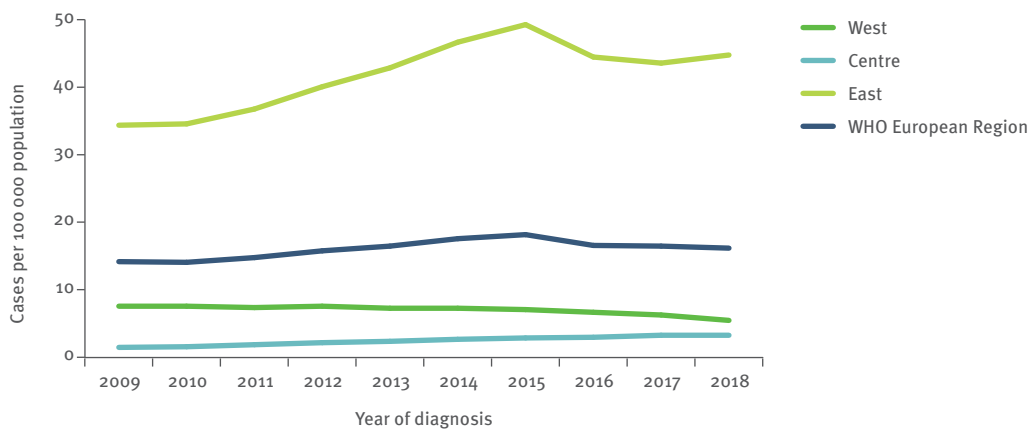
Information about probable country of infection was reported by 33 countries for 28 404 people newly diagnosed. Among people for whom the probable country of infection was known (20 081), 24% (4 795) were infected abroad, including 8% in sub-Saharan Africa, 7% in central and eastern Europe, 3% in western Europe, 3% in south and south-east Asia and 2% in Latin America (Table 12).

Figure 2.1: New HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, WHO European Region, 2018 (n=36 231)



No data from Hungary, Iceland, Monaco, Norway, Poland, Russia, San Marino, Tajikistan, Turkmenistan and Uzbekistan.

Figure 2.2: New HIV diagnoses per 100 000 population, by year of diagnosis, WHO European Region, 2009–2018



Includes data from 50 countries. Data from Tajikistan, Turkmenistan and Uzbekistan excluded due to inconsistent reporting over the decade.

Forty-three countries provided information about CD4 cell count at the time of HIV diagnosis in 2018. Information was reported for 38 225 people over 14 years at diagnosis (covering 69% of all new diagnoses and 71% of diagnoses in the 43 reporting countries) (Table 13). Just over half (53%) of those newly diagnosed were late presenters, with CD4 cell counts below 350 per mm³ blood at the time of HIV diagnosis, including 31% with advanced HIV infection (CD4 <200/mm³). Twenty per cent had a CD4 cell count of between 350 and 500 cells per mm³ and 28% had a count above 500 per mm³ (data not shown). The percentage of those newly diagnosed who were late presenters (CD4 <350/mm³) varied across the Region, but was highest in the East (56%), lower in the Centre (55%) and lowest in the West (49%). The countries with the highest percentages of late presenters (≥ 60%, in countries with more than five cases) were Bosnia and Herzegovina (76%), Montenegro (75%), Albania (73%), Serbia (64%), Slovenia (64%), Romania (63%) and Latvia (60%). Those with the lowest percentages (<45%) were Cyprus (24%), Azerbaijan (29%), Slovakia (39%), Luxembourg (42%), United Kingdom (43%), Czech Republic (43%) and Belgium (44%).

The percentage of late presenters was higher than the regional average of 53% in 19 countries (seven in the East, eight in the Centre and four in the West). The percentage also varied across transmission categories and was highest for people with reported heterosexual transmission (57%, 60% for men and 54% for women) and as a result of injecting drug use (53%), and lowest for men infected through sex with men (41%) (Table 14, Figure 2.1, Figure C). The percentage of people diagnosed at or below 350 CD4 cells per mm³ increased with age, ranging from 32% among people aged 15–19 and 20–24 years at diagnosis, respectively, to 66% among people aged 50 years or above. Overall, by gender the percentage of late presenters was similar (52% for men and 54% for women), however this is confounded by transmission mode and conceals, for men, the difference between MSM (who tend to get diagnosed earlier) and men with reported heterosexual transmission (who tend to get diagnosed later) (Figure C).

2.1.2. Trends in HIV diagnoses

The rate of newly diagnosed HIV infections in the WHO European Region¹⁴, increased by 14% for the period 2009–2018, from 14.2 per 100 000 population (118 546 cases) to 16.2 per 100 000 population (141 552 cases) (Figure 2.2). The increase is mainly driven by an upward trend in the East, where the rate increased by 30%, from 34.4 in 2009 (85 017 cases) to 44.8 in 2018 (111 550 cases). In the Centre the rate increased by 120% – the largest relative increase across the three geographical areas – from 1.5 (2 896 cases) to 3.3 (6 519 cases); and in the West, the rate decreased by 23%, from 7.6

(30 633 cases) to 6.0 (25 633 cases, adjusted for reporting delay¹⁵)

Forty-three countries have consistently reported data on transmission mode for the period 2009–2018 (Figure 2.3). Data from Estonia, Poland and Turkey were excluded because over 50% of the data on transmission mode were missing for the period; data from Spain and Italy were excluded because coverage of the national surveillance system increased during this time period; no data on modes of transmission were reported from Russia and Malta and data from Tajikistan, Turkmenistan and Uzbekistan were not consistently reported during the period.

Data on transmission mode from the countries with consistent data indicate that:

- the number of new diagnoses in people with reported heterosexual transmission increased by 14% in the Region, from 21 597 in 2009 to 24 722 in 2018, while the percentage of all new HIV diagnoses attributed to heterosexual contact increased from 46% of cases in 2009 to 54% in 2018;
- the number of new diagnoses in people infected through sex between men decreased by 5%, from 9 616 in 2009 to 9 173 in 2018, and the percentage of all new HIV diagnoses attributed to sex between men also decreased slightly, from 21% to 20%;
- the number of new diagnoses in people infected through injecting drug use decreased by 42%, from 10 853 in 2009 to 6 295 in 2018, while the percentage of all HIV diagnoses attributed to injecting drug use decreased from 23% in 2009 to 14% in 2018;
- the number of new diagnoses in children infected through mother-to-child transmission decreased by 38%, from 534 in 2009 to 330 in 2018, representing 1.1% of all new HIV diagnoses in 2009 and 0.7% in 2018;
- of the new diagnoses in people infected by other means, nosocomial infections decreased by 69% from 55 cases in 2009 to 17 in 2018 (peaking at 104 cases in 2012); new diagnoses attributed to transfusion of blood and its products decreased by 6%, from 80 in 2009 to 75 in 2018; and
- the number of new diagnoses for which information on transmission mode was unknown or missing increased by 23%, from 3 966 in 2009 to 4 895 in 2018 – representing 8% of all new HIV diagnoses in 2009 and 11% in 2018.

¹⁴ No data were received from Tajikistan (no data export for 2018 due to technical problems), Turkmenistan or Uzbekistan. Liechtenstein is an EEA Member State but not a WHO Member State, so its data are included in the totals for the EU/EEA but not for the WHO European Region.

¹⁵ See Annex 1 for methods and Annex 6 for results (see also 'HIV and AIDS diagnoses in the West' below).

2.1.3. AIDS cases, morbidity and mortality

In 2018, 14 227 people in 48 countries of the WHO European Region¹⁶ were diagnosed with AIDS, which corresponds to a rate of 2.0 per 100 000 population (Table 14). Of the 14 227 people who received a diagnosis of AIDS in 2018, 76% (10 821) were diagnosed in the East, 18% (2 549) in the West and 6% (857) in the Centre of the Region. The rate was also highest in the East (10.5 per 100 000 population), 17 times higher than in the West (0.6 per 100 000) and more than 25 times higher than in the Centre (0.4 per 100 000 population).

The rate of new AIDS diagnoses varied widely among the countries, with the highest rates (≥ 3.0) reported in

Ukraine (20.9), Moldova (9), Armenia (7.1), Georgia (4.9), Latvia (5.1), and Belarus (4.0), and the lowest rates (<0.3) reported in Turkey (0.1)¹⁷, North Macedonia (0.2), Germany (0.2), Ireland (0.2), Norway (0.2) and Slovakia (0.2). Andorra, Malta, Monaco and San Marino reported zero cases.

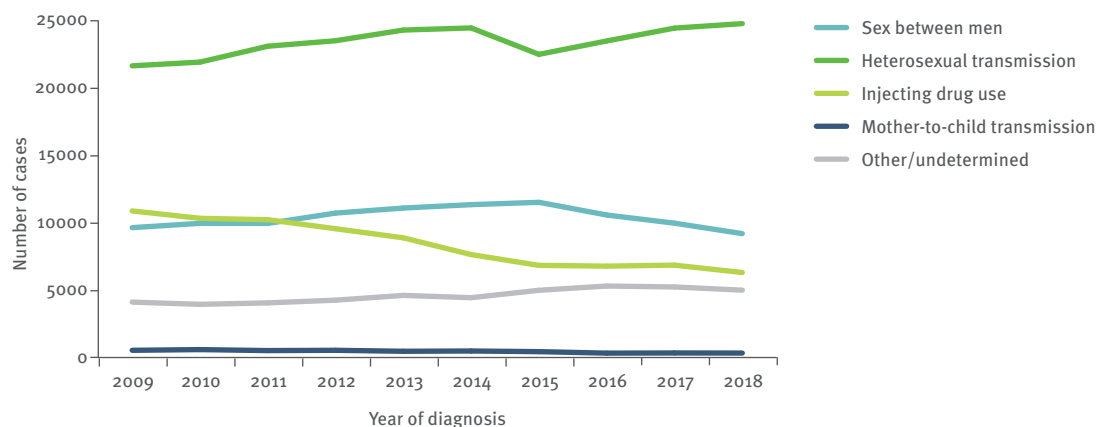
Twenty per cent of those diagnosed with AIDS presented with TB as an AIDS-defining illness, ranging from 13% of cases in the West and 21% in the Centre to 28% in the East.

The overall rate of new AIDS diagnoses in the Region increased by 5% between 2009 and 2018, from 1.9 per 100 000 population (13 454 cases) to 2.0 per 100 000

¹⁶ No data were reported from Russia, Sweden, Tajikistan, Turkmenistan or Uzbekistan.

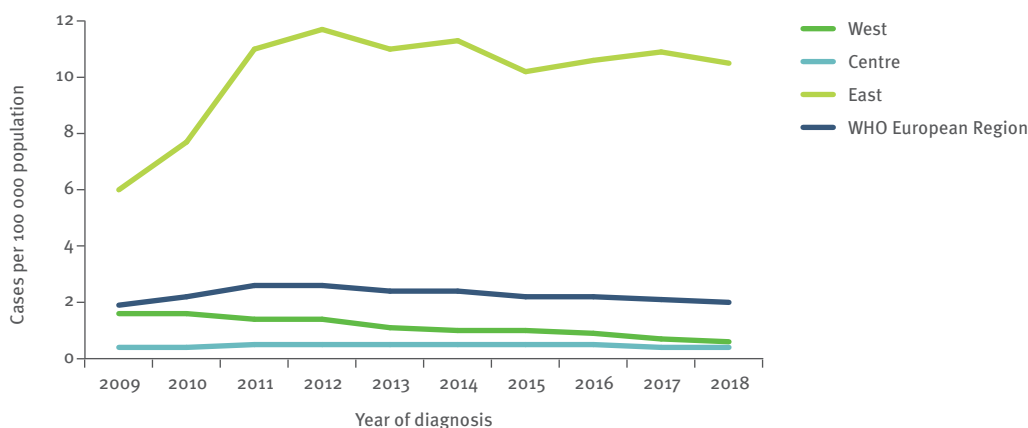
¹⁷ AIDS data for Turkey only include those diagnosed with AIDS at the time of HIV diagnosis and are therefore not comparable with AIDS data from other countries.

Figure 2.3: New HIV diagnoses, by transmission mode and year of diagnosis, WHO European Region, 2009–2018



Data from Tajikistan, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period; data from Estonia, Malta, Poland and Turkey excluded due to incomplete reporting on transmission mode during the period; data from Italy and Spain excluded due to increasing coverage of national surveillance during the period. Data was not reported from Russia.

Figure 2.4: New AIDS diagnoses per 100 000 population, by geographical area and year of diagnosis, WHO European Region, 2009–2018



Data from Russia, Sweden, Tajikistan, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period.

(14 227 cases), in the 48 countries with consistent AIDS data¹⁸ (Figure 2.4). Since there are reporting delays in some countries, this decrease is expected to even out in the coming years.

AIDS trends varied greatly across the three geographical areas. In the East, the rate nearly doubled, from 6.0 in 2009 to 10.5 in 2018. In the Centre, the rate remained stable at 0.4 per 100 000 population, while in the West, the steady downward trend continued, with a 62% decrease from 1.6 in 2009 to 0.6 in 2018 (Figure 2.4).

Information about AIDS-related deaths, or deaths among people previously diagnosed with AIDS for countries and years where cause of death (AIDS or non-AIDS related) was unknown or could not be reported, was provided by 46 countries in the WHO European Region¹⁹, and included 4 882 people who were reported to have died during 2018. This represented a 2% decrease compared with the 4 967 deaths reported for the same countries in 2009. Of the 4 882 deaths in 2018, 83% were reported from the East of the Region, 11% from the West and 6% from the Centre (Table 23). It is important to note that delays in reporting and under-reporting have a significant impact on these numbers at European level, particularly when the death occurs long after HIV or AIDS diagnosis. The numbers presented here should therefore not be interpreted as being representative of the true AIDS mortality burden in the European Region. According to a country survey from 2006, only about one third of countries in the WHO European Region were able to match their HIV/AIDS registries with their national mortality or vital statistics registries [1].

2.2. HIV and AIDS diagnoses in the East

2.2.1. HIV diagnoses in the East

In 2018, 111 550 people were newly diagnosed with HIV across 12 countries²⁰ in the East of the WHO European Region, giving a rate of 44.8 per 100 000 population. This number includes 85 995 new diagnoses reported from Russia²¹, and 25 555 from the remaining 11 reporting countries in the East of the WHO European Region.

The highest rates of HIV diagnoses (>20.0) for 2018 were observed in Russia (59.0 per 100 000 population), Ukraine (37.3), Belarus²² (25.2) and Moldova (22.3),

while the lowest (<10.0) reported by Azerbaijan (6.6) and Lithuania (5.7).

Among the 11 countries in the East²³ reporting age distribution, most of those newly diagnosed (40%) were in the age group 30–39 years, while only 6% were young people aged 15–24 years and 15% were 50 years or older at the time of diagnosis (Table A, Table 9). The male-to-female ratio was 1.6, the lowest of the three geographical areas, with 39% of new diagnoses among women in the East in 2018. The male-to-female ratio was highest (>2.0) in Georgia (3.1), Lithuania (2.8), Estonia (2.2), Latvia (2.1) and Armenia (2.1), and lowest (<1.6) in Moldova (1.5) (Figure 2.5). Among those reported as infected through heterosexual transmission, the male-to-female ratio was ≥ 1.5 in three countries (Georgia (1.7), Lithuania (1.6) and Armenia (1.5)), suggesting that more men than women were reported as infected through heterosexual contact in these countries. As this pattern differs from other countries, where more heterosexual cases tend to be in women, it cannot be ruled out that some of these men may in fact have been infected through injecting drug use or sex with other men, but misclassified in the heterosexual category.

Heterosexual contact and injecting drug use are still the main modes of HIV transmission reported in the East of the Region. Reported transmission related to sex between men remains low, although it is increasing.

In 2018, a total of 25 555 new HIV diagnoses were reported from 11 countries in the East, with data by transmission mode suggesting the following (Table A, Tables 4–8, Figure 2.6):

- Seventy per cent of those newly diagnosed and 72% of new HIV diagnoses with a known mode of transmission were infected heterosexually (17 886), making it the main mode of transmission reported in all countries in the East (Table 6).
- Twenty-two per cent of those newly diagnosed and 23% of new HIV diagnoses with a known mode of transmission were infected through injecting drug use (5 654) (Table 5). Transmission through injecting drug use accounted for 20% or more of new diagnoses with a known transmission mode in five countries (Lithuania (40%), Latvia (35%), Kazakhstan (29%), Estonia (24%) and Ukraine (24%).
- Four per cent were infected through sex between men (1 132) (Table 4), but two countries (Estonia and Georgia) reported that sex between men accounted for 10% or more of new diagnoses with a known transmission mode.
- One per cent (0.6%) of those diagnosed were infected through mother-to-child transmission (162) (Table 7) and 0.04% [11] through other transmission routes (nosocomial infection, transfusion or use of other blood products).

¹⁸ Data from Russia, Tajikistan, Turkmenistan and Uzbekistan are excluded or not reported.

¹⁹ No data were received from Denmark, Italy, Russia, Sweden, Tajikistan, Turkmenistan or Uzbekistan.

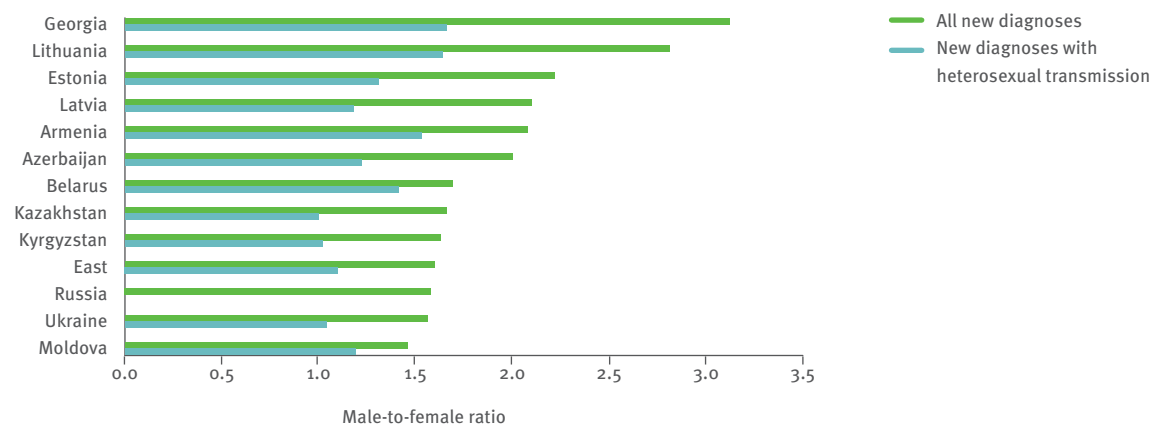
²⁰ Due to technical problems, no data export for 2018 from Tajikistan was available and no data were received from Turkmenistan or Uzbekistan.

²¹ This year, Russia has reported data for 2018 to the joint surveillance system, and in addition historic data for 2009–2017, but the reporting was limited to the new HIV diagnosis by sex and data on HIV testing. Detailed information on the status of the data submitted by Russia can be found in Annex 5.

²² Due to technical issues Belarus reported 33 extra cases in 2018 but because of the late notice these cases could not be removed from the total number of new diagnoses.

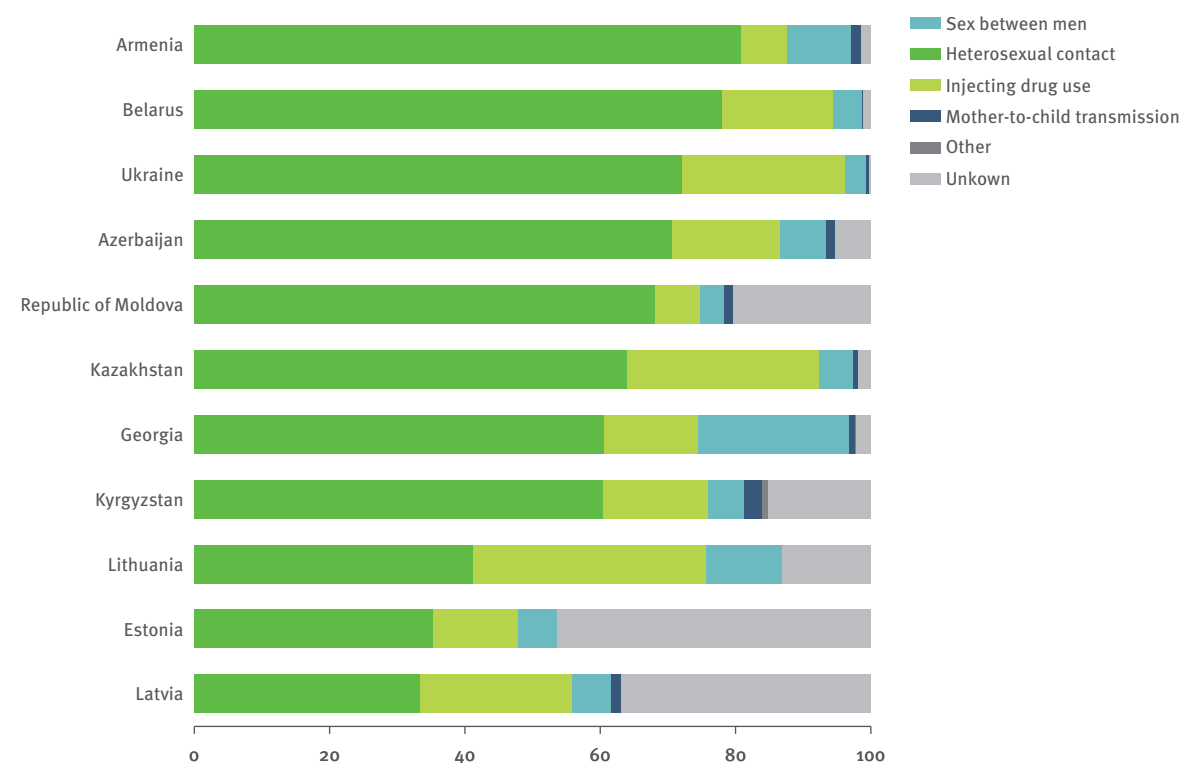
²³ Data from Russia was not included.

Figure 2.5: Male-to-female ratio in all new HIV diagnoses and new diagnoses with heterosexual transmission, by country, East, 2018 (n = 111 550; 17 886)



No data from Tajikistan, Turkmenistan and Uzbekistan. Russian Federation no data on mode of transmission.

Figure 2.6: New HIV diagnoses, by country and transmission mode, East, 2018 (n = 25 555)



No data from Russian Federation, Tajikistan, Turkmenistan and Uzbekistan.

- Transmission mode was reported as unknown or missing for only 3% of those newly diagnosed across the 11 countries in the East of the Region (710), but at country level, transmission mode information was lacking for 15% or more of cases in four countries: Estonia (46%), Latvia (37%), Moldova (20%) and Kyrgyzstan (15%).

Analysing the new diagnoses by age group and transmission mode for the 11 reporting countries in the East

(Figure 2.7) shows that 30–39-year-olds accounted for most HIV diagnoses across all transmission groups (49% of people infected through injecting drug use, 38% with reported heterosexual transmission and 34% through sex between men). People in the younger age groups tended to be infected through sex between men: among MSM, 50% of adults (aged 15–49 years) were under 30 years at diagnosis, compared with only 12% and 17% among those infected through injecting drug use and heterosexual sex, respectively. People aged 50 years

and above were more frequently infected as a result of heterosexual sex (18% compared with 7% and 4% for injecting drug use and MSM, respectively) (Figure 2.7).

Eleven countries in the East provided information about CD4 cell count at the time of HIV diagnosis for 20 622 people above 14 years (covering 81% of the 25 555 new diagnoses in the eleven countries (Table 13). Fifty-six per cent of these people were late presenters, with CD4 cell counts below 350 per mm³, including 33% with advanced HIV infection (CD4 <200/mm³) at the time of HIV diagnosis. The percentage of people diagnosed with a CD4 count of less than 350/mm³ was higher than 50% in eight of the 11 countries. The percentage of late presenters varied across transmission categories; being highest for people infected heterosexually (57%) and through injecting drug use (52%), and lowest for men infected through sex with men (45%) (Figure 2.8).

Ten countries in the East provided information about the probable country of infection for 9 806 people newly diagnosed in 2018 (covering 38% of the new diagnoses reported by the 11 countries in the East of the Region, data from Russia was not reported) (Table 12). Among the 9 095 cases for whom the probable country of infection was known, only 10% (880 cases) were infected abroad, including 9% in central and eastern Europe. The data suggest that most of those newly diagnosed with HIV in the East of the Region are infected in the reporting country and that those infected abroad are infected in neighbouring countries of central and eastern Europe.

2.2.2. Trends in HIV diagnoses in the East

The increasing trend in newly diagnosed HIV infections continued in the East²⁴ over the last decade, with a 30% increase in the rate of new diagnoses per 100 000 population, from 34.4 in 2009 (85 017 cases) to 44.8 in 2018 (111 550 cases) (Figure 2.2).

The decrease in new diagnoses from 2015 to 2016 (Figure 2.2) coincided with a change in the case definition in Russia²⁵. Between 2009 and 2018, the rate more than doubled in two countries (Armenia and Belarus), whereas five countries had an increase of 30–81% over the decade: Georgia (81%), Russia (36%), Kazakhstan (36%), Latvia (33%) and Moldova (30%). In Estonia, the only country that has seen a sustained decrease in new diagnoses over the decade, the rate continued the steady decline that began after the 2001 peak in new diagnoses and continued through to 2018 (Table 1).

The number of newly diagnosed women increased by 19% across the 12 countries, from 36 053 in 2009 to 42 948 in 2018, and the number of newly diagnosed men increased by 41%, from 48 787 to 68 602 (Tables 2 and 3). The overall trend largely reflects the situation in Russia which

accounts for the vast majority of new cases reported in 2018. Among the other countries there are significant variations. Three countries (Azerbaijan, Kazakhstan and Kyrgyzstan) have all experienced much larger increases among women over the decade (76–181%) compared to the increase among men (6–44%).

Information about mode of transmission for the period 2009–2018 (Figure 2.9) from the 11 countries with consistent data suggests the following:

- The number of new diagnoses in people with reported heterosexual transmission increased by 57%, from 11 368 in 2009 to 17 819 in 2018. The increase was considerably larger among men with heterosexual transmission (a 118% increase) than women with heterosexual transmission (20% increase). At the same time, the percentage of all new HIV diagnoses attributed to heterosexual contact increased from 51% of cases in 2009 to 70% in 2018.
- The number of new diagnoses in people infected through injecting drug use decreased by 43%, from 9 853 in 2009 to 5 630 in 2018, but a moderate increase was seen between 2017 and 2018 in two countries (Estonia and Moldova) (Table 5). The percentage of all new HIV diagnoses attributed to injecting drug use decreased from 44% in 2009 to 22% in 2018.
- The number of new diagnoses in people infected through sex between men increased more than six-fold, from 173 in 2009 to 1 121 in 2018. This is by far the highest relative increase across the various transmission modes and geographical areas. It is clearly visible on the logarithmic scale of Figure 2.9, which facilitates the comparison of rates of change, regardless of starting point. Although it has increased, the percentage of all new HIV diagnoses attributed to sex between men has nevertheless remained low at 0.8% in 2009 and 4% in 2018.
- The number of children infected through mother-to-child transmission decreased by 34%, from 245 in 2009 to 162 in 2018, representing 1.1% of new HIV diagnoses in 2009 and 0.6% in 2018.
- The number of new diagnoses for which the mode of transmission was unknown increased by 7%, from 579 in 2009 to 622 in 2018. The percentage of new HIV diagnoses with unknown mode of transmission remained low and stable at 2–3% in 2009 and 2018.

Further analysis of the increase in new diagnoses attributed to heterosexual transmission in the East by gender and age groups (Figure 2.10) reveals continuing increases in older age groups for both men and women (highest in those aged ≥ 50 years, followed by the 40–49 and 30–39 age groups). Heterosexual transmission has nevertheless continued to decrease among young women aged 15–24 and 25–29 years, by 66% and 40%, respectively.

²⁴ For the analysis of trends, data from Tajikistan, Turkmenistan and Uzbekistan were excluded. Russia only provided data for tables 1-3 and 25 – and is therefore only included for overall trends (not by age or modes of transmission etc). Estonia is excluded for the trend analysis regarding modes of transmission due to incomplete reporting on transmission mode during the period.

²⁵ Detailed information on the status of the data submitted by Russia can be found in Annex 5.

2.2.3. AIDS cases, morbidity and mortality in the East

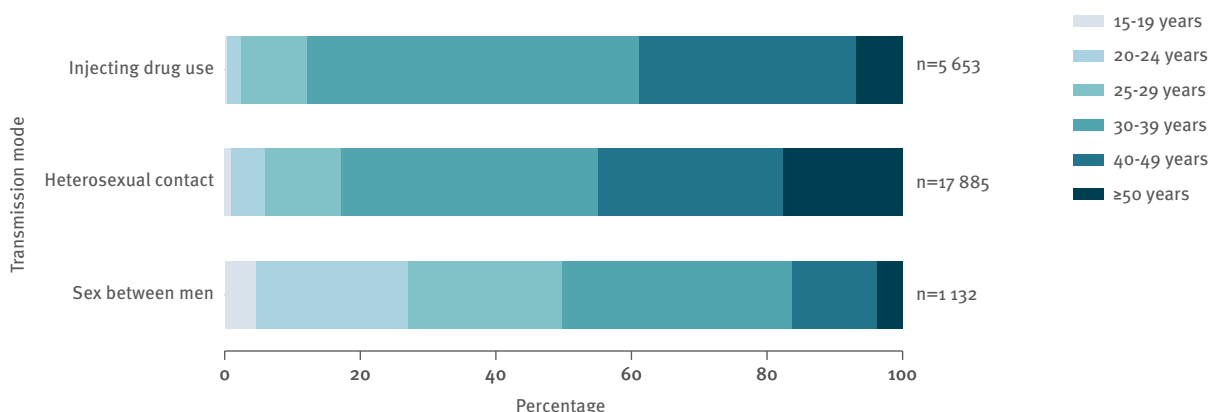
In 2018, 10 821 people were diagnosed with AIDS from the 11 countries in the East that provided AIDS data, giving a rate of 10.5 per 100 000 population. The highest rates (>5.0) were reported in Ukraine (20.9), Moldova (9.0) and Latvia (5.1) (Table 14).

The AIDS rate nearly doubled between 2009 and 2018, from 6.0 per 100 000 population (6 164 cases) to 10.5 (10 821 cases) in the 11 countries (Figure 2.4). The rate of new AIDS diagnoses increased in seven of the eleven countries in the East, most noticeably in Armenia and Ukraine, where the rate more than doubled. The rate declined over the last decade in four countries: (Estonia, Belarus, Georgia and Kyrgyzstan). By mode of transmission, both in men infected through sex between men and in people infected heterosexually, the rate of new AIDS diagnoses increased nearly four-fold between 2018 and 2009. AIDS cases in people infected as a result of injecting drug use decreased 22% in comparison with 2009 (Figure 2.11).

The trend in more recent years, however, has been for the AIDS rate to remain relatively stable – around 10.0 to 10.5 in the last three years.

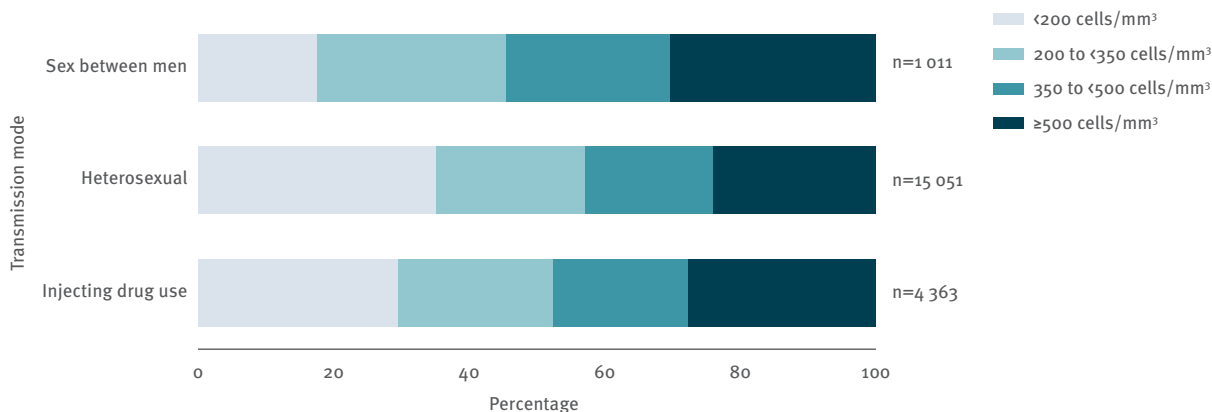
The most common AIDS-indicative diseases diagnosed in 2018 were pulmonary TB (15% of all disease events reported), oesophageal candidiasis (12%) and wasting syndrome due to HIV (12%) (Table 22). By transmission mode, pulmonary TB, wasting syndrome due to HIV and oesophageal candidiasis were the most common AIDS-defining diseases among people infected through heterosexual sex (the three diseases together accounting for 37% of reported events). The most common AIDS-defining diseases reported among people with AIDS infected through injecting drug use were extrapulmonary TB, pulmonary TB and wasting syndrome due to HIV (together accounting for 58% of reported events). Among the few AIDS cases infected as a result of sex between men, *Pneumocystis pneumonia*, wasting syndrome due to HIV and pulmonary TB were the most common diseases (Figure 2.12).

Figure 2.7: New HIV diagnoses, by age group and transmission mode, East, 2018 (n=24 670)



No data from Russia, Tajikistan, Turkmenistan and Uzbekistan.

Figure 2.8: New HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, East, 2018 (n=20 622)



No data from Russian Federation, Tajikistan, Turkmenistan and Uzbekistan.

AIDS-related mortality remains high in the East, with 4 045 reported AIDS-related deaths or deaths among people previously diagnosed with AIDS where cause of death (AIDS or non-AIDS related) was unknown or could not be reported in the 11 countries concerned for 2018. This figure represents 83% of all deaths reported in the Region. Although it is a 26% increase on 2009, it represents a slight 11% decrease compared with 2012, which had the highest number of deaths reported for the decade (Table 23)

2.3. HIV and AIDS diagnoses in the Centre

2.3.1. HIV diagnoses in the Centre

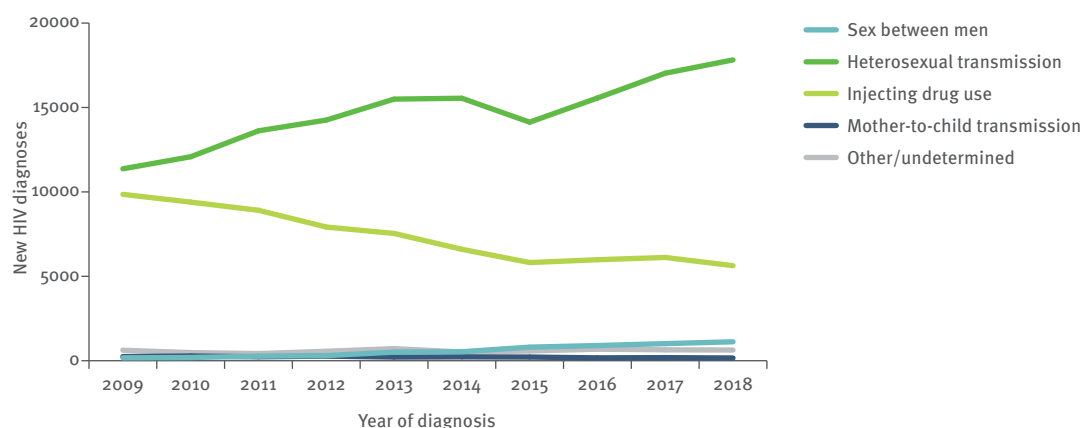
The HIV epidemic in the Centre remains at a relatively low level compared to other parts of the Region, but the number of new diagnoses is increasing more rapidly here than elsewhere, particularly in people infected as

a result of sex between men. A total of 6 519 people were newly diagnosed with HIV in 2018 from the 15 countries in the Centre of the WHO European Region, giving a rate of 3.3 per 100 000 population (Table 1). The highest rates (>3.0) were reported by Cyprus (9.0), Bulgaria (4.4), Turkey (3.9), Montenegro (3.7), Albania (3.5), Romania (3.4) and Poland (3.1), and the lowest (<2.0) by Bosnia and Herzegovina (0.8), Slovenia (1.7) and Slovakia (1.9).

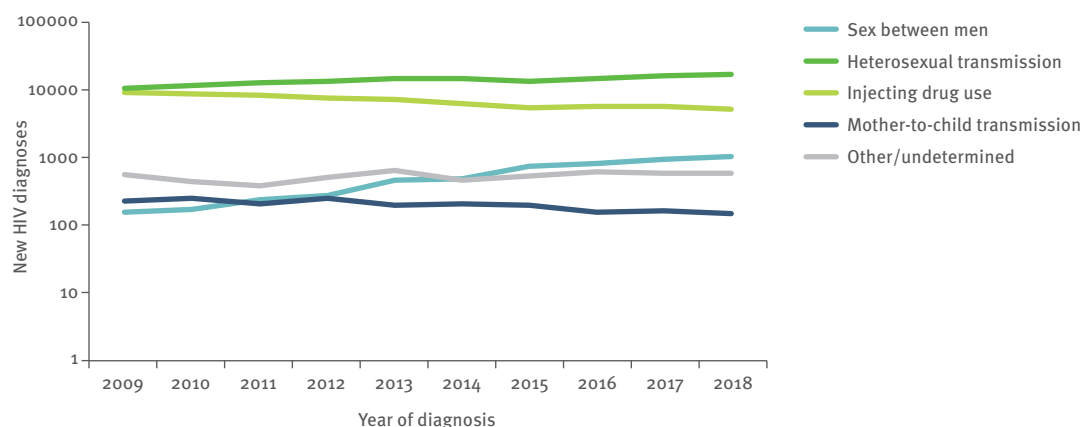
The most affected age group in 2018 was 30–39-year-olds (33% of cases), while 14% of cases were diagnosed in young people aged 15–24 years – the largest percentage of young people among the three geographical areas (Table A, Table 9). The male-to-female ratio was 5.6, higher than in both the West and the East. This reflects the higher number of young MSM among newly diagnosed cases in the central part of the Region, compared with other parts of the Region. The highest male-to-female ratios (>15.0) were observed in Slovenia (34.0) and Hungary (24.4) (Figure 2.13).

Figure 2.9: New HIV diagnoses, by transmission mode and year of diagnosis, East, 2009–2018

Arithmetic scale



Logarithmic scale



Data from Russian Federation, Tajikistan, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period; data from Estonia excluded due to incomplete reporting on transmission mode during the period.

All 15 countries provided information on the transmission mode, and the 2018 data (Table A, Tables 4–7) indicate the following:

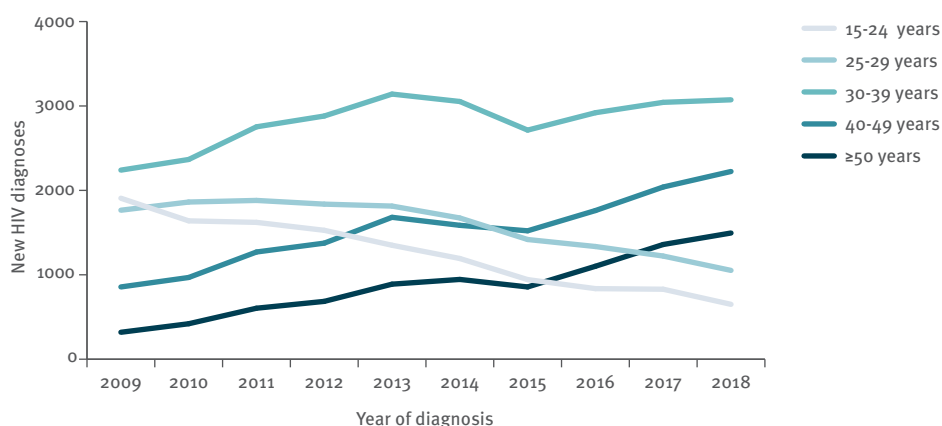
- Twenty-eight per cent of those newly diagnosed and 48% of new HIV diagnoses with a known route of transmission were infected through sex between men (1844) (Table 4). In 2018, sex between men was the predominant reported mode of transmission in 12 countries (Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, the Czech Republic, Hungary, Montenegro, Serbia, Slovakia, Slovenia, Poland and North Macedonia) (Figure 2.14).
- Twenty-eight per cent of those newly diagnosed and 47% of new HIV diagnoses with a known route of transmission were infected through heterosexual transmission (1821) (Table 6), which was the main reported mode of transmission in three countries (Albania, Romania and Turkey) (Figure 2.14).

- Two per cent of those newly diagnosed and 4% of new HIV diagnoses with a known route of transmission were infected through injecting drug use (160) (Table 5).
- One per cent (0.8) of those with a known route of transmission were infected through mother-to-child transmission [29] (Table 7).
- Transmission mode was unknown for 41% of those newly diagnosed (2 656) (Table 8). The two countries with the highest number of new HIV diagnoses in 2018 (Turkey and Poland – together accounting for 68% of all new HIV diagnoses reported in the Centre in 2018) also had the highest percentage of new HIV diagnoses with an unknown transmission mode (Poland 69% and Turkey 53%).

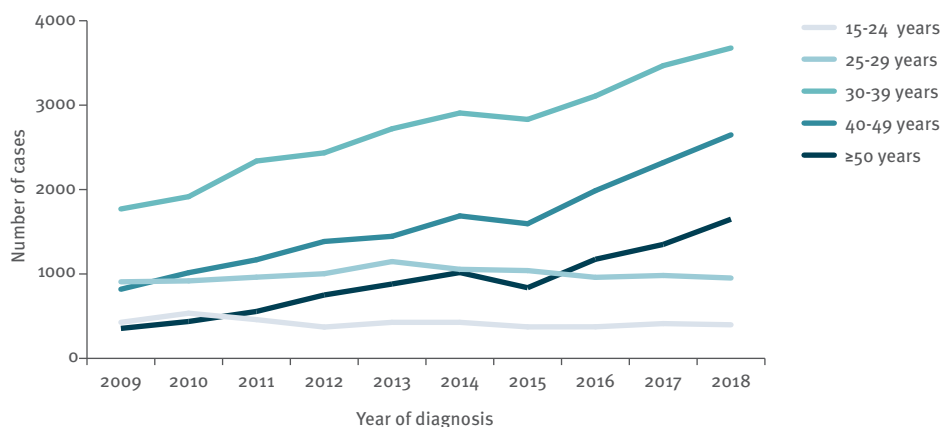
Thirteen of 15 countries provided information on CD4 cell count at HIV diagnosis for 2 036 people aged over 14 years (covering 31% of all new diagnoses in the

Figure 2.10: Age-specific trends by gender in new HIV diagnoses with heterosexual transmission, East, 2009–2018

Females East, heterosexual transmission



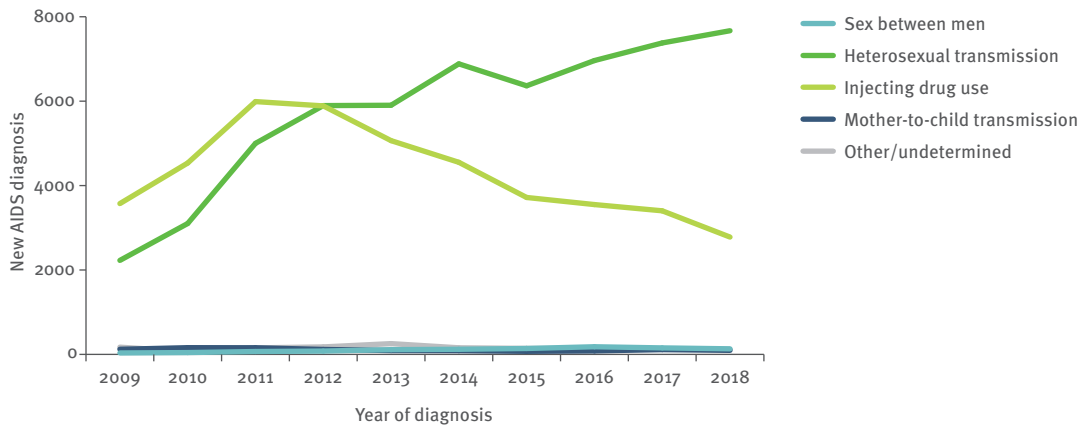
Males East, heterosexual transmission



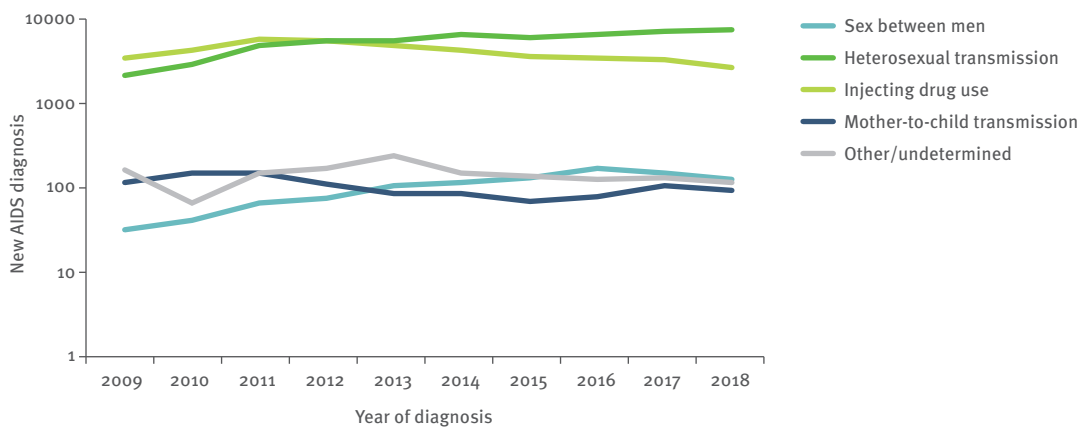
No data by age for Russian Federation. Data from Tajikistan, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period.

Figure 2.11: New AIDS diagnoses, by transmission mode and year of diagnosis, East, 2009–2018

Arithmetic scale

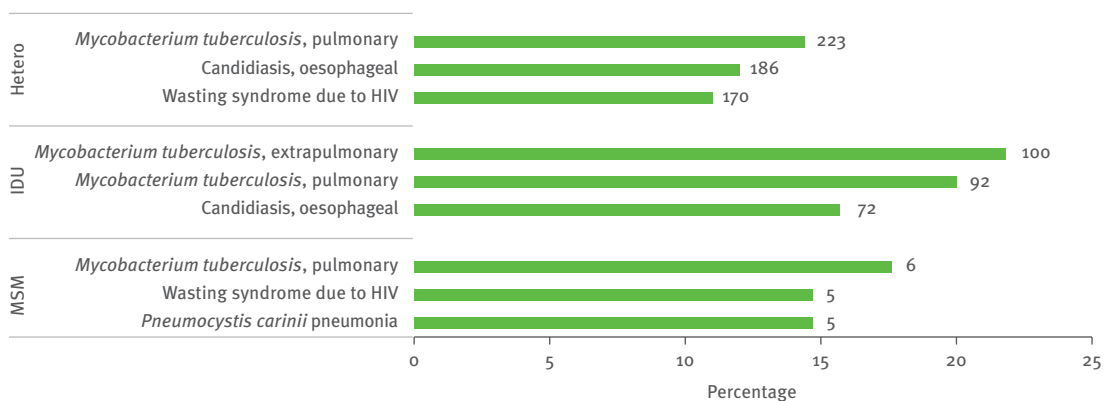


Logarithmic scale



Data from Russian Federation, Tajikistan, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period.

Figure 2.12: Distribution of the three most common AIDS-defining illnesses per transmission mode, East, 2018



No data from Russian Federation, Tajikistan, Turkmenistan and Uzbekistan.
Hetero: heterosexual transmission; IDU: injecting drug use; MSM: sex between men.

15 Centre countries and 40% in the 13 countries with CD4 cell data) (Table 13). Fifty-five per cent were late presenters, with CD4 cell counts below 350 per mm³ at HIV diagnosis, including 32% with advanced HIV infection (CD4 <200/mm³). In all, 19% had a CD4 cell count of between 350 and 500 cells per mm³ and 26% had a CD4 cell count above 500 per mm³. The proportion diagnosed with CD4 counts of less than 350/mm³ was 50% or above in nine countries: Bosnia and Herzegovina (76%), Montenegro (75%), Albania (73%), Serbia (64%), Slovenia (64%), Romania (63%), Bulgaria (56%), North Macedonia (56%) and Croatia (50%). The percentage of late presenters varied across transmission categories and was highest for those infected as a result of injecting drug use (68%) and heterosexually (61%), and lowest for men infected through sex with men (48%) (Table 13, Figure 2.15).

2.3.2. Trends in HIV diagnoses in the Centre

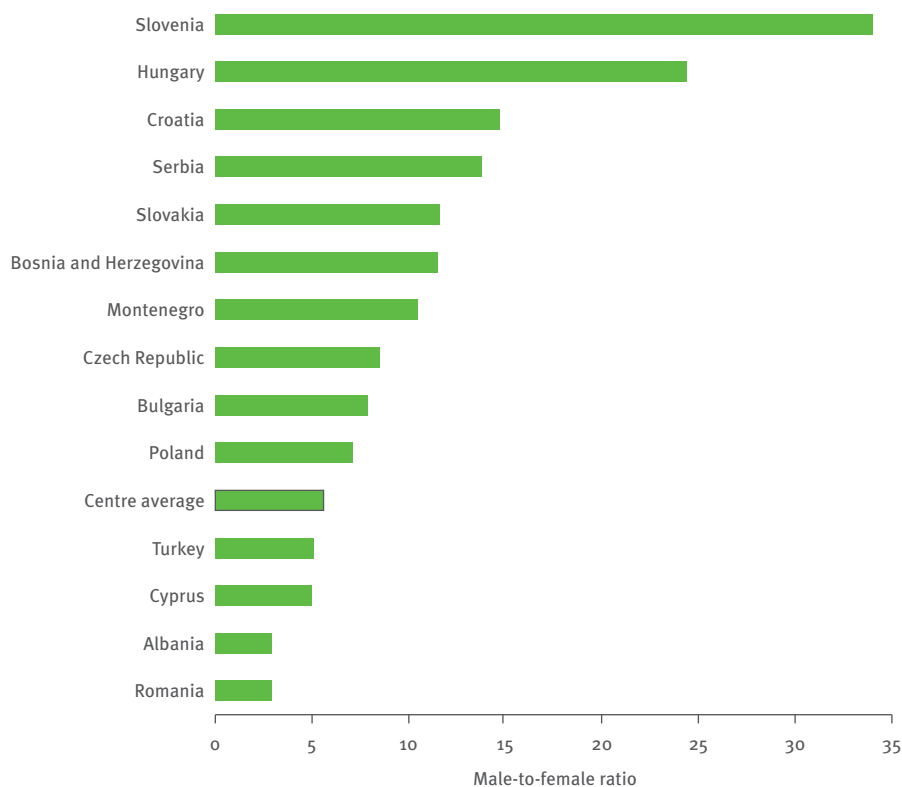
The rate of new HIV diagnoses increased by 120% between 2009 and 2018 in the 15 countries of the Centre, from 1.5 per 100 000 population (2 896 cases) to 3.3 (6 519 cases) (Figure 2.2). Rates increased in all countries, except in Slovenia. The largest increases were in North Macedonia (seven-fold) and Bosnia and Herzegovina (four-fold).

Information on trends by reported mode of HIV transmission for the period 2009–2018 in the 13 countries with consistent data²⁶ (Figure 2.16) indicates the following:

- The number of new diagnoses in those infected as a result of sex between men doubled, from 502 to 1 030. The percentage of new HIV diagnoses attributed to sex between men also increased, from 34% in 2009 to 49% in 2018.
- The number of new diagnoses in those infected through heterosexual transmission increased by 36%, from 598 to 811. The percentage of new HIV diagnoses attributed to heterosexual transmission decreased slightly from 41% in 2009 to 39% in 2018.
- The number of new diagnoses in those infected as a result of injecting drug use increased from 109 to 116. The 2011–2013 outbreak in Romania that caused higher numbers of cases during this period has levelled off, as evidenced by the decrease in new diagnoses since 2013. The percentage of new diagnoses attributed to injecting drug use decreased from 7% to 6%.
- The number of new diagnoses as a result of mother-to-child transmission decreased from 32 cases in 2009 to 14 cases in 2018.

²⁶ Data from Poland and Turkey were excluded due to incomplete reporting on transmission mode during the period.

Figure 2.13: Male-to-female ratio in new HIV diagnoses, by country, Centre, 2018



- The number of new diagnoses reported with unknown transmission mode in 2018, although still high at 41% for the 15 countries, decreased by 40% from 222 to 133 in the 13 countries with consistent data on transmission mode. The percentage of new diagnoses with missing information about transmission mode decreased from 15% in 2009 to 6% in 2018 in the 13 countries included in the trend assessment.

2.3.3. AIDS cases, morbidity and mortality in the Centre

In 2018, 857 people were diagnosed with AIDS in the 15 reporting countries in the Centre, corresponding to a rate of 0.4 per 100 000 population (Table 14). The highest rates (>1.0) were reported by Montenegro (2.2), Albania (1.6), Romania (1.5) and Cyprus (1.2). AIDS rates remained below 0.9 per 100 000 population in other countries in the Centre. In contrast to the distribution of transmission modes for new HIV diagnoses in the Centre (where sex between men is the predominant mode), more AIDS diagnoses are reported in people infected through heterosexual contact (44% of new diagnoses) than with sex between men (29% of new diagnoses).

The rate of new AIDS diagnoses remained stable at 0.4 per 100 000 between 2009 and 2018, with almost no change during the period (Figure 2.4). Trends were more heterogeneous at country level. Of the 12 countries reporting

more than ten AIDS cases in 2018, the rate increased by more than 50% in six (Bosnia and Herzegovina, Bulgaria, the Czech Republic, Hungary, Montenegro and Slovakia) (Table 14). In terms of the mode of transmission, new AIDS diagnoses increased most among men infected as a result of sex between men (by 69% for the decade) but have stabilised or started to decline in all other transmission groups since 2014 (Figure 2.17).

The most common AIDS-indicative diseases diagnosed in 2018 were wasting syndrome due to HIV (20% of all recorded disease events), *Pneumocystis pneumonia* (14%) and pulmonary TB (12%) (Table 22).

Mortality also remained stable in the Centre, with 239 deaths reported by the 15 countries in 2009 and 288 in 2018 and little variation during the decade (though the numbers were slightly higher during 2011–2015) (Table 23). As mentioned in the section ‘AIDS cases, morbidity and mortality’ above, these numbers do not represent the true burden of AIDS-related mortality due to under-reporting of deaths in countries that do not match their HIV/AIDS registries with the national mortality registry.

Figure 2.14: New HIV diagnoses by country and transmission mode, Centre, 2018 (n=6 519)

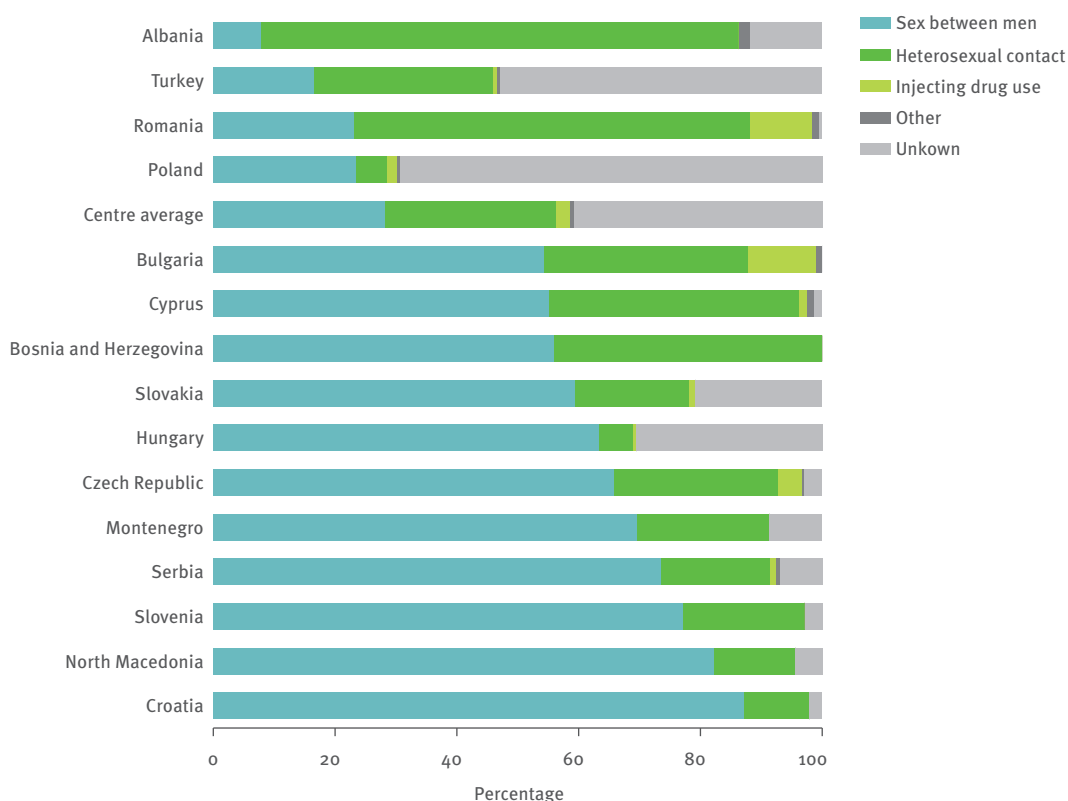
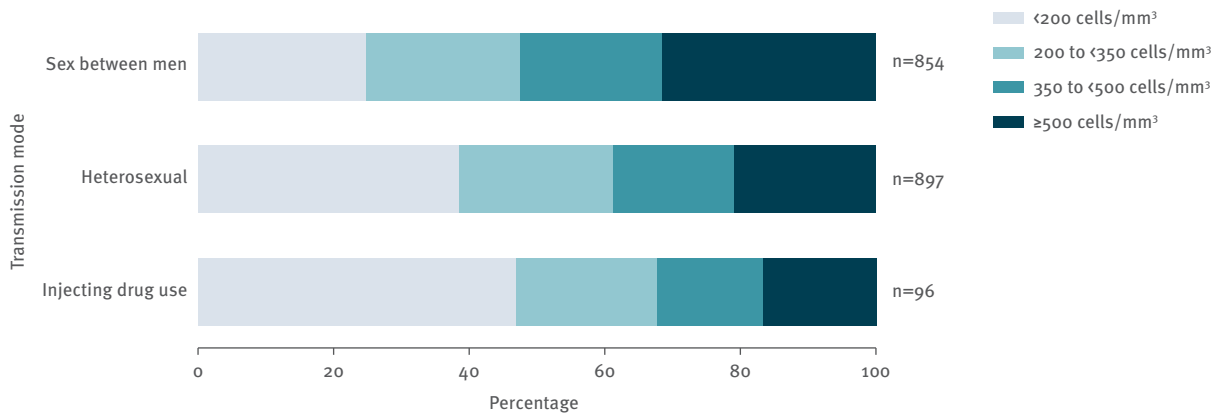
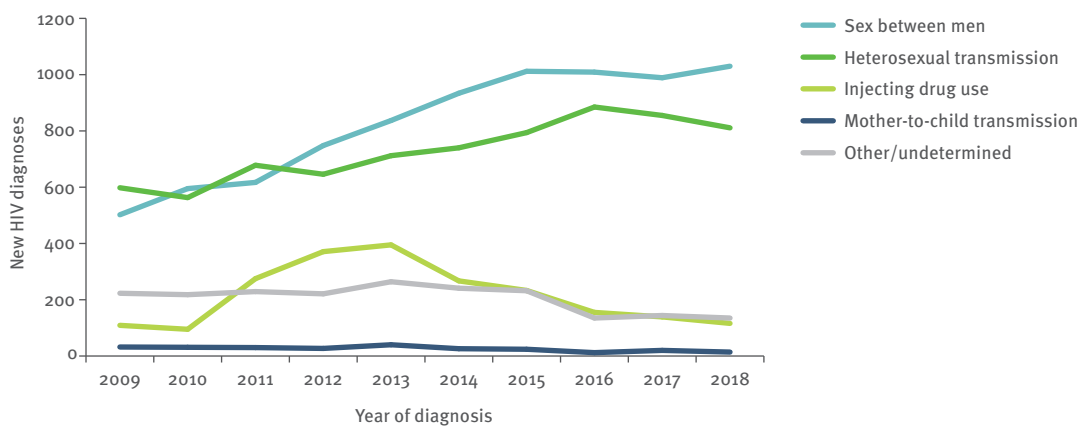


Figure 2.15: New HIV diagnoses, by CD4 cell count per mm³ category at diagnosis and transmission mode, Centre, 2018 (n=1847)



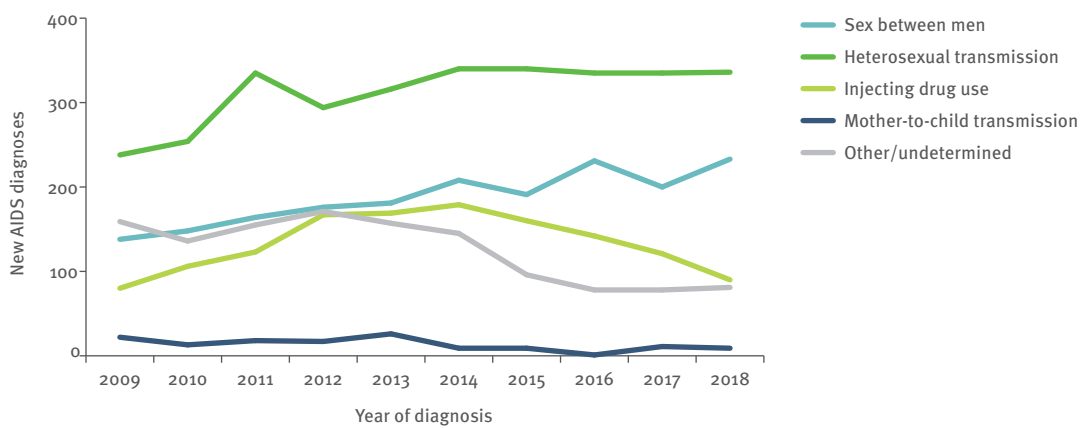
No data from Hungary and Poland.

Figure 2.16: New HIV diagnoses, by transmission mode and year of diagnosis, Centre, 2009–2018



Data from Poland and Turkey excluded due to incomplete reporting on transmission mode during the period.

Figure 2.17: New AIDS diagnoses, by transmission mode and year of diagnosis, Centre, 2009–2018



Data from Turkey excluded due to incomplete reporting on transmission mode during the period.

2.4. HIV and AIDS diagnoses in the West

2.4.1. HIV diagnoses in the West

The epidemiological pattern of HIV infection in the West largely mirrors that of the EU/EEA, as described in Chapter 1. In 2018, 23 483 people were newly diagnosed with HIV in the 23 reporting countries comprising the West of the WHO European Region, giving a rate of 5.5 per 100 000 population (not adjusted for reporting delay) (Table A, Table 1). When adjusting the 2018 West rate for reporting delay,²⁷ it increases to 6.0 per 100 000 population (25 633 cases).

In 2018, the highest proportion of newly diagnosed HIV infections (30%) were in 30–39-year-olds, 10% were aged 15–24 years and the male-to-female ratio was 2.9 (Table A). Sexual transmission between men remained the main transmission mode in 2018, followed by heterosexual transmission, together accounting for 75% of all new diagnoses and 94.7% of all cases with a known route of transmission.

There were 19 countries reporting information on CD4 cell count at HIV diagnosis for 15 567 people over 14 years (covering 66% of all new diagnoses from the 23 reporting countries in the West and 68% of new diagnoses from the 19 countries reporting information on CD4 cell counts). Of these, 49% were late presenters with CD4 cell counts below 350 per mm³ at HIV diagnosis, including 29% with advanced HIV infection (CD4 <200/ mm³) (Table 13). Late presentation varied by transmission category and was more common in people infected heterosexually (57%) or through injecting drug use (52%) and less common in men infected through sex with men (40%) (Table 13).

Information about transmission mode (Table A, Tables 4–7) suggests the following:

Forty-one per cent of all people newly diagnosed and 52% of those with a known mode of transmission were infected through sex between men (9 563) (Table 4).

- Thirty-four per cent of all people newly diagnosed and 43% of those with a known mode of transmission were infected heterosexually (7 955) (Table 6). Of these, 62% were born abroad and 42% originated from generalised epidemic countries (data not shown).
- Three per cent of all people newly diagnosed were infected through injecting drug use (729) (Table 5).
- Mother-to-child transmission accounted for 0.7% of all new diagnoses and 0.9% of those with a known route of transmission (167 cases) (Table 7). Of these, 78% were born abroad and 55% originated from countries with a generalised epidemic (data not shown).
- Transmission mode was unknown for 21% of all new diagnoses (4 981).

Information about country of birth, country of nationality or region of origin was provided by 21 countries for 23 480 new diagnoses in 2018 (more than 99.9% of all new diagnoses). Region of origin was unknown for 13% (3 052). Among 20 428 persons with known origin (87%), 48% (9 727) originated from outside of the reporting country, including 35% (7 159) from outside the WHO European Region and 13% (2 568) from a European country other than the country of report (Table 11).

2.4.2. Trends in HIV diagnoses in the West

The crude rate of new diagnoses in the 23 reporting countries declined by 28% between 2009 and 2018, from 7.6 per 100 000 population (30 579) to 5.5 (24 483) (not adjusted for reporting delay²⁸). After adjusting the 2018 rate for reporting delay, the decline was 23% (from 7.6 to 6.0 per 100 000 population, with 25 633 cases in 2018). HIV rates increased (by 10% or more in countries with >10 cases in both 2009 and 2018) in four countries: Greece, Iceland, Ireland and Malta, and decreased (by 10% or more) in 13 (Table 1), not taking into account the impact of reporting delays in several countries. Information about trends by reported transmission mode during the period 2009–2018 in the 21 countries with consistent data²⁹ (Figure 2.18) suggests the following:

- New diagnoses of people infected through sex between men decreased by 21%, from 8 890 to 7 022. The percentage of new diagnoses attributed to sex between men was 39% in both 2009 and in 2018.
- New diagnoses of people with reported heterosexual transmission decreased by 37%, from 9 601 to 6 092, with the steepest decline among women and foreign-born heterosexuals, the latter being mainly due to sharp declines among migrants originating from countries with generalised HIV epidemics (data not shown; see also Figure 1.11 and 1.12 and the section ‘Trends in HIV diagnoses’ in Chapter 1). The percentage of new diagnoses attributed to heterosexual contact decreased from 42% of cases in 2009 to 34% in 2018.
- New diagnoses of people infected through injecting drug use decreased by 38%, from 885 in 2009 to 549 in 2018, representing 4% of new HIV diagnoses in 2009 and 3% in 2018.
- New diagnoses of children infected through mother-to-child transmission decreased by 40%, from 258 in 2009 to 154 in 2018.
- The number of new diagnoses with missing information about transmission mode increased by 31%, from 3 215 to 4 213, corresponding to 14% of new diagnoses in 2009 and 23% in 2018. Delays in the reporting of probable mode of transmission to national and European surveillance systems intensify the increase.

²⁸ See Annex 1 for methods and Annex 6 for results.

²⁹ Data from Italy and Spain were excluded due to increasing coverage of national surveillance over the period.

²⁷ See Annex 1 for methods and Annex 6 for results.

2.4.3. AIDS cases, morbidity and mortality in the West

In 2018, twenty-two of the 23 countries in the West³⁰ reported that 2549 people were diagnosed with AIDS, giving a rate of 0.6 per 100 000 population (Table 15). The steady decline in new AIDS diagnoses that began in the late 1990s continued through to 2018, with a 62% decrease in the rate of new AIDS cases over the decade from 1.6 per 100 000 population (6586 cases) in 2009 to 0.6 (2549 cases) in 2018 (Figure 2.4). New AIDS diagnoses decreased in all transmission groups, but most notably among people who inject drugs (an 84% decline) (Figure 2.19).

The most common AIDS-indicative diseases diagnosed in the West in 2018 were *Pneumocystis pneumonia* (23% of all disease events reported), oesophageal candidiasis (12%) and Kaposi’s sarcoma (9%) (Table 22).

In the West, 623 people were reported to have died in 2018 in the 20 countries for which consistent data were available³¹ (Table 23). The number of AIDS-related deaths has continued to decline during the decade, from 2455 in 2009 to 623 in 2018, representing a 75% decrease. As mentioned in the section ‘AIDS cases, morbidity and mortality’ above, these numbers do not reflect the true burden of AIDS-related mortality in the West of the Region due to reporting delays. In particular, there is a risk of deaths being under-reported in those countries which do not have the ability to link their HIV/AIDS registries with their vital statistics registries.

2.4.4. HIV testing

Data on the number of HIV tests can support the interpretation of trends in newly diagnosed HIV infections. In 2018, a total of 64162112 HIV tests were reported by 26 countries (12 East, 8 Centre and 6 West). These

tests do not include unlinked anonymous testing and all countries except Russia also exclude the HIV tests performed as part of blood donor screening. In 2018, Russia reported a total of 40485246 HIV tests, accounting for 63% of all HIV tests reported in the Region for that year. Countries in the East tended to report higher testing rates than those in the West and Centre, but rates varied greatly across countries from all parts of the Region, and more data were available from countries in the Centre and East than the West (Table 25).

The overall number of tests performed in the Region increased by 47%, from 43371857 in 2009 to 63904627 in 2018 in the 25 countries with data for both 2009 and 2018. Increases in large countries with high testing numbers, such as Belarus, France, Kazakhstan, Russia and Turkey, had a considerable impact on the overall increase. The number of tests more than doubled in five countries, but information about testing yield or coverage among key populations at higher risk of HIV infection is not available here.

The number of HIV tests from the 12 reporting countries in the East of the Region increased by 50%, from 32120120 in 2009 to 48303613 in 2018 (Table 25). Information about the types of populations tested is not available, however, an increasing number of HIV tests do not necessarily generate higher testing yields if large numbers of HIV tests are performed among people at low risk of HIV infection. It is nevertheless possible that increased testing activity has contributed to the observed increase in new diagnoses.

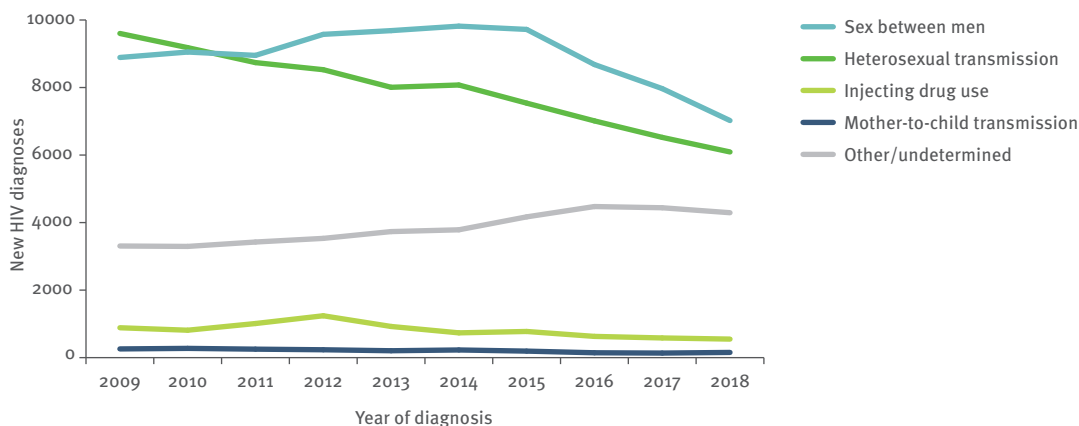
The rate of new HIV diagnoses in the Centre more than doubled during the last decade, while the number of HIV tests increased by 64% (from 5400783 in 2009 to 8558540 in 2018) in the eight countries for which consistent data were available.³² While it is difficult to make

³⁰ No data were available from Sweden.

³¹ No data were available from Italy, Sweden or Denmark.

³² The eight countries are Bulgaria, the Czech Republic, Montenegro, Poland, Serbia, Slovenia, Slovakia and Turkey.

Figure 2.18: New HIV diagnoses, by transmission mode and year of diagnosis, West, 2009–2018



Data from Italy and Spain excluded due to increasing coverage of national surveillance during the period.

assessments based on these crude numbers, it appears less likely that increased testing has substantially contributed to the observed increase in new diagnoses.

The number of HIV tests conducted in the West is not reported separately here. In contrast to countries in the East and Centre, many in the West do not systematically collect data on the number of HIV tests performed. This results in data being too sparse to allow for meaningful interpretation.

2.5. Conclusions

HIV infection continues to affect the health and well-being of millions of people in the WHO European Region and to be a serious public health concern, particularly in the central and eastern parts of the Region. This year, Russia has reported data for 2018 to the joint surveillance system, and in addition historic data for 2009–2017.³³ It should be noted, however, that the reporting was limited to the new HIV diagnosis by sex and data for HIV testing. This fact needs to be taken into account when comparing the data with the previous years and in analysis of the trends.

New surveillance data for 2018 show the first year of halted growth in new HIV diagnoses for the WHO European Region, mainly due to the continuous decline in the West and the overall stabilisation of the epidemic in the East.

Nearly 142 000 people were diagnosed with HIV infection in 2018, at a rate of 16.2 diagnoses per 100 000 population. The vast majority of people newly diagnosed (79%) were from the East, with a rate of 44.8 per 100 000 population, while 16% were diagnosed in the West with a rate of 6.0 per 100 000 population, and 5% in the Centre with a rate of 3.3 per 100 000 population. Over the last three years, halted growth has been observed in Russia.

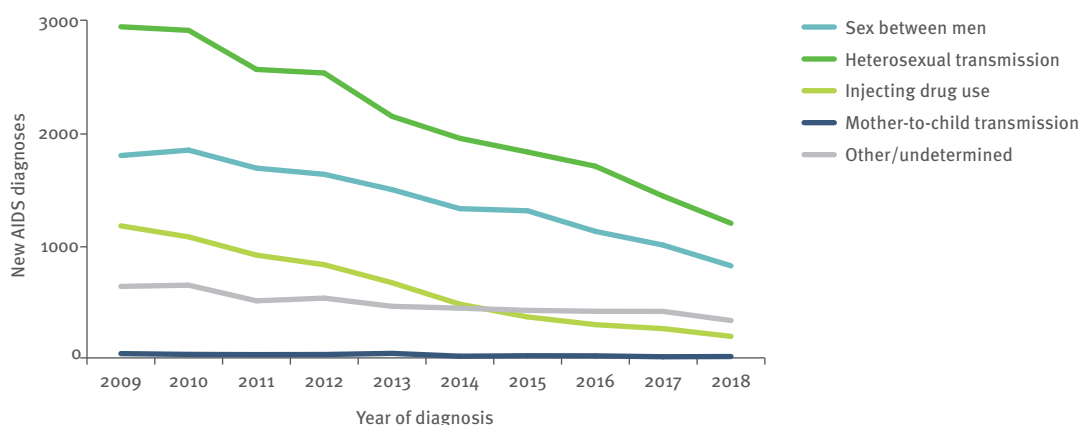
³³ Detailed information on the status of the data submitted by Russia can be found in Annex 5.

There are also signs of stabilisation in Ukraine. This has contributed to the overall stabilisation of the epidemic in the East. However, during the decade there has been a 15% increase in the East and eight out of 12 countries reported an increased number of new HIV diagnoses in 2018 compared to the previous year.

The 2018 HIV surveillance data also confirm the great variation in epidemic patterns and trends across the WHO European Region. Overall, among the new diagnoses for which the HIV transmission mode was known, heterosexual transmission accounted for 59%, sex between men for 27% and injecting drug use for 14%. These overall numbers conceal a complex mix of transmission patterns, trends and country contexts in which transmission through sex between men tends to predominate in the western and central parts of the Region, heterosexual transmission remains substantial across large parts of the Region (particularly among migrants, travellers and partners of people who inject drugs) and injecting drug use remains an important risk factor, mainly in the eastern part of the Region.

Transmission as a result of injecting drug use continued to decrease during the decade, but still accounted for 23% of new diagnoses in the East with a known transmission mode. Although the reported transmission through sex between men remains low in absolute terms in the East, it has increased nearly eight-fold during the decade – the largest increase in any transmission category and any geographical area of the Region. Limited available data on the probable source of infection among people infected through heterosexual contact suggests ongoing heterosexual transmission occurring outside of the reporting countries and related to partners with a history of injecting drug use. There is also some evidence to suggest that a proportion of men reported as heterosexually infected may in fact be men who have sex with men or people with a history of drug injection who may have been misclassified as heterosexually infected [2]. While most new diagnoses (65%) were in men and

Figure 2.19: New AIDS diagnoses, by transmission mode and year of diagnosis, West, 2009–2018



Sweden excluded due to inconsistent reporting during the period.

new diagnoses increased more rapidly among men than women, the proportion of new diagnoses among women was much higher in the East than elsewhere in the Region.

The rate of new diagnoses is increasing more rapidly in the central part of the Region than anywhere else in the WHO European Region, with a strong gender disparity and very steep increases among men (both MSM and heterosexual men), compared with a fairly stable rate among women. Sexual transmission outweighs all other types of transmission in all countries, with sex between men being the predominant mode of transmission in 12 of the 15 Centre countries and reported heterosexual transmission prevailing in three. Drug-injection-related transmission remains low but recent outbreaks (3) suggest that HIV prevention services for people who inject drugs continue to be important and must be maintained with sufficient coverage to prevent outbreaks. The percentage of young people among the new diagnoses is also higher in this part of the Region than elsewhere. HIV prevention, diagnostics and treatment interventions should accommodate the needs of key populations, particularly MSM, with relevant evidence-based interventions, including: condom and lubricant programming; diversified HIV testing services; assisted voluntary partner notification; PrEP; prevention and management of co-infections (particularly sexually transmitted infections) and rapid HIV treatment initiation. Services should be patient-centred and provided in a friendly environment, preferably with the involvement of civil society along the entire HIV continuum of services, ranging from HIV prevention, to adherence and ART.

In the western part of the Region, there has been a clear decline in the overall rate of new HIV diagnoses during the decade, resulting primarily from decreases in new diagnoses among MSM in specific countries (Austria, Belgium, Denmark, the Netherlands, Norway, Spain and the United Kingdom) and among people infected heterosexually, particularly women and people originating from countries with generalised HIV epidemics. Continued strong HIV combination prevention, including the use of formal and informal PrEP, implementation of diversified and user-friendly HIV testing services with more frequent testing to facilitate earlier diagnosis, early linkage to care and rapid initiation of ART, and a strong focus on interventions designed to reach MSM (4,5) have probably all contributed to the observed decline. While a certain proportion of migrants, even those originating from HIV-endemic areas, are known to acquire HIV after arrival in the EU/EEA (6-8), the extent to which the observed decreases can be explained by lower incidence of HIV in the migrant populations, reduced test-seeking or opportunities, changed migration patterns or a combination of factors, is unclear.

Across the WHO European Region where migration is a common occurrence and takes a variety of forms, the public health challenge of ensuring access to health services for migrant populations (including HIV services

and the promotion of cross-border collaboration and sharing of data) remains essential to a robust and people-centred public health response.

As in previous years, it remains a major concern that over half (53%) of those newly diagnosed with HIV are only detected once their CD4 cell counts have fallen to below 350 per mm³. Once again, the 2018 data provide information about variations in late presentation according to geography, transmission mode and age. Moreover, the data confirm that the proportion diagnosed at a late stage of infection was highest in the East, among people infected heterosexually (particularly men) and as a result of injecting drug use, and among those in older age groups.

Late presentation reflects insufficient access to, and uptake of, appropriate HIV testing and counselling by those most at risk. HIV testing strategies need to be reconsidered and diversified to include innovative approaches that involve community-based organisations and focus on the most affected population groups. Multiple entry points to HIV testing should be available through, for example, HIV self-testing, HIV testing performed by lay providers and civil society, home sampling, routine indicator condition-guided HIV testing offered in the health system and assisted partner notifications. HIV testing should also be available in settings such as prisons, drug-dependence programmes, sexual and reproductive health clinics and migrant health services, depending on the local context. Support for timely linkage to HIV treatment and care is essential to reduce late presentation and to make progress towards the UNAIDS and WHO 90–90–90 targets (9), improving treatment outcomes and further reducing HIV transmission.

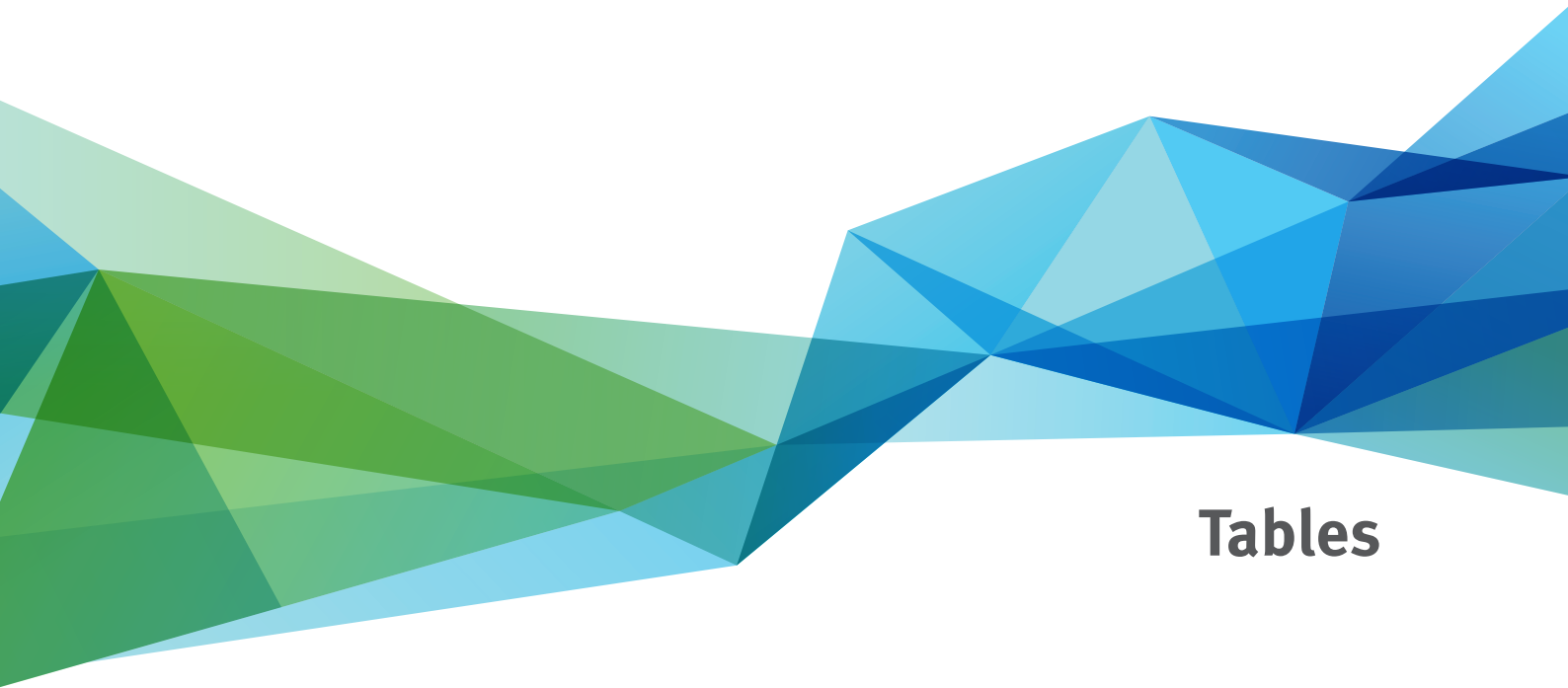
In 2019, to intensify efforts in testing and prevention, WHO Regional Office for Europe convened a meeting to review countries' progress and challenges, and exchange good practice, with the focus on non-EU/EEA Member States of the WHO European Region. Discussions addressed WHO recommended approaches in HIV and viral hepatitis testing, as well as the latest evidence and progress in implementing PrEP in the European Region. This included: HIV and viral hepatitis testing strategies and practices across the Region and innovative approaches; scale-up of HIV and viral hepatitis testing services and strengthening linkage to care to enable better access to treatment through expanded community-based approaches and HIV self-testing; cost-effectiveness of testing strategies for an accelerated and sustained response under national programmes and PrEP roll-out implementation and monitoring in the Member States of the WHO European Region. Participants expressed an interest in pursuing changes to national policies, addressing the existing problems of late diagnosis in most of the countries and reducing the time required for confirmation of HIV diagnosis. They also demonstrated their readiness to scale up efforts to pilot and implement PrEP. At the 68th WHO Regional Committee for Europe, the Member States of WHO's Regional Office for Europe reviewed the progress

report in implementation of Action Plan for the Health Sector Response to HIV in the Region [13].

AIDS trends varied greatly across the three geographical areas. While the rate continued its steady decline in the West, it remained stable in the Centre and, although it doubled over the decade in the East of the Region, the rate has begun to stabilise and has even declined slightly by 7% since 2012. The high number of AIDS cases is indicative of late HIV diagnosis, delayed initiation of life-saving HIV treatment and low treatment coverage. However, increasing implementation of a treat-all approach, and having policies in place in most countries in the East to ensure that everyone living with HIV is offered ART regardless of the stage of disease has helped to stabilise AIDS trends and will, ultimately, help reduce AIDS-related deaths in line with global and regional targets [10–12].

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Tables

Table 2: New HIV diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2009		2010		2011		2012		2013	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	266	6.6	290	7.1	285	7.0	291	7.1	263	6.4
West	Belgium	737	14.0	788	14.8	783	14.5	837	15.4	789	14.4
Centre	Bulgaria	133	3.7	132	3.7	163	4.5	123	3.4	161	4.5
Centre	Croatia	49	2.4	68	3.3	63	3.0	70	3.4	77	3.7
Centre	Cyprus	26	6.7	34	8.5	39	9.5	49	11.7	46	10.9
Centre	Czech Republic	130	2.5	159	3.1	139	2.7	185	3.6	211	4.1
West	Denmark	179	6.6	201	7.3	192	7.0	146	5.3	178	6.4
East	Estonia	243	39.1	230	37.0	226	36.5	209	33.8	200	32.5
West	Finland	106	4.1	130	5.0	112	4.2	111	4.2	102	3.8
West	France	3607	11.6	3661	11.7	3592	11.4	3822	12.1	3730	11.7
West	Germany	2415	6.0	2374	5.9	2324	5.9	2547	6.5	2653	6.7
West	Greece	524	9.6	570	10.4	824	15.1	983	18.1	810	15.1
Centre	Hungary	107	2.2	142	3.0	122	2.6	186	3.9	191	4.1
West	Iceland	6	3.7	17	10.6	12	7.5	13	8.1	8	5.0
West	Ireland	258	11.5	241	10.7	239	10.5	252	11.1	258	11.3
West	Italy	2893	10.3	3026	10.6	2922	10.2	3274	11.4	2997	10.4
East	Latvia	170	17.1	170	17.5	196	20.7	218	23.3	203	21.9
	Liechtenstein	1	5.7	2	11.3	1	5.6	0	0.0	0	0.0
East	Lithuania	131	8.9	125	8.6	134	9.5	114	8.2	125	9.1
West	Luxembourg	46	18.8	46	18.4	44	17.3	48	18.3	57	21.2
West	Malta	10	4.9	16	7.8	17	8.2	23	11.1	30	14.3
West	Netherlands	1032	12.7	1058	12.9	1033	12.5	954	11.5	948	11.4
West	Norway	183	7.6	173	7.1	190	7.7	166	6.6	158	6.2
Centre	Poland	734	4.0	712	3.9	914	5.0	922	5.0	937	5.1
West	Portugal	1394	27.5	1313	25.9	1242	24.6	1246	24.8	1229	24.6
Centre	Romania	345	3.5	363	3.7	574	5.8	673	6.9	707	7.2
Centre	Slovakia	48	1.8	25	1.0	46	1.8	44	1.7	71	2.7
Centre	Slovenia	40	4.0	31	3.1	49	4.8	44	4.3	41	4.0
West	Spain	3042	18.9	3218	19.9	3035	18.8	3334	18.0	3743	16.3
West	Sweden	263	5.7	250	5.4	291	6.2	265	5.6	293	6.1
West	United Kingdom	4398	14.5	4319	14.1	4410	14.2	4486	14.4	4491	14.3
	Total EU/EEA	23516	9.8	23884	9.9	24213	10.0	25635	10.5	25707	10.3
Non-EU/EEA											
Centre	Albania	45	3.0	28	1.9	55	3.7	58	3.9	82	5.6
West	Andorra	3	6.8	6	13.7	2	4.6	2	4.7	4	9.6
East	Armenia	96	7.1	98	7.3	116	8.6	160	11.8	162	11.9
East	Azerbaijan	377	8.5	365	8.2	410	9.0	356	7.7	329	7.1
East	Belarus	562	12.8	563	12.9	621	14.2	659	15.1	802	18.3
Centre	Bosnia and Herzegovina	6	0.3	1	0.1	23	1.3	23	1.3	2	0.1
East	Georgia	273	13.9	322	16.5	300	15.4	381	19.7	367	19.0
West	Israel	267	7.5	287	7.9	297	8.0	351	9.3	346	9.0
East	Kazakhstan	1392	18.0	1252	15.9	1207	15.1	1167	14.4	1203	14.6
East	Kyrgyzstan	514	19.5	399	14.9	422	15.5	406	14.6	292	10.3
East	Moldova	401	20.4	341	17.4	377	19.2	375	19.1	382	19.5
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	12	3.9	15	4.9	8	2.6	12	3.9	11	3.6
Centre	North Macedonia	6	0.6	5	0.5	0	0.0	10	1.0	15	1.4
East	Russia	35539	53.4	36172	54.4	39410	59.2	44066	66.0	48025	71.8
West	San Marino	1	6.4	6	38.1	6	37.5	2	12.3	0	0.0
Centre	Serbia	127	2.9	135	3.1	116	2.6	123	2.8	142	3.3
Centre	Serbia excluding Kosovo ^c	122	3.7	133	4.0	111	3.2	120	3.4	140	4.0
Centre	Kosovo ^c	5	0.5	2	0.2	5	0.6	3	0.3	2	0.2
West	Switzerland	468	12.3	444	11.5	423	10.9	462	11.7	421	10.5
East	Tajikistan	330	8.9	791	20.8	692	17.8	535	13.5	527	13.0
Centre	Turkey	342	1.0	350	1.0	531	1.5	819	2.2	1072	2.9
East	Turkmenistan	0	0.0	0	0.0	0	0.0	0	0.0	–	–
East	Ukraine	9089	42.8	9521	45.0	9472	45.0	9400	44.8	10011	47.8
East	Uzbekistan	2248	16.1	2062	14.5	–	–	–	–	–	–
	Total non-EU/EEA	52098	28.7	53163	29.1	54488	32.4	59367	34.9	64195	37.5
WHO European Region											
	West	22098	11.2	22434	11.3	22275	11.3	23615	11.8	23508	11.4
	Centre	2150	2.3	2200	2.4	2842	3.1	3341	3.6	3766	4.0
	East	51365	38.6	52411	39.3	53583	44.9	58046	48.5	62628	52.1
	Total WHO European Region	75613	17.9	77045	18.2	78700	19.2	85002	20.5	89902	21.4

a Country-specific comments are in Annex 5

b Cumulative total is the total number of cases reported by the country since the start of reporting

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 3: New HIV diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2009		2010		2011		2012		2013	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	78	1.8	67	1.6	75	1.7	73	1.7	44	1.0
West	Belgium	375	6.8	394	7.1	388	6.9	389	6.9	339	6.0
Centre	Bulgaria	38	1.0	31	0.8	38	1.0	34	0.9	39	1.0
Centre	Croatia	6	0.3	3	0.1	11	0.5	3	0.1	8	0.4
Centre	Cyprus	12	2.9	7	1.7	15	3.5	9	2.0	8	1.8
Centre	Czech Republic	26	0.5	21	0.4	14	0.3	27	0.5	24	0.4
West	Denmark	57	2.1	74	2.7	74	2.6	54	1.9	55	1.9
East	Estonia	168	23.5	146	20.5	140	19.7	106	15.0	125	17.8
West	Finland	66	2.4	54	2.0	60	2.2	45	1.6	55	2.0
West	France	1843	5.6	1882	5.6	1825	5.4	1830	5.4	1813	5.4
West	Germany	482	1.2	422	1.0	431	1.0	471	1.1	577	1.4
West	Greece	96	1.7	78	1.4	141	2.5	178	3.1	89	1.6
Centre	Hungary	15	0.3	9	0.2	12	0.2	14	0.3	17	0.3
West	Iceland	9	5.7	7	4.4	11	6.9	6	3.8	3	1.9
West	Ireland	137	6.0	89	3.9	89	3.9	98	4.2	85	3.7
West	Italy	952	3.2	988	3.3	970	3.2	884	2.9	838	2.7
East	Latvia	105	9.0	104	9.0	103	9.1	121	10.9	137	12.5
	Liechtenstein	0	0.0	2	11.0	0	0.0	0	0.0	0	0.0
East	Lithuania	49	2.9	28	1.7	32	1.9	46	2.8	52	3.2
West	Luxembourg	21	8.4	18	7.1	15	5.8	18	6.8	13	4.8
West	Malta	9	4.4	2	1.0	4	1.9	7	3.3	6	2.8
West	Netherlands	218	2.6	199	2.4	179	2.1	183	2.2	153	1.8
West	Norway	99	4.1	85	3.5	79	3.2	76	3.1	75	3.0
Centre	Poland	161	0.8	156	0.8	159	0.8	159	0.8	150	0.8
West	Portugal	682	12.4	658	11.9	547	9.9	530	9.6	505	9.2
Centre	Romania	231	2.2	223	2.1	257	2.5	254	2.5	293	2.9
Centre	Slovakia	5	0.2	3	0.1	3	0.1	6	0.2	12	0.4
Centre	Slovenia	8	0.8	4	0.4	7	0.7	3	0.3	6	0.6
West	Spain	752	4.5	696	4.2	641	3.8	610	3.2	631	2.7
West	Sweden	139	3.0	170	3.6	169	3.6	175	3.7	163	3.4
West	United Kingdom	2167	6.9	2010	6.3	1761	5.5	1704	5.3	1491	4.6
	Total EU/EEA	9006	3.6	8630	3.4	8250	3.3	8113	3.2	7806	3.0
Non-EU/EEA											
Centre	Albania	19	1.3	15	1.0	23	1.6	23	1.6	38	2.7
West	Andorra	0	0.0	0	0.0	0	0.0	0	0.0	1	2.5
East	Armenia	53	3.5	51	3.3	67	4.4	70	4.6	77	5.0
East	Azerbaijan	78	1.7	94	2.1	138	3.0	161	3.5	185	3.9
East	Belarus	510	10.1	506	10.0	575	11.4	564	11.2	731	14.5
Centre	Bosnia and Herzegovina	0	0.0	0	0.0	4	0.2	2	0.1	0	0.0
East	Georgia	112	5.2	133	6.2	124	5.8	145	6.8	123	5.8
West	Israel	121	3.3	131	3.5	151	4.0	130	3.4	116	3.0
East	Kazakhstan	685	8.3	730	8.7	791	9.3	837	9.7	928	10.6
East	Kyrgyzstan	182	6.7	168	6.1	192	6.9	295	10.4	211	7.3
East	Moldova	303	14.2	362	17.1	344	16.2	382	18.1	324	15.3
West	Monaco	0	0.0	0	0.0	0	0.0	1	5.3	0	0.0
Centre	Montenegro	2	0.6	0	0.0	1	0.3	1	0.3	0	0.0
Centre	North Macedonia	0	0.0	0	0.0	0	0.0	4	0.4	0	0.0
East	Russia	26 806	34.9	26 409	34.3	27 907	36.2	31 642	41.0	33 673	43.5
West	San Marino	0	0.0	0	0.0	2	12.8	3	18.9	1	6.2
Centre	Serbia	10	0.2	17	0.4	18	0.4	13	0.3	14	0.3
Centre	Serbia excluding Kosovo ^c	9	0.3	16	0.5	17	0.5	12	0.3	13	0.4
Centre	Kosovo ^c	1	0.1	1	0.1	1	0.1	1	0.1	1	0.1
West	Switzerland	180	4.6	160	4.0	132	3.3	150	3.7	151	3.7
East	Tajikistan	116	3.2	211	5.7	295	7.7	293	7.5	344	8.6
Centre	Turkey	128	0.4	139	0.4	166	0.4	249	0.7	241	0.6
East	Turkmenistan	0	0.0	0	0.0	0	0.0	0	0.0	–	–
East	Ukraine	7002	28.3	6915	28.0	7697	31.3	7301	29.8	7722	31.7
East	Uzbekistan	1807	12.8	1733	12.1	–	–	–	–	–	–
	Total non-EU/EEA	38 114	19.5	37 774	19.2	38 627	20.8	42 266	22.5	44 880	24.2
WHO European Region											
	West	8483	4.1	8184	4.0	7744	3.7	7615	3.6	7204	3.3
	Centre	661	0.7	628	0.7	728	0.8	801	0.8	850	0.9
	East	37976	25.4	37590	25.1	38405	28.3	41963	30.8	44632	32.7
	Total WHO European Region	47 120	10.5	46 402	10.3	46 877	10.7	50 379	11.3	52 686	11.8

a Country-specific comments are in Annex 5

b Cumulative total is the total number of cases reported by the country since the start of reporting

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

	2014		2015		2016		2017		2018		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
EU/EEA												
	64	1.5	40	0.9	46	1.0	45	1.0	28	0.6	2317	Austria
	317	5.6	314	5.5	258	4.5	284	4.9	270	4.7	11125	Belgium
	46	1.2	33	0.9	33	0.9	23	0.6	35	1.0	606	Bulgaria
	9	0.4	6	0.3	5	0.2	5	0.2	6	0.3	188	Croatia
	7	1.6	8	1.8	15	3.4	20	4.6	13	2.9	314	Cyprus
	23	0.4	18	0.3	24	0.4	23	0.4	22	0.4	468	Czech Republic
	60	2.1	72	2.5	53	1.8	50	1.7	49	1.7	2079	Denmark
	109	15.6	103	14.7	90	12.9	73	10.5	59	8.5	3260	Estonia
	43	1.6	43	1.5	59	2.1	57	2.0	49	1.8	1133	Finland
	1836	5.4	1711	5.0	1803	5.2	1797	5.2	1691	4.9	30991	France
	662	1.6	748	1.8	713	1.7	643	1.5	618	1.5	13306	Germany
	100	1.8	90	1.6	111	2.0	109	2.0	126	2.3	2533	Greece
	20	0.4	26	0.5	21	0.4	18	0.4	8	0.2	369	Hungary
	2	1.2	2	1.2	6	3.6	3	1.8	13	7.6	117	Iceland
	104	4.4	110	4.7	115	4.8	121	5.0	103	4.2	2512	Ireland
	788	2.5	808	2.6	848	2.7	852	2.7	618	2.0	11297	Italy
	111	10.2	129	12.0	135	12.7	130	12.3	105	10.1	2463	Latvia
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	Liechtenstein
	51	3.2	42	2.7	49	3.1	43	2.8	42	2.8	652	Lithuania
	32	11.7	15	5.3	17	5.9	17	5.8	16	5.3	452	Luxembourg
	4	1.9	8	3.6	11	4.9	10	4.4	11	4.7	107	Malta
	146	1.7	146	1.7	122	1.4	101	1.2	79	0.9	5224	Netherlands
	68	2.7	76	3.0	63	2.4	58	2.2	69	2.6	2086	Norway
	186	0.9	175	0.9	141	0.7	161	0.8	143	0.7	4439	Poland
	399	7.3	378	6.9	407	7.5	346	6.4	280	5.2	16696	Portugal
	265	2.6	235	2.3	205	2.0	196	2.0	171	1.7	9573	Romania
	11	0.4	10	0.4	7	0.3	6	0.2	8	0.3	120	Slovakia
	4	0.4	7	0.7	2	0.2	2	0.2	1	0.1	100	Slovenia
	647	2.7	580	2.5	635	2.7	567	2.4	380	1.9	9119	Spain
	198	4.1	171	3.5	160	3.3	161	3.2	175	3.5	4297	Sweden
	1600	4.9	1484	4.5	1280	3.9	1233	3.7	1178	3.5	47367	United Kingdom
	7912	3.0	7588	2.9	7434	2.8	7154	2.7	6366	2.4	185333	Total EU/EEA
Non-EU/EEA												
	18	1.3	29	2.0	23	1.6	25	1.8	26	1.8	329	Albania
	0	0.0	0	0.0	0	0.0	3	7.9	4	10.6	18	Andorra
	118	7.6	89	5.7	92	5.9	102	6.5	136	8.7	1024	Armenia
	229	4.8	232	4.8	202	4.1	208	4.2	219	4.4	2036	Azerbaijan
	759	15.0	910	18.0	901	17.8	928	18.4	887	17.6	10755	Belarus
	3	0.2	1	0.1	2	0.1	0	0.0	2	0.1	43	Bosnia and Herzegovina
	151	7.2	172	8.2	166	7.9	139	6.6	163	7.8	1891	Georgia
	125	3.2	120	3.0	109	2.7	115	2.8	154	3.7	3280	Israel
	1008	11.3	1035	11.4	1215	13.2	1195	12.8	1208	12.8	12706	Kazakhstan
	280	9.5	289	9.6	318	10.4	349	11.2	333	10.5	3113	Kyrgyzstan
	379	17.9	356	16.8	361	17.1	367	17.4	368	17.5	5384	Moldova
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	Monaco
	3	0.9	2	0.6	2	0.6	1	0.3	2	0.6	35	Montenegro
	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0	18	North Macedonia
	37144	47.8	38102	49.0	33166	42.5	32593	41.7	33275	42.5	320717	Russia
	0	0.0	0	0.0	0	0.0	0	0.0	1	6.0	20	San Marino
	17	0.4	6	0.1	15	0.3	10	0.2	13	0.3	746	Serbia
	17	0.5	5	0.1	15	0.4	10	0.3	12	0.3	715	Serbia excluding Kosovo ^c
	0	0.0	1	0.1	0	0.0	0	0.0	1	0.0	31	Kosovo ^c
	124	3.0	122	2.9	113	2.7	100	2.3	88	2.0	10410	Switzerland
	433	10.6	470	11.2	417	9.7	470	10.7	–	–	3334	Tajikistan
	341	0.9	337	0.8	373	0.9	455	1.1	531	1.3	3886	Turkey
	–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
	6683	27.6	5481	27.7	5869	25.7	6315	27.7	6153	31.5	110882	Ukraine
	–	–	–	–	–	–	–	–	–	–	7783	Uzbekistan
	47815	25.4	47754	25.6	43345	22.8	43375	23.0	43563	23.6	498425	Total non-EU/EEA
WHO European Region												
	7319	3.4	7038	3.2	6929	3.2	6672	3.0	6000	2.8	176500	West
	953	1.0	894	0.9	869	0.9	945	1.0	981	1.0	21234	Centre
	47455	34.7	47410	35.7	42981	31.5	42912	31.4	42948	33.2	486001	East
	55727	12.4	55342	12.3	50779	11.2	50529	11.2	49929	11.2	683735	Total WHO European Region

Table 5: New HIV diagnoses in people infected through injecting drug use, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Year of diagnosis										Cumulative total ^b
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	38	48	55	53	28	29	31	18	17	12	2064
West	Belgium	16	17	20	16	19	15	17	5	9	12	788
Centre	Bulgaria	74	56	63	40	33	48	29	22	33	35	595
Centre	Croatia	0	2	4	0	0	0	2	0	0	0	67
Centre	Cyprus	0	0	0	0	0	3	1	2	0	1	16
Centre	Czech Republic	4	5	9	6	6	10	6	7	5	8	134
West	Denmark	14	8	10	11	13	11	8	9	6	6	559
East	Estonia	85	118	110	86	81	67	55	30	15	24	4194
West	Finland	13	8	8	7	3	7	7	6	10	6	410
West	France	131	129	121	129	110	103	76	60	58	61	2050
West	Germany	97	82	83	87	106	130	139	132	115	140	4174
West	Greece	18	28	319	525	270	120	95	100	93	106	1950
Centre	Hungary	0	0	0	0	1	1	2	3	1	1	31
West	Iceland	5	9	12	3	1	1	0	9	3	2	67
West	Ireland	30	23	18	16	22	30	47	21	18	13	1612
West	Italy	281	269	186	217	181	143	120	106	101	106	2635
East	Latvia	78	86	90	94	77	74	88	62	78	73	3418
	Liechtenstein	0	0	1	0	0	0	0	0	0	0	5
East	Lithuania	118	108	90	68	64	38	44	84	136	55	1840
West	Luxembourg	2	1	1	5	6	17	14	19	9	4	217
West	Malta ^c	0	0	0	0	3	0	0	1	0	–	10
West	Netherlands	9	8	7	6	5	2	2	1	4	2	793
West	Norway	11	11	10	11	8	7	8	8	7	6	640
Centre	Poland	69	47	72	49	47	50	51	37	30	20	6377
West	Portugal	275	226	149	138	120	63	61	44	27	21	19274
Centre	Romania	19	24	189	316	342	196	185	118	95	68	1617
Centre	Slovakia	1	2	1	1	0	1	3	1	0	1	18
Centre	Slovenia	0	0	0	1	2	2	1	1	0	0	21
West	Spain	317	256	237	209	187	153	119	140	108	74	3649
West	Sweden	24	23	15	22	13	14	15	26	20	23	1290
West	United Kingdom	140	135	126	116	119	152	206	132	136	94	6415
	Total EU/EEA	1869	1729	2006	2232	1867	1487	1432	1204	1134	974	66930
Non-EU/EEA												
Centre	Albania	1	0	0	1	0	1	0	0	0	0	5
West	Andorra	0	0	0	0	0	0	0	0	0	0	11
East	Armenia	46	51	42	47	34	43	37	35	39	28	695
East	Azerbaijan	294	277	319	218	204	183	182	157	96	104	3183
East	Belarus	212	223	254	247	201	376	790	600	485	391	9203
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	0	20
East	Georgia	221	211	187	224	172	194	188	206	148	94	2947
West	Israel	42	40	41	78	71	44	39	25	31	30	1286
East	Kazakhstan	1251	1100	924	793	730	779	827	899	900	917	17603
East	Kyrgyzstan	466	347	355	255	188	183	172	200	204	136	3861
East	Moldova	62	58	62	40	22	61	38	40	42	59	2896
West	Monaco	0	0	0	0	0	0	0	0	0	0	8
Centre	Montenegro	0	0	0	1	0	0	0	0	1	0	6
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Russia ^c	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0	0	0	0	0	0	0	0	0	11
Centre	Serbia	10	6	9	5	11	5	4	1	4	2	981
Centre	Serbia excluding Kosovo ^d	9	6	9	5	11	5	4	1	4	2	979
Centre	Kosovo ^d	1	0	0	0	0	0	0	0	0	0	2
West	Switzerland	26	20	21	24	13	8	10	13	20	11	2897
East	Tajikistan	262	682	472	292	239	242	250	195	246	–	3841
Centre	Turkey	1	0	6	6	4	10	13	8	14	24	168
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	0
East	Ukraine	7105	6934	6588	5933	5847	4670	3449	3699	3989	3773	124795
East	Uzbekistan	612	1850	–	–	–	–	–	–	–	–	11390
	Total non-EU/EEA	10611	11799	9280	8164	7736	6799	5999	6078	6219	5569	185809
WHO European Region												
West	West	1489	1341	1439	1673	1298	1049	1014	875	792	729	52810
Centre	Centre	179	142	353	426	446	327	297	200	183	160	10058
East	East	10812	12045	9493	8297	7859	6910	6120	6207	6378	5654	189866
	Total WHO European Region	12480	13528	11285	10396	9603	8286	7431	7282	7353	6543	252734

a Country-specific comments are in Annex 5

b Cumulative total is the total number of cases reported by the country since the start of reporting

c Data on route of transmission were not reported by Malta for 2018 or by Russia for 2009–2018

d Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 6: New HIV diagnoses in people infected through heterosexual contact, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Year of diagnosis										Cumulative total ^b
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	131	107	108	113	89	95	100	78	79	57	3111
West	Belgium	461	474	477	509	427	408	365	347	338	309	11783
Centre	Bulgaria	68	71	89	58	70	94	86	84	85	104	1465
Centre	Croatia	12	7	21	7	13	12	13	13	8	10	393
Centre	Cyprus	27	15	23	23	16	10	26	27	32	32	598
Centre	Czech Republic	43	38	26	41	45	45	46	53	59	56	818
West	Denmark	105	141	132	96	90	102	126	100	93	91	3434
East	Estonia	17	173	146	170	188	162	144	116	89	67	1635
West	Finland	91	94	88	71	67	70	79	83	70	55	1647
West	France	2282	2219	2066	2194	2178	2186	1773	1617	1624	1568	35363
West	Germany	544	499	539	523	625	819	977	879	787	733	15857
West	Greece	132	123	151	159	125	141	128	141	151	161	3517
Centre	Hungary	23	18	19	24	25	28	22	28	22	13	500
West	Iceland	8	10	6	0	0	0	0	9	2	15	126
West	Ireland	166	127	126	135	134	128	129	146	173	152	3293
West	Italy	1861	1885	1821	1766	1697	1662	1632	1748	1635	1172	21446
East	Latvia	133	131	144	112	125	132	150	139	132	109	2148
	Liechtenstein	1	3	0	0	0	0	0	1	0	0	13
East	Lithuania	40	29	39	53	58	74	65	70	67	66	755
West	Luxembourg	34	32	27	28	26	35	31	29	30	20	706
West	Malta ^c	9	10	13	15	10	9	15	21	17	–	182
West	Netherlands	357	357	308	310	259	240	265	214	179	134	8097
West	Norway	170	157	155	142	123	140	138	120	115	101	3421
Centre	Poland	84	108	93	102	90	108	112	110	103	59	1841
West	Portugal	1288	1225	1083	1055	1031	846	772	811	708	581	27613
Centre	Romania	322	326	360	366	386	417	453	478	493	435	7376
Centre	Slovakia	9	4	12	14	21	18	23	18	15	19	226
Centre	Slovenia	6	7	8	4	9	5	9	9	11	7	149
West	Spain	1266	1268	1123	1150	1154	1099	1016	1038	1038	691	16092
West	Sweden	194	222	260	227	218	229	211	202	212	213	5870
West	United Kingdom	3236	3009	2804	2571	2249	2304	2049	1860	1629	1550	69079
	Total EU/EEA	13120	12889	12267	12038	11548	11618	10955	10589	9996	8580	248554
Non-EU/EEA												
Centre	Albania	52	34	60	66	101	62	77	115	87	80	990
West	Andorra	1	2	1	1	1	0	0	0	2	7	30
East	Armenia	87	88	131	166	179	275	238	245	286	339	2371
East	Azerbaijan	118	131	191	244	275	378	439	337	367	464	3374
East	Belarus	823	789	881	919	1265	1349	1416	1671	1868	1861	16770
Centre	Bosnia and Herzegovina	3	1	14	4	0	7	4	6	2	11	134
East	Georgia	148	203	204	241	241	294	358	372	341	407	3431
West	Israel	177	206	207	197	173	197	199	191	177	197	5044
East	Kazakhstan	733	796	987	1112	1268	1391	1439	1745	1873	2055	15814
East	Kyrgyzstan	173	186	181	307	276	392	404	421	490	530	3868
East	Moldova	572	607	612	661	337	616	578	547	561	617	8011
West	Monaco	0	0	0	1	0	0	0	0	1	0	13
Centre	Montenegro	6	3	4	4	2	4	3	9	3	5	87
Centre	North Macedonia	2	0	0	7	2	4	4	10	8	6	59
East	Russia ^c	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0	4	3	0	0	0	0	0	0	23
Centre	Serbia	25	39	42	28	22	34	28	35	30	33	882
Centre	Serbia excluding Kosovo ^d	22	36	37	27	20	33	28	30	28	28	819
Centre	Kosovo ^d	3	3	5	1	2	1	0	5	2	5	63
West	Switzerland	253	222	211	220	223	174	181	164	136	148	7106
East	Tajikistan	169	293	434	388	497	617	720	667	779	–	4965
Centre	Turkey	217	195	263	376	428	495	583	646	775	951	6570
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	0
East	Ukraine	8541	9122	10248	10440	11472	10648	9043	10014	11045	11371	142633
East	Uzbekistan	955	852	–	–	–	–	–	–	–	–	4711
	Total non-EU/EEA	13055	13769	14675	15385	16762	16937	15714	17195	18831	19082	226886
WHO European Region												
	West	12766	12389	11710	11486	10899	10884	10186	9798	9196	7955	242853
	Centre	899	866	1034	1124	1230	1343	1489	1641	1733	1821	22088
	East	12509	13400	14198	14813	16181	16328	14994	16344	17898	17886	210486
	Total WHO European Region	26174	26655	26942	27423	28310	28555	26669	27783	28827	27662	475427

a Country-specific comments are in Annex 5

b Cumulative total is the total number of cases reported by the country since the start of reporting

c Data on route of transmission were not reported by Malta for 2018 or by Russia for 2009–2018

d Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 7: New HIV diagnoses in people infected through mother-to-child transmission, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Year of diagnosis										Cumulative total ^b
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	2	1	2	0	0	1	0	1	1	1	59
West	Belgium	7	11	18	10	7	10	14	8	5	10	452
Centre	Bulgaria	1	4	2	0	5	1	1	0	3	3	27
Centre	Croatia	0	0	1	0	0	1	0	0	0	0	14
Centre	Cyprus	0	0	0	1	0	0	1	0	0	0	4
Centre	Czech Republic	0	0	0	2	0	1	0	2	0	0	9
West	Denmark	0	3	3	4	5	5	4	1	5	2	113
East	Estonia	3	3	3	4	2	5	1	0	0	0	54
West	Finland	2	1	1	2	2	2	3	2	0	2	33
West	France	34	41	35	49	36	48	43	25	22	26	566
West	Germany	10	20	14	22	23	26	27	23	18	19	459
West	Greece	0	3	4	0	0	1	0	3	1	2	63
Centre	Hungary	2	0	0	1	1	1	2	1	2	0	18
West	Iceland	0	0	0	0	0	0	0	0	0	1	2
West	Ireland	5	9	3	5	3	2	5	3	1	3	83
West	Italy	19	13	27	16	13	14	16	10	16	9	209
East	Latvia	2	4	2	7	10	4	3	6	3	5	80
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	1
East	Lithuania	0	0	1	0	1	2	0	1	1	0	7
West	Luxembourg	1	0	0	1	0	2	0	0	0	0	13
West	Malta ^c	0	0	0	0	0	0	0	2	0	–	2
West	Netherlands	21	27	15	19	9	14	12	7	3	4	363
West	Norway	4	1	4	7	1	3	2	2	2	6	91
Centre	Poland	12	11	7	4	4	3	8	1	3	2	219
West	Portugal	17	15	12	5	9	7	4	5	3	1	482
Centre	Romania	23	27	22	19	24	18	18	6	14	8	748
Centre	Slovakia	0	0	0	0	0	0	0	0	0	0	0
Centre	Slovenia	0	0	1	0	0	0	0	0	0	0	7
West	Spain	16	13	11	7	18	4	3	8	3	4	133
West	Sweden	9	13	22	14	7	7	15	10	14	12	261
West	United Kingdom	130	114	105	88	92	90	56	44	50	57	2858
	Total EU/EEA	320	334	315	287	272	272	238	171	170	177	7430
Non-EU/EEA												
Centre	Albania	2	0	3	3	6	3	1	1	1	2	35
West	Andorra	0	0	0	0	0	0	0	0	0	0	1
East	Armenia	3	3	2	3	5	7	4	1	5	6	51
East	Azerbaijan	5	11	9	14	10	18	16	10	10	9	128
East	Belarus	15	22	23	16	16	15	26	20	13	4	308
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	0	1
East	Georgia	4	13	6	9	4	5	6	4	3	6	105
West	Israel	11	7	8	7	9	9	4	4	6	6	261
East	Kazakhstan	22	21	18	30	36	22	25	24	34	24	371
East	Kyrgyzstan	16	19	20	33	10	14	25	17	16	24	231
East	Moldova	9	10	16	11	13	19	14	10	11	13	190
West	Monaco	0	0	0	0	0	0	0	0	0	0	1
Centre	Montenegro	0	0	0	0	0	0	0	0	0	0	4
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Russia ^c	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0	0	0	0	0	0	0	0	0	1
Centre	Serbia	4	1	1	1	4	1	1	2	1	1	51
Centre	Serbia excluding Kosovo ^d	2	0	1	0	4	1	0	2	0	0	46
Centre	Kosovo ^d	2	0	0	1	0	0	1	0	0	1	5
West	Switzerland	4	8	4	2	3	1	4	4	4	2	182
East	Tajikistan	11	14	26	37	47	57	56	53	60	–	373
Centre	Turkey	7	0	5	12	11	22	23	15	12	13	167
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	0
East	Ukraine	169	177	136	149	111	122	98	77	86	71	2221
East	Uzbekistan	96	73	–	–	–	–	–	–	–	–	363
	Total non-EU/EEA	378	378	277	327	285	315	303	242	261	181	5047
WHO European Region												
West	West	292	300	288	258	237	246	212	162	154	167	6688
Centre	Centre	51	42	42	43	55	51	55	28	35	29	1306
East	East	355	370	262	313	265	290	274	223	242	162	4482
	Total WHO European Region	698	712	592	614	557	587	541	413	431	358	12476

a Country-specific comments are in Annex 5

b Cumulative total is the total number of cases reported by the country since the start of reporting

c Data on route of transmission were not reported by Malta for 2018 or by Russia for 2009–2018

d Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 8: HIV diagnoses in 2018, by country of report, transmission mode and sex, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	MSM		IDU			Hetero			MTCT		
		Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b
EU/EEA												
West	Austria	102	102	2	10	12	25	32	57	0	1	1
West	Belgium	327	327	2	10	12	173	135	309	4	6	10
Centre	Bulgaria	169	169	3	32	35	31	73	104	1	2	3
Centre	Croatia	82	82	0	0	0	6	4	10	0	0	0
Centre	Cyprus	43	43	0	1	1	13	19	32	0	0	0
Centre	Czech Republic	137	137	0	8	8	22	34	56	0	0	0
West	Denmark	109	109	1	5	6	45	46	91	2	0	2
East	Estonia	11	11	8	16	24	29	38	67	0	0	0
West	Finland	38	38	0	6	6	28	27	55	1	1	2
West	France	1254	1296	12	49	61	909	649	1568	13	13	26
West	Germany	1394	1394	31	108	140	500	231	733	11	8	19
West	Greece	282	282	12	94	106	85	76	161	2	0	2
Centre	Hungary	145	145	0	1	1	6	7	13	0	0	0
West	Iceland	15	15	0	2	2	9	6	15	1	0	1
West	Ireland	284	284	0	13	13	88	64	152	2	0	3
West	Italy	1109	1110	14	92	106	514	657	1172	4	5	9
East	Latvia	19	19	17	56	73	50	59	109	4	1	5
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	18	18	11	44	55	25	41	66	0	0	0
West	Luxembourg	25	25	1	3	4	12	8	20	0	0	0
West	Malta	–	–	–	–	–	–	–	–	–	–	–
West	Netherlands	388	396	1	1	2	66	67	134	1	3	4
West	Norway	73	73	1	5	6	64	37	101	4	2	6
Centre	Poland	274	274	2	18	20	20	39	59	1	1	2
West	Portugal	327	327	6	15	21	260	321	581	1	0	1
Centre	Romania	155	155	13	55	68	151	284	435	4	4	8
Centre	Slovakia	60	60	0	1	1	7	12	19	0	0	0
Centre	Slovenia	27	27	0	0	0	1	6	7	0	0	0
West	Spain	1431	1431	9	65	74	321	370	691	2	2	4
West	Sweden	158	158	5	18	23	128	85	213	5	7	12
West	United Kingdom	1906	1908	19	75	94	822	722	1550	32	25	57
	Total EU/EEA	10362	10415	170	803	974	4410	4149	8580	95	81	177
Non-EU/EEA												
Centre	Albania	8	8	0	0	0	24	56	80	2	0	2
West	Andorra	4	4	0	0	0	3	4	7	0	0	0
East	Armenia	40	40	0	28	28	134	205	339	1	5	6
East	Azerbaijan	45	45	2	102	104	209	255	464	6	3	9
East	Belarus	103	103	101	290	391	772	1089	1861	2	2	4
Centre	Bosnia and Herzegovina	14	14	0	0	0	2	9	11	0	0	0
East	Georgia	150	150	1	93	94	153	254	407	2	4	6
West	Israel	125	125	5	25	30	108	89	197	4	2	6
East	Kazakhstan	162	162	138	779	917	1027	1028	2055	15	9	24
East	Kyrgyzstan	46	46	10	126	136	263	267	530	11	13	24
East	Moldova	32	32	12	47	59	282	335	617	6	7	13
West	Monaco	0	0	0	0	0	0	0	0	0	0	0
Centre	Montenegro	16	16	0	0	0	2	3	5	0	0	0
Centre	North Macedonia	37	37	0	0	0	0	6	6	0	0	0
East	Russia	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	137	137	0	2	2	13	20	33	0	1	1
Centre	Serbia excluding Kosovo ^c	135	135	0	2	2	12	16	28	0	0	0
Centre	Kosovo ^c	2	2	0	0	0	1	4	5	0	1	1
West	Switzerland	159	159	1	10	11	56	92	148	1	1	2
East	Tajikistan	–	–	–	–	–	–	–	–	–	–	–
Centre	Turkey	540	540	2	22	24	189	762	951	6	7	13
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	506	506	527	3246	3773	5580	5791	11371	37	34	71
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	2124	2124	799	4770	5569	8817	10265	19082	93	88	181
WHO European Region												
	West	9510	9563	122	606	729	4216	3718	7955	90	76	167
	Centre	1844	1844	20	140	160	487	1334	1821	14	15	29
	East	1132	1132	827	4827	5654	8524	9362	17886	84	78	162
	Total WHO European Region	12486	12539	969	5573	6543	13227	14414	27662	188	169	358

a Country-specific comments are in Annex 5

b Totals include transgender and persons with unknown gender and may, therefore, not equal the sum of the columns or may differ slightly from the totals presented for 2018 in tables 4-7.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

	Nosocomial			Haemophilic/transfusion			Unknown			Total ^b	Country, territory or area ^a
	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b		
EU/EEA											
	0	0	0	0	1	1	1	17	18	191	Austria
	0	0	0	4	0	4	87	125	220	882	Belgium
	0	0	0	0	0	0	0	0	0	311	Bulgaria
	0	0	0	0	0	0	0	2	2	94	Croatia
	0	0	0	0	1	1	0	1	1	78	Cyprus
	0	1	1	0	0	0	0	6	6	208	Czech Republic
	0	0	0	0	0	0	1	8	9	217	Denmark
	0	0	0	0	0	0	22	66	88	190	Estonia
	0	0	0	0	0	0	20	32	52	153	Finland
	0	0	0	12	7	19	745	1180	1928	4898	France
	0	0	0	0	0	0	76	451	532	2818	Germany
	0	0	0	0	1	1	27	107	134	686	Greece
	0	0	0	0	0	0	2	42	70	229	Hungary
	0	0	0	2	0	2	1	1	2	37	Iceland
	0	0	0	1	1	2	12	38	50	504	Ireland
	0	0	0	1	5	6	85	359	444	2847	Italy
	0	0	0	0	0	0	34	86	120	326	Latvia
	0	0	0	0	0	0	0	0	0	0	Liechtenstein
	0	0	0	0	0	0	6	15	21	160	Lithuania
	0	0	0	0	0	0	3	4	7	56	Luxembourg
							11	62	73	73	Malta
	0	1	1	0	0	0	11	61	74	611	Netherlands
	0	0	0	0	0	0	0	5	5	191	Norway
	2	0	2	0	0	0	118	681	808	1165	Poland
	0	0	0	1	2	3	12	28	40	973	Portugal
	0	0	0	0	0	0	3	0	3	669	Romania
	0	0	0	0	0	0	1	20	21	101	Slovakia
	0	0	0	0	0	0	0	1	1	35	Slovenia
	0	0	0	2	1	3	46	278	324	2527	Spain
	0	0	0	3	2	5	34	36	70	481	Sweden
	2	3	5	11	25	36	292	507	803	4453	United Kingdom
	4	5	9	37	46	83	1650	4219	5926	26164	Total EU/EEA
Non-EU/EEA											
	0	0	0	0	0	0	0	12	12	102	Albania
	0	0	0	0	0	0	1	0	1	12	Andorra
	0	0	0	0	0	0	1	5	6	419	Armenia
	0	0	0	0	0	0	2	32	34	656	Azerbaijan
	0	0	0	0	0	0	12	15	27	2386	Belarus
	0	0	0	0	0	0	0	0	0	25	Bosnia and Herzegovina
	0	0	0	1	0	1	6	8	14	672	Georgia
	0	0	0	0	0	0	37	52	89	447	Israel
	0	0	0	0	0	0	28	30	58	3216	Kazakhstan
	4	3	7	0	0	0	45	88	133	876	Kyrgyzstan
	0	0	0	0	0	0	68	116	184	905	Moldova
	0	0	0	0	0	0	0	0	0	0	Monaco
	0	0	0	0	0	0	0	2	2	23	Montenegro
	0	0	0	0	0	0	0	2	2	45	North Macedonia
	-	-	-	-	-	-	-	-	-	-	Russia
	0	0	0	0	0	0	1	2	3	3	San Marino
	0	0	0	0	0	0	0	13	13	186	Serbia
	0	0	0	0	0	0	0	13	13	178	Serbia excluding Kosovo ^c
	0	0	0	0	0	0	0	0	0	8	Kosovo ^c
	0	0	0	0	0	0	30	68	103	423	Switzerland
	-	-	-	-	-	-	-	-	-	-	Tajikistan
	0	0	0	1	4	5	333	1382	1715	3248	Turkey
	-	-	-	-	-	-	-	-	-	-	Turkmenistan
	0	3	3	0	0	0	9	16	25	15749	Ukraine
	-	-	-	-	-	-	-	-	-	-	Uzbekistan
	4	6	10	2	4	6	573	1843	2421	29393	Total non-EU/EEA
WHO European Region											
	2	4	6	37	45	82	1533	3421	4981	23483	West
	2	1	3	1	5	6	457	2164	2656	6519	Centre
	4	6	10	1	0	1	233	477	710	25555	East
	8	11	19	39	50	89	2223	6062	8347	55557	Total WHO European Region

Table 9: HIV diagnoses in 2018, by country of report, age and sex, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	<15			15–19			20–24			25–29		
		Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b
EU/EEA													
West	Austria	0	1	1	0	2	2	2	9	11	4	31	35
West	Belgium	2	5	7	7	6	13	26	47	74	39	102	143
Centre	Bulgaria	1	2	3	0	6	6	3	27	30	6	51	57
Centre	Croatia	0	0	0	0	2	2	0	10	10	2	10	12
Centre	Cyprus	0	0	0	0	0	0	2	5	7	0	19	19
Centre	Czech Republic	0	0	0	0	0	0	2	16	18	5	37	42
West	Denmark	2	0	2	0	1	1	2	16	18	8	30	38
East	Estonia	0	0	0	0	1	1	4	5	9	10	12	22
West	Finland	2	0	2	1	0	1	2	7	9	3	10	13
West	France	16	18	34	64	86	150	137	304	451	246	422	683
West	Germany	10	8	18	12	29	41	51	198	249	109	309	420
West	Greece	1	0	1	2	6	8	8	49	57	19	78	97
Centre	Hungary	0	0	0	0	2	2	2	24	26	1	39	41
West	Iceland	1	0	1	0	1	1	0	2	2	2	1	3
West	Ireland	0	0	0	0	1	2	4	30	34	16	77	93
West	Italy	5	4	9	15	11	26	66	168	235	91	293	384
East	Latvia	4	1	5	1	5	6	7	16	23	16	31	47
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	0	0	0	1	0	1	3	3	6	5	12	17
West	Luxembourg	0	0	0	0	0	0	0	1	1	0	7	7
West	Malta	1	0	1	0	1	1	0	5	5	3	9	12
West	Netherlands	1	2	3	3	8	12	8	38	46	16	80	101
West	Norway	2	1	3	5	3	8	4	12	16	4	13	17
Centre	Poland	1	2	3	2	8	11	10	118	128	16	199	218
West	Portugal	1	2	3	3	7	10	12	78	90	41	90	131
Centre	Romania	4	4	8	9	11	20	26	51	77	30	83	113
Centre	Slovakia	0	0	0	0	0	0	1	8	9	3	17	20
Centre	Slovenia	0	0	0	0	0	0	0	1	1	0	4	4
West	Spain	2	1	3	9	39	48	30	219	249	51	348	399
West	Sweden	3	7	10	1	5	6	7	15	22	24	40	64
West	United Kingdom	21	23	44	33	56	89	82	301	384	136	532	671
	Total EU/EEA	80	81	161	168	297	468	501	1783	2297	906	2986	3923
Non-EU/EEA													
Centre	Albania	2	0	2	1	2	3	0	6	6	2	10	12
West	Andorra	0	0	0	0	0	0	2	0	2	0	1	1
East	Armenia	1	6	7	1	2	3	8	13	21	29	37	66
East	Azerbaijan	7	4	11	1	5	6	21	37	58	28	59	87
East	Belarus	4	3	7	8	5	13	46	58	104	132	172	304
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	1	1	1	4	5
East	Georgia	2	3	5	3	11	14	12	80	92	12	80	92
West	Israel	3	1	4	1	3	4	4	21	25	8	27	35
East	Kazakhstan	18	10	28	22	18	40	71	126	197	171	247	418
East	Kyrgyzstan	18	19	37	6	14	20	37	39	76	40	70	110
East	Moldova	6	7	13	17	5	22	33	36	69	59	80	139
West	Monaco	0	0	0	0	0	0	0	0	0	0	0	0
Centre	Montenegro	0	0	0	0	0	0	0	2	2	1	9	10
Centre	North Macedonia	0	0	0	0	0	0	0	10	10	0	8	8
East	Russia	–	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	0	1	1	0	0	0	1	23	24	1	25	26
Centre	Serbia excluding Kosovo ^c	0	0	0	0	0	0	1	22	23	1	24	25
Centre	Kosovo ^c	0	1	1	0	0	0	0	1	1	0	1	1
West	Switzerland	1	1	2	0	1	1	4	22	26	8	45	53
East	Tajikistan	–	–	–	–	–	–	–	–	–	–	–	–
Centre	Turkey	6	14	20	12	72	84	31	375	406	73	523	596
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	41	37	78	73	49	122	341	300	641	714	875	1589
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	109	106	215	145	187	332	611	1149	1760	1279	2272	3551
WHO European Region													
	West	74	74	148	156	266	424	451	1542	2006	828	2545	3400
	Centre	14	23	37	24	103	128	78	677	755	141	1038	1183
	East	101	90	191	133	115	248	583	713	1296	1216	1675	2891
	Total WHO European Region	189	187	376	313	484	800	1112	2932	4057	2185	5258	7474

a Country-specific comments are in Annex 5

b Totals include persons with unknown gender and may, therefore, not equal the sum of the columns

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

	30–39			40–49			50+			Unknown			Total ^b	Country, territory or area ^a
	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b		
	10	50	60	4	38	42	8	32	40	0	0	0	191	Austria
	81	170	254	60	141	202	54	132	186	1	0	3	882	Belgium
	10	114	124	8	51	59	7	25	32	0	0	0	311	Bulgaria
	2	29	31	2	18	20	0	19	19	0	0	0	94	Croatia
	7	23	30	3	8	11	1	10	11	0	0	0	78	Cyprus
	7	70	77	5	44	49	3	19	22	0	0	0	208	Czech Republic
	19	43	62	11	39	50	7	39	46	0	0	0	217	Denmark
	25	58	83	12	35	47	8	20	28	0	0	0	190	Estonia
	18	33	51	12	26	38	11	28	39	0	0	0	153	Finland
	555	834	1404	359	687	1056	314	801	1120	0	0	0	4 898	France
	226	684	914	120	492	614	87	461	548	3	11	14	2 818	Germany
	55	191	246	24	135	159	17	101	118	0	0	0	686	Greece
	1	55	57	0	37	37	4	34	38	0	4	28	229	Hungary
	4	13	17	5	3	8	1	4	5	0	0	0	37	Iceland
	48	151	199	24	81	105	11	60	71	0	0	0	504	Ireland
	150	639	789	149	540	690	142	571	713	0	1	1	2 847	Italy
	24	97	121	30	43	73	23	28	51	0	0	0	326	Latvia
	0	0	0	0	0	0	0	0	0	0	0	0	0	Liechtenstein
	12	42	54	12	44	56	9	17	26	0	0	0	160	Lithuania
	4	11	15	5	6	11	2	9	11	5	6	11	56	Luxembourg
	2	16	18	3	11	14	1	10	11	1	10	11	73	Malta
	21	125	151	20	133	153	10	135	145	0	0	0	611	Netherlands
	21	41	62	23	23	46	10	29	39	0	0	0	191	Norway
	61	375	438	38	189	228	13	104	117	2	18	22	1165	Poland
	71	180	251	64	152	216	88	184	272	0	0	0	973	Portugal
	44	183	227	31	106	137	27	60	87	0	0	0	669	Romania
	4	34	38	0	28	28	0	6	6	0	0	0	101	Slovakia
	0	14	14	0	7	7	1	8	9	0	0	0	35	Slovenia
	126	683	809	99	492	591	62	365	427	1	0	1	2 527	Spain
	63	103	166	55	72	127	22	64	86	0	0	0	481	Sweden
	361	959	1 325	284	718	1 004	261	674	936	0	0	0	4 453	United Kingdom
	2 032	6 020	8 087	1 462	4 399	5 878	1 204	4 049	5 259	13	50	91	26 164	Total EU/EEA
														Non-EU/EEA
	8	24	32	7	15	22	6	19	25	0	0	0	102	Albania
	0	2	2	1	2	3	1	3	4	0	0	0	12	Andorra
	40	107	147	34	55	89	23	63	86	0	0	0	419	Armenia
	81	160	241	48	107	155	33	65	98	0	0	0	656	Azerbaijan
	345	659	1 004	196	429	625	156	173	329	0	0	0	2 386	Belarus
	0	6	6	1	7	8	0	5	5	0	0	0	25	Bosnia and Herzegovina
	46	151	197	43	109	152	45	74	119	0	1	1	672	Georgia
	59	103	162	47	75	122	31	61	92	1	2	3	447	Israel
	450	847	1 297	298	512	810	178	248	426	0	0	0	3 216	Kazakhstan
	103	172	275	87	160	247	42	69	111	0	0	0	876	Kyrgyzstan
	121	201	322	84	125	209	48	83	131	0	0	0	905	Moldova
	0	0	0	0	0	0	0	0	0	0	0	0	0	Monaco
	0	8	8	1	1	2	0	1	1	0	0	0	23	Montenegro
	0	20	20	0	6	6	0	1	1	0	0	0	45	North Macedonia
	–	–	–	–	–	–	–	–	–	–	–	–	–	Russia
	0	1	1	0	1	1	1	0	1	0	0	0	3	San Marino
	3	57	60	2	37	39	6	30	36			0	186	Serbia
	3	57	60	2	33	35	5	30	35	0	0	0	178	Serbia excluding Kosovo ^c
	0	0	0	0	4	4	1	0	1	0	0	0	8	Kosovo ^c
	24	92	118	24	85	110	27	84	111	0	0	2	423	Switzerland
	–	–	–	–	–	–	–	–	–	–	–	–	–	Tajikistan
	188	825	1 013	142	441	583	79	467	546	0	0	0	3 248	Turkey
	–	–	–	–	–	–	–	–	–	–	–	–	–	Turkmenistan
	2 276	4 152	6 428	1 670	2 887	4 557	1 038	1 296	2 334	0	0	0	15 749	Ukraine
	–	–	–	–	–	–	–	–	–	–	–	–	–	Uzbekistan
	3 744	7 587	11 333	2 685	5 054	7 740	1 714	2 742	4 456	1	3	4	29 393	Total non-EU/EEA
														WHO European Region
	1 918	5 124	7 076	1 393	3 952	5 362	1 168	3 847	5 021	12	30	46	23 483	West
	335	1 837	2 175	240	995	1 236	147	808	955	2	22	50	6 519	Centre
	3 523	6 646	10 169	2 514	4 506	7 020	1 603	2 136	3 739	0	1	1	25 555	East
	5 776	13 607	19 420	4 147	9 453	13 618	2 918	6 791	9 715	14	53	97	55 557	Total WHO European Region

Table 10: HIV diagnoses, by country of report and region of origin, cases diagnosed in 2018, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Country of report		Western Europe		Central & Eastern Europe		Sub-Saharan Africa	
		N	%	N	%	N	%	N	%
EU/EEA									
West	Austria	115	60.2	8	4.2	41	21.5	11	5.8
West	Belgium	327	37.1	66	7.5	29	3.3	180	20.4
Centre	Bulgaria	291	93.6	6	1.9	11	3.5	2	0.6
Centre	Croatia	78	83.0	1	1.1	12	12.8	2	2.1
Centre	Cyprus	39	50.0	9	11.5	8	10.3	19	24.4
Centre	Czech Republic	123	59.1	8	3.8	63	30.3	3	1.4
West	Denmark	93	42.9	17	7.8	17	7.8	48	22.1
East	Estonia	105	55.3	0	0.0	8	4.2	0	0.0
West	Finland	63	41.2	6	3.9	29	19.0	19	12.4
West	France	1409	28.8	89	1.8	124	2.5	1194	24.4
West	Germany	1606	57.0	61	2.2	304	10.8	408	14.5
West	Greece	427	62.2	18	2.6	99	14.4	90	13.1
Centre	Hungary	–	–	–	–	–	–	–	–
West	Iceland	8	21.6	5	13.5	6	16.2	10	27.0
West	Ireland	103	20.4	43	8.5	35	6.9	120	23.8
West	Italy	1988	69.8	21	0.7	167	5.9	340	11.9
East	Latvia	323	99.1	0	0.0	3	0.9	0	0.0
	Liechtenstein	–	–	–	–	–	–	–	–
East	Lithuania	154	96.3	0	0.0	4	2.5	0	0.0
West	Luxembourg	12	21.4	17	30.4	5	8.9	12	21.4
West	Malta	73	100	0	0.0	0	0.0	0	0.0
West	Netherlands	351	57.4	23	3.8	44	7.2	51	8.3
West	Norway	58	30.4	10	5.2	24	12.6	52	27.2
Centre	Poland	596	51.2	1	0.1	16	1.4	1	0.1
West	Portugal	593	60.9	21	2.2	11	1.1	184	18.9
Centre	Romania	655	97.9	0	0.0	5	0.7	2	0.3
Centre	Slovakia	79	78.2	2	2.0	14	13.9	0	0.0
Centre	Slovenia	29	82.9	1	2.9	4	11.4	0	0.0
West	Spain	1547	61.2	92	3.6	79	3.1	170	6.7
West	Sweden	108	22.5	27	5.6	57	11.9	161	33.5
West	United Kingdom	1530	34.4	312	7.0	400	9.0	881	19.8
	Total EU/EEA	12883	49.7	864	3.3	1619	6.2	3960	15.3
Non-EU/EEA									
Centre	Albania	102	100.0	0	0.0	0	0.0	0	0.0
West	Andorra	4	33.3	5	41.7	0	0.0	0	0.0
East	Armenia	419	100.0	0	0.0	0	0.0	0	0.0
East	Azerbaijan	630	96.0	0	0.0	23	3.5	1	0.2
East	Belarus	2367	99.2	0	0.0	17	0.7	1	0.0
Centre	Bosnia and Herzegovina	25	100.0	0	0.0	0	0.0	0	0.0
East	Georgia	672	100.0	0	0.0	0	0.0	0	0.0
West	Israel	117	26.2	12	2.7	170	38.0	64	14.3
East	Kazakhstan	3093	96.2	0	0.0	99	3.1	0	0.0
East	Kyrgyzstan	820	93.6	0	0.0	51	5.8	0	0.0
East	Republic of Moldova	905	100.0	0	0.0	0	0.0	0	0.0
West	Monaco	–	–	–	–	–	–	–	–
Centre	Montenegro	22	95.7	0	0.0	1	4.3	0	0.0
Centre	North Macedonia	44	97.8	1	2.2	0	0.0	0	0.0
East	Russia	–	–	–	–	–	–	–	–
West	San Marino	–	–	–	–	–	–	–	–
Centre	Serbia	186	100.0	0	0.0	0	0.0	0	0.0
Centre	Serbia excluding Kosovo ^b	178	100.0	0	0.0	0	0.0	0	0.0
Centre	Kosovo ^b	8	100.0	0	0.0	0	0.0	0	0.0
West	Switzerland	169	40.0	51	12.1	23	5.4	51	12.1
East	Tajikistan	–	–	–	–	–	–	–	–
Centre	Turkey	2728	84.0	46	1.4	195	6.0	52	1.6
East	Turkmenistan	–	–	–	–	–	–	–	–
East	Ukraine	15749	100.0	0	0.0	0	0.0	0	0.0
East	Uzbekistan	–	–	–	–	–	–	–	–
	Total non-EU/EEA	28052	95.4	115	0.4	579	2.0	169	0.6
WHO European Region									
	West	10701	45.6	904	3.9	1664	7.1	4046	17.2
	Centre	4997	79.4	75	1.2	329	5.2	81	1.3
	East	25237	98.8	0	0.0	205	0.8	2	0.0
	Total WHO European Region	40935	74.0	979	1.8	2198	4.0	4129	7.5

a Country-specific comments are in Annex 5. Countries that do not report on the variables “country of birth”, “country of nationality” or “region of origin” are excluded and therefore regional totals may not equal those presented in Table 1.

b Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

	Latin America & Caribbean		South & South-east Asia		Other		Unknown		Total	Country, territory or area ^a
	N	%	N	%	N	%	N	%		
										EU/EEA
	6	3.1	8	4.2	2	1	0	0	191	Austria
	57	6.5	22	2.5	21	2.4	180	20.4	882	Belgium
	0	0	1	0.3	0	0	0	0	311	Bulgaria
	0	0	0	0	0	0	1	1.1	94	Croatia
	1	1.3	1	1.3	1	1.3	0	0	78	Cyprus
	6	2.9	2	1	3	1.4	0	0	208	Czech Republic
	14	6.5	22	10.1	4	1.8	2	0.9	217	Denmark
	1	0.5	0	0	0	0	76	40	190	Estonia
	9	5.9	8	5.2	5	3.3	14	9.2	153	Finland
	226	4.6	60	1.2	137	2.8	1659	33.9	4898	France
	68	2.4	95	3.4	60	2.1	216	7.7	2818	Germany
	5	0.7	29	4.2	11	1.6	7	1	686	Greece
	–	–	–	–	–	–	–	–	–	Hungary
	1	2.7	1	2.7	6	16.2	0	0	37	Iceland
	130	25.8	18	3.6	11	2.2	44	8.7	504	Ireland
	221	7.8	38	1.3	53	1.9	19	0.7	2847	Italy
	0	0	0	0	0	0	0	0	326	Latvia
	–	–	–	–	–	–	–	–	–	Liechtenstein
	0	0	0	0	2	1.3	0	0	160	Lithuania
	0	0	2	3.6	2	3.6	6	10.7	56	Luxembourg
	0	0	0	0	0	0	0	0	73	Malta
	69	11.3	28	4.6	19	3.1	26	4.3	611	Netherlands
	14	7.3	27	14.1	6	3.1	0	0	191	Norway
	0	0	0	0	0	0	551	47.3	1165	Poland
	112	11.5	3	0.3	2	0.2	47	4.8	973	Portugal
	0	0	0	0	3	0.4	4	0.6	669	Romania
	2	2	4	4	0	0	0	0	101	Slovakia
	0	0	1	2.9	0	0	0	0	35	Slovenia
	507	20.1	9	0.4	46	1.8	77	3	2527	Spain
	34	7.1	56	11.6	24	5	14	2.9	481	Sweden
	340	7.6	236	5.3	99	2.2	655	14.7	4453	United Kingdom
	1823	7	671	2.6	517	2	3598	13.9	25935	Total EU/EEA
										Non-EU/EEA
	0	0	0	0	0	0	0	0	102	Albania
	0	0	0	0	0	0	3	25	12	Andorra
	0	0	0	0	0	0	0	0	419	Armenia
	0	0	2	0.3	0	0	0	0	656	Azerbaijan
	0	0	0	0	1	0	0	0	2386	Belarus
	0	0	0	0	0	0	0	0	25	Bosnia and Herzegovina
	0	0	0	0	0	0	0	0	672	Georgia
	9	2	14	3.1	61	13.6	0	0	447	Israel
	0	0	2	0.1	22	0.7	0	0	3216	Kazakhstan
	0	0	5	0.6	0	0	0	0	876	Kyrgyzstan
	0	0	0	0	0	0	0	0	905	Republic of Moldova
	–	–	–	–	–	–	–	–	–	Monaco
	0	0	0	0	0	0	0	0	23	Montenegro
	0	0	0	0	0	0	0	0	45	North Macedonia
	–	–	–	–	–	–	–	–	–	Russia
	–	–	–	–	–	–	–	–	–	San Marino
	0	0	0	0	0	0	0	0	186	Serbia
	0	0	0	0	0	0	0	0	178	Serbia excluding Kosovo ^b
	0	0	0	0	0	0	0	0	8	Kosovo ^b
	25	5.9	15	3.5	6	1.4	83	19.6	423	Switzerland
	–	–	–	–	–	–	–	–	–	Tajikistan
	6	0.2	48	1.5	78	2.4	95	2.9	3248	Turkey
	–	–	–	–	–	–	–	–	–	Turkmenistan
	0	0	0	0	0	0	0	0	15749	Ukraine
	–	–	–	–	–	–	–	–	–	Uzbekistan
	40	0.1	86	0.3	168	0.6	181	0.6	29390	Total non-EU/EEA
										WHO European Region
	1847	7.9	691	2.9	575	2.4	3052	13	23480	West
	15	0.2	57	0.9	85	1.4	651	10.3	6290	Centre
	1	0	9	0	25	0.1	76	0.3	25555	East
	1863	3.4	757	1.4	685	1.2	3779	6.8	55325	Total WHO European Region

Table 11: HIV diagnoses, by geographical area, transmission mode and country or subcontinent of origin, in cases reported in 2018

Transmission mode	Country of report		Western Europe		Central & Eastern Europe		Sub-Saharan Africa	
	N	%	N	%	N	%	N	%
EU/EEA								
Sex between men	6556	62.9	569	5.5	594	5.7	277	2.7
Injecting drug use	690	70.8	21	2.2	174	17.9	15	1.5
Heterosexual contact	3688	43.0	165	1.9	548	6.4	3129	36.5
Mother-to-child	51	28.8	12	6.8	14	7.9	86	48.6
Haemophiliac/transfusion recipient	16	19.3	3	3.6	15	18.1	35	42.2
Nosocomial infection	0	0.0	0	0.0	3	33.3	1	11.1
Other/undetermined	1882	31.8	94	1.6	271	4.6	417	7.0
Total EU-EEA	12883	49.2	864	3.3	1619	6.2	3960	15.1
Non-EU/EEA								
Sex between men	1957	92.1	40	1.9	45	2.1	2	0.1
Injecting drug use	5487	98.5	3	0.1	64	1.1		
Heterosexual contact	18598	97.5	24	0.1	263	1.4	106	0.6
Mother-to-child	173	95.6	0	0.0	3	1.7	3	1.7
Haemophiliac/transfusion recipient	3	50.0	0	0.0	2	33.3	0	0.0
Nosocomial infection	9	90.0	0	0.0	1	10.0	0	0.0
Other/undetermined	1825	75.5	48	2.0	201	8.3	58	2.4
Total non-EU/EEA	28052	95.4	115	0.4	579	2.0	169	0.6
West								
Sex between men	5986	62.6	588	6.1	560	5.9	275	2.9
Injecting drug use	425	58.3	22	3.0	196	26.9	15	2.1
Heterosexual contact	2945	37.0	180	2.3	590	7.4	3203	40.3
Mother-to-child	35	21.0	12	7.2	17	10.2	89	53.3
Haemophiliac/transfusion recipient	16	19.5	3	3.7	15	18.3	34	41.5
Nosocomial infection	0	0.0	0	0.0	1	16.7	1	16.7
Other/undetermined	1294	26.0	99	2.0	285	5.7	429	8.6
Total West	10701	45.6	904	3.9	1664	7.1	4046	17.2
Centre								
Sex between men	1411	76.5	21	1.1	65	3.5	4	0.2
Injecting drug use	147	91.9	2	1.3	3	1.9	0	0.0
Heterosexual contact	1620	89.0	9	0.5	87	4.8	30	1.6
Mother-to-child	27	93.1	0	0.0	0	0.0	0	0.0
Haemophiliac/transfusion recipient	2	33.3	0	0.0	2	33.3	1	16.7
Nosocomial infection	0	0.0	0	0.0	2	66.7	0	0.0
Other/undetermined	1790	67.4	43	1.6	170	6.4	46	1.7
Total Centre	4997	76.7	75	1.2	329	5.0	81	1.2
East								
Sex between men	1116	98.6	0	0.0	14	1.2	0	0.0
Injecting drug use	5605	99.1	0	0.0	39	0.7	0	0.0
Heterosexual contact	17721	99.1	0	0.0	134	0.7	2	0.0
Mother-to-child	162	100.0	0	0.0	0	0.0	0	0.0
Haemophiliac/transfusion recipient	1	100.0	0	0.0	0	0.0	0	0.0
Nosocomial infection	9	90.0	0	0.0	1	10.0	0	0.0
Other/undetermined	623	87.7	0	0.0	17	2.4	0	0.0
Total East	25237	98.8	0	0.0	205	0.8	2	0.0
Total WHO European Region	81870	73.7	1958	1.8	4396	4.0	8258	7.4

	Latin America & Caribbean		South & South-east Asia		Other		Unknown		Total	Transmission mode
	N	%	N	%	N	%	N	%		
										EU/EEA
	1236	11.9	333	3.2	243	2.3	607	5.8	10415	Men who have sex with men
	7	0.7	18	1.8	25	2.6	24	2.5	974	Injecting drug use
	374	4.4	214	2.5	150	1.7	312	3.6	8580	Heterosexual contact
	4	2.3	5	2.8	3	1.7	2	1.1	177	Mother-to-child
	2	2.4	4	4.8	2	2.4	6	7.2	83	Haemophiliac/transfusion recipient
	2	22.2	1	11.1	0	0.0	2	22.2	9	Nosocomial infection
	198	3.3	96	1.6	94	1.6	2874	48.5	5926	Other/undetermined
	1823	7.0	671	2.6	517	2.0	3827	14.6	26164	Total EU-EEA
										Non-EU/EEA
	23	1.1	23	1.1	23	1.1	11	0.5	2124	Men who have sex with men
	0	0.0	2	0.0	11	0.2	2	0.0	5569	Injecting drug use
	9	0.0	20	0.1	32	0.2	30	0.2	19082	Heterosexual contact
	0	0.0	1	0.6	1	0.6	0	0.0	181	Mother-to-child
	0	0.0	1	16.7	0	0.0	0	0.0	6	Haemophiliac/transfusion recipient
	0	0.0	0	0.0	0	0.0	0	0.0	10	Nosocomial infection
	8	0.3	39	1.6	101	4.2	138	5.7	2418	Other/undetermined
	40	0.1	86	0.3	168	0.6	181	0.6	29390	Total non-EU/EEA
										West
	1251	13.1	341	3.6	251	2.6	311	3.3	9563	Men who have sex with men
	7	1.0	18	2.5	27	3.7	19	2.6	729	Injecting drug use
	382	4.8	221	2.8	156	2.0	278	3.5	7955	Heterosexual contact
	4	2.4	5	3.0	3	1.8	2	1.2	167	Mother-to-child
	2	2.4	4	4.9	2	2.4	6	7.3	82	Haemophiliac/transfusion recipient
	2	33.3	1	16.7	0	0.0	1	16.7	6	Nosocomial infection
	199	4.0	101	2.0	136	2.7	2435	48.9	4978	Other/undetermined
	1847	7.9	691	2.9	575	2.4	3052	13.0	23480	Total West
										Centre
	7	0.4	15	0.8	15	0.8	306	16.6	1844	Men who have sex with men
	0	0.0	2	1.3	0	0.0	6	3.8	160	Injecting drug use
	1	0.1	8	0.4	13	0.7	53	2.9	1821	Heterosexual contact
	0	0.0	1	3.4	1	3.4	0	0.0	29	Mother-to-child
	0	0.0	1	16.7	0	0.0	0	0.0	6	Haemophiliac/transfusion recipient
	0	0.0	0	0.0	0	0.0	1	33.3	3	Nosocomial infection
	7	0.3	30	1.1	56	2.1	514	19.4	2656	Other/undetermined
	15	0.2	57	0.9	85	1.3	880	13.5	6519	Total Centre
										East
	1	0.1	0	0.0	0	0.0	1	0.1	1132	Men who have sex with men
	0	0.0	0	0.0	9	0.2	1	0.0	5654	Injecting drug use
	0	0.0	5	0.0	13	0.1	11	0.1	17886	Heterosexual contact
	0	0.0	0	0.0	0	0.0	0	0.0	162	Mother-to-child
	0	0.0	0	0.0	0	0.0	0	0.0	1	Haemophiliac/transfusion recipient
	0	0.0	0	0.0	0	0.0	0	0.0	10	Nosocomial infection
	0	0.0	4	0.6	3	0.4	63	8.9	710	Other/undetermined
	1	0.0	9	0.0	25	0.1	76	0.3	25555	Total East
	3726	3.4	1514	1.4	1370	1.2	8016	7.2	111108	Total WHO European Region

Table 12: New HIV diagnoses, by country of report and probable region of infection, in 2018, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Country of report		Western Europe		Central & Eastern Europe		Sub-Saharan Africa	
		N	%	N	%	N	%	N	%
EU/EEA									
West	Austria	9	4.7	1	0.5	0	0.0	1	0.5
West	Belgium	133	15.1	28	3.2	14	1.6	56	6.3
Centre	Bulgaria	–	–	–	–	–	–	–	–
Centre	Croatia	–	–	–	–	–	–	–	–
Centre	Cyprus	40	51.3	9	11.5	4	5.1	18	23.1
Centre	Czech Republic	5	2.4	7	3.4	11	5.3	2	1.0
West	Denmark	86	39.6	15	6.9	13	6.0	50	23.0
East	Estonia	103	54.2	4	2.1	5	2.6	0	0.0
West	Finland	33	21.6	9	5.9	30	19.6	21	13.7
West	France	1161	23.7	0	0.0	0	0.0	0	0.0
West	Germany	1562	55.4	46	1.6	154	5.5	283	10.0
West	Greece	–	–	–	–	–	–	–	–
Centre	Hungary	–	–	–	–	–	–	–	–
West	Iceland	3	8.1	7	18.9	6	16.2	10	27.0
West	Ireland	85	16.9	47	9.3	14	2.8	51	10.1
West	Italy	–	–	–	–	–	–	–	–
East	Latvia	178	54.6	5	1.5	1	0.3	0	0.0
	Liechtenstein	–	–	–	–	–	–	–	–
East	Lithuania	0	0.0	0	0.0	4	2.5	0	0.0
West	Luxembourg	19	33.9	2	3.6	1	1.8	0	0.0
West	Malta	–	–	–	–	–	–	–	–
West	Netherlands	339	55.5	11	1.8	18	2.9	24	3.9
West	Norway	0	0.0	26	13.6	20	10.5	48	25.1
Centre	Poland	–	–	–	–	–	–	–	–
West	Portugal	605	62.2	10	1.0	2	0.2	116	11.9
Centre	Romania	655	97.9	0	0.0	5	0.7	2	0.3
Centre	Slovakia	0	0.0	4	4.0	13	12.9	1	1.0
Centre	Slovenia	26	74.3	3	8.6	2	5.7	0	0.0
West	Spain	–	–	–	–	–	–	–	–
West	Sweden	76	15.8	49	10.2	48	10.0	138	28.7
West	United Kingdom	1725	38.7	248	5.6	210	4.7	612	13.7
	Total EU/EEA	6843	37.5	531	2.9	575	3.2	1433	7.9
Non-EU/EEA									
Centre	Albania	93	91.2	6	5.9	0	0.0	0	0.0
West	Andorra	–	–	–	–	–	–	–	–
East	Armenia	183	43.7	4	1.0	224	53.5	0	0.0
East	Azerbaijan	370	56.4	0	0.0	180	27.4	1	0.2
East	Belarus	2202	92.3	10	0.4	170	7.1	0	0.0
Centre	Bosnia and Herzegovina	18	72.0	2	8.0	2	8.0	1	4.0
East	Georgia	365	54.3	22	3.3	129	19.2	0	0.0
West	Israel	215	48.1	9	2.0	99	22.1	48	10.7
East	Kazakhstan	3093	96.2	0	0.0	99	3.1	0	0.0
East	Kyrgyzstan	820	93.6	0	0.0	0	0.0	0	0.0
East	Moldova	901	99.6	0	0.0	4	0.4	0	0.0
West	Monaco	–	–	–	–	–	–	–	–
Centre	Montenegro	–	–	–	–	–	–	–	–
Centre	North Macedonia	45	100.0	0	0.0	0	0.0	0	0.0
East	Russia	–	–	–	–	–	–	–	–
West	San Marino	–	–	–	–	–	–	–	–
Centre	Serbia	–	–	–	–	–	–	–	–
Centre	Serbia excluding Kosovo ^b	–	–	–	–	–	–	–	–
Centre	Kosovo ^b	–	–	–	–	–	–	–	–
West	Switzerland	138	32.6	17	4.0	11	2.6	35	8.3
East	Tajikistan	–	–	–	–	–	–	–	–
Centre	Turkey	–	–	–	–	–	–	–	–
East	Turkmenistan	–	–	–	–	–	–	–	–
East	Ukraine	–	–	–	–	–	–	–	–
East	Uzbekistan	–	–	–	–	–	–	–	–
	Total non-EU/EEA	8443	83.0	70	0.7	918	9.0	85	0.8
WHO European Region									
	West	6189	35.7	525	3.0	640	3.7	1493	8.6
	Centre	882	69.8	31	2.5	37	2.9	24	1.9
	East	8215	83.8	45	0.5	816	8.3	1	0.0
	Total WHO European Region	15286	53.8	601	2.1	1493	5.3	1518	5.3

a Country-specific comments are in Annex 5. Countries that do not report on the optional variable “probable country of infection” are excluded and therefore regional totals may not equal those presented in Table 1.

b Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

	Latin America & Caribbean		South & South-east Asia		Other		Unknown		Total	Country, territory or area ^a
	N	%	N	%	N	%	N	%		
	0	0.0	3	1.6	1	0.5	176	92.1	191	EU/EEA
	23	2.6	20	2.3	9	1.0	599	67.9	882	Austria
	–	–	–	–	–	–	–	–	–	Belgium
	–	–	–	–	–	–	–	–	–	Bulgaria
	–	–	–	–	–	–	–	–	–	Croatia
	0	0.0	1	1.3	0	0.0	6	7.7	78	Cyprus
	2	1.0	4	1.9	0	0.0	177	85.1	208	Czech Republic
	11	5.1	28	12.9	2	0.9	12	5.5	217	Denmark
	0	0.0	1	0.5	0	0.0	77	40.5	190	Estonia
	7	4.6	12	7.8	5	3.3	36	23.5	153	Finland
	0	0.0	0	0.0	0	0.0	3737	76.3	4 898	France
	43	1.5	79	2.8	42	1.5	609	21.6	2 818	Germany
	–	–	–	–	–	–	–	–	–	Greece
	–	–	–	–	–	–	–	–	–	Hungary
	2	5.4	1	2.7	2	5.4	6	16.2	37	Iceland
	54	10.7	16	3.2	13	2.6	224	44.4	504	Ireland
	–	–	–	–	–	–	–	–	–	Italy
	0	0.0	0	0.0	0	0.0	142	43.6	326	Latvia
	–	–	–	–	–	–	–	–	–	Liechtenstein
	0	0.0	0	0.0	0	0.0	156	97.5	160	Lithuania
	0	0.0	0	0.0	2	3.6	32	57.1	56	Luxembourg
	–	–	–	–	–	–	–	–	–	Malta
	22	3.6	23	3.8	8	1.3	166	27.2	611	Netherlands
	11	5.8	39	20.4	8	4.2	39	20.4	191	Norway
	–	–	–	–	–	–	–	–	–	Poland
	50	5.1	1	0.1	0	0.0	189	19.4	973	Portugal
	0	0.0	0	0.0	3	0.4	4	0.6	669	Romania
	2	2.0	3	3.0	0	0.0	78	77.2	101	Slovakia
	0	0.0	1	2.9	0	0.0	3	8.6	35	Slovenia
	–	–	–	–	–	–	–	–	–	Spain
	25	5.2	79	16.4	30	6.2	36	7.5	481	Sweden
	151	3.4	211	4.7	55	1.2	1241	27.9	4 453	United Kingdom
	403	2.2	522	2.9	180	1.0	7745	42.5	18 232	Total EU/EEA
										Non-EU/EEA
	0	0.0	0	0.0	0	0.0	3	2.9	102	Albania
	–	–	–	–	–	–	–	–	–	Andorra
	0	0.0	0	0.0	1	0.2	7	1.7	419	Armenia
	0	0.0	1	0.2	1	0.2	103	15.7	656	Azerbaijan
	0	0.0	1	0.0	3	0.1	0	0.0	2 386	Belarus
	1	4.0	0	0.0	0	0.0	1	4.0	25	Bosnia and Herzegovina
	1	0.1	2	0.3	5	0.7	148	22	672	Georgia
	4	0.9	11	2.5	6	1.3	55	12.3	447	Israel
	0	0.0	2	0.1	0	0.0	22	0.7	3 216	Kazakhstan
	0	0.0	0	0.0	0	0.0	56	6.4	876	Kyrgyzstan
	0	0.0	0	0.0	0	0.0	0	0.0	905	Moldova
	–	–	–	–	–	–	–	–	–	Monaco
	–	–	–	–	–	–	–	–	–	Montenegro
	0	0.0	0	0.0	0	0.0	0	0.0	45	North Macedonia
	–	–	–	–	–	–	–	–	–	Russia
	–	–	–	–	–	–	–	–	–	San Marino
	–	–	–	–	–	–	–	–	–	Serbia
	–	–	–	–	–	–	–	–	–	Serbia excluding Kosovo ^b
	–	–	–	–	–	–	–	–	–	Kosovo ^b
	10	2.4	26	6.1	3	0.7	183	43.3	423	Switzerland
	–	–	–	–	–	–	–	–	–	Tajikistan
	–	–	–	–	–	–	–	–	–	Turkey
	–	–	–	–	–	–	–	–	–	Turkmenistan
	–	–	–	–	–	–	–	–	–	Ukraine
	–	–	–	–	–	–	–	–	–	Uzbekistan
	16	0.2	43	0.4	19	0.2	578	5.7	10 172	Total non-EU/EEA
										WHO European Region
	413	2.4	549	3.2	186	1.1	7 340	42.3	17 335	West
	5	0.4	9	0.7	3	0.2	272	21.5	1 263	Centre
	1	0.0	7	0.1	10	0.1	711	7.3	9 806	East
	419	1.5	565	2.0	199	0.7	8 323	29.3	28 404	Total WHO European Region

Table 13: Percentage of new HIV diagnoses (2018) among persons >14 years reported with information about CD4 cell count, by CD4 cell count level (<200 and <350 cells per mm³ blood) and by transmission mode in cases with CD4 <350, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Number of cases with CD4	Completeness (%) CD4 ^b	CD4 <200 (%)		CD4 <350 (%)		CD4 < 350 per mm ³ blood (%)		
				N	%	N	%	Hetero ^b	IDU ^b	MSM ^b
EU/EEA										
West	Austria	185	97.4	49	26.5	87	47.0	61.8	45.5	36.0
West	Belgium	623	71.4	153	24.6	271	43.5	46.5	60.0	38.0
Centre	Bulgaria	270	87.7	86	31.9	151	55.9	63.5	65.4	50.3
Centre	Croatia	14	14.9	6	42.9	7	50.0	–	–	50.0
Centre	Cyprus	50	64.1	7	14.0	12	24.0	35	–	17.2
Centre	Czech Republic	190	91.3	47	24.7	82	43.2	49	75.0	37.0
West	Denmark ^c	103	94.5	35	34.0	52	50.5	67.3	–	34.9
East	Estonia	35	18.4	10	28.6	18	51.4	75	20.0	–
West	Finland	120	79.5	32	26.7	55	45.8	46.8	80.0	29.7
West	France	2548	52.4	670	26.3	1245	48.9	55.4	70.4	38.5
West	Germany	841	30.2	300	35.7	457	54.3	60.1	50.0	47.8
West	Greece	445	65.0	156	35.1	230	51.7	60.2	37.7	46.8
Centre	Hungary	–	–	–	–	–	–	–	–	–
West	Iceland	–	–	–	–	–	–	–	–	–
West	Ireland ^d	184	62.2	55	29.9	90	48.9	54.8	–	41.3
West	Italy	2295	80.9	868	37.8	1310	57.1	64.7	52.0	48.4
East	Latvia	226	70.4	74	32.7	135	59.7	64.6	50.0	72.2
	Liechtenstein	–	–	–	–	–	–	–	–	–
East	Lithuania	99	61.9	36	36.4	56	56.6	65.5	31.6	58.8
West	Luxembourg	36	80.0	9	25.0	15	41.7	53.8	–	41.2
West	Malta	54	88.5	15	27.8	25	46.3	–	–	–
West	Netherlands	497	81.7	140	28.2	222	44.7	55	–	39.0
West	Norway	–	–	–	–	–	–	–	–	–
Centre	Poland	–	–	–	–	–	–	–	–	–
West	Portugal	815	84.0	271	33.3	453	55.6	60.9	55.0	45.1
Centre	Romania	625	94.6	249	39.8	393	62.9	66.5	66.7	50.7
Centre	Slovakia	69	68.3	18	26.1	27	39.1	53.3	–	36.0
Centre	Slovenia	33	94.3	11	33.3	21	63.6	83.3	–	59.3
West	Spain	2180	86.4	622	28.5	1053	48.3	57.1	58.1	40.7
West	Sweden	367	77.9	96	26.2	168	45.8	50	52.6	34.8
West	United Kingdom	3790	86.0	887	23.4	1609	42.5	53.6	49.4	32.7
	Total EU/EEA	16 694	69.5	4 902	29.4	8 244	49.4	57.8	52.5	40.3
Non-EU/EEA										
Centre	Albania	67	67.0	32	47.8	49	73.1	72.6	–	–
West	Andorra	5	41.7	–	–	–	–	–	–	–
East	Armenia	343	83.3	141	41.1	196	57.1	58.5	71.4	31.3
East	Azerbaijan	198	30.7	31	15.7	58	29.3	31.1	42.9	–
East	Belarus	1717	72.2	366	21.3	787	45.8	46.1	46.9	37.6
Centre	Bosnia and Herzegovina	25	100.0	12	48.0	19	76.0	63.6	–	85.7
East	Georgia	593	89.0	192	32.4	321	54.1	56.7	58.5	42.0
West	Israel	200	45.5	66	33.0	110	55.0	65.1	55.0	38.2
East	Kazakhstan	2592	81.3	577	22.3	1226	47.3	50.6	38.9	47.1
East	Kyrgyzstan	507	60.4	159	31.4	301	59.4	61.1	50.7	62.9
East	Moldova	696	78.0	223	32.0	369	53.0	53.2	50.0	43.3
West	Monaco	–	–	–	–	–	–	–	–	–
Centre	Montenegro	20	87.0	12	60.0	15	75.0	–	–	78.6
Centre	North Macedonia	43	95.6	11	25.6	24	55.8	–	–	58.3
East	Russia	–	–	–	–	–	–	–	–	–
West	San Marino	–	–	–	–	–	–	–	–	–
Centre	Serbia	139	75.1	58	41.7	89	64.0	81	100.0	58.2
Centre	Serbia excluding Kosovo ^d	136	76.4	57	41.9	86	63.2	78.9	100.0	57.8
Centre	Kosovo ^d	3	42.9	–	–	–	–	–	–	–
West	Switzerland	279	66.6	94	33.7	144	51.6	58.3	66.7	40.0
East	Tajikistan	–	–	–	–	–	–	–	–	–
Centre	Turkey	491	15.2	101	20.6	222	45.2	50	–	38.0
East	Turkmenistan	–	–	–	–	–	–	–	–	–
East	Ukraine	13 616	86.9	4 985	36.6	7 988	58.7	60	55.9	47.4
East	Uzbekistan	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	21 531	73.8	7 062	32.8	11 923	55.4	57.1	52.6	45.7
WHO European Region										
	West	15 567	68.4	4 520	29.0	7 601	48.8	57.2	51.7	39.8
	Centre	2 036	40.0	650	31.9	1 111	54.6	61.2	67.7	47.5
	East	20 622	81.3	6 794	32.9	11 455	55.5	57.1	52.4	45.4
	Total WHO European Region	38 225	71.8	11 964	31.3	20 167	52.8	57.3	52.6	41.1

a Country-specific comments are in Annex 5.

b There is some variation by country for CD4 cell count completeness by transmission group and numbers of cases by transmission group (MSM, heterosexual, IDU) and therefore percentages based on 5 or less cases are censored.

c People who were previously diagnosed HIV positive abroad are excluded in numbers reported for Denmark and Ireland and the data presented in the Table are therefore not comparable with other countries.

d Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

	2014		2015		2016		2017		2018		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	82	1.0	76	0.9	62	0.7	60	0.7	50	0.6	3242	Austria
	120	1.1	95	0.8	62	0.5	50	0.4	49	0.4	5019	Belgium
	64	0.9	45	0.6	42	0.6	49	0.7	57	0.8	722	Bulgaria
	23	0.5	16	0.4	22	0.5	20	0.5	29	0.7	510	Croatia
	11	1.3	13	1.5	22	2.6	15	1.8	10	1.2	338	Cyprus
	32	0.3	38	0.4	44	0.4	54	0.5	38	0.4	636	Czech Republic
	30	0.5	40	0.7	24	0.4	28	0.5	26	0.4	3015	Denmark
	18	1.4	18	1.4	40	3.0	20	1.5	25	1.9	537	Estonia
	20	0.4	18	0.3	30	0.5	18	0.3	21	0.4	724	Finland
	644	1.0	599	0.9	498	0.7	477	0.7	422	0.6	72257	France
	387	0.5	346	0.4	281	0.3	193	0.2	146	0.2	31792	Germany
	126	1.2	138	1.3	138	1.3	120	1.1	101	0.9	4005	Greece
	51	0.5	43	0.4	53	0.5	52	0.5	57	0.6	1001	Hungary
	0	0.0	0	0.0	4	1.2	0	0.0	1	0.3	72	Iceland
	30	0.6	20	0.4	15	0.3	18	0.4	10	0.2	1284	Ireland
	929	1.5	871	1.4	871	1.4	797	1.3	661	1.1	70567	Italy
	171	8.5	132	6.6	114	5.8	118	6.1	99	5.1	1987	Latvia
	1	2.7	0	0.0	0	0.0	0	0.0	0	0.0	12	Liechtenstein
	37	1.3	35	1.2	48	1.7	54	1.9	37	1.3	589	Lithuania
	9	1.6	9	1.6	12	2.1	6	1.0	4	0.7	328	Luxembourg
	4	0.9	2	0.5	5	1.1	0	0.0	0	0.0	114	Malta
	217	1.3	247	1.5	207	1.2	179	1.0	119	0.7	7402	Netherlands
	45	0.9	22	0.4	22	0.4	14	0.3	12	0.2	1184	Norway
	148	0.4	128	0.3	102	0.3	107	0.3	101	0.3	3674	Poland
	376	3.6	333	3.2	362	3.5	277	2.7	227	2.2	22551	Portugal
	402	2.0	355	1.8	332	1.7	316	1.6	290	1.5	10227	Romania
	4	0.1	8	0.1	10	0.2	9	0.2	11	0.2	116	Slovakia
	17	0.8	11	0.5	10	0.5	7	0.3	10	0.5	268	Slovenia
	678	1.6	607	1.8	539	1.6	510	1.5	367	1.1	87890	Spain
	-	-	-	-	-	-	-	-	-	-	2169	Sweden
	367	0.6	408	0.6	312	0.5	272	0.4	255	0.4	29248	United Kingdom
	5043	1.0	4673	1.0	4283	0.9	3840	0.8	3235	0.6	363480	Total EU-EEA
												Non-EU/EEA
	50	1.7	65	2.2	58	2.0	33	1.1	47	1.6	609	Albania
	0	0.0	3	3.8	0	0.0	2	2.6	0	0.0	15	Andorra
	174	6.0	162	5.5	163	5.6	144	4.9	211	7.1	1692	Armenia
	200	2.1	193	2.0	161	1.7	168	1.7	182	1.8	2328	Azerbaijan
	474	5.0	490	5.2	512	5.4	439	4.6	382	4.0	6367	Belarus
	7	0.2	7	0.2	7	0.2	4	0.1	11	0.3	163	Bosnia and Herzegovina
	268	6.6	270	6.7	270	6.7	258	6.4	196	4.9	3927	Georgia
	69	0.9	45	0.6	44	0.5	30	0.4	31	0.4	1704	Israel
	249	1.4	269	1.5	352	2.0	361	2.0	430	2.3	3657	Kazakhstan
	85	1.5	125	2.1	72	1.2	59	1.0	56	0.9	994	Kyrgyzstan
	299	7.3	293	7.2	366	9.0	274	6.7	364	9.0	4143	Moldova
	1	2.7	0	0.0	0	0.0	0	0.0	0	0.0	51	Monaco
	7	1.1	11	1.8	15	2.4	13	2.1	14	2.2	152	Montenegro
	16	0.8	6	0.3	9	0.4	2	0.1	4	0.2	170	North Macedonia
	-	-	-	-	-	-	-	-	-	-	-	Russia
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	San Marino
	49	0.6	50	0.6	61	0.7	64	0.7	70	0.8	2044	Serbia
	48	0.7	47	0.7	56	0.8	58	0.8	62	0.9	1964	Serbia excluding Kosovo ^c
	1	0.1	3	0.2	5	0.3	6	0.3	8	0.4	80	Kosovo ^c
	77	0.9	62	0.7	66	0.8	71	0.8	47	0.6	10004	Switzerland
	225	2.7	282	3.3	233	2.7	247	2.8	-	-	1813	Tajikistan
	125	0.2	118	0.2	99	0.1	121	0.1	108	0.1	1685	Turkey
	-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
	9844	21.8	8468	19.8	8852	20.8	9308	21.9	8839	20.9	111046	Ukraine
	-	-	-	-	-	-	-	-	-	-	651	Uzbekistan
	12219	5.6	10919	5.0	11340	5.2	11598	5.2	10992	5.1	153239	Total non-EU/EEA
												WHO European Region
	4211	1.0	3941	1.0	3554	0.9	3122	0.7	2549	0.6	354660	West
	1006	0.5	914	0.5	886	0.5	866	0.4	857	0.4	22315	Centre
	12044	10.7	10737	9.7	11183	10.0	11450	10.2	10821	10.5	139732	East
	17261	2.4	15592	2.2	15623	2.2	15438	2.1	14227	2.0	516707	Total WHO European Region

Table 15: AIDS diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2009		2010		2011		2012		2013	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	67	1.7	62	1.5	62	1.5	81	2.0	50	1.2
West	Belgium	91	1.7	70	1.3	58	1.1	66	1.2	70	1.3
Centre	Bulgaria	22	0.6	21	0.6	38	1.1	47	1.3	53	1.5
Centre	Croatia	20	1.0	20	1.0	25	1.2	26	1.3	14	0.7
Centre	Cyprus	8	2.1	8	2.0	7	1.7	9	2.1	5	1.2
Centre	Czech Republic	18	0.4	21	0.4	20	0.4	28	0.5	27	0.5
West	Denmark	25	0.9	34	1.2	40	1.5	35	1.3	29	1.0
East	Estonia	26	4.2	21	3.4	31	5.0	25	4.0	19	3.1
West	Finland	15	0.6	22	0.8	17	0.6	16	0.6	17	0.6
West	France	684	2.2	673	2.2	633	2.0	572	1.8	512	1.6
West	Germany	515	1.3	432	1.1	433	1.1	399	1.0	348	0.9
West	Greece	83	1.5	84	1.5	86	1.6	102	1.9	120	2.2
Centre	Hungary	17	0.4	26	0.5	27	0.6	45	1.0	38	0.8
West	Iceland	0	0.0	1	0.6	1	0.6	1	0.6	1	0.6
West	Ireland	27	1.2	27	1.2	34	1.5	29	1.3	21	0.9
West	Italy	909	3.2	849	3.0	805	2.8	784	2.7	813	2.8
East	Latvia	67	6.7	86	8.9	80	8.4	102	10.9	90	9.7
	Liechtenstein	0	0.0	0	0.0	1	5.6	1	5.5	0	0.0
East	Lithuania	28	1.9	27	1.9	15	1.1	28	2.0	31	2.3
West	Luxembourg	3	1.2	4	1.6	8	3.1	5	1.9	10	3.7
West	Malta	1	0.5	4	1.9	3	1.5	5	2.4	1	0.5
West	Netherlands	259	3.2	256	3.1	210	2.5	235	2.8	221	2.7
West	Norway	13	0.5	20	0.8	17	0.7	23	0.9	19	0.7
Centre	Poland	99	0.5	132	0.7	142	0.8	120	0.7	131	0.7
West	Portugal	528	10.4	535	10.6	482	9.5	442	8.8	363	7.3
Centre	Romania	164	1.6	148	1.5	204	2.1	208	2.1	244	2.5
Centre	Slovakia	3	0.1	2	0.1	4	0.2	7	0.3	6	0.2
Centre	Slovenia	16	1.6	7	0.7	12	1.2	11	1.1	10	1.0
West	Spain	1101	4.8	1136	4.9	1000	4.3	900	3.9	671	2.9
West	Sweden	–	–	–	–	–	–	–	–	–	–
West	United Kingdom	430	1.4	425	1.4	280	0.9	302	1.0	246	0.8
	Total EU/EEA	5239	2.2	5153	2.1	4775	2.0	4654	1.9	4180	1.7
Non-EU/EEA											
Centre	Albania	32	2.1	18	1.2	35	2.4	34	2.3	50	3.4
West	Andorra	0	0.0	0	0.0	1	2.3	0	0.0	2	4.8
East	Armenia	57	4.2	73	5.4	65	4.8	98	7.3	103	7.6
East	Azerbaijan	83	1.9	231	5.2	171	3.8	209	4.5	162	3.5
East	Belarus	326	7.4	291	6.6	365	8.3	375	8.6	369	8.4
Centre	Bosnia and Herzegovina	2	0.1	6	0.3	4	0.2	4	0.2	6	0.3
East	Georgia	201	10.2	242	12.4	282	14.5	273	14.1	225	11.6
West	Israel	34	1.0	24	0.7	37	1.0	37	1.0	36	0.9
East	Kazakhstan	129	1.7	180	2.3	162	2.0	179	2.2	190	2.3
East	Kyrgyzstan	61	2.3	111	4.1	69	2.5	65	2.3	49	1.7
East	Moldova	167	8.5	193	9.8	274	14	128	6.5	218	11.1
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	6	2.0	8	2.6	2	0.6	7	2.3	7	2.3
Centre	North Macedonia	2	0.2	6	0.6	5	0.5	8	0.8	9	0.9
East	Russia	–	–	0	0.0	–	–	–	–	–	–
West	San Marino	0	0.0	0	0.0	1	6.3	2	12.3	0	0.0
Centre	Serbia	46	1.0	45	1.0	50	1.1	51	1.2	41	0.9
Centre	Serbia excluding Kosovo ^c	45	1.4	44	1.3	45	1.3	50	1.4	39	1.1
Centre	Kosovo ^c	1	0.1	1	0.1	5	0.6	1	0.1	2	0.2
West	Switzerland	111	2.9	124	3.2	96	2.5	67	1.7	72	1.8
East	Tajikistan	66	1.8	91	2.4	116	3.0	136	3.4	138	3.4
Centre	Turkey	60	0.2	46	0.1	66	0.2	83	0.2	77	0.2
East	Turkmenistan	0	0.0	0	0.0	0	0.0	0	0.0	–	–
East	Ukraine	3019	14.2	3988	18.9	6141	29.2	6498	31.0	6013	28.7
East	Uzbekistan	92	0.7	163	1.1	–	–	–	–	–	–
	Total non-EU/EEA	4494	3.9	5840	5.0	7942	7.7	8254	8.0	7767	7.4
WHO European Region											
	West	4896	2.5	4782	2.3	4304	2.2	4103	2.0	3622	1.8
	Centre	515	0.6	514	0.6	641	0.7	688	0.7	718	0.8
	East	4322	6.5	5697	8.5	7771	14.7	8116	15.3	7607	14.3
	Total WHO European Region	9733	2.7	10993	3.0	12716	3.7	12907	3.7	11947	3.4

a Country-specific comments are in Annex 5.

b Cumulative total is the total number of cases reported by the country since the start of reporting.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

	2014		2015		2016		2017		2018		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	57	1.4	57	1.4	44	1.0	49	1.1	40	0.9	2 465	Austria
	79	1.4	59	1.1	38	0.7	35	0.6	32	0.6	3 370	Belgium
	52	1.5	39	1.1	39	1.1	39	1.1	48	1.4	565	Bulgaria
	21	1.0	15	0.7	21	1.0	19	0.9	27	1.4	456	Croatia
	10	2.4	9	2.2	17	4.1	9	2.2	5	1.2	255	Cyprus
	23	0.4	30	0.6	38	0.7	44	0.8	34	0.7	520	Czech Republic
	24	0.9	28	1.0	19	0.7	25	0.9	21	0.7	2 565	Denmark
	13	2.1	11	1.8	23	3.7	15	2.4	19	3.1	388	Estonia
	14	0.5	13	0.5	25	0.9	10	0.4	17	0.6	583	Finland
	436	1.4	412	1.3	329	1.0	342	1.1	302	0.9	56 650	France
	330	0.8	281	0.7	227	0.6	150	0.4	120	0.3	27 165	Germany
	104	2.0	113	2.1	104	2.0	92	1.8	88	1.7	3 345	Greece
	41	0.9	37	0.8	45	1.0	36	0.8	54	1.2	868	Hungary
	0	0.0	0	0.0	4	2.4	0	0.0	0	0.0	62	Iceland
	20	0.9	16	0.7	12	0.5	12	0.5	9	0.4	988	Ireland
	711	2.4	685	2.3	669	2.3	583	2.0	514	1.7	54 399	Italy
	110	12.0	89	9.8	90	10	73	8.2	63	7.1	1 375	Latvia
	1	5.4	0	0.0	0	0.0	0	0.0	0	0.0	11	Liechtenstein
	29	2.1	26	1.9	41	3.1	46	3.5	30	2.3	478	Lithuania
	6	2.2	5	1.8	10	3.5	5	1.7	3	1.0	252	Luxembourg
	4	1.9	2	0.9	5	2.2	0	0.0	0	0.0	100	Malta
	180	2.2	203	2.4	159	1.9	140	1.7	96	1.1	5 931	Netherlands
	36	1.4	15	0.6	15	0.6	11	0.4	9	0.3	921	Norway
	115	0.6	97	0.5	90	0.5	92	0.5	78	0.4	2 905	Poland
	290	5.8	240	4.9	259	5.3	200	4.1	150	3.1	17 765	Portugal
	286	2.9	246	2.5	239	2.5	234	2.4	213	2.2	6 121	Romania
	3	0.1	7	0.3	10	0.4	9	0.3	11	0.4	103	Slovakia
	16	1.6	11	1.1	8	0.8	7	0.7	10	1.0	238	Slovenia
	546	2.8	490	2.9	437	2.6	408	2.4	301	1.8	70 054	Spain
	–	–	–	–	–	–	–	–	–	–	1 774	Sweden
	249	0.8	303	0.9	234	0.7	192	0.6	188	0.6	23 007	United Kingdom
	3 806	1.6	3 539	1.5	3 251	1.3	2 877	1.2	2 482	1.0	285 679	Total EU-EEA
												Non-EU/EEA
	36	2.4	50	3.4	50	3.4	24	1.6	35	2.4	471	Albania
	0	0.0	2	5.0	0	0.0	1	2.6	0	0.0	11	Andorra
	127	9.3	128	9.3	116	8.4	111	8.0	147	10.6	1 257	Armenia
	162	3.4	150	3.1	125	2.6	114	2.3	122	2.5	1 925	Azerbaijan
	308	7.0	278	6.3	311	7.1	274	6.2	229	5.2	4 022	Belarus
	7	0.4	7	0.4	6	0.4	4	0.2	11	0.7	137	Bosnia and Herzegovina
	191	9.9	194	10.1	206	10.7	200	10.5	129	6.8	2 861	Georgia
	47	1.2	26	0.7	26	0.6	20	0.5	22	0.5	1 220	Israel
	184	2.2	179	2.1	232	2.7	223	2.5	277	3.1	2 522	Kazakhstan
	58	2.0	89	3.0	55	1.8	36	1.2	34	1.1	749	Kyrgyzstan
	183	9.3	179	9.2	210	10.8	167	8.6	212	10.9	2 500	Moldova
	1	5.5	0	0.0	0	0.0	0	0.0	0	0.0	40	Monaco
	4	1.3	11	3.5	15	4.8	12	3.9	14	4.5	131	Montenegro
	13	1.3	5	0.5	6	0.6	2	0.2	4	0.4	127	North Macedonia
	–	–	–	–	–	–	–	–	–	–	0	Russia
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	San Marino
	43	1.0	47	1.1	57	1.3	58	1.4	62	1.4	1 588	Serbia
	42	1.2	45	1.3	52	1.5	52	1.5	55	1.3	1 526	Serbia excluding Kosovo ^c
	1	0.1	2	0.2	5	0.6	6	0.7	7	0.0	62	Kosovo ^c
	61	1.5	50	1.2	44	1.1	53	1.3	36	0.9	7 448	Switzerland
	154	3.7	186	4.4	171	3.9	169	3.8	–	–	1 327	Tajikistan
	99	0.3	92	0.2	86	0.2	103	0.3	91	0.2	1 402	Turkey
	–	–	–	–	–	–	–	–	–	–	0	Turkmenistan
	6 119	29.3	5 328	23.2	5 462	27.7	5 612	28.6	5 405	23.9	72 693	Ukraine
	–	–	–	–	–	–	–	–	–	–	494	Uzbekistan
	7 797	7.4	7 001	6.4	7 178	6.7	7 183	6.7	6 830	6.4	102 946	Total non-EU/EEA
												WHO European Region
	3 195	1.6	3 000	1.5	2 660	1.3	2 328	1.1	1 948	0.9	280 136	West
	769	0.8	703	0.7	727	0.8	692	0.7	697	0.7	15 887	Centre
	7 638	14.3	6 837	12.2	7 042	13.3	7 040	13.2	6 667	12.8	92 591	East
	11 602	3.3	10 540	3.0	10 429	3.0	10 060	2.8	9 312	2.6	388 614	Total WHO European Region

Table 16: AIDS diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2009		2010		2011		2012		2013	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	28	0.7	20	0.5	18	0.4	21	0.5	19	0.4
West	Belgium	52	0.9	51	0.9	40	0.7	41	0.7	30	0.5
Centre	Bulgaria	8	0.2	11	0.3	2	0.1	18	0.5	18	0.5
Centre	Croatia	2	0.1	1	0.0	1	0	2	0.1	3	0.1
Centre	Cyprus	0	0.0	3	0.7	5	1.2	2	0.5	4	0.9
Centre	Czech Republic	6	0.1	7	0.1	9	0.2	8	0.1	6	0.1
West	Denmark	11	0.4	10	0.4	19	0.7	6	0.2	9	0.3
East	Estonia	12	1.7	5	0.7	7	1	11	1.6	7	1.0
West	Finland	9	0.3	9	0.3	7	0.3	3	0.1	3	0.1
West	France	278	0.8	310	0.9	231	0.7	256	0.8	194	0.6
West	Germany	122	0.3	86	0.2	82	0.2	103	0.3	90	0.2
West	Greece	22	0.4	19	0.3	16	0.3	21	0.4	20	0.4
Centre	Hungary	6	0.1	2	0.0	5	0.1	3	0.1	4	0.1
West	Iceland	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0
West	Ireland	8	0.4	11	0.5	13	0.6	6	0.3	7	0.3
West	Italy	297	1.0	300	1.0	252	0.8	290	0.9	264	0.9
East	Latvia	34	2.9	46	4.0	32	2.8	40	3.6	43	3.9
	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	9	0.5	6	0.4	6	0.4	10	0.6	13	0.8
West	Luxembourg	2	0.8	4	1.6	4	1.6	3	1.1	1	0.4
West	Malta	0	0.0	2	1.0	2	1.0	1	0.5	0	0.0
West	Netherlands	50	0.6	65	0.8	57	0.7	60	0.7	46	0.5
West	Norway	5	0.2	2	0.1	2	0.1	2	0.1	9	0.4
Centre	Poland	32	0.2	41	0.2	42	0.2	37	0.2	31	0.2
West	Portugal	200	3.6	229	4.2	170	3.1	181	3.3	159	2.9
Centre	Romania	114	1.1	109	1.0	126	1.2	126	1.2	116	1.1
Centre	Slovakia	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Slovenia	2	0.2	0	0.0	3	0.3	1	0.1	1	0.1
West	Spain	335	1.4	320	1.4	293	1.2	275	1.2	187	0.8
West	Sweden	–	–	–	–	–	–	–	–	–	–
West	United Kingdom	204	0.6	226	0.7	128	0.4	130	0.4	98	0.3
	Total EU/EEA	1849	0.7	1895	0.8	1573	0.6	1657	0.7	1382	0.5
Non-EU/EEA											
Centre	Albania	2	0.1	8	0.5	11	0.8	15	1.0	15	1.0
West	Andorra	0	0.0	0	0.0	0	0.0	0	0.0	1	2.5
East	Armenia	27	1.8	21	1.4	22	1.4	38	2.5	41	2.7
East	Azerbaijan	16	0.4	19	0.4	24	0.5	26	0.6	27	0.6
East	Belarus	206	4.1	184	3.7	225	4.5	223	4.4	178	3.5
Centre	Bosnia and Herzegovina	0	0.0	0	0.0	3	0.2	0	0.0	1	0.1
East	Georgia	83	3.8	97	4.5	113	5.3	86	4.0	78	3.7
West	Israel	19	0.5	16	0.4	18	0.5	15	0.4	11	0.3
East	Kazakhstan	79	1.0	72	0.9	79	0.9	58	0.7	68	0.8
East	Kyrgyzstan	14	0.5	19	0.7	21	0.8	23	0.8	18	0.6
East	Moldova	102	4.8	147	6.9	175	8.3	122	5.8	161	7.6
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0
Centre	North Macedonia	0	0.0	0	0.0	0	0.0	2	0.2	1	0.1
East	Russia	–	–	0	0.0	–	–	–	–	–	–
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	7	0.2	7	0.2	10	0.2	6	0.1	8	0.2
Centre	Serbia excluding Kosovo ^c	7	0.2	7	0.2	8	0.2	5	0.1	7	0.2
Centre	Kosovo ^c	0	0.0	0	0.0	2	0.2	1	0.1	1	0.1
West	Switzerland	43	1.1	42	1.1	38	0.9	30	0.7	32	0.8
East	Tajikistan	9	0.2	15	0.4	33	0.9	46	1.2	52	1.3
Centre	Turkey	7	0.0	14	0.0	15	0.0	12	0.0	19	0.0
East	Turkmenistan	0	0.0	0	0.0	0	0.0	0	0.0	–	–
East	Ukraine	1418	5.7	1873	7.6	3048	12.4	3575	14.6	3349	13.7
East	Uzbekistan	37	0.3	57	0.4	–	–	–	–	–	–
	Total non-EU/EEA	2071	1.8	2591	2.2	3835	3.5	4277	4.0	4060	3.7
WHO European Region											
	West	1685	0.8	1722	0.8	1391	0.7	1444	0.7	1180	0.5
	Centre	189	0.2	203	0.2	232	0.2	232	0.2	227	0.2
	East	2046	2.8	2561	3.5	3785	6.5	4258	7.2	4035	6.8
	Total WHO European Region	3920	1.0	4486	1.2	5408	1.5	5934	1.6	5442	1.5

a Country-specific comments are in Annex 5.

b Cumulative total is the total number of cases reported by the country since the start of reporting.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

	2014		2015		2016		2017		2018		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
EU/EEA												
	25	0.6	19	0.4	18	0.4	11	0.2	10	0.2	777	Austria
	40	0.7	35	0.6	24	0.4	15	0.3	17	0.3	1643	Belgium
	12	0.3	6	0.2	3	0.1	10	0.3	9	0.2	157	Bulgaria
	2	0.1	1	0.0	1	0.0	1	0.0	2	0.1	54	Croatia
	1	0.2	4	0.9	5	1.1	6	1.4	5	1.1	83	Cyprus
	9	0.2	8	0.1	6	0.1	10	0.2	4	0.1	116	Czech Republic
	6	0.2	12	0.4	5	0.2	3	0.1	5	0.2	450	Denmark
	5	0.7	7	1.0	17	2.4	5	0.7	6	0.9	149	Estonia
	6	0.2	5	0.2	5	0.2	8	0.3	4	0.1	141	Finland
	208	0.6	182	0.5	165	0.5	131	0.4	117	0.3	15556	France
	57	0.1	65	0.2	54	0.1	43	0.1	26	0.1	4627	Germany
	22	0.4	25	0.4	34	0.6	28	0.5	13	0.2	660	Greece
	10	0.2	6	0.1	8	0.2	16	0.3	3	0.1	133	Hungary
	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6	10	Iceland
	10	0.4	4	0.2	3	0.1	6	0.2	1	0.0	294	Ireland
	218	0.7	186	0.6	202	0.6	214	0.7	147	0.5	16168	Italy
	61	5.6	43	4.0	24	2.3	45	4.3	36	3.4	612	Latvia
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	Liechtenstein
	8	0.5	9	0.6	7	0.4	8	0.5	7	0.5	111	Lithuania
	3	1.1	4	1.4	2	0.7	1	0.3	1	0.3	75	Luxembourg
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	Malta
	37	0.4	42	0.5	46	0.5	38	0.4	18	0.2	1439	Netherlands
	9	0.4	7	0.3	7	0.3	3	0.1	3	0.1	263	Norway
	33	0.2	31	0.2	12	0.1	15	0.1	23	0.1	769	Poland
	86	1.6	93	1.7	103	1.9	77	1.4	77	1.4	4785	Portugal
	116	1.1	109	1.1	93	0.9	82	0.8	77	0.8	4106	Romania
	1	0.0	1	0.0	0	0.0	0	0.0	0	0.0	13	Slovakia
	1	0.1	0	0.0	2	0.2	0	0.0	0	0.0	30	Slovenia
	132	0.7	117	0.7	102	0.6	102	0.6	64	0.4	17830	Spain
	-	-	-	-	-	-	-	-	-	-	395	Sweden
	118	0.4	104	0.3	77	0.2	78	0.2	67	0.2	6237	United Kingdom
	1236	0.5	1125	0.4	1025	0.4	956	0.4	743	0.3	77698	Total EU-EEA
Non-EU/EEA												
	14	1.0	15	1.1	8	0.6	9	0.6	12	0.8	138	Albania
	0	0.0	1	2.6	0	0.0	1	2.6	0	0.0	4	Andorra
	47	3.0	34	2.2	47	3.0	33	2.1	64	4.1	435	Armenia
	38	0.8	43	0.9	36	0.7	54	1.1	60	1.2	403	Azerbaijan
	166	3.3	212	4.2	201	4.0	165	3.3	153	3.0	2345	Belarus
	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	24	Bosnia and Herzegovina
	77	3.7	76	3.6	64	3.1	58	2.8	67	3.2	1066	Georgia
	22	0.6	19	0.5	18	0.4	10	0.2	9	0.2	484	Israel
	65	0.7	90	1.0	120	1.3	138	1.5	153	1.6	1135	Kazakhstan
	27	0.9	36	1.2	17	0.6	23	0.7	22	0.7	242	Kyrgyzstan
	116	5.5	114	5.4	156	7.4	107	5.1	152	7.2	1643	Moldova
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	11	Monaco
	3	0.9	0	0.0	0	0.0	1	0.3	0	0.0	21	Montenegro
	3	0.3	1	0.1	2	0.2	0	0.0	0	0.0	36	North Macedonia
	-	-	-	-	-	-	-	-	-	-	0	Russia
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	San Marino
	6	0.1	3	0.1	4	0.1	6	0.1	8	0.2	456	Serbia
	6	0.2	2	0.1	4	0.1	6	0.2	7	0.2	438	Serbia excluding Kosovo ^c
	0	0.0	1	0.1	0	0.0	0	0.0	1	0.0	18	Kosovo ^c
	16	0.4	12	0.3	21	0.5	17	0.4	10	0.2	2552	Switzerland
	71	1.7	96	2.3	62	1.4	78	1.8	-	-	486	Tajikistan
	26	0.1	26	0.1	13	0.0	18	0.0	17	0.0	283	Turkey
	-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
	3725	15.4	3140	15.9	3390	14.8	3696	16.2	3434	17.6	38353	Ukraine
	-	-	-	-	-	-	-	-	-	-	157	Uzbekistan
	4422	4.0	3918	3.7	4160	3.7	4414	4.0	4161	4.0	50277	Total non-EU/EEA
WHO European Region												
	1015	0.5	932	0.5	886	0.4	786	0.4	590	0.3	74417	West
	237	0.2	211	0.2	158	0.2	174	0.2	160	0.2	6419	Centre
	4406	7.4	3900	7.1	4141	7.1	4410	7.5	4154	8.1	47138	East
	5658	1.6	5043	1.4	5185	1.4	5370	1.5	4904	1.4	127974	Total WHO European Region

Table 17: AIDS diagnoses in men infected through sex with men, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Year of diagnosis										Cumulative total ^b
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	34	30	34	32	23	25	22	22	23	18	1098
West	Belgium	41	36	34	32	33	40	34	19	18	15	1589
Centre	Bulgaria	4	5	2	8	12	9	12	11	15	17	131
Centre	Croatia	17	19	18	22	11	18	12	21	17	24	305
Centre	Cyprus	4	5	3	2	4	5	5	10	6	2	138
Centre	Czech Republic	11	10	15	15	16	13	19	24	29	18	312
West	Denmark	12	15	13	13	11	10	11	7	8	9	1751
East	Estonia	0	0	0	1	0	1	0	1	1	0	29
West	Finland	6	6	6	2	4	6	7	5	3	3	311
West	France	264	251	241	194	204	154	158	130	129	126	28 607
West	Germany	286	260	229	224	196	178	147	102	83	57	18 479
West	Greece	51	64	55	51	53	43	63	54	49	45	2 129
Centre	Hungary	13	23	24	37	29	37	33	41	29	47	701
West	Iceland	0	0	0	0	0	0	0	1	0	0	44
West	Ireland	10	13	17	14	6	10	11	9	7	3	408
West	Italy	295	255	265	261	309	269	286	261	210	203	12 603
East	Latvia	7	10	7	4	10	7	5	4	10	6	132
	Liechtenstein	0	0	0	0	0	1	0	0	0	0	2
East	Lithuania	1	0	2	2	5	3	3	9	7	3	93
West	Luxembourg	2	2	6	3	7	3	3	6	2	1	140
West	Malta	0	0	1	0	1	1	0	2	0	0	44
West	Netherlands	152	148	130	148	142	105	117	95	78	60	3 630
West	Norway	7	9	9	10	15	18	4	4	2	6	520
Centre	Poland	26	29	45	25	48	40	30	31	23	22	739
West	Portugal	84	88	92	92	63	60	69	80	55	34	3 005
Centre	Romania	15	13	13	7	17	25	18	24	28	25	269
Centre	Slovakia	1	1	3	3	2	2	2	7	5	5	62
Centre	Slovenia	10	7	7	9	7	10	10	6	3	6	156
West	Spain	318	403	366	358	274	238	212	191	204	135	13 879
West	Sweden	–	–	–	–	–	–	–	–	–	–	1 086
West	United Kingdom	183	198	141	155	110	127	134	110	98	86	15 269
	Total EU/EEA	1854	1900	1778	1724	1612	1458	1427	1287	1142	976	107 661
Non-EU/EEA												
Centre	Albania	6	1	5	6	6	8	8	3	1	1	61
West	Andorra	0	0	1	0	2	0	1	0	0	0	7
East	Armenia	0	2	2	2	4	7	1	3	4	6	37
East	Azerbaijan	1	4	1	1	3	2	1	2	0	5	25
East	Belarus	0	2	6	3	3	4	3	4	6	4	38
Centre	Bosnia and Herzegovina	0	5	2	4	3	6	4	4	1	8	51
East	Georgia	8	12	15	22	31	39	51	40	48	20	313
West	Israel	8	6	8	7	10	14	4	2	6	2	332
East	Kazakhstan	0	1	1	0	4	1	2	2	2	2	19
East	Kyrgyzstan	0	0	0	0	0	0	0	0	0	0	1
East	Moldova	7	2	3	0	2	3	2	1	8	5	37
West	Monaco	0	0	0	0	0	1	0	0	0	0	22
Centre	Montenegro	4	6	1	4	3	3	8	9	11	11	78
Centre	North Macedonia	1	1	4	3	3	5	2	4	2	2	47
East	Russia	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0	1	2	0	0	0	0	0	0	11
Centre	Serbia	26	23	22	31	20	27	28	36	30	45	536
Centre	Serbia excluding Kosovo ^c	25	23	21	30	19	27	26	36	30	43	524
Centre	Kosovo ^c	1	0	1	1	1	0	2	0	0	2	12
West	Switzerland	45	62	37	33	32	24	24	24	27	15	3 379
East	Tajikistan	0	0	0	0	0	0	0	2	3	–	5
Centre	Turkey	2	3	0	0	12	15	12	17	14	12	163
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	0
East	Ukraine	10	10	31	45	50	55	72	116	69	81	577
East	Uzbekistan	0	0	–	–	–	–	–	–	–	–	1
	Total non-EU/EEA	118	140	140	163	188	214	223	269	232	219	5 740
WHO European Region												
	West	1 798	1 846	1 686	1 631	1 495	1 326	1 307	1 124	1 002	818	108 343
	Centre	140	151	164	176	193	223	203	248	214	245	3 749
	East	34	43	68	80	112	122	140	184	158	132	1 307
	Total WHO European Region	1 972	2 040	1 918	1 887	1 800	1 671	1 650	1 556	1 374	1 195	113 399

a Country-specific comments are in Annex 5.

b Cumulative total is the total number of cases reported by the country since the start of reporting.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 18: AIDS diagnoses in people infected through injecting drug use, by country and year of diagnosis (2009-2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Year of diagnosis										Cumulative total ^b
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	19	14	13	28	14	20	18	10	11	1	896
West	Belgium	5	3	4	1	3	7	1	0	1	0	288
Centre	Bulgaria	7	10	17	39	29	26	11	14	17	20	197
Centre	Croatia	0	1	1	1	0	0	1	0	2	0	26
Centre	Cyprus	0	0	0	0	0	1	0	0	0	0	4
Centre	Czech Republic	2	4	1	2	3	2	3	4	2	4	49
West	Denmark	3	4	4	4	5	1	0	1	1	0	252
East	Estonia	26	14	20	15	9	6	4	16	3	11	275
West	Finland	2	3	0	4	2	0	0	1	1	3	60
West	France	58	60	62	45	41	28	31	16	13	16	13918
West	Germany	50	35	41	42	32	25	21	18	8	8	4403
West	Greece	7	3	9	22	41	45	30	25	19	12	320
Centre	Hungary	0	0	0	0	0	0	2	2	1	1	12
West	Iceland	0	0	0	0	0	0	0	2	0	0	7
West	Ireland	8	6	10	3	1	0	0	0	1	1	376
West	Italy	275	228	194	182	179	114	101	89	89	70	35172
East	Latvia	49	70	57	70	62	73	51	36	38	30	990
	Liechtenstein	0	0	1	0	0	0	0	0	0	0	7
East	Lithuania	20	20	9	22	19	16	15	19	23	13	266
West	Luxembourg	0	0	1	0	1	1	1	0	1	0	46
West	Malta	0	0	0	0	0	1	0	0	0	0	4
West	Netherlands	13	8	8	3	4	1	4	4	3	1	376
West	Norway	1	3	0	1	1	0	0	1	0	0	156
Centre	Poland	55	70	62	59	46	32	34	23	23	10	1593
West	Portugal	239	239	165	164	115	68	47	40	35	18	9518
Centre	Romania	5	14	29	60	82	111	104	99	71	53	649
Centre	Slovakia	0	0	0	0	0	0	0	0	0	1	2
Centre	Slovenia	0	0	0	0	0	1	0	0	0	0	7
West	Spain	457	432	366	301	195	135	87	66	59	44	50489
West	Sweden	–	–	–	–	–	–	–	–	–	–	242
West	United Kingdom	15	22	11	12	8	15	12	10	5	10	1506
	Total EU/EEA	1316	1263	1085	1080	892	729	578	496	427	327	122106
Non-EU/EEA												
Centre	Albania	0	0	1	0	0	1	0	0	0	0	3
West	Andorra	0	0	0	0	0	0	0	0	0	0	2
East	Armenia	33	42	33	46	26	35	23	30	18	18	458
East	Azerbaijan	64	183	148	160	123	109	92	76	52	51	1361
East	Belarus	265	208	266	242	193	150	139	130	116	60	2568
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	0	18
East	Georgia	148	182	189	169	119	81	75	77	61	29	1689
West	Israel	7	4	7	10	15	12	9	8	5	7	268
East	Kazakhstan	116	174	149	152	158	149	154	174	168	191	2209
East	Kyrgyzstan	53	102	58	55	38	40	73	30	23	10	593
East	Moldova	93	95	102	39	54	42	46	39	31	35	1036
West	Monaco	0	0	0	0	0	0	0	0	0	0	19
Centre	Montenegro	0	0	0	1	0	0	0	0	0	0	4
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	9
East	Russia	–	0	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	6
Centre	Serbia	11	7	12	5	9	5	5	–	5	1	660
Centre	Serbia excluding Kosovo ^c	11	7	12	5	9	5	5	0	5	1	659
Centre	Kosovo ^c	0	0	0	0	0	0	0	0	0	0	1
West	Switzerland	14	11	18	6	11	4	2	4	8	0	3320
East	Tajikistan	51	61	73	87	58	74	96	84	71	–	732
Centre	Turkey	4	2	2	1	1	2	0	2	1	0	64
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	0
East	Ukraine	2732	3458	4979	4933	4273	3856	3050	2939	2872	2343	49808
East	Uzbekistan	70	131	–	–	–	–	–	–	–	–	380
	Total non-EU/EEA	3661	4660	6037	5906	5078	4560	3764	3593	3431	2745	65207
WHO European Region												
	West	1173	1075	913	828	668	477	364	295	260	191	121644
	Centre	84	108	125	168	170	181	160	144	122	90	3297
	East	3720	4740	6083	5990	5132	4631	3818	3650	3476	2791	62365
	Total WHO European Region	4977	5923	7121	6986	5970	5289	4342	4089	3858	3072	187306

a Country-specific comments are in Annex 5.

b Cumulative total is the total number of cases reported by the country since the start of reporting.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 19: AIDS diagnoses in people infected through heterosexual contact, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Year of diagnosis										Cumulative total ^b
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	37	31	29	35	27	34	29	19	21	26	946
West	Belgium	88	77	53	68	54	65	50	39	25	27	2635
Centre	Bulgaria	19	14	20	15	20	25	22	17	17	17	355
Centre	Croatia	4	1	6	4	6	5	2	1	1	5	154
Centre	Cyprus	4	5	9	6	4	3	8	11	9	7	171
Centre	Czech Republic	11	13	13	14	12	16	16	15	22	13	235
West	Denmark	18	23	40	22	21	17	27	14	16	16	819
East	Estonia	10	7	9	16	10	8	14	16	12	9	176
West	Finland	12	12	15	10	12	9	6	16	11	9	264
West	France	516	535	444	494	374	374	337	277	245	208	21108
West	Germany	160	120	157	131	129	115	102	90	56	47	4395
West	Greece	37	30	34	42	31	32	38	45	33	29	1082
Centre	Hungary	8	4	7	6	11	12	7	10	19	8	196
West	Iceland	0	1	2	1	0	0	0	0	0	1	16
West	Ireland	15	12	17	18	17	18	7	6	8	5	370
West	Italy	529	560	506	515	500	451	423	449	414	318	18175
East	Latvia	32	36	34	55	37	59	58	51	49	46	609
	Liechtenstein	0	0	0	1	0	0	0	0	0	0	3
East	Lithuania	15	11	9	13	15	17	16	18	18	16	187
West	Luxembourg	2	6	5	4	2	5	4	4	3	3	122
West	Malta	1	6	3	5	0	2	1	3	0	0	41
West	Netherlands	119	128	94	110	86	79	86	81	68	33	2458
West	Norway	10	10	9	12	11	27	17	16	11	6	447
Centre	Poland	24	53	45	37	35	34	33	18	17	14	715
West	Portugal	391	422	387	354	328	241	211	232	173	165	9262
Centre	Romania	123	121	167	151	147	178	178	182	191	197	2987
Centre	Slovakia	1	1	1	3	4	2	3	3	3	2	40
Centre	Slovenia	0	0	3	1	3	0	0	4	4	3	53
West	Spain	499	448	418	380	272	212	199	185	168	126	16323
West	Sweden	–	–	–	–	–	–	–	–	–	–	665
West	United Kingdom	397	377	243	246	207	196	226	166	138	134	10893
	Total EU/EEA	3082	3064	2779	2769	2375	2236	2120	1988	1752	1490	95902
Non-EU/EEA												
Centre	Albania	28	24	39	40	55	40	52	55	31	46	526
West	Andorra	0	0	0	0	1	0	2	0	1	0	5
East	Armenia	47	46	51	86	106	125	131	125	117	180	1138
East	Azerbaijan	31	42	44	68	57	85	93	76	112	120	858
East	Belarus	254	246	305	348	344	309	333	367	312	313	3579
Centre	Bosnia and Herzegovina	2	1	4	0	3	1	2	3	2	3	79
East	Georgia	124	135	179	153	146	142	139	149	144	139	1800
West	Israel	35	27	38	32	21	42	31	33	19	20	951
East	Kazakhstan	45	65	81	76	82	92	96	158	168	230	1225
East	Kyrgyzstan	17	24	26	27	24	39	40	35	30	34	321
East	Moldova	153	232	327	196	217	210	208	275	186	285	2645
West	Monaco	0	0	0	0	0	0	0	0	0	0	7
Centre	Montenegro	4	2	1	2	1	3	1	6	2	2	57
Centre	North Macedonia	1	3	3	6	6	10	4	3	0	1	92
East	Russia	–	0	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	5
Centre	Serbia	9	12	17	9	9	11	12	7	17	18	439
Centre	Serbia excluding Kosovo ^c	9	11	11	9	7	10	12	5	12	13	401
Centre	Kosovo ^c	0	1	6	0	2	1	0	2	5	5	38
West	Switzerland	76	85	69	52	53	32	33	28	27	23	2762
East	Tajikistan	22	41	61	69	90	108	144	120	137	–	834
Centre	Turkey	28	26	37	35	41	58	39	28	30	37	727
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	0
East	Ukraine	1509	2264	3944	4873	4875	5806	5250	5708	6243	6306	52043
East	Uzbekistan	40	68	–	–	–	–	–	–	–	–	183
	Total non-EU/EEA	2425	3343	5226	6072	6131	7113	6610	7176	7578	7757	70276
WHO European Region												
	West	2942	2910	2563	2531	2146	1951	1829	1703	1437	1196	93751
	Centre	266	280	372	329	357	398	379	363	365	373	6826
	East	2299	3217	5070	5980	6003	7000	6522	7098	7528	7678	65598
	Total WHO European Region	5507	6407	8005	8840	8506	9349	8730	9164	9330	9247	166175

a Country-specific comments are in Annex 5.

b Cumulative total is the total number of cases reported by the country since the start of reporting.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 20: AIDS diagnoses in people infected through mother to child transmission, by country and year of diagnosis (2009–2018) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Year of diagnosis										Cumulative total ^b
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	2	0	1	0	0	0	0	1	0	0	13
West	Belgium	2	0	1	2	1	1	3	1	0	0	145
Centre	Bulgaria	0	2	1	0	3	0	0	0	0	3	10
Centre	Croatia	0	0	1	0	0	0	0	0	0	0	4
Centre	Cyprus	0	0	0	0	0	0	0	0	0	0	2
Centre	Czech Republic	0	0	0	0	0	0	0	1	0	0	1
West	Denmark	0	1	0	0	1	0	0	0	1	0	26
East	Estonia	0	0	0	0	0	0	0	0	0	0	2
West	Finland	1	0	0	0	0	1	0	0	0	0	8
West	France	10	5	8	10	10	3	5	5	3	5	794
West	Germany	0	1	3	2	1	1	0	0	1	0	119
West	Greece	0	1	0	0	0	0	0	0	0	0	24
Centre	Hungary	1	0	0	1	0	0	1	0	2	1	8
West	Iceland	0	0	0	0	0	0	0	0	0	0	0
West	Ireland	1	1	0	0	1	0	0	0	0	0	36
West	Italy	5	3	3	4	7	2	0	1	0	0	739
East	Latvia	1	0	2	1	2	0	0	2	1	1	22
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	0	0	0	0	1	0	0	0	0	0	1
West	Luxembourg	0	0	0	1	0	0	0	0	0	0	4
West	Malta	0	0	0	0	0	0	0	0	0	0	1
West	Netherlands	3	8	4	2	5	3	4	1	1	1	113
West	Norway	0	0	0	0	1	0	0	0	1	0	8
Centre	Poland	7	1	3	1	0	1	1	0	0	1	70
West	Portugal	2	1	2	1	3	1	1	3	1	1	127
Centre	Romania	13	8	12	11	17	8	6	0	8	3	320
Centre	Slovakia	0	0	0	0	0	0	0	0	0	0	0
Centre	Slovenia	0	0	0	0	0	0	0	0	0	0	2
West	Spain	8	3	3	3	5	1	2	4	1	1	988
West	Sweden	–	–	–	–	–	–	–	–	–	–	22
West	United Kingdom	2	4	3	3	3	2	4	2	0	3	59
	Total EU/EEA	58	39	47	42	61	24	27	21	20	20	3668
Non-EU/EEA												
Centre	Albania	0	0	1	2	4	0	0	0	1	0	10
West	Andorra	0	0	0	0	0	0	0	0	0	0	0
East	Armenia	2	1	1	0	4	7	2	0	2	3	27
East	Azerbaijan	2	1	1	3	3	2	0	1	0	0	15
East	Belarus	10	13	12	4	3	9	10	5	2	1	124
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	0	0
East	Georgia	3	5	9	9	3	2	1	0	1	2	67
West	Israel	1	1	1	1	1	0	0	0	0	1	40
East	Kazakhstan	14	6	4	2	5	1	5	3	7	2	57
East	Kyrgyzstan	0	0	3	4	1	0	5	1	2	1	20
East	Moldova	3	4	7	6	10	8	2	4	5	5	80
West	Monaco	0	0	0	0	0	0	0	0	0	0	0
Centre	Montenegro	0	0	0	0	0	0	0	0	0	0	1
Centre	North Macedonia	0	1	0	1	1	0	0	0	0	0	6
East	Russia	–	0	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	1	1	–	1	1	–	1	–	–	1	29
Centre	Serbia excluding Kosovo ^c	1	1	0	0	1	0	0	0	0	0	26
Centre	Kosovo ^c	0	0	0	1	0	0	1	0	0	1	3
West	Switzerland	1	2	0	1	1	0	0	0	1	0	110
East	Tajikistan	0	1	7	6	15	10	4	6	5	–	55
Centre	Turkey	2	0	0	1	0	1	3	0	1	0	17
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	0
East	Ukraine	86	129	118	88	59	60	48	67	93	81	1367
East	Uzbekistan	3	8	–	–	–	–	–	–	–	–	22
	Total non-EU/EEA	128	173	164	129	111	100	81	87	120	97	2047
WHO European Region												
	West	38	31	29	30	40	15	19	18	10	12	3376
	Centre	24	13	18	18	26	10	12	1	12	9	480
	East	124	168	164	123	106	99	77	89	118	96	1859
	Total WHO European Region	186	212	211	171	172	124	108	108	140	117	5715

a Country-specific comments are in Annex 5.

b Cumulative total is the total number of cases reported by the country since the start of reporting.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 21: AIDS diagnoses in 2018, by country of report, transmission mode and sex, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	MSM		IDU			Hetero			MTCT		
		Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b
EU/EEA												
West	Austria	18	18	0	1	1	10	16	26	0	0	0
West	Belgium	15	15	0	0	0	14	13	27	0	0	0
Centre	Bulgaria	17	17	1	19	20	7	10	17	1	2	3
Centre	Croatia	24	24	0	0	0	2	3	5	0	0	0
Centre	Cyprus	2	2	0	0	0	4	3	7	0	0	0
Centre	Czech Republic	18	18	0	4	4	4	9	13	0	0	0
West	Denmark	9	9	0	0	0	5	11	16	0	0	0
East	Estonia	0	0	2	9	11	2	7	9	0	0	0
West	Finland	3	3	0	3	3	2	7	9	0	0	0
West	France	124	126	4	12	16	94	114	208	2	3	5
West	Germany	57	57	1	7	8	19	28	47	0	0	0
West	Greece	45	45	1	11	12	11	18	29	0	0	0
Centre	Hungary	47	47	0	1	1	3	5	8	0	1	1
West	Iceland	0	0	0	0	0	1	0	1	0	0	0
West	Ireland	3	3	0	1	1	1	4	5	0	0	0
West	Italy	203	203	18	52	70	119	199	318	0	0	0
East	Latvia	6	6	7	23	30	24	22	46	1	0	1
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	3	3	2	11	13	4	12	16	0	0	0
West	Luxembourg	1	1	0	0	0	1	2	3	0	0	0
West	Malta	–	–	–	–	–	–	–	–	–	–	–
West	Netherlands	56	60	1	0	1	12	21	33	0	1	1
West	Norway	6	6	0	0	0	3	3	6	0	0	0
Centre	Poland	22	22	3	7	10	4	10	14	0	1	1
West	Portugal	34	34	5	13	18	70	95	165	0	1	1
Centre	Romania	25	25	8	45	53	61	136	197	2	1	3
Centre	Slovakia	5	5	0	1	1	0	2	2	0	0	0
Centre	Slovenia	6	6	0	0	0	0	3	3	0	0	0
West	Spain	133	135	4	40	44	54	72	126	0	1	1
West	Sweden	–	–	–	–	–	–	–	–	–	–	–
West	United Kingdom	86	86	3	7	10	56	78	134	2	1	3
	Total EU/EEA	968	976	60	267	327	587	903	1490	8	12	20
Non-EU/EEA												
Centre	Albania	1	1	0	0	0	12	34	46	0	0	0
West	Andorra	0	0	0	0	0	0	0	0	0	0	0
East	Armenia	6	6	0	18	18	62	118	180	1	2	3
East	Azerbaijan	5	5	1	50	51	57	63	120	0	0	0
East	Belarus	4	4	14	46	60	138	175	313	0	1	1
Centre	Bosnia and Herzegovina	8	8	0	0	0	0	3	3	0	0	0
East	Georgia	20	20	0	29	29	63	76	139	0	2	2
West	Israel	2	2	3	4	7	5	15	20	1	0	1
East	Kazakhstan	2	2	29	162	191	120	110	230	2	0	2
East	Kyrgyzstan	0	0	1	9	10	17	17	34	0	1	1
East	Moldova	5	5	4	31	35	136	149	285	1	4	5
West	Monaco	0	0	0	0	0	0	0	0	0	0	0
Centre	Montenegro	11	11	0	0	0	0	2	2	0	0	0
Centre	North Macedonia	2	2	0	0	0	0	1	1	0	0	0
East	Russia	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia excluding Kosovo ^c	43	43	0	1	1	7	6	13	0	0	0
Centre	Kosovo ^c	2	2	0	0	0	1	4	5	0	1	1
West	Switzerland	15	15	0	0	0	7	16	23	0	0	0
East	Tajikistan	–	–	–	–	–	–	–	–	–	–	–
Centre	Turkey	12	12	0	0	0	9	29	38	0	0	0
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	81	81	406	1937	2343	2979	3327	6306	36	45	81
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	219	219	458	2287	2745	3612	4145	7757	41	56	97
WHO European Region												
	West	810	818	40	151	191	484	712	1196	5	7	12
	Centre	245	245	12	78	90	113	260	373	3	6	9
	East	132	132	466	2325	2791	3602	4076	7678	41	55	96
	Total WHO European Region	1187	1195	518	2554	3072	4199	5048	9247	49	68	117

a Country-specific comments are in Annex 5

b Totals include persons with unknown gender and may, therefore, not equal the sum of the columns.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

	Nosocomial			Haemophilic/transfusion			Unknown			Total ^b	Country, territory or area ^a
	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b		
	0	0	0	0	1	1	0	4	4	50	Austria
	0	0	0	2	0	2	1	4	5	49	Belgium
	0	0	0	0	0	0	0	0	0	57	Bulgaria
	0	0	0	0	0	0	0	0	0	29	Croatia
	0	0	0	1	0	1	0	0	0	10	Cyprus
	0	1	1	0	0	0	0	2	2	38	Czech Republic
	0	0	0	0	0	0	0	1	1	26	Denmark
	0	0	0	0	0	0	2	3	5	25	Estonia
	0	0	0	0	0	0	2	4	6	21	Finland
	0	0	0	1	2	3	16	47	64	422	France
	0	0	0	0	0	0	6	28	34	146	Germany
	0	0	0	0	0	0	1	14	15	101	Greece
	0	0	0	0	0	0	0	0	0	57	Hungary
	0	0	0	0	0	0	0	0	0	1	Iceland
	0	0	0	0	0	0	0	1	1	10	Ireland
	0	0	0	0	0	0	10	60	70	661	Italy
	0	0	0	0	0	0	4	12	16	99	Latvia
	0	0	0	0	0	0	0	0	0	0	Liechtenstein
	0	0	0	0	0	0	1	4	5	37	Lithuania
	0	0	0	0	0	0			0	4	Luxembourg
	–	–	–	–	–	–	–	–	–	–	Malta
	0	0	0	0	0	0	5	18	24	119	Netherlands
	0	0	0	0	0	0			0	12	Norway
	1	0	1	0	0	0	15	38	53	101	Poland
	0	0	0	0	0	0	2	7	9	227	Portugal
	4	2	6	1	0	1	1	4	5	290	Romania
	0	0	0	0	0	0		3	3	11	Slovakia
	0	0	0	0	0	0		1	1	10	Slovenia
	0	0	0	0	0	0	6	55	61	367	Spain
	–	–	–	–	–	–	–	–	–	–	Sweden
	0	0	0	2	3	5	4	13	17	255	United Kingdom
	5	3	8	7	6	13	76	323	401	3235	Total EU/EEA
	0	0	0	0	0	0	0	0	0	47	Albania
	0	0	0	0	0	0	0	0	0	0	Andorra
	0	0	0	0	0	0	1	3	4	211	Armenia
	0	0	0	0	0	0	2	4	6	182	Azerbaijan
	0	0	0	0	0	0	1	3	4	382	Belarus
	0	0	0	0	0	0	–	–	0	11	Bosnia and Herzegovina
	0	0	0	1		1	3	2	5	196	Georgia
	0	0	0	0	0	0	–	1	1	31	Israel
	0	0	0	0	0	0	2	3	5	430	Kazakhstan
	0	2	2	0	0	0	4	5	9	56	Kyrgyzstan
	0	0	0	0	0	0	11	23	34	364	Moldova
	0	0	0	0	0	0	0	0	0	0	Monaco
	0	0	0	0	0	0	0	1	1	14	Montenegro
	0	0	0	0	0	0	0	1	1	4	North Macedonia
	–	–	–	–	–	–	–	–	–	–	Russia
	0	0	0	0	0	0	0	0	0	0	San Marino
	0	0	0	0	0	0	0	0	0	0	Serbia
	0	0	0	0	0	0	0	5	5	62	Serbia excluding Kosovo ^c
	0	0	0	0	0	0	0	0	0	8	Kosovo ^c
	0	0	0	0	0	0	3	5	9	47	Switzerland
	–	–	–	–	–	–	–	–	–	–	Tajikistan
	0	0	0	0	1	1	9	48	57	108	Turkey
	–	–	–	–	–	–	–	–	–	–	Turkmenistan
	0	0	0	0	0	0	13	15	28	8839	Ukraine
	–	–	–	–	–	–	–	–	–	–	Uzbekistan
	0	2	2	1	2	3	49	119	169	10992	Total non-EU/EEA
	0	0	0	5	6	11	56	262	321	2549	West
	5	3	8	2	2	4	25	103	128	857	Centre
	0	2	2	1	0	1	44	77	121	10821	East
	5	5	10	8	8	16	125	442	570	14227	Total WHO European Region

Table 22: The most common AIDS-indicative diseases diagnosed in 2018^a, ordered by frequency

Diseases	Men		Women		Children		Total	
	N	%	N	%	N	%	N	%
EU/EEA								
<i>Pneumocystis carinii pneumonia</i>	684	22.1	166	18	5	14.3	855	21.1
Wasting syndrome due to HIV	348	11.2	102	11.1	5	14.3	455	11.2
Candidiasis; oesophageal	327	10.6	102	11.1	2	5.7	431	10.6
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	241	7.8	71	7.7	6	17.1	318	7.8
Kaposi's sarcoma	269	8.7	43	4.7	0	0	312	7.7
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	178	5.8	66	7.2	4	11.4	248	6.1
Toxoplasmosis of brain in a patient over one month of age	135	4.4	65	7	2	5.7	202	5
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	132	4.3	63	6.8	2	5.7	197	4.9
Encephalopathy; HIV-related	113	3.7	37	4	2	5.7	152	3.8
Progressive multifocal leukoencephalopathy	76	2.5	20	2.2	2	5.7	98	2.4
Non-EU/EEA								
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	228	14.1	96	11.3	1	4.2	325	13.1
Candidiasis; oesophageal	191	11.8	120	14.1	2	8.3	313	12.6
Wasting syndrome due to HIV	184	11.4	113	13.3	3	12.5	300	12.1
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	175	10.9	56	6.6	2	8.3	233	9.4
<i>Pneumocystis carinii pneumonia</i>	139	8.6	47	5.5	3	12.5	189	7.6
Encephalopathy; HIV-related	73	4.5	38	4.5	1	4.2	112	4.5
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	43	2.7	21	2.5	0	0	64	2.6
Kaposi's sarcoma	33	2	6	0.7	0	0	39	1.6
Toxoplasmosis of brain in a patient over one month of age	17	1.1	18	2.1	0	0	35	1.4
Herpes simplex: chronic ulcer(s) (>1 months duration); or bronchitis; pneumonitis; or oesophagitis in a patient over one month of age	18	1.1	9	1.1	0	0	27	1.1
West								
<i>Pneumocystis carinii pneumonia</i>	589	24.5	141	20	1	14.3	731	23.4
Candidiasis; oesophageal	277	11.5	86	12.2	0	0	363	11.6
Kaposi's sarcoma	240	10	41	5.8	0	0	281	9
Wasting syndrome due to HIV	204	8.5	55	7.8	0	0	259	8.3
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	162	6.7	57	8.1	1	14.3	220	7.1
Toxoplasmosis of brain in a patient over one month of age	110	4.6	58	8.2	2	28.6	170	5.5
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	111	4.6	57	8.1	0	0	168	5.4
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	118	4.9	41	5.8	1	14.3	160	5.1
Encephalopathy; HIV-related	77	3.2	19	2.7	0	0	96	3.1
Cryptococcosis; extrapulmonary	59	2.5	11	1.6	1	14.3	71	2.3
Centre								
Wasting syndrome due to HIV	182	20.5	47	20.9	5	16.7	234	20.5
<i>Pneumocystis carinii pneumonia</i>	131	14.8	22	9.8	5	16.7	158	13.8
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	110	12.4	27	12	5	16.7	142	12.4
Candidiasis; oesophageal	80	9	21	9.3	3	10	104	9.1
Encephalopathy; HIV-related	43	4.8	17	7.6	2	6.7	62	5.4
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	42	4.7	12	5.3	1	3.3	55	4.8
Kaposi's sarcoma	44	5	2	0.9	0	0	46	4
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	28	3.2	9	4	2	6.7	39	3.4
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	20	2.3	9	4	3	10	32	2.8
Progressive multifocal leukoencephalopathy	19	2.1	6	2.7	2	6.7	27	2.4
East								
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	241	17	99	11.8	1	4.5	341	15
Candidiasis; oesophageal	161	11.4	115	13.7	1	4.5	277	12.2
Wasting syndrome due to HIV	146	10.3	113	13.4	3	13.6	262	11.5
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	168	11.9	53	6.3	2	9.1	223	9.8
<i>Pneumocystis carinii pneumonia</i>	103	7.3	50	5.9	2	9.1	155	6.8
Encephalopathy; HIV-related	66	4.7	39	4.6	1	4.5	106	4.7
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	24	1.7	19	2.3	0	0	43	1.9
Toxoplasmosis of brain in a patient over one month of age	24	1.7	17	2	0	0	41	1.8
Kaposi's sarcoma	18	1.3	6	0.7	0	0	24	1.1
Bacterial infections; multiple or recurrent in a child under 13 years of age	9	0.6	6	0.7	4	18.2	19	0.8

a Numbers and percentages relate to AIDS indicative disease events reported; some people diagnosed with AIDS have more than one event reported at the time of diagnosis

Table 23: AIDS-related deaths^a, by geographic area, country and year of death (2009–2018) and cumulative totals in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^b	Year of diagnosis										Cumulative total ^c
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria	11	21	19	13	15	15	15	15	16	8	1182
West	Belgium	27	19	31	30	37	35	23	29	26	14	2136
Centre	Bulgaria	2	14	17	16	14	13	8	9	10	9	192
Centre	Croatia	7	9	6	9	8	5	15	3	2	2	201
Centre	Cyprus	3	1	4	2	1	4	3	2	1	0	97
Centre	Czech Republic	12	9	14	15	12	14	12	17	13	16	278
West	Denmark	9	3	6	2	4	0	1	2			2019
East	Estonia	0	2	7	5	2	2	2	4	4	4	120
West	Finland	6	10	6	13	8	5	6	5	9	6	237
West	France	178	209	172	155	132	124	100	122	112	137	36 860
West	Germany	132	116	126	86	110	101	73	74	54	41	14 882
West	Greece	23	38	41	44	40	22	32	25	32	21	1601
Centre	Hungary	9	10	12	9	7	15	11	11	8	16	404
West	Iceland	0	0	1	1	0	0	0	0	0	0	39
West	Ireland	5	5	4	1	0	0	1	1	1	0	417
West	Italy	649	599	595	598	647	572	533	486			43 323
East	Latvia	69	57	80	88	107	72	38	37	31	29	848
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	6
East	Lithuania	13	10	7	8	13	10	7	23	15	14	191
West	Luxembourg	3	1	5	7	3	2	4	4	1	1	148
West	Malta	0	0	1	2	0	1	1	3	0	0	65
West	Netherlands	61	46	56	41	39	36	45	45	36	25	1214
West	Norway	3	0	1	1	2	3	2	0	2	1	633
Centre	Poland	46	53	66	56	48	42	41	26	20	23	1405
West	Portugal	326	337	308	260	272	207	173	184	161	142	10 673
Centre	Romania	120	134	215	188	199	239	196	193	189	169	4 756
Centre	Slovakia	2	1	1	3	0	0	4	2	1	3	49
Centre	Slovenia	1	1	1	2	7	4	5	3	1	1	105
West	Spain	545	458	428	375	311	234	185	179	110	76	48 967
West	Sweden	–	–	–	–	–	–	–	–	–	–	1323
West	United Kingdom	215	253	128	132	160	144	109	93	102	62	15 891
	Total EU/EEA	2477	2416	2358	2162	2198	1921	1645	1595	958	822	190 262
Non-EU/EEA												
Centre	Albania	13	11	11	12	10	13	12	12	4	11	173
West	Andorra	0	0	0	0	0	0	3	0	0	0	4
East	Armenia	39	23	26	36	45	50	62	53	74	61	584
East	Azerbaijan	27	46	44	50	39	51	38	31	26	22	670
East	Belarus	151	146	159	188	129	170	126	119	80	110	2 049
Centre	Bosnia and Herzegovina	1	0	0	0	2	1	4	2	0	2	66
East	Georgia	35	54	52	43	38	26	28	65	50	49	675
West	Israel	17	17	31	31	31	32	25	26	14	11	790
East	Kazakhstan	135	190	199	172	170	144	164	184	211	256	2 483
East	Kyrgyzstan	21	26	19	19	6	8	38	13	27	20	295
East	Moldova	54	72	127	11	23	64	66	74	70	32	974
West	Monaco	0	0	0	0	0	0	0	0	0	0	18
Centre	Montenegro	2	5	2	1	1	2	6	2	3	2	55
Centre	North Macedonia	0	1	4	0	3	0	0	0	2	1	67
East	Russia	–	0	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	8
Centre	Serbia	21	24	29	21	18	9	13	13	12	25	1180
Centre	Serbia excluding Kosovo ^d	21	24	27	17	17	9	12	10	12	24	1134
Centre	Kosovo ^d	0	0	2	4	1	0	1	3	0	1	46
West	Switzerland	41	23	13	3	4	5	5	1	4	2	5904
East	Tajikistan	26	41	52	77	95	77	93	103	135	–	752
Centre	Turkey	0	0	0	0	10	11	3	4	5	8	115
East	Turkmenistan	0	0	0	0	–	–	–	–	–	–	1
East	Ukraine	2591	3096	3736	3870	3514	3426	3032	3253	3298	3448	48 456
East	Uzbekistan	40	66	–	–	–	–	–	–	–	–	323
	Total non-EU/EEA	3235	3865	4533	4555	4156	4 098	3731	3968	4 027	4 085	66 806
WHO European Region												
	West	2251	2155	1972	1795	1815	1538	1336	1294	681	549	188 334
	Centre	239	273	382	334	340	372	334	299	270	288	9 143
	East	3201	3829	4508	4567	4181	4100	3694	3957	4021	4045	58 421
	Total WHO European Region	5691	6257	6862	6696	6336	6 010	5364	5550	4972	4882	255 898

a This Table includes deaths reported as due to AIDS and excludes deaths reported as not due to AIDS-related cases. In countries and years for which cause of death (AIDS or non-AIDS related) was unknown or could not be reported, deaths among persons (ever) diagnosed with AIDS were included.

b Country-specific comments are in Annex 5

c Cumulative total is the total number of cases reported by country since the start of reporting

d Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Table 24: AIDS related deaths^a, by sex, transmission mode and year of death (2009–2018) and cumulative totals^b

Transmission mode	2009			2010			2011			2012			2013			2014	
	Female	Male	Total ^c	Female	Male	Total ^c	Female	Male	Total ^c	Female	Male	Total ^c	Female	Male	Total ^c	Female	Male
EU/EEA																	
Men who have sex with men	–	396	396	–	428	428	–	416	416	–	359	360	–	349	349	–	336
Injecting drug use	125	553	678	101	473	574	104	440	544	115	394	509	101	386	487	69	326
Heterosexual contact	264	360	624	245	415	660	233	393	626	189	348	537	205	347	552	201	312
Mother-to-child	4	3	7	11	2	13	4	8	12	5	5	10	5	4	9	2	3
Haemophiliac/transfusion recipient	6	14	20	5	22	27	8	16	24	9	20	29	10	16	26	7	16
Nosocomial infection	15	21	36	14	21	35	28	19	47	26	21	47	18	17	35	16	22
Other/undetermined	62	133	195	46	152	198	65	128	193	43	139	182	61	117	178	35	123
Total EU/EEA	476	1480	1956	422	1513	1935	442	1420	1862	387	1286	1674	400	1236	1636	330	1138
Non-EU/EEA																	
Men who have sex with men	–	23	23	–	26	26	–	19	19	–	19	19	–	26	26	–	27
Injecting drug use	58	274	332	55	339	394	49	345	394	40	322	362	45	282	327	35	250
Heterosexual contact	110	129	239	134	144	278	146	168	314	151	179	330	115	172	287	138	212
Mother-to-child	3	2	5	1	2	3	2	7	9	6	4	10	6	5	11	1	0
Haemophiliac/transfusion recipient	0	0	0	1	1	2	0	1	1	1	0	1	1	0	1	0	0
Nosocomial infection	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Other/undetermined	4	20	24	7	14	21	6	15	21	2	13	15	11	26	37	14	29
Total non-EU/EEA	176	449	625	198	526	724	203	555	758	200	537	737	178	511	689	189	519
West																	
Men who have sex with men	–	377	377	–	394	394	–	377	377	–	332	333	–	317	317	–	303
Injecting drug use	117	497	614	88	432	520	83	376	459	89	309	398	77	299	376	53	246
Heterosexual contact	252	334	586	226	369	595	187	314	501	156	301	457	157	275	432	147	224
Mother-to-child	3	0	3	6	2	8	2	3	5	4	2	6	0	1	1	1	1
Haemophiliac/transfusion recipient	3	10	13	3	11	14	4	11	15	1	8	9	6	8	14	1	7
Nosocomial infection	2	0	2	0	0	0	0	0	0	1		1	0	0	0	0	0
Other/undetermined	35	101	136	26	114	140	25	87	112	16	77	93	21	78	99	12	76
Total West	412	1319	1731	349	1322	1671	301	1168	1469	267	1029	1297	261	978	1239	214	857
Centre																	
Men who have sex with men	–	38	38	–	56	56	–	50	50	–	40	40	–	42	42	–	54
Injecting drug use	6	28	34	8	22	30	13	42	55	17	49	66	13	45	58	9	54
Heterosexual contact	26	42	68	28	56	84	54	86	140	28	55	83	39	81	120	54	86
Mother-to-child	2	4	6	6	0	6	2	7	9	4	3	7	7	3	10	2	2
Haemophiliac/transfusion recipient	3	4	7	3	12	15	4	5	9	8	12	20	4	8	12	6	9
Nosocomial infection	13	21	34	14	21	35	28	19	47	25	21	46	18	17	35	16	22
Other/undetermined	23	35	58	20	41	61	36	46	82	24	58	82	33	42	75	22	46
Total Centre	73	172	245	79	208	287	137	255	392	106	238	344	114	238	352	109	273
East																	
Men who have sex with men	–	4	4	–	4	4	–	8	8	–	6	6	–	16	16	–	6
Injecting drug use	60	302	362	60	358	418	57	367	424	49	358	407	56	324	380	42	276
Heterosexual contact	96	113	209	125	134	259	138	161	299	156	171	327	124	163	287	138	214
Mother-to-child	2	1	3	0	2	2	2	5	7	3	4	7	4	5	9	0	0
Haemophiliac/transfusion recipient		0	0	0	0	0	0	1	1	1	0	1	1	0	1	0	0
Nosocomial infection	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Other/undetermined	8	17	25	7	11	18	10	10	20	5	17	22	18	23	41	15	30
Total East	167	438	605	192	509	701	207	552	759	214	556	770	203	531	734	196	527
Total WHO European Region	652	1929	2581	620	2039	2659	645	1975	2620	587	1823	2411	578	1747	2325	519	1657

a This Table includes deaths reported as due to AIDS and excludes deaths reported as not due to AIDS-related cases. In countries and years for which cause of death (AIDS or non-AIDS related) was unknown or could not be reported, deaths among persons (ever) diagnosed with AIDS were included.

b Data from Denmark, Italy, Russia, Sweden, Turkmenistan, Ukraine and Uzbekistan excluded due to inconsistent reporting or lack of data on deaths by transmission mode during the period. Therefore, totals by gender and overall differ from totals presented in Table 24.

c Yearly totals include persons diagnosed whose gender was unknown.

d Cumulative total is the total number of cases reported by the country since the start of reporting.

Total ^a	2015			2016			2017			2018			Cumulative total ^d				Transmission mode
	Female	Male	Total ^c	Female	Male	Total ^c	Female	Male	Total ^c	Female	Male	Total ^c	Female	Male	Unknown	Total	
EU/EEA																	
337	–	287	288	–	287	287	–	269	270	–	232	232	0	50182	6	43012	Men who have sex with men
395	74	239	313	58	256	314	52	197	249	32	150	182	10227	41750	0	49070	Injecting drug use
513	147	276	424	154	273	427	141	257	398	132	226	359	10846	16036	2	25594	Heterosexual contact
5	6	3	9	2	2	4	1	5	6	4	4	8	601	672	3	1087	Mother-to-child
23	6	9	15	8	5	13	4	7	11	5	2	7	1429	3925	0	4114	Haemophilic/transfusion recipient
38	12	22	34	11	16	27	13	10	23	14	9	23	685	978	0	1649	Nosocomial infection
158	25	105	131	23	111	134	26	85	112	23	67	90	1800	6754	3	8087	Other/undetermined
1469	270	941	1214	256	950	1206	237	830	1069	210	690	901	25588	120297	14	132613	Total EU/EEA
Non-EU/EEA																	
27	–	19	19	–	16	16	–	23	23	–	26	26	0	2630	0	2237	Men who have sex with men
285	43	260	303	28	231	259	41	232	273	21	190	211	1636	6425	1	7788	Injecting drug use
350	146	190	336	173	224	397	142	200	342	172	212	384	2408	3162	0	5473	Heterosexual contact
1	6	1	7	3	0	3	1	2	3	1	2	3	91	97	1	177	Mother-to-child
0	0	0	0	0	1	1	0	0	0	1	1	2	67	207	0	224	Haemophilic/transfusion recipient
2	0	3	3	0	2	2	0	1	1	0	1	1	5	13	0	18	Nosocomial infection
43	13	34	47	18	30	48	10	23	33	9	24	33	166	510	1	648	Other/undetermined
708	208	507	715	222	504	726	194	481	675	204	456	660	4373	13044	3	16565	Total non-EU/EEA
West																	
304	–	244	245	–	238	238	–	233	234	–	195	195	0	51219	6	43735	Men who have sex with men
299	58	183	241	47	185	232	39	139	178	25	107	132	10761	42236	0	49863	Injecting drug use
371	107	199	307	123	211	334	98	184	282	83	148	232	10688	15565	2	24914	Heterosexual contact
2	2	2	4	0	2	2	0	3	3	3	2	5	573	597	3	974	Mother-to-child
8	4	5	9	2	2	4	2	3	5	1	1	2	1242	3654	0	3657	Haemophilic/transfusion recipient
0	0	0	0	0	0	0	0	0	0	0	0	0	18	12	0	28	Nosocomial infection
88	15	70	86	17	70	87	12	61	74	9	46	55	1327	6075	3	6919	Other/undetermined
1072	186	703	892	189	708	897	151	623	776	121	499	621	24609	119358	14	130090	Total West
Centre																	
54	–	57	57	–	54	54	–	46	46	–	52	52	0	1428	0	1349	Men who have sex with men
63	12	50	62	12	52	64	13	42	55	8	32	40	320	1262	0	1535	Injecting drug use
140	43	89	132	36	69	105	34	80	114	53	83	136	863	1478	0	2305	Heterosexual contact
4	5	1	6	2	0	2	1	2	3	1	3	4	87	128	1	215	Mother-to-child
15	2	4	6	6	3	9	2	4	6	4	1	5	249	472	0	670	Haemophilic/transfusion recipient
38	12	22	34	11	16	27	13	10	23	14	9	23	667	966	0	1621	Nosocomial infection
68	7	33	40	6	38	44	8	28	36	11	28	39	495	898	1	1381	Other/undetermined
382	81	256	337	73	232	305	71	212	283	91	208	299	2681	6632	2	9076	Total Centre
East																	
6	–	5	5	–	11	11	–	13	13	–	11	11	0	164	0	164	Men who have sex with men
318	47	266	313	27	250	277	41	248	289	20	201	221	782	4674	1	5457	Injecting drug use
352	143	178	321	168	217	385	151	193	344	168	207	375	1703	2153	0	3846	Heterosexual contact
0	5	1	6	3	0	3	1	2	3	1	1	2	32	44	0	75	Mother-to-child
0	0	0	0	0	1	1	0	0	0	1	1	2	5	6	0	11	Haemophilic/transfusion recipient
2	0	3	3	0	2	2	0	1	1	0	1	1	5	13	0	18	Nosocomial infection
45	16	36	52	18	33	51	16	19	35	12	17	29	144	291	0	435	Other/undetermined
723	211	489	700	216	514	730	209	476	685	202	439	641	2671	7345	1	10006	Total East
2177	478	1448	1929	478	1454	1932	431	1311	1744	414	1146	1561	29961	133335	17	149172	Total WHO European Region

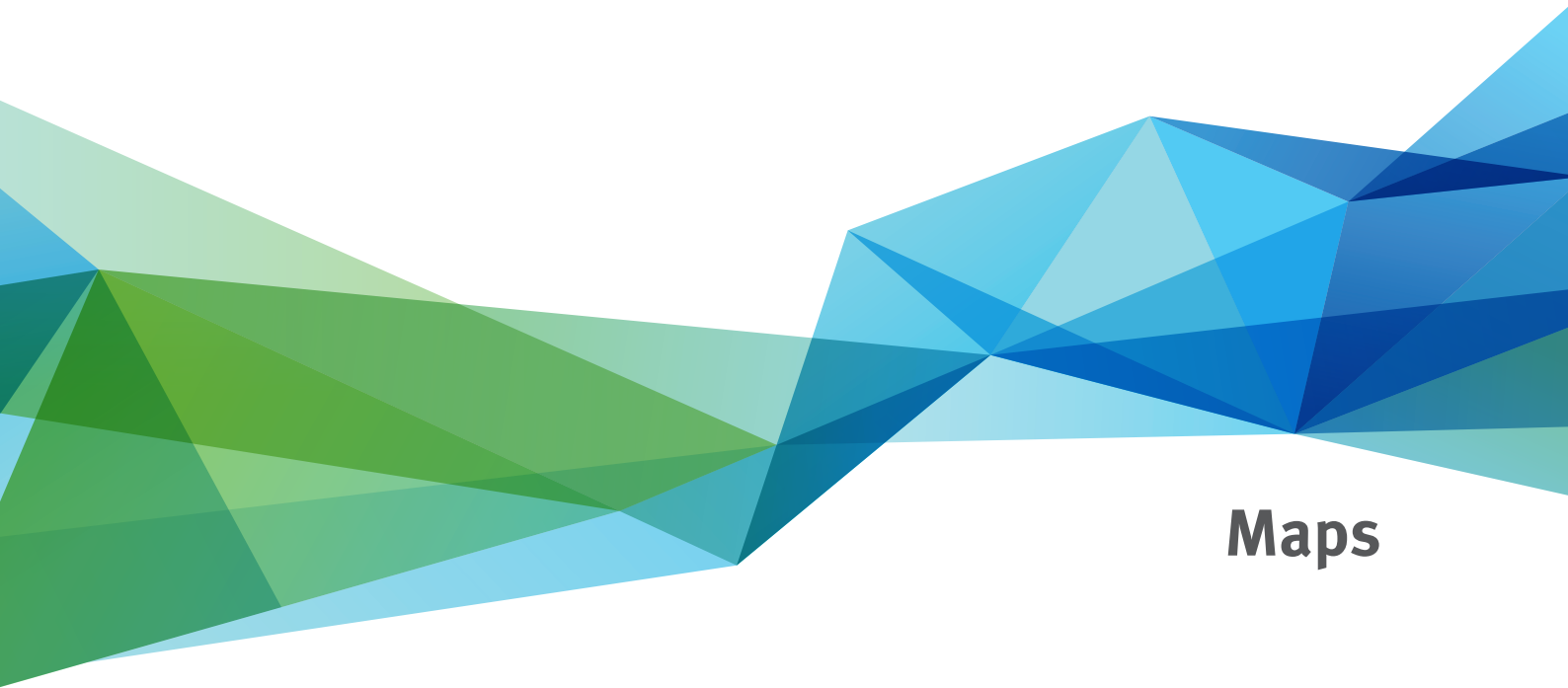
Table 25: Number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by country and year (2009–2018) and number of tests per 1 000 population in 2018, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Number of HIV tests										Tests/1 000 population
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
EU/EEA												
West	Austria											
West	Belgium	635 150	651 095	679 655	703 486	695 433	697 684	692 679	726 457	714 382	729 603	64.0
Centre	Bulgaria	140 000	160 000	180 000	190 000	210 000	230 000	290 000	320 000		360 000	51.1
Centre	Croatia											
Centre	Cyprus	48 158	48 385	49 074	54 120	50 235			52 385			
Centre	Czech Republic	347 135	353 507	334 569	349 205	341 583	349 448	345 274	350 234	351 650	353 425	33.3
West	Denmark		168 923	137 877	134 709							
East	Estonia	78 735	78 054	85 025	73 367	82 279	82 266	87 587	90 136	102 863	112 487	85.3
West	Finland	190 380										
West	France	5 023 833	5 006 423	5 237 266	5 248 736	5 234 964	5 279 580	5 386 488	5 496 599	5 604 467	5 795 819	86.6
West	Germany											
West	Greece ^b	35 171	31 070	31 918	34 622	32 241	22 455		20 122			
Centre	Hungary	91 181	89 137	84 464	93 060	95 861	93 289	91 793				
West	Iceland	7 794	7 318									
West	Ireland ^b	184 980	180 055	184 521	175 488	150 597	168 028	178 267	192 956	223 609	239 571	49.6
West	Italy											
East	Latvia	59 331	58 826	58 799	60 491	58 302	60 614	65 552	79 715	82 608	90 368	46.7
	Liechtenstein											
East	Lithuania	100 799	178 554	102 234	101 042	102 161	108 781	105 486	104 132	113 917	109 825	39.1
West	Luxembourg								71 200	100 529		
West	Malta											
West	Netherlands											
West	Norway											
Centre	Poland	213 138	229 783	317 286	358 953	313 341	272 102	318 458	440 365	430 266	382 953	10.1
West	Portugal ^b		315 381	266 853	235 455	228 321	236 832	259 751	252 715	251 396	257 485	25.0
Centre	Romania			306 679	293 204							
Centre	Slovakia	132 990	109 261	110 025	110 506	114 574	126 187	127 109	104 876	111 340	177 498	32.6
Centre	Slovenia	37 105	36 977	38 110	33 602	33 457	35 498	34 366	35 788	37 315	38 570	18.7
West	Spain											
West	Sweden											
West	United Kingdom											
Non-EU/EEA												
Centre	Albania	2 143	2 168	3 260	3 140	3 063	4 156	5 442	5 582	7 149		
West	Andorra	2 810	2 678	2 590	2 062	2 310	2 378	2 212	2 340	2 591	2 712	35.2
East	Armenia	60 103	60 731	68 449	71 957	83 431	94 122	117 012	99 270	119 628	132 509	44.9
East	Azerbaijan	340 048	353 772	365 090	514 434	482 282	612 860	714 621	500 469	657 704	753 568	75.7
East	Belarus	459 032	517 625	621 780	683 125	770 136	825 749	907 151	975 048	1 176 113	1 291 239	136.6
Centre	Bosnia and Herzegovina		20 793									
East	Georgia	17 562	25 370	21 799	15 562	18 091	86 290	78 261	119 868	207 175	188 142	47.0
West	Israel	278 887	286 995	274 294	233 516							
East	Kazakhstan	1758 026	1786 289	1897 476	2 026 174	2 127 136	2 190 757	2 388 347	2 587 065	2 742 741	2 760 324	150.7
East	Kyrgyzstan	325 855	297 959	381 295	470 355	370 160	410 331	376 284	331 609	376 431	356 765	56.6
East	Moldova	204 702	207 018	207 830	212 964	146 105	133 476	146 762	124 010	160 947	154 575	38.1
West	Monaco											
Centre	Montenegro	5 812	6 492	6 914	6 781	6 970	6 571	6 607	6 324	5 606	6 890	11.0
Centre	North Macedonia	11 842	18 721	17 811	18 105	24 562	27 430	28 601	30 211	36 248		
East	Russia ^b	26 368 843	25 982 486	25 812 467	27 286 151	28 327 314	29 878 681	30 750 547	32 855 597	36 445 059	40 485 246	277.8
West	San Marino	4 181	5 090	3 961	3 845	4 004	3 427	1 548	3 600	3 685	3 411	101.0
Centre	Serbia											
Centre	Serbia excluding Kosovo ^c	47 734	51 727	56 086	64 031	65 829	56 282	61 877	65 827	76 367	76 653	11.0
Centre	Kosovo ^c	995	1 141	1 189	1 335	1 250		1 312	2 599	4 551	4 877	2.7
West	Switzerland											
East	Tajikistan	214 207	280 281	438 532	447 636	514 701	634 791	597 426	509 092	612 123		
Centre	Turkey	4 475 874	5 010 334	5 693 965	5 952 148	6 515 931	6 663 547	7 203 959	6 263 020	7 107 551	7 457 674	90.6
East	Turkmenistan											
East	Ukraine	2 347 084	2 319 946	2 392 970	2 343 099	2 941 748	1 853 626	1 695 926	1 697 479	1 816 023	1 868 565	44.3
East	Uzbekistan	987 464	1 506 724									

^a Country-specific comments are in Annex 5.

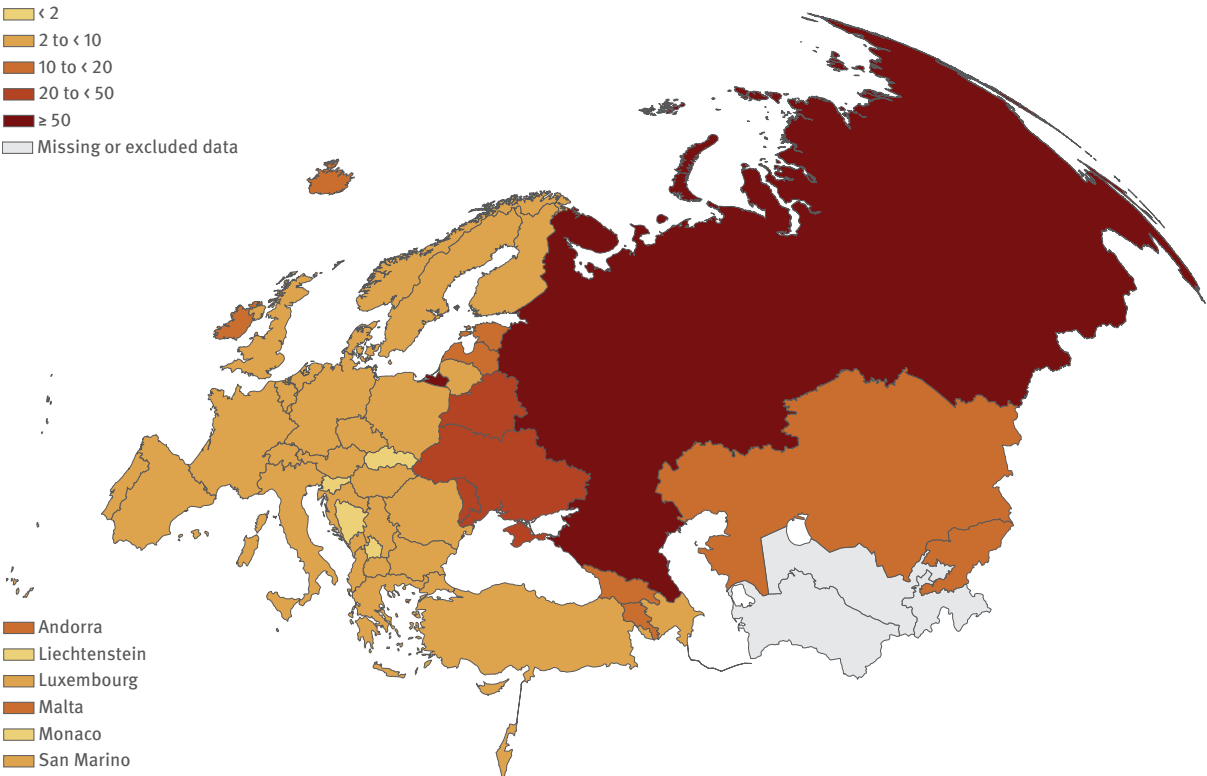
^b HIV tests in Greece refer only to those performed in reference centres and do not include all tests carried out in public hospitals or private laboratories. Number of tests in Portugal refer only to those requested at public primary healthcare centres and do not include those requested in hospitals and private sector. Number of tests in Ireland include antenatal tests in the total and, for 2018, include community based rapid testing. HIV tests in Russia include blood donors.

^c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.



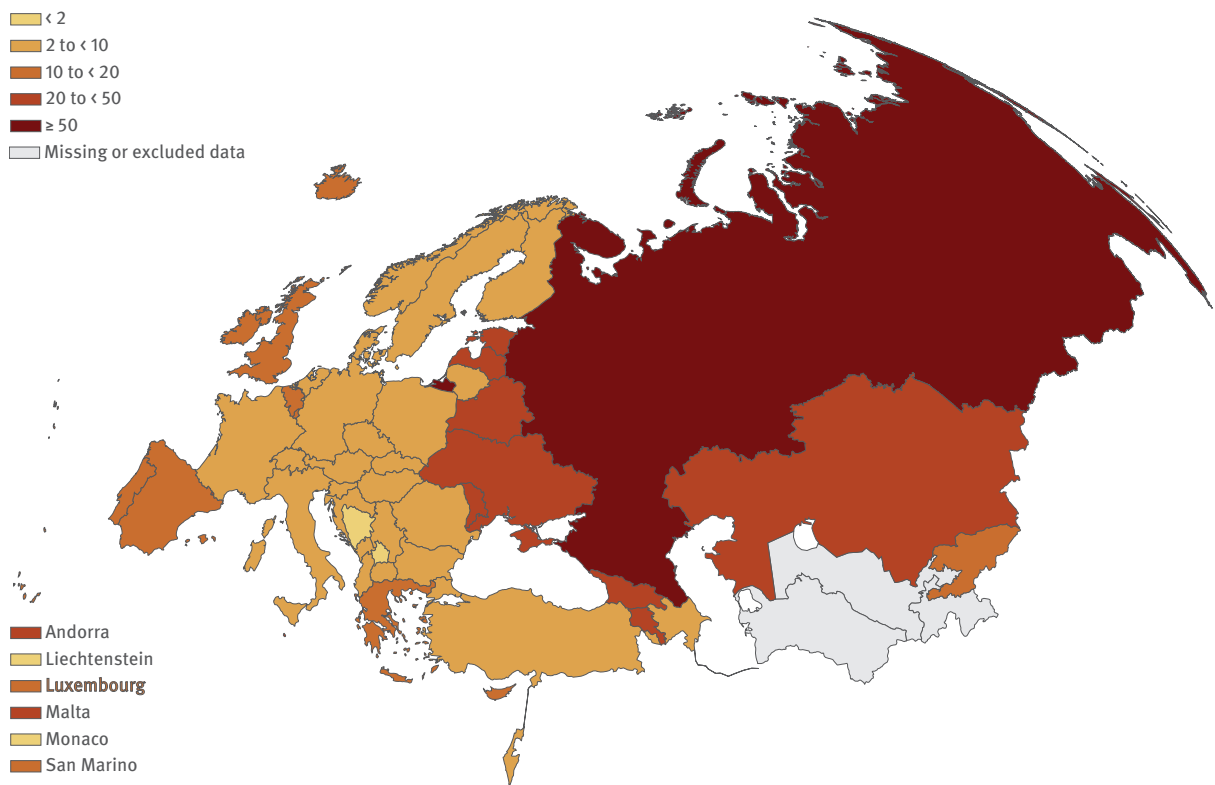
Maps

Map 1: New HIV diagnoses per 100 000 population, 2018

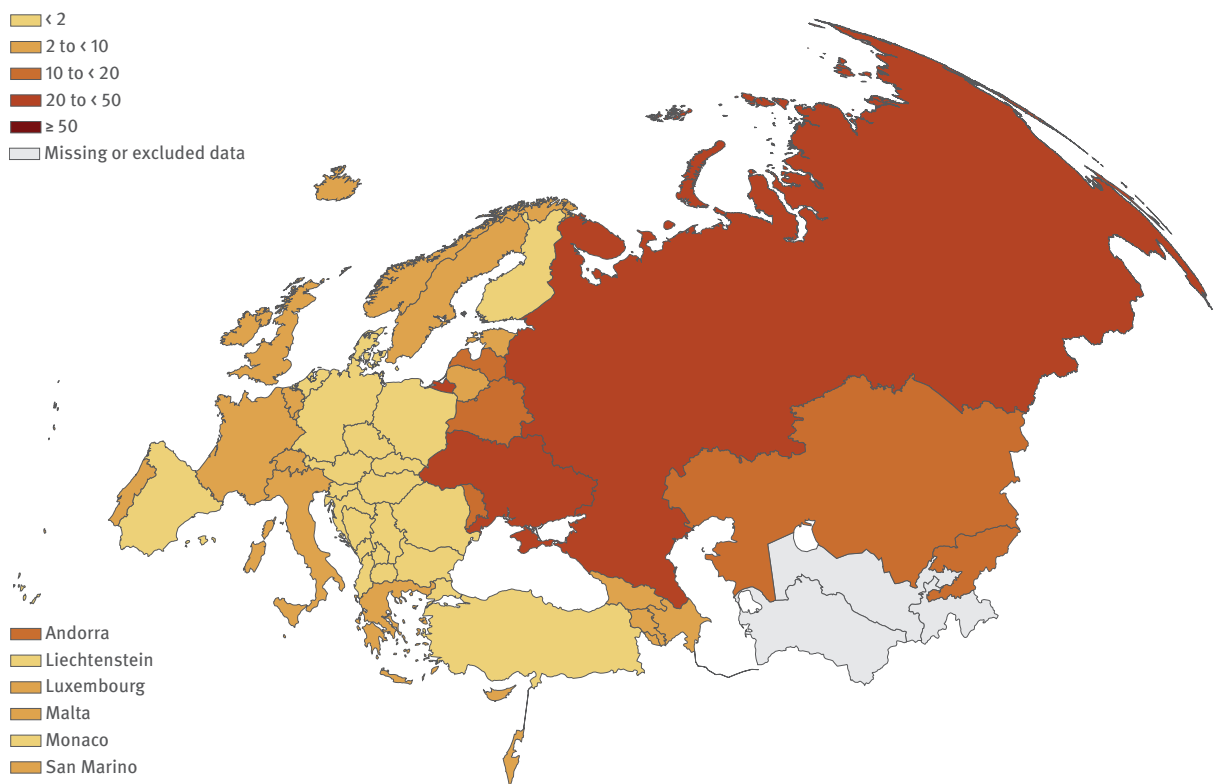


All data presented were reported to ECDC/WHO through the European Surveillance System (TESSy), except for data for Russia [1], Chapter 2.

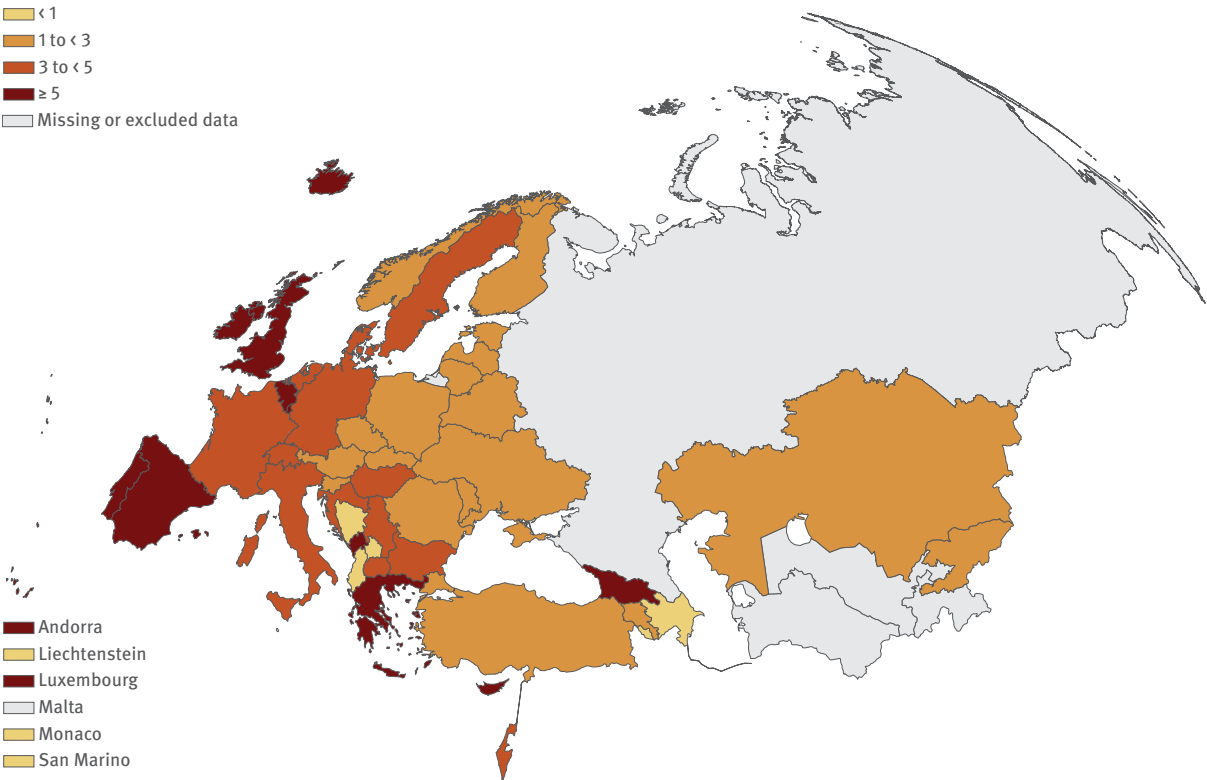
Map 2: New HIV diagnoses in men per 100 000 male population, 2018



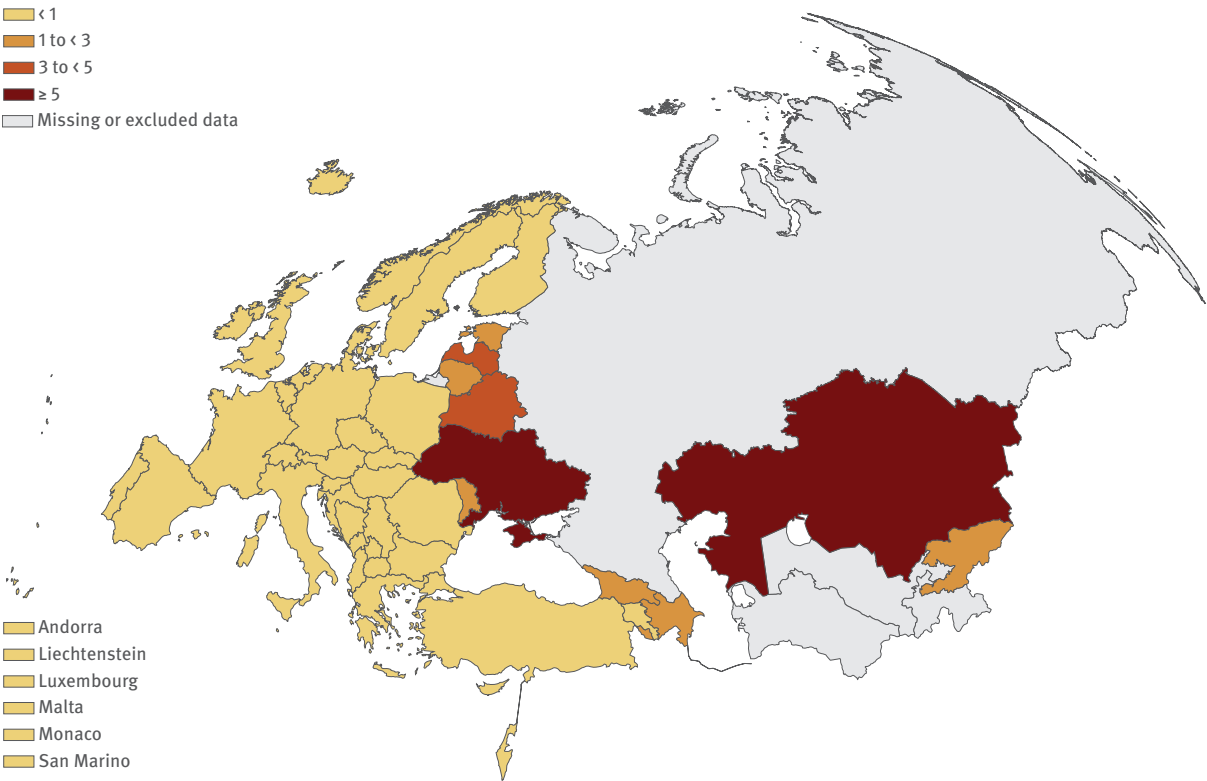
Map 3: New HIV diagnoses in women per 100 000 female population, 2018



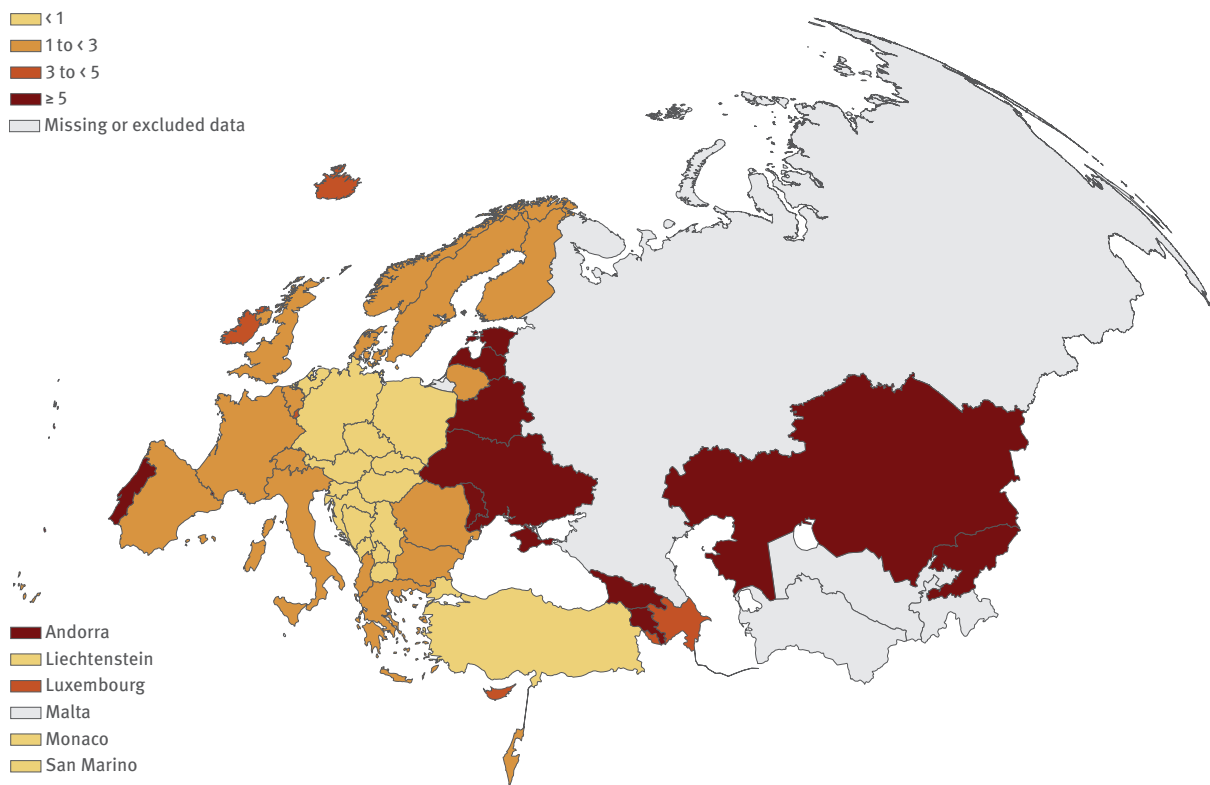
Map 4: New HIV diagnoses in men who have sex with men per 100 000 male population, 2018



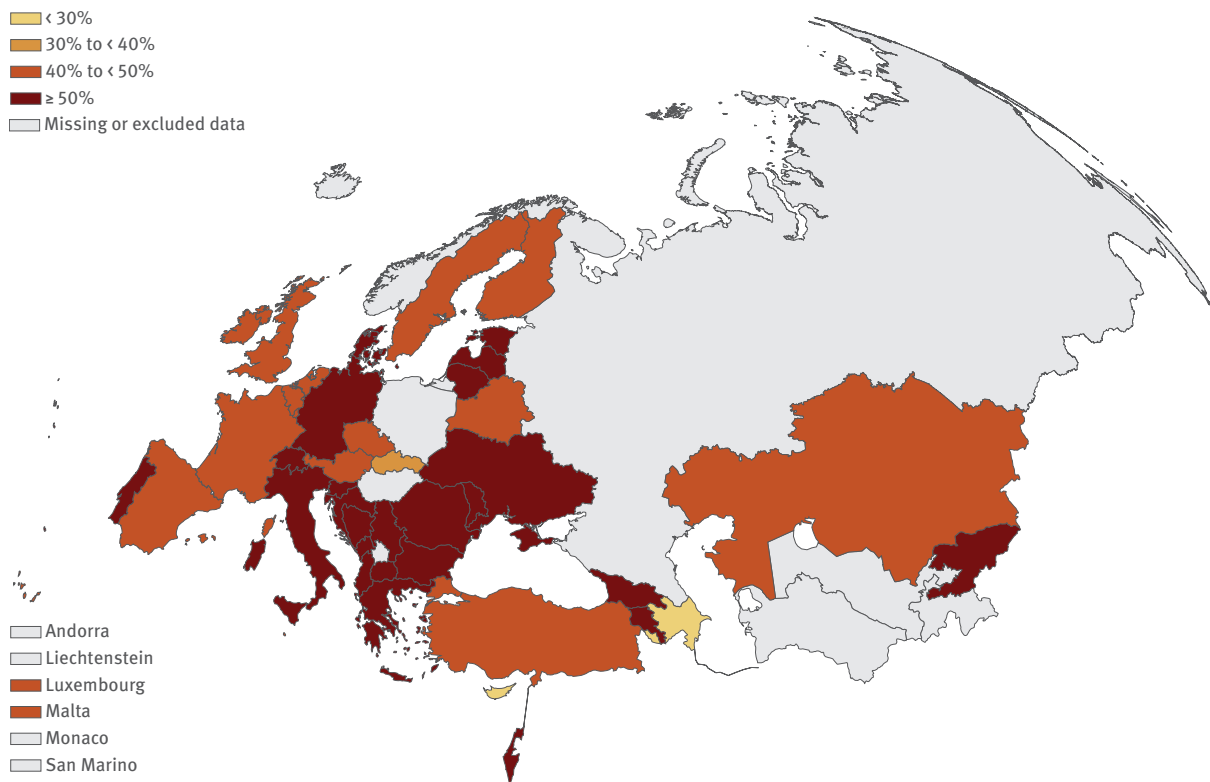
Map 5: New HIV diagnoses acquired through injecting drug use per 100 000 population, 2018



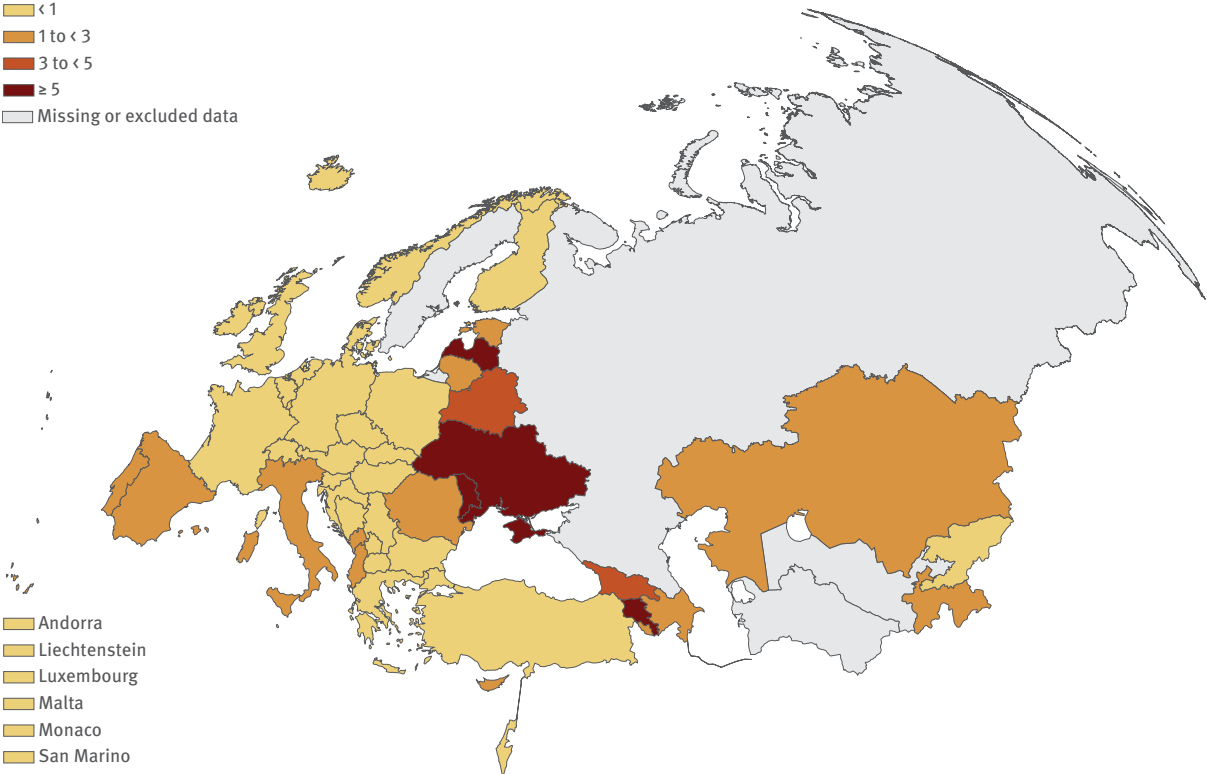
Map 6: New HIV diagnoses acquired through heterosexual transmission per 100 000 population, 2018

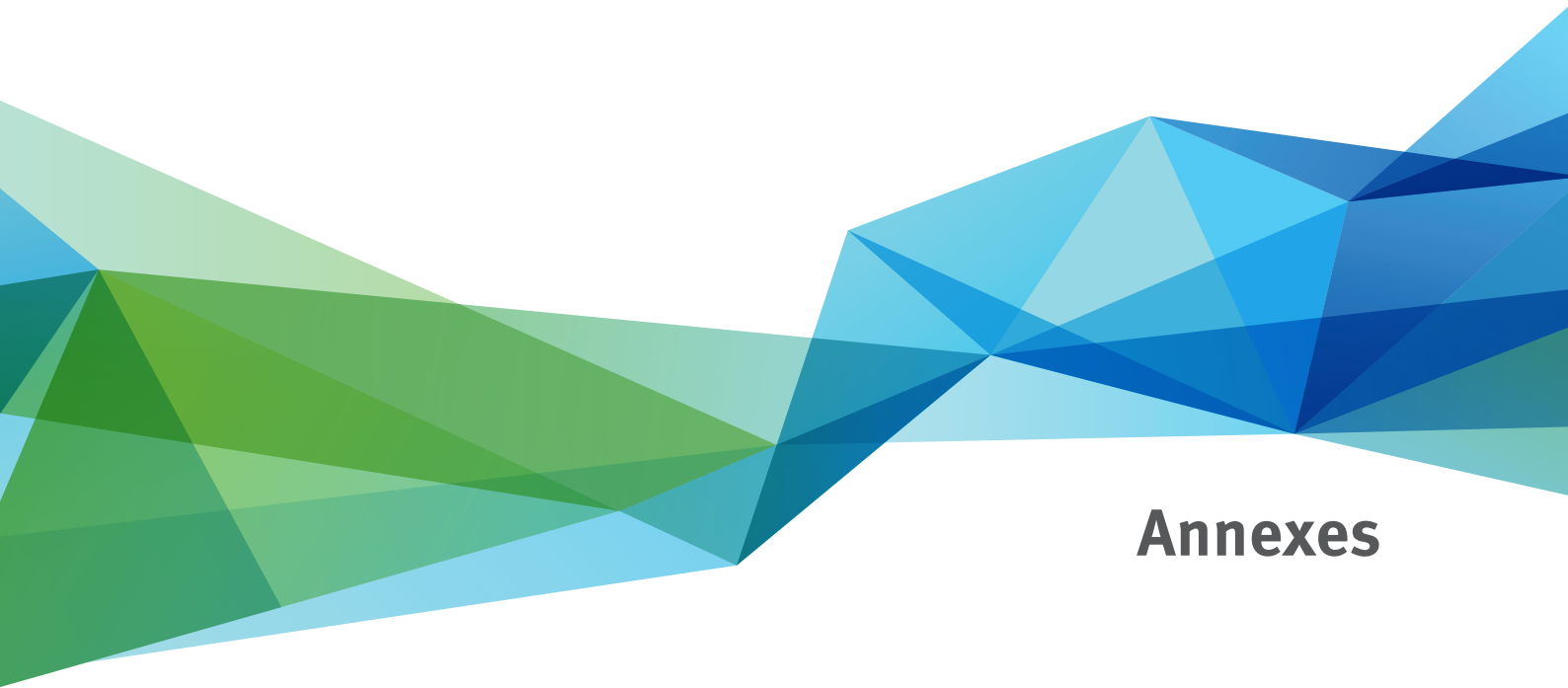


Map 7: Percentage of adult (>14 years) HIV diagnoses with CD4 <350 cells/mm³ at diagnosis, 2018



Map 8: AIDS diagnoses reported per 100 000 population, 2018





Annexes

Annex 1: Framework for data collection, validation and presentation

1. Reporting

The Member States' Coordinating Competent Bodies in European Union (EU) and European Economic Area (EEA) (jointly referred to as EU/EEA) countries have nominated national operational contact points for HIV/AIDS surveillance to work on reporting surveillance data to the joint European Centre for Disease Prevention and Control (ECDC) and World Health Organization (WHO) Regional Office for Europe database for HIV/AIDS surveillance. For non-EU/EEA countries, nominations for national HIV/AIDS surveillance focal points were received directly by the WHO Regional Office for Europe via the respective ministries of health.

Data are submitted directly by reporting countries through a web-based platform to a joint database known as The European Surveillance System (TESSy). Four types of data are collected: HIV (case-based and aggregate), AIDS (case-based and aggregate), HIVAIDS (case-based data that link HIV and AIDS diagnoses) and number of HIV tests performed (aggregate). AIDS-related deaths are reported as part of case-based AIDS or HIVAIDS data. All new HIV diagnoses, irrespective of whether the case is diagnosed simultaneously with AIDS or reported as a new AIDS diagnosis, are classified as HIV cases.

Implementation of WHO and EU case definitions for HIV and AIDS surveillance means that only confirmed cases are reported at European level (1,2). It is recognised that the HIV and AIDS case definitions currently used in a number of countries may differ across the WHO European Region, but the EU and WHO case definitions are compatible for surveillance purposes. Since 2016, the case definitions have been changed in Russia. Updated Forms (N61) of the Federal Statistical Surveillance are submitted by medical facilities to the Ministry of Health and include the number of individuals newly diagnosed with HIV infection. Therefore, 2009–2015 data cannot be directly compared to 2016–2018. A built-in set of validation rules ensures verification of the data within the database during the data-uploading process, improving data quality and allowing each country to test their datasets prior to submission. Further validation checks are carried out by ECDC and the WHO Regional Office in collaboration with the countries before the data are considered of sufficient quality to be used for analysis.

Tajikistan, Turkmenistan and Uzbekistan did not report any HIV data through this system for 2018. Russia, Sweden, Tajikistan, Turkmenistan and Uzbekistan did not report any AIDS data for 2018 (or previous years for some of the countries, see Table 14).

Completeness of key variables is presented for the EU/EEA and the WHO European Region as a whole in Annex 2 and by country in Annex 3.

1.1. Surveillance systems – data sources

To describe the national source of data and specify the national surveillance system from which the reported data originate, information on the country data source is included as a compulsory part of reporting; this is detailed in Annex 4a and 4b. Some cross-country data comparisons are hampered by differences in surveillance systems as the quality and coverage of national surveillance differs for some reporting years. During the early part of the period covered in this report (2009–2018) in particular, some countries did not have national HIV/AIDS data. These issues are detailed in Annex 5 and should be taken into account when interpreting and comparing trends across countries.

2. Data collection and validation

2.1. Data collection 2016

The 2018 data submission for HIV and AIDS surveillance took place between 15 March and 14 October 2019. Data presented in this report were extracted from the joint database on 14 October 2019.

2.2. Individual country datasets

Data were uploaded, validated and approved in the joint database for HIV/AIDS surveillance by the reporting countries. Once the data were submitted, individual datasets were reviewed by ECDC and the Regional Office and validated by countries. The HIVAIDS record type was used for the first time in 2014 to collect case-based joined HIV and AIDS data (Annex 4a and 4b). Forty-one countries used the joint record type for combined HIVAIDS 2018 reporting, and an additional two used it for HIV-only reporting - an increase on the 33 countries that used it when it was initially implemented in 2014. Of the 41, 28 uploaded all historical data in the new format, allowing for retrospective updates of missing variables or de-duplication of cases. The remaining countries using the new format uploaded only 2018 data, or data for a few years. Four countries (Germany, Italy, Spain and Switzerland) uploaded all historical data in the older separate HIV and AIDS formats. Two countries (Russia and San Marino) reported aggregated HIV data. Ukraine reported aggregated AIDS data, while all other countries reported case-based AIDS data.

Reporting of aggregated HIV and AIDS data has an impact on the data presentation and analysis and the epidemiological overview of HIV/AIDS in Europe because fewer variables are available from the aggregated datasets,

reducing the amount of data that can be presented in certain tables and figures.

3. Data re-coding and adjustments

3.1. Dates used for data presentation

HIV and AIDS data are presented in this report by date of diagnosis. If countries could not provide this date or preferred to present their data by the date of statistics to avoid discrepancies with their national surveillance reports, this date was used instead. This was the case for four countries: Belarus, Kazakhstan, San Marino, and Ukraine.

3.2. Region of origin

Where available, countries were encouraged to provide data on the specific country of origin or nationality of the case. This information was used first and, if absent, the variable 'region of origin' was used to group cases into region of origin, presented in Table 10 (stratified by reporting country) and Table 11 (all countries stratified by mode of transmission).

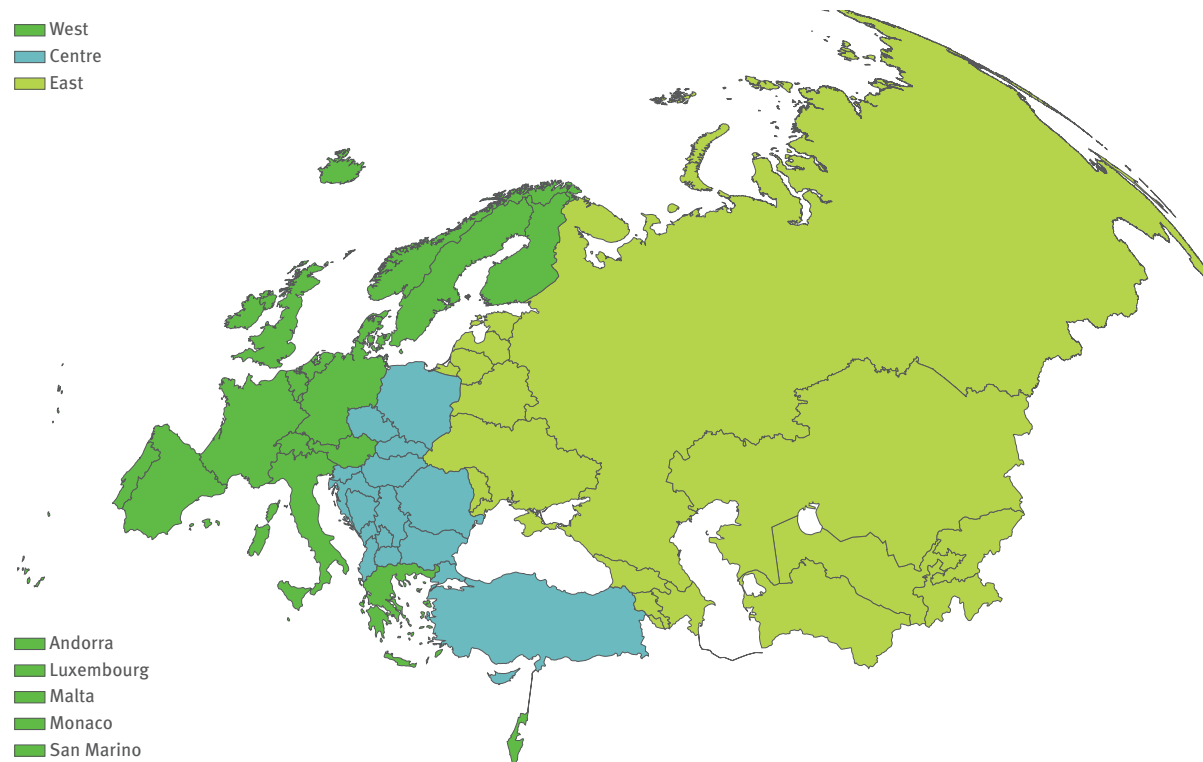
3.3. Origin of reported cases

Cases originating from countries outside of the reporting country, including those from outside of Europe or from countries with generalised HIV epidemics, are occasionally separated from other cases for the analyses presented here. This approach has been taken to inform epidemiological understanding and guide public health resource allocation and prevention efforts. To compare the impact of the epidemic on all transmission modes, cases reported as originating from regions or countries of sub-Saharan Africa were used as a proxy for countries with generalised HIV epidemics (in Tables 10, 11 and in selected figures). As most of the cases originating from sub-Saharan Africa were reported from west European countries within the EU/EEA, this information is presented in detail in Chapter 1.

3.4. Reporting delay

Reporting delays refer to the time delay between HIV/AIDS diagnosis and the report of this event at national level, identified by date of notification. Due to delays in reporting, HIV trends analysed at European level are often biased downwards for the most recent

Figure A1: Geographical/epidemiological division of the WHO European Region



The countries covered by the report are grouped as follows:

- West, 23 countries: Andorra, Austria*, Belgium*, Denmark*, Finland*, France*, Germany*, Greece*, Iceland, Ireland*, Israel, Italy*, Luxembourg*, Malta*, Monaco, Netherlands*, Norway, Portugal*, San Marino, Spain*, Sweden*, Switzerland, United Kingdom*.
- Centre, 15 countries: Albania, Bosnia and Herzegovina, Bulgaria*, Croatia*, Cyprus*, Czech Republic*, Hungary*, the former Yugoslav Republic of Macedonia, Montenegro, Poland*, Romania*, Serbia, Slovakia*, Slovenia*, Turkey.
- East, 15 countries: Armenia, Azerbaijan, Belarus, Estonia*, Georgia, Kazakhstan, Kyrgyzstan, Latvia*, Lithuania*, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

* Countries constituting the European Union as of 1 July 2014.

year (2018) and, to a lesser extent, for the two to three years prior to the reporting period. To provide a more precise picture of trends, surveillance data should be corrected to describe the trends in HIV diagnoses more accurately.

This report applies a statistical approach, as described by Heisterkamp et al. (3) and adapted by Rosinska et al. (4), to adjust the surveillance data for reporting delays. Annual reporting delay probabilities were estimated using historical data from 2006 to 2016. Countries were excluded from reporting delay adjustment when:

- they showed an inconsistent and non-stationary pattern in their reporting delay distribution during the period 2009–2018; or
- they reported aggregated data during the period 2009–2018.

Adjusting for reporting delay can help to indicate HIV trends in recent years more precisely. Adjustments also provide insight into the timeliness of data collection and reporting from subnational to national and European levels.

Adjustment for reporting delays was applied to the graphs, showing trends where noted. The list of countries with the number of reported diagnoses adjusted for reporting delay are presented in Annex 6.

3.5. Missing transmission data

Data on missing transmission were imputed for EU/EEA countries in order to provide a more precise picture of trends by transmission mode. This was done following a method described by Rosinska et al. (4) using the ECDC HIV Estimates Accuracy Tool (5). Imputed trends are presented in Figure 1.13.

4. Data presentation

4.1. Geographical presentation

Data are presented for the WHO European Region and the EU/EEA. The EU comprises 28 Member States and the EEA an additional three countries (Iceland, Liechtenstein and Norway) which are included in the overview of the EU/EEA.

The tables are presented for EU/EEA countries, non-EU/EEA countries and as totals. The 53 Member States of the WHO European Region are also subdivided into three geographical areas, based on epidemiological considerations and in accordance with the division used in previous reports on HIV/AIDS surveillance in Europe: West (23 countries), Centre (15 countries) and East (15 countries) (Figure A1.1). The division reflects similarities in epidemiological dynamics such as epidemic levels, trends over time and transmission patterns. Of the EU/EEA countries, 19 Member States are classified as being in the West, nine in the Centre and three in the East.

Liechtenstein is not a WHO Member State so its data are included in the totals for the EU/EEA but not for the WHO European Region. Totals for West, Centre and East therefore may not always equal the EU/EEA and non-EU/EEA totals. Data from Serbia include HIV cases notified in Kosovo in all figures although these are stratified in tables to allow separate epidemiological presentation of the reported data.

4.2. Population data and rates

Data are presented in absolute numbers and rates as cases per 100 000 population.

The population estimates up to 2018 were derived from Eurostat for all EU/EEA countries and from the United Nations Population Division for non-EU/EEA countries (6). The Eurostat data are from 15 May 2019 (7) and the United Nations Population Division statistics from the 2019 round of estimates (8).

The population data used for HIV and AIDS in Spain and for HIV in Italy were adjusted according to the extent of subnational coverage for the relevant years historically, and for 2018 HIV data for Spain.

Rates for data presented by gender and age were calculated using relevant male and female population denominators from the sources described above. For maps presenting figures for men who have sex with men, rates were calculated using the male population.

Data are presented by year but also as cumulative totals per country. The cumulative total includes all data reported by that particular country since the beginning of national reporting and is not limited to the selected number of years presented.

4.3. Trend data

Only countries reporting consistently were included for presentation of the overall trends; these are noted in the footnotes to the trend graphs.

When presenting HIV trends for 2009–2018 by transmission mode, countries reporting transmission mode inconsistently or incompletely (such as Estonia, Poland and Turkey) were excluded from relevant figures reporting trends by transmission mode. Countries with varying geographic coverage of the national surveillance system over time (Spain and Italy) were also excluded from graphs showing HIV trends.

When presenting trends for AIDS deaths, only countries reporting consistently were included (Denmark, Italy, Russia, Sweden, Turkmenistan, and Uzbekistan were not included in the presentation of trends for AIDS deaths in Table 24 or the description in the text).

5. Data limitations

Surveillance systems are not identical across Europe, and differences in testing policies and data-collection methods could affect the results and introduce bias into

comparisons between countries. Factors such as under-reporting and reporting delay may influence the country figures and rankings presented in the report.

The data in the report for recent years are to be considered as provisional because they are subject to regular updates (such as detection and deletion of duplicate cases, and inclusion of new information about cases already reported). The limitations described below, the country comments in Annex 5 and the information on HIV and AIDS case reporting systems available in Annex 4 and 5 should be taken into account when interpreting the data presented here.

Official reports of newly diagnosed HIV cases do not represent true incidence. Newly reported HIV diagnoses include recently infected individuals as well as those who were infected several years ago but only recently tested for HIV. These reports are also influenced by several factors, such as the uptake of HIV testing, patterns of reporting, the long incubation period and a slow progression of the disease. To better interpret trends in HIV case-reporting data, the total numbers of HIV tests performed annually for diagnostic purposes (excluding unlinked anonymous tests and screening of blood donations) are presented to help provide some background on HIV testing patterns.

Although the Table in Annex 6 adjusts for reporting delay for those countries where this is possible, no overall regional adjustments are made for under-reporting or under-ascertainment bias. Few European countries have evaluated their surveillance systems for under-reporting and published the results (9,10). Previous estimates of under-reporting range from 0% to 25% for AIDS cases (10), while national estimates of under-reporting for HIV can range from 10% (Iceland and Italy) to around 40% (Germany and the UK) (11). Estimates on the under-reporting of AIDS-related deaths are not available, but according to a country survey from 2006, only about a third of countries were able to link HIV and AIDS surveillance death registries with national statistics or death certificate information, which results in under-reporting of AIDS-related deaths (10).

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Annex 2

Completeness of variables for data reported in 2017 and 2018

	2017				2018			
	Number of countries	Completeness %	Minimal	Maximal	Number of countries	Completeness %	Minimal	Maximal
EU/EEA Countries								
Age	30	99.6	74.9	100.0	30	99.7	80.4	100.0
Gender	30	99.4	74.4	100.0	30	99.5	88.6	100.0
Date of diagnosis	30	100.0	100.0	100.0	30	100.0	100.0	100.0
Date of notification	28	84.8	80.5	100.0	28	87.8	80.2	100.0
Transmission	30	78.7	36.6	100.0	29	77.4	30.6	100.0
Country of birth	23	47.9	34.7	100.0	23	50.2	30.4	100.0
Region of origin	24	78.4	50.7	100.0	23	77.1	52.6	100.0
CD4 cell count ^a	26	64.3	26.7	96.3	26	64.1	14.9	97.4
Probable country of infection	24	39.8	0.1	99.2	22	40.8	2.5	99.4
WHO European Region								
Age	50	41.1	41.1	100.0	49	39.3	39.3	100.0
Gender	51	99.9	74.4	100.0	50	99.9	88.6	100.0
Date of diagnosis	51	100.0	100.0	100.0	50	100.0	100.0	100.0
Date of notification	49	38.0	38.0	100.0	47	37.1	37.1	100.0
Transmission	51	35.2	35.2	100.0	48	33.4	30.6	100.0
Country of birth	41	19.0	19.0	100.0	40	18.3	18.3	100.0
Region of origin	43	36.3	36.3	100.0	41	32.7	32.7	100.0
CD4 cell count ^a	43	27.5	26.7	100.0	45	27.2	14.9	100.0
Probable country of infection	39	15.9	0.1	100.0	34	14.3	2.5	100.0

a CD4 completeness is calculated on all new diagnoses; Table 13 (see Tables section) completeness calculations are restricted to new diagnoses in countries reporting the variables CD4Cells or FirstCD4Count.

Annex 3

Completeness by country and variable, 2018

Area	Country ^a	Date of diagnosis	Age	Gender	Transmission	CD4 cell count	Country of birth/ region of origin ^b
EU/EEA							
West	Austria	100.0	100.0	100.0	90.6	97.4	100.0
West	Belgium	100.0	99.7	99.0	75.1	71.4	79.6
Centre	Bulgaria	100.0	100.0	100.0	100.0	87.7	100.0
Centre	Croatia	100.0	100.0	100.0	97.9	14.9	98.9
Centre	Cyprus	100.0	100.0	100.0	98.7	64.1	100.0
Centre	Czech Republic	100.0	100.0	100.0	97.1	91.3	100.0
West	Denmark	100.0	100.0	100.0	81.1	94.5	99.1
East	Estonia	100.0	100.0	100.0	53.7	18.4	60.0
West	Finland	100.0	100.0	100.0	66.0	79.5	90.8
West	France	100.0	100.0	100.0	60.6	52.4	66.1
West	Germany	100.0	99.5	99.7	81.1	30.2	92.3
West	Greece	100.0	100.0	100.0	80.5	65.0	99.0
Centre	Hungary	100.0	87.8	88.7	69.4	0.0	0.0
West	Iceland	100.0	100.0	100.0	94.6	0.0	100.0
West	Ireland	100.0	100.0	100.0	90.1	62.2	91.3
West	Italy	100.0	100.0	99.9	84.4	80.9	99.3
East	Latvia	100.0	100.0	100.0	63.2	70.4	100.0
	Liechtenstein	–	–	–	–	–	–
East	Lithuania	100.0	100.0	100.0	86.9	61.9	100.0
West	Luxembourg	100.0	80.4	100.0	87.5	80.0	89.3
West	Malta	100.0	84.9	100.0	0.0	88.5	100.0
West	Netherlands	100.0	100.0	100.0	87.9	81.7	95.7
West	Norway	100.0	100.0	100.0	97.4	0.0	100.0
Centre	Poland	100.0	98.1	99.2	30.6	0.0	52.7
West	Portugal	100.0	100.0	100.0	95.9	84.0	95.2
Centre	Romania	100.0	100.0	100.0	99.6	94.6	99.4
Centre	Slovakia	100.0	100.0	100.0	79.2	68.3	100.0
Centre	Slovenia	100.0	100.0	100.0	97.1	94.3	100.0
West	Spain	100.0	99.9	100.0	87.2	86.4	97.0
West	Sweden	100.0	100.0	100.0	85.4	77.9	97.1
West	United Kingdom	100.0	100.0	99.7	82.0	86.0	85.3
Non-EU/EEA							
Centre	Albania	100.0	100.0	100.0	88.2	67.0	100.0
West	Andorra	100.0	100.0	100.0	91.7	41.7	75.0
East	Armenia	100.0	100.0	100.0	98.6	83.3	100.0
East	Azerbaijan	100.0	100.0	100.0	94.8	30.7	100.0
East	Belarus	100.0	100.0	100.0	98.9	72.2	100.0
Centre	Bosnia and Herzegovina	100.0	100.0	100.0	100.0	100.0	100.0
East	Georgia	100.0	99.9	100.0	97.9	89.0	100.0
West	Israel	100.0	99.5	100.0	94.6	45.5	100.0
East	Kazakhstan	100.0	100.0	100.0	98.2	81.3	100.0
East	Kyrgyzstan	100.0	100.0	100.0	84.8	60.4	100.0
East	Moldova	100.0	100.0	100.0	79.7	78.0	100.0
West	Monaco	–	–	–	–	–	–
Centre	Montenegro	100.0	100.0	100.0	91.3	87.0	100.0
Centre	North Macedonia	100.0	97.7	100.0	95.6	95.6	100.0
East	Russia	100.0	–	100.0	–	–	–
West	San Marino	–	–	–	–	–	–
Centre	Serbia	100.0	100.0	100.0	93.0	75.1	100.0
Centre	Serbia excluding Kosovo ^c	100.0	100.0	100.0	92.7	76.4	100.0
Centre	Kosovo ^c	100.0	100.0	100.0	100.0	42.9	100.0
West	Switzerland	100.0	99.6	98.9	75.7	66.6	80.4
East	Tajikistan	–	–	–	–	–	–
Centre	Turkey	100.0	100.0	100.0	47.2	15.2	97.1
East	Turkmenistan	–	–	–	–	–	–
East	Ukraine	100.0	100.0	100.0	99.8	86.9	100.0
East	Uzbekistan	–	–	–	–	–	–

a Completeness not computed on countries, territories or areas with fewer than five diagnoses reported in 2018 (Liechtenstein, Monaco and San Marino) or countries that reported in the aggregated record type which did not allow reporting of all variables (Russia).

b Completeness provided is based on country of birth, region of origin or, for Italy and Switzerland, country of nationality.

c Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Annex 4a

HIV surveillance system overview: data source information

Country	HIV data source	Record type ^a for 2018 reporting	Period	Legal ^b	Coverage ^c	Comments
EU/EEA						
Austria	AT-HIV	HIVAIDS	1980–2018	V	Co	
Belgium	BE-HIV/AIDS	HIVAIDS	1978–2018	V	Co	
Bulgaria	BG-HIV	HIVAIDS	1986–2018	C	Co	HIV aggregate record type used through 2006; HIV record type 2007–2013
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2018	C	Co	
Croatia	HR-CNIPH	HIVAIDS	1985–2018	C	Co	HIV record type used prior to 2016
Czech Republic	CZ-HIV/AIDS	HIVAIDS	1985–2018	C	Co	
Denmark	DK-HIV	HIVAIDS	1990–2018	C	Co	HIV record type used 1990–2013
Estonia	EE-NAKIS	HIVAIDS	1988–2018	C	Co	Data source EE-HIV used 1988–2012; HIV aggregate record type used through 2006; HIV record type prior to 2015
Finland	FI-NIDR	HIVAIDS	1980–2018	C	Co	HIV record type used prior to 2016
France	FR-HIVAIDS	HIVAIDS	2003–2018	C	Co	Although compulsory, HIV diagnoses are not exhaustively reported; underreporting was estimated at 32% in 2017
Germany	DE-SURVNET@RKI7.3-HIV	HIV	1993–2018	C	Co	Data source DE-HIV-Pre-IfSG used 1993–2001; HIV record type used to report data up to 2016
Greece	EL-HIV/AIDS	HIVAIDS	1981–2018	C	Co	
Hungary	HU-HIV/AIDS	HIVAIDS	1985–2018	C	Co	
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1983–2018	C	Co	HIV record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1981–2018	C	Co	Data source IE-HIV/AIDS used for years 1981–2011; HIV aggregate used for reporting through 2002; HIV record type 2003–2011
Italy	IT-COA-ISS	HIV	2004–2018	C	Co	See country comments about historical coverage; HIV aggregate record type used through 2009
Latvia	LV-HIV/AIDS	HIVAIDS	1987–2018	C	Co	HIV record type used 1987–2013; HIVAIDS record type used from 2014
Liechtenstein	CH-SFOPH-LI	HIV	1985–2018	V	NS/unk	Cases reported through Switzerland's surveillance system using another data source
Lithuania	LT-AIDS_CENTRE	HIVAIDS	1988–2018	C	Co	
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2018	V	Co	
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	1986–2018	C	Co	HIV record type used in years 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1980–2018	V	Co	
Norway	NO-MSIS_B	HIVAIDS	1980–2018	C	Co	HIV record type used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1984–2018	C	Co	
Portugal	PT-HIVAIDS	HIVAIDS	1983–2018	C	Co	
Romania	RO-RSS	HIVAIDS	1985–2018	C	Co	
Slovakia	SK-EPIS	HIVAIDS	1985–2018	C	Co	HIV record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1985–2018	C	Co	
Spain	ES-HIV	HIV	2003–2018	C	Co	See country comments about historical coverage and 2018 coverage
Sweden	SE-SmiNet	HIVAIDS	1983–2018	C	Co	Data source SE-SweHIVReg used 1983–2009; HIV record type used prior to 2014
United Kingdom	UK-HIVAIDS	HIVAIDS	1981–2018	V	Co	
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2018	C	Co	
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	
Armenia	AM-NAC	HIVAIDS	1988–2018	V	Co	
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1987–2018	V	Se	
Belarus	BY-NAC	HIVAIDS	1981–2018	C	Co	HIVAIDS record type used only for HIV reporting (no linked HIV and AIDS reporting); HIV record type used in years 1981–2013
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986–2018	C	Co	HIV record type used in years 1993–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2018	C	Co	
Israel	IL-MOH	HIVAIDS	1981–2018	C	Co	
Kazakhstan	KZ-RCfAPC	HIVAIDS	1987–2018	NS/unk	NS/unk	
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1987–2018	V	Co	HIV record type used in years 1987–2000
Moldova	MD-NAC	HIVAIDS	1987–2018	V	Other	
Montenegro	ME-IOPH	HIVAIDS	1989–2018	C	Co	
Monaco	MC-MoSH-GEN	HIV	1985–2018	C	Co	
North Macedonia	MK-NHASS	HIVAIDS	1993–2018	C	Co	HIV record type used in years 1993–2016
Russia	RU-MOH	HIVAGGR	2009–2018	C	Co	
San Marino	SM-AIDS/HIV	HIVAGGR	1985–2018	C	Co	
Serbia ^d	RS-NAC	HIVAIDS	1984–2018	C	Co	HIV aggregate record type used in years 1984–2001
Switzerland	CH-FOPH	HIV	1985–2018	C	Co	
Tajikistan	TJ-RHAC	HIVAIDS	1991–2018	C	Co	Did not report data for 2018
Turkey	TR-MOH	HIV	1984–2018	C	Co	
Turkmenistan	TM-NAC	–	1981–2012	V	Co	
Ukraine	UA-NAC	HIVAIDS	1987–2018	V	Other	HIVAIDS record type used only for HIV reporting (no linked HIV and AIDS reporting); HIVAGGR record type used in years 1987–2015.
Uzbekistan	UZ-RAC	–	1981–2010	V	Co	Did not report data 2011–2017; used HIV record type in years 1981–2010

a Type: HIVAIDS (HIV and AIDS joined case-based record type); HIV (HIV case-based record type); AIDS (AIDS case-based record type); HIVAGGR (HIV aggregate record type); AIDSAGGR (AIDS aggregate record type).

b Legal: voluntary reporting (V); compulsory reporting (C); not-specified/unknown (NS/unk).

c Coverage: sentinel system (Se); comprehensive (Co); not-specified/unknown (NS/unk).

d Data from Kosovo, without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence, were reported through data source XK-HIVAIDS for 1986–2018; HIVAIDS record type used for all years.

Annex 4b

AIDS surveillance system overview: data source information

Country	AIDS Data source	Record type ^a for 2018 reporting	Period	Legal ^b	Coverage ^c	Comments
EU/EEA						
Austria	AT-AIDS	HIVAIDS	1980-2018	V	Co	
Belgium	BE-HIV/AIDS		1978-2018	V	Co	Did not report 2016 or 2017 data
Bulgaria	BG-AIDS	HIVAIDS	1986-2018	C	Co	AIDS record type was used for cases prior to 2014
Cyprus	CY-HIV/AIDS	HIVAIDS	1986-2018	C	Co	
Croatia	HR-CNIPH	HIVAIDS	1985-2018	C	Co	AIDS record type used prior to 2016
Czech Republic	CZ-HIV/AIDS	HIVAIDS	1985-2018	C	Co	
Denmark	DK-HIV	HIVAIDS	1980-2018	C	Co	AIDS record type from data source DK-MIS used 1980-2013
Estonia	EE-NAKIS	HIVAIDS	1988-2018	C	Co	AIDS record type used prior to 2015
Finland	FI-NIDR	HIVAIDS	1980-2018	C	Co	AIDS record type used prior to 2016
France	FR-HIVAIDS; FR-AIDS	HIVAIDS	2003-2018	C	Co	Additional data from record type AIDS used for the years 1978-2016 Although compulsory, AIDS diagnoses are not exhaustively reported. Underreporting was estimated 41% in 2007-2009
Germany	DE-AIDS	AIDS	1970-2018	V	Co	Did not report 2017 data, AIDS record type used through 2016
Greece	EL-HIV/AIDS	HIVAIDS	1981-2018	C	Co	
Hungary	HU-HIV/AIDS	HIVAIDS	1985-2018	C	Co	
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1983-2018	C	Co	AIDS record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1981-2018	V	Co	Data source IE-HIV/AIDS and AIDS record type used for years 1981-2011
Italy	IT-COA-ISS	AIDS	1982-2018	C	Co	
Latvia	LV-AIDS	HIVAIDS	1990-2018	C	Co	Same data source in AIDS record type used for 1990-2013
Liechtenstein	CH-SFOPH-LI	AIDS	1985-2018	V	NS/unk	Cases reported through Switzerland's surveillance system
Lithuania	LT-AIDS_CENTRE	HIVAIDS	1988-2018	C	Co	
Luxembourg	LU-HIVAIDS	HIVAIDS	1983-2018	V	Co	
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	1986-2018	C	Co	Same data source and AIDS record type used 1986-2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1980-2018	V	Co	
Norway	NO-MSIS_B	HIVAIDS	1980-2018	C	Co	Data source NO-MSIS-A and record type AIDS used in years 1980-2013
Poland	PL-HIV	HIVAIDS	1984-2018	C	Co	
Portugal	PT-HIVAIDS	HIVAIDS	1983-2018	C	Co	
Romania	RO-RSS	HIVAIDS	1985-2018	C	Co	
Slovakia	SK-EPIS	HIVAIDS	1985-2018	C	Co	AIDS record type used in years 1985-2013
Slovenia	SI-HIVAIDS	HIVAIDS	1985-2018	C	Co	
Spain	ES-AIDS	AIDS	1981-2018	C	Co	See country comments about coverage
Sweden			1983-2007	V	Co	AIDS surveillance discontinued in 2008
United Kingdom	UK-HIVAIDS	HIVAIDS	1981-2018	V	Co	
non-EU/EEA						
Albania	AL-NloPH	HIVAIDS	1993-2018	C	Co	
Andorra	AD-MoHWFH	HIVAIDS	2004-2018	V	Co	
Armenia	AM-NAC	HIVAIDS	1988-2018	V	Se	
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1995-2018	V	Co	
Belarus	BY-NAC	AIDS	1991-2018	C	Co	
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986-2018	C	Co	AIDS record type used in years 1986–2013
Georgia	GE-IDACIRC	HIVAIDS	1989-2018	C	Co	
Israel	IL-MOH	HIVAIDS	1981-2018	C	Co	
Kazakhstan	KZ-RCFAPC	HIVAIDS	1993-2018	NS	NS	
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1999-2018	V	Co	AIDS record type used in years 1987-2000
Moldova	MD-NAC	HIVAIDS	1989-2018	V	Co	
Montenegro	ME-IOPH	HIVAIDS	1990-2018	C	Co	
Monaco	MC-MoSH-GEN	AIDS	1985-2018	C	Co	
North Macedonia	MK-NHASS	HIVAIDS	1989-2018	C	Co	AIDS record type used in years 1993–2016
Russia	-	-	-	-	-	
San Marino	SM-AIDS/HIV	AIDS	1986-2018	C	Co	
Serbia ^d	RS-NAC	HIVAIDS	1985-2018	C	Co	AIDS record type used in years 1985-2001
Switzerland	CH-FOPH	AIDS	1980-2018	C	Co	
Tajikistan	TJ-RHAC	HIVAIDS	1998-2017	C	Co	Did not report data for 2018
Turkey	TR-MOH	AIDS	1985-2018	C	Co	
Turkmenistan	TM-NAC	-	2002-2012	V	Co	
Ukraine	UA-NAC	AIDSAGGR	1988-2018	V	Co	HIVAIDS record type used only for HIV reporting (i.e. no linked HIV and AIDS reporting).
Uzbekistan	UZ-RAC	-	1992-2010	V	Co	Did not report data 2011-2017; used AIDS record type in years 1992-2010

a Type: HIVAIDS (HIV and AIDS joined case-based record type); HIV (HIV case-based record type); AIDS (AIDS case-based record type); HIVAGGR (HIV aggregate record type); AIDSAGGR (AIDS aggregate record type).

b Legal: voluntary reporting (V); compulsory reporting (C); not-specified/unknown (NS/unk).

c Coverage: sentinel system (Se); comprehensive (Co); not-specified/unknown (NS/unk).

d Data from Kosovo, without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence, were reported through data source XK-HIVAIDS for 1986–2018; HIVAIDS record type used for all years.

Annex 5

Country-specific comments regarding national HIV and AIDS reporting

Country	Comments
EU/EEA	
Bulgaria	Case-based reporting of HIV is available from 2007 onwards.
Czech Republic	Foreigners with short-term stays in the Czech Republic are not included in cases notified.
Estonia	The surveillance system was modified substantially in 2008. Previously, the probable mode of HIV transmission was not reported by Estonia (from 2003 to 2007, Estonia supplied partial information on people who inject drugs only).
France	Case-based data reported through TESSy are not exhaustive because of reporting delays (cases reported several months or years after the diagnosis) and underreporting (cases that are diagnosed but never reported). The most recent estimates of underreporting in France are 41% in 2007–2009 for AIDS and 32% in 2017 for HIV. To assess the real numbers and trends of HIV and AIDS diagnoses in France, it is essential to use adjusted data, which take into account reporting delays, underreporting and missing data (incomplete reports). The French HIV/AIDS reporting system was changed in 2016 to report AIDS and HIV diagnoses online, and physicians should report HIV diagnoses spontaneously, without waiting for the laboratory report. The use of this new tool by laboratories and physicians has increased over time, but clinicians are less compliant than laboratories. In 2016–2018, therefore, the proportion of missing data on variables (such as route of transmission) is increased. Data on new diagnoses adjusted for reporting delay and under-reporting are: 6 629 (2010), 6 461 (2011), 6 622 (2012), 6 688 (2013), 6 559 (2014), 6 443 (2015), 6 417 (2016), 6 583 (2017), 6 155 (2018).
Ireland	HIV was made a notifiable disease in September 2011. The HIV reporting system was modified substantially in 2012. AIDS cases and deaths among AIDS cases are now only reported if at the time of HIV diagnosis. HIV diagnoses include a growing proportion of “previous-positive” people, who are transferring their HIV care when moving to Ireland and tested positive and notified within the Irish system when moving to the country. There was a change in the implementation of the case definition in 2015 (requiring confirmatory testing on a single sample rather than two samples) which resulted in more people being notified to the surveillance system.
Italy	New HIV diagnoses were reported by 10 of the 21 Italian regions between 2004 and 2006, 11 regions in 2007, 12 in 2008, 18 in 2009, and all of the 21 regions of Italy since 2012. Between 2004 and 2011, population denominators are based on the annual resident population in the regions reporting cases. From 2012, the coverage of the surveillance system is national, so the total Italian population is used as a denominator. AIDS deaths are not reported after 2016 due to lack of updated data from the national mortality register.
Liechtenstein	Liechtenstein, with only 35 000 inhabitants, has small numbers of communicable diseases. Public health authorities therefore refrain from collecting data due limited public health added value. In 1970, Liechtenstein adopted the Swiss Law of Epidemiology. Since then, all communicable disease data are reported to officials in Switzerland, as demanded by the Federal Office of Public Health. These data are reported through Switzerland to TESSy but may not represent all cases diagnosed in Liechtenstein.
Luxembourg	HIV tests reported through 2010 include only tests performed at two major public laboratories, so underestimate the total number of HIV tests performed during those years. From 2011, tests reported include all laboratories in the country.
Malta	A new HIV reporting system started in 2004.
Netherlands	HIV surveillance is based on the ATHENA cohort, which includes 98% of people who entered HIV care in the Netherlands. Data collection started from 1996 onwards and HIV diagnoses before 1996 are incomplete.
Portugal	The PT-HIV database is now fully case-based, containing details of cases diagnosed from 1983. In 2013 and 2014, the Portuguese HIV/AIDS programme implemented a strategy to address underreporting and reporting delay, resulting in significant increases of the number of reported cases diagnosed between 1983 and 2012.
Spain	HIV reporting has existed since the 1980s in some of the 19 Autonomous Regions of Spain. For 2003–2011, data are available only for nine regions: Asturias, Balearic Islands, Basque Country, Canary Islands, Catalonia, Ceuta, Extremadura, La Rioja and Navarre. Since 2004, data are available for 10 regions (+ Galicia). Since 2007, data are available for 11 regions (+Madrid). Since 2008, data are available for 14 regions (+ Aragón, Castilla-La Mancha and Melilla). Since 2009, data are available for 17 regions (+ Cantabria, Castilla-León and Murcia). For 2012, data are available for 18 regions (+Valencia). For 2013–2017, data are available for all the 19 regions of Spain (+ Andalucía), however for 2018 due to extraction issues, data for Catalonia are not available. Rates are based on the corresponding populations for each year. It has not been possible to include data from several regions for AIDS reporting in 2014–2018, so rates for those years are based on the corresponding population.
Sweden	Due to changes in the HIV/AIDS surveillance system, AIDS reporting has not been mandatory since 2000. Since 2008, AIDS data are not reported from Sweden because the national AIDS surveillance system had been discontinued.
United Kingdom	The United Kingdom has moved toward surveillance of AIDS within three months of HIV diagnoses. As a result, the AIDS figures provided from 2015 are likely to be lower than those previously reported.
Non-EU/EEA	
Belarus	All data are presented by “date of statistics” (instead of “date of diagnosis”).
Georgia	Data are presented by “date of statistics” (instead of “date of diagnosis”).
North Macedonia	AIDS cases include only people diagnosed with AIDS at the time of HIV diagnosis.
Russia	The data reported by Russia (by the Ministry of Health of the Russian Federation) was limited to new HIV diagnosis by sex for 2009–2018 and data on HIV testing, which enabled the inclusion of Russia’s data in the Tables 1–3 and 25 and in the figures showing the trend of HIV diagnosis. Since 2016, the case definitions have been changed in Russia. Updated Forms (N61) of the Federal Statistical Surveillance are submitted by medical facilities to the Ministry of Health and include number of individuals newly diagnosed with HIV infection. Therefore, 2009–2015 data cannot be directly compared to 2016–2018.
Serbia	Data on HIV tests refer to the number of people tested and do not include people tested in the reference laboratory or private laboratories.
Tajikistan	Due to technical problems, no data export for 2018 from Tajikistan was available
Turkey	Reported HIV cases exclude people diagnosed with AIDS at the time of HIV diagnosis. Reported AIDS cases only include people diagnosed with AIDS at the time of HIV diagnosis. Table 14 (see Tables section): CD4 cell count data exclude people diagnosed with AIDS at the time of HIV diagnosis. All data are presented by “date of statistics” (instead of “date of diagnosis”).
Ukraine	All data are presented by ‘date of statistics’ (instead of ‘date of diagnosis’).

Annex 6

HIV diagnoses and rate per 100 000 population, adjusted for reporting delay and adjustment coefficients^a, EU/EEA countries, 2015–2018

Country ^b	2015		2016		2017		2018		Adjustment coefficients			
	N	Rate	N	Rate	N	Rate	N	Rate	2013	2014	2015	2016
EU/EEA												
West Austria	324	3.8	302	3.5	325	3.7	223	2.5	1.03	1.06	1.11	1.17
West Belgium	1020	9.1	909	8.0	899	7.9	882	7.7	1.00	1.00	1.00	1.00
Centre Bulgaria	227	3.2	202	2.8	241	3.4	311	4.4	1.00	1.00	1.00	1.00
Centre Croatia	117	2.8	109	2.6	106	2.6	94	2.3	1.00	1.00	1.00	1.00
Centre Cyprus	80	9.4	80	9.4	85	9.9	106	12.3	1.00	1.00	1.00	1.36
Centre Czech Republic	266	2.5	286	2.7	254	2.4	208	2.0	1.00	1.00	1.00	1.00
West Denmark	277	4.9	244	4.3	242	4.2	219	3.8	1.00	1.00	1.00	1.01
East Estonia	270	20.5	229	17.4	219	16.6	190	14.4	1.00	1.00	1.00	1.00
West Finland	174	3.2	180	3.3	158	2.9	153	2.8	1.00	1.00	1.00	1.00
West France ^c	6443	9.7	6417	9.6	6583	9.9	6155	9.2	1.00	1.00	1.01	1.13
West Germany	3635	4.5	3373	4.1	3150	3.8	2824	3.4	1.00	1.00	1.00	1.00
West Greece	787	7.2	658	6.1	659	6.1	703	6.5	1.01	1.02	1.02	1.02
Centre Hungary	271	2.7	228	2.3	223	2.3	229	2.3	1.00	1.00	1.00	1.00
West Iceland	12	3.6	28	8.4	24	7.1	37	10.6	1.00	1.00	1.00	1.00
West Ireland	483	10.3	511	10.8	499	10.4	504	10.4	1.00	1.00	1.00	1.00
West Italy	3623	6	3708	6.1	3627	6	3063	5.1	1.01	1.01	1.02	1.08
East Latvia	393	19.8	365	18.5	371	19.0	326	16.9	1.00	1.00	1.00	1.00
Liechtenstein	0	0.0	2	5.3	0	0.0	0	0.0	1.00	1.00	1.00	1.00
East Lithuania	157	5.4	214	7.4	263	9.2	160	5.7	1.00	1.00	1.00	1.00
West Luxembourg	104	18.4	118	20.6	91	15.5	98	16.3	1.40	1.54	1.47	1.75
West Malta	61	13.9	63	14.0	45	9.8	73	15.3	1.00	1.00	1.00	1.00
West Netherlands	952	5.6	851	5.0	793	4.6	642	3.7	1.00	1.01	1.02	1.05
West Norway	221	4.3	220	4.2	213	4.1	203	3.8	1.00	1.00	1.00	1.06
Centre Poland	1278	3.4	1315	3.5	1425	3.8	1233	3.2	1.00	1.00	1.00	1.06
West Portugal	1550	14.9	1614	15.6	1483	14.4	1339	13.0	1.09	1.13	1.20	1.38
Centre Romania	860	4.3	750	3.8	762	3.9	669	3.4	1.00	1.00	1.00	1.00
Centre Slovakia	86	1.6	88	1.6	72	1.3	118	2.2	1.00	1.00	1.00	1.17
Centre Slovenia	50	2.4	59	2.9	40	1.9	35	1.7	1.00	1.00	1.00	1.00
West Spain	4189	9.0	4175	9.0	3795	8.2	2527	6.4	1.00	1.00	1.00	1.00
West Sweden	447	4.6	429	4.4	434	4.3	481	4.8	1.00	1.00	1.00	1.00
West United Kingdom	6271	9.7	5369	8.2	4761	7.2	4453	6.7	1.00	1.00	1.00	1.00
Total EU/EEA	34706	6.8	33218	6.4	31983	6.2	28432	5.6	1.01	1.01	1.02	1.07
Non-EU/EEA												
Centre Albania	96	3.3	127	4.4	94	3.3	102	3.5	1.00	1.00	1.00	1.00
West Andorra	3	3.8	3	3.9	6	7.8	12	15.6	1.00	1.00	1.00	1.00
East Armenia	296	10.1	304	10.4	354	12.0	419	14.2	1.00	1.00	1.00	1.00
East Azerbaijan	727	7.6	556	5.7	567	5.8	656	6.6	1.00	1.00	1.00	1.00
East Belarus	2305	24.4	2391	25.3	2468	26.1	2386	25.2	1.00	1.00	1.00	1.00
Centre Bosnia and Herzegovina	15	0.4	24	0.7	15	0.4	25	0.8	1.00	1.00	1.00	1.00
East former Yugoslav Republic of Macedonia	717	17.8	719	17.9	631	15.7	672	16.8	1.00	1.00	1.00	1.00
West Georgia	409	5.1	365	4.5	411	5.0	447	5.3	1.00	1.00	1.00	1.00
East Israel	2478	14.1	2899	16.3	3019	16.7	3216	17.6	1.00	1.00	1.00	1.00
East Kazakhstan	653	11.0	764	12.6	840	13.6	876	13.9	1.00	1.00	1.00	1.00
East Kyrgyzstan	818	20.1	832	20.5	835	20.6	905	22.3	1.00	1.00	1.00	1.00
West Moldova	1	2.7	0	0.0	3	7.8	0	0.0	1.00	1.00	1.00	1.00
Centre Monaco	19	3.0	34	5.4	26	4.1	23	3.7	1.00	1.00	1.00	1.00
Centre Montenegro	25	1.2	30	1.4	44	2.1	45	2.2	1.00	1.00	1.00	1.00
East Russia	100220	69.1	86855	59.8	85802	59.0	85995	59.0	1.00	1.00	1.00	1.00
West San Marino	2	6.0	2	6.0	1	3.0	3	8.9	1.00	1.00	1.00	1.00
Serbia	183	2.1	179	2.0	185	2.1	186	2.1	1.00	1.00	1.00	1.00
Centre Serbia excluding Kosovo ^d	180	2.5	168	2.4	182	2.6	178	2.5	1.00	1.00	1.00	1.00
Centre Kosovo ^d	3	0.2	11	0.6	3	0.2	8	0.4	1.00	1.00	1.00	1.00
West Switzerland	536	6.5	533	6.4	448	5.3	423	5.0	1.00	1.00	1.00	1.00
East Tajikistan	1157	13.7	1043	12.0	1208	13.6			1.00	1.00	1.00	1.00
Centre Turkey	2107	2.7	2438	3.1	2844	3.5	3248	3.9	1.00	1.00	1.00	1.00
East Turkmenistan												
East Ukraine	13000	30.4	14250	33.5	15640	36.9	15749	37.3	1.00	1.00	1.00	1.00
East Uzbekistan												
Total Non-EU/EEA	125767	34.7	114348	31.3	115441	31.4	115388	31.9	1.00	1.00	1.00	1.00
WHO European Region												
West	31602	7.4	30194	7.0	28792	6.7	25633	6.0	1.01	1.02	1.02	1.05
Centre	5680	2.9	5949	3.0	6416	3.30	6632	3.30	1.00	1.00	1.00	1.01
East	123191	48.1	111421	43.4	112217	43.6	111550	44.8	1.00	1.00	1.00	1.00
Total WHO European Region	160473	18.1	147564	16.6	147424	16.5	143815	16.3	1.01	1.01	1.01	1.02

a The coefficients present the adjustments for the current year of reporting.

b Country-specific comments are in Annex 5.

c French data for 2013–2016 are adjusted for both reporting delay and underreporting.

d Without prejudice to positions on status, and in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Annex 7

HIV/AIDS surveillance in Europe: participating countries and national institutions

Country	National institutions
EU/EEA	
Austria	Federal Ministry of Health, Family and Youth
Belgium	Scientific Institute of Public Health
Bulgaria	Ministry of Health
Croatia	Croatian National Institute of Public Health
Cyprus	Ministry of Health
Czech Republic	National Institute of Public Health
Denmark	Statens Serum Institut
Estonia	Health Board
Finland	National Public Health Institute (KTL)
France	Santé Publique France (French National Public Health Agency)
Germany	Robert Koch Institute
Greece	Hellenic Center for Disease Control and Prevention
Hungary	National Center for Epidemiology (Országos Epidemiológiai Központ)
Iceland	Health Protection Agency Centre for Infections
Ireland	Health Protection Surveillance Centre (HPSC)
Italy	Ministry of Health DG Prevention - Unit V
Latvia	Centre for Disease Prevention and Control of Latvia
Liechtenstein	Principality of Liechtenstein
Lithuania	Center for Communicable Diseases and AIDS
Luxembourg	National Service of Infectious Diseases, Centre Hospitalier
Malta	Department of Health Promotion and Disease Prevention
Netherlands	National Institute for Public Health and the Environment (RIVM)
Norway	Norwegian Institute of Public Health – Department of Infectious Disease Epidemiology
Poland	National Institute of Public Health – National Institute of Hygiene (NIZP-PZH)
Portugal	Directorate-General of Health (Direção-Geral da Saúde) and National Institute of Health Dr Ricardo Jorge (Instituto Nacional de Saúde Doutor Ricardo Jorge, I.P.)
Romania	Institute of Public Health and National Institute for Infectious Diseases “Prof. Dr. Matei Bals”
Slovakia	Regional Public Health Authority of capital Bratislava
Slovenia	National Institute of Public Health
Spain	Instituto de Salud Carlos III Centro Nacional de Epidemiología
Sweden	Public Health Agency of Sweden
United Kingdom	Public Health England
Non-EU/EEA	
Albania	National Institute of Public Health
Andorra	Ministry of Health, Social Welfare and Family
Armenia	National Center for AIDS Prevention
Azerbaijan	Azerbaijan AIDS Center
Belarus	National Centre for Hygiene, Epidemiology and Public Health
Bosnia and Herzegovina	Ministry of Civil Affairs of Bosnia and Herzegovina; Federal Ministry of Health; Ministry of Health and Social Welfare the Republica Srpska and Public Health Institutes of the Federation of Bosnia and Herzegovina and Republica Srpska
Georgia	Infectious Diseases, AIDS & Clinical Immunology Research Center
Israel	Ministry of Health
Kazakhstan	National Center for the Prevention and Control of AIDS
Kyrgyzstan	Republic Centre for AIDS Prevention and Control
Moldova	National AIDS Center; National Center for Preventative Care
Monaco	Ministry of Social Health
Montenegro	Institute of Public Health of Montenegro
North Macedonia	Public Health Institute
Russia	Ministry of Health of the Russian Federation
San Marino	Ospedale di Stato
Serbia ^a	Institute of Public Health of Serbia
Switzerland	Bundesamt für Gesundheit
Tajikistan	Republican HIV/AIDS Center
Turkey	Public Health Institute of Turkey, Ministry of Health
Turkmenistan	National AIDS Prevention Center
Ukraine	State Institution “Public Health Center of the Ministry of Health of Ukraine”
Uzbekistan	Republican AIDS Center

^a Data for Kosovo (in accordance with Security Council resolution 1244 (1999)) were provided by the National Institute of Public Health of Kosovo.



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