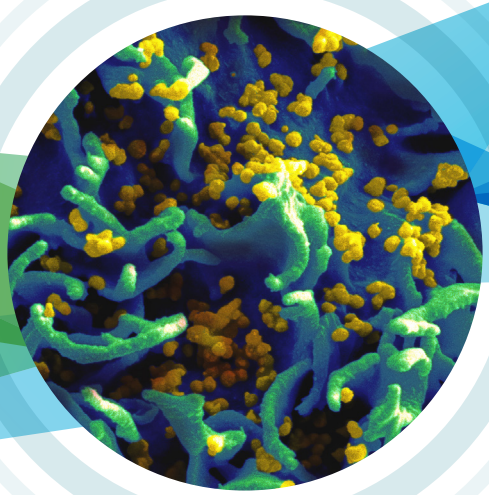
ecdc
EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

World Health Organization
European Region



HIV/AIDS surveillance in Europe

2022

2021 data

HIV/AIDS surveillance in Europe

2022

2021 data

Abstract

HIV transmission remains a major public health concern and affects more than 2.3 million people in the WHO European Region, particularly in the Eastern part of the Region. This report is the latest in a series published jointly by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe that has been reporting data on HIV and AIDS in the WHO European Region and in the European Union and European Economic Area (EU/EEA) since 2007. It finds that while epidemic patterns and trends vary widely across European countries, nearly 107 000 people were diagnosed with HIV in the European Region in 2022, including around 17 000 in the EU/EEA.

Keywords

ACQUIRED IMMUNODEFICIENCY SYNDROME – EPIDEMIOLOGY

AIDS – PREVENTION AND CONTROL

DISEASE OUTBREAKS – STATISTICS

HIV INFECTIONS – EPIDEMIOLOGY

POPULATION SURVEILLANCE

Suggested citation for full report. WHO Regional Office for Europe, European Centre for Disease Prevention and Control. HIV/AIDS surveillance in Europe 2022 – 2021 data. Copenhagen: WHO Regional Office for Europe; 2022.

Suggested citation for tables and figures. WHO Regional Office for Europe, European Centre for Disease Prevention and Control. HIV/AIDS surveillance in Europe 2022 – 2021 data

ECDC PDF	ISBN 978-92-9498-604-7	ISSN 2363-3085	doi: 10.2900/818446	TQ-AL-22-001-EN-N
WHO	ISBN 978-92-8905-863-6			

Contents

Figures

Tables

Maps

Annexes

Acknowledgments

The report was coordinated by Anastasia Pharris (European Centre for Disease Prevention and Control (ECDC)) and Giorgi Kuchukhidze (WHO Regional Office for Europe).

ECDC and the WHO Regional Office for Europe would like to thank the nominated operational contact points for HIV/AIDS surveillance from European Union/European Economic Area (EU/EEA) Member States and areas and the HIV/AIDS surveillance focal points from the non-EU/EEA Member States and areas of the WHO European Region for providing data and valuable comments on this report:

Albania: Marjeta Dervishi; Andorra: Jennifer Fernández Garcia; Armenia: Marietta Mirzoyan; Austria: Daniela Schmid, Ziad El-Khatib; Azerbaijan: Gunash Jafarova; Belarus: Svetlana Sergeenko; Belgium: Dominique Van Beckhoven; Bosnia and Herzegovina: Dušan Kojić; Bulgaria: Tonka Varleva; Croatia: Tatjana Nemeth Blazic; Cyprus: Linos Hadjihannas, Anna Demetriou; Czechia: Marek Maly; Denmark: Susan Cowan; Estonia: Kristi Rüütel; Finland: Kirsi Liitsola, Mika Salminen; France: Françoise Cazein, Josiane Pillonel, Florence Lot; Georgia: Otar Chokoshvili, Maia Tsereteli; Germany: Barbara Gunsenheimer-Bartmeyer; Greece: Vasilios Raftopoulos, Stavros Patrinos; Hungary: Maria Dudas; Iceland: Marianna Thordardottir, Gudrun Aspelund; Ireland: Derval Igoe, Kate O'Donnell; Israel: Daniel Chemtob, Yana Levin; Italy: Barbara Suligoi; Kazakhstan: Lolita Ganina, Gulnar Temirkhanov; Kyrgyzstan: Aigul Solpueva; Latvia: Šarlote Konova; Liechtenstein: Esther Walser-Domjan; Lithuania: Oksana Jučienė, Gabriela Wiktoria Hartwig ; Luxembourg: Carole Devaux, Jean-Claude Schmit; Malta: Jackie Maistre Melillo, Tanya Melillo; Monaco: Dominique De Furst; Montenegro: Alma Cicic; Netherlands: Eline Op de Coul, Ard van Sighem; North Macedonia: Milena Stefanovic, Zarko Karadzovski,Rumena Gerdovska; Norway: Hilde Klovstad; Poland: Marta Niedźwiedzka-Stadnik, Magdalena Rosinska; Portugal: Margarida Tavares, Helena Cortes Martins; Republic of Moldova: Silvia Stratulat, Stepan Gheorghita; Romania: Mariana Mardarescu; Russian Federation: Inna Kulikova, Oleg Sonin, Alexey Mazus, San Marino: Andrea Gualtieri, Mauro Fiorini; Serbia: Danijela Simic; Slovakia: Alexandra Bražinová; Slovenia: Irena Klavs, Tanja Kustec; Spain: Asuncion Diaz; Sweden: Maria Axelsson; Switzerland: Martin Gebhardt; Tajikistan: Kholnazarov Ramshed, Zukhra Nurlaminova; Türkiye: Emel Özdemir Şahin; Ukraine: Ihor Kuzin, Violetta Martsynovska; and United Kingdom: Valerie Delpech. For Kosovo:[1] Luljeta Gashi.

[1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Abbreviations

ART	antiretroviral treatment
ECDC	European Centre for Disease Prevention and Control
EU/EEA	European Union/European Economic Area
MSM	men who have sex with men
PrEP	pre-exposure prophylaxis
TB	tuberculosis
TESSy	The European Surveillance System
UNAIDS	Joint United Nations Programme on HIV/AIDS

This report

The European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe have jointly carried out the enhanced surveillance of HIV/AIDS in Europe since 2008. Both organizations strive to ensure a high quality of standardized HIV and AIDS surveillance data from the 53 Member States of the WHO European Region, including the 28 countries of the European Union (EU) and three countries of the European Economic Area (EEA), referred to in this report as EU/EEA.

This report is the latest in a series published jointly by the ECDC and the WHO Regional Office for Europe. The data presented in the text are augmented by 39 figures and 31 tables: Fig. A–B and Table A in the Overview, Fig. 1.1–2.19 in Chapters 1 and the Tables section 2, Tables 1–24 in a discrete section towards the end of the report, and six tables (A2.1–A7.1) in the annexes. The Table section is also followed by Maps 1–8.

The report has three main sections:

- an Overview, which effectively summarizes and captures the key issues of the report;
- Chapter 1, providing a comprehensive review of HIV and AIDS in the EU/EEA, focusing on HIV diagnoses, trends in HIV diagnoses, and AIDS cases and their morbidity and mortality; and
- Chapter 2, which presents data on HIV and AIDS diagnoses in the WHO European Region, focusing on HIV diagnoses, trends in HIV diagnoses, AIDS cases and their morbidity and mortality in the Region as a whole and in three geographical areas of the Region, and HIV testing.

The data in the report are also augmented by eight annexes:

- Annex 1, which presents the framework for data collection, validation and presentation;
- Annex 2, which focuses on the completeness of key variables presented for the EU/EEA and the WHO European Region as a whole;
- Annex 3, which defines the completeness of key variables presented by country and area;
- Annexes 4 and 4b, which provide information on country-specific HIV (4a) and AIDS (4b) surveillance systems;
- Annex 5a and 5b, which lists country-specific comments regarding national HIV and AIDS reporting in EU/EEA (5a) and non-EU/EEA (5b) countries; and
- Annex 6, which lists the participating countries and areas and national institutions.

Overview of HIV and AIDS in Europe

This report presents HIV/AIDS surveillance data for 2021, a period marked by the global COVID-19 pandemic which affected Europe heavily from March 2020 onwards. The most obvious and immediate impact of the pandemic with regard to HIV and related services in the Region was a large drop in the reported number of people newly diagnosed with HIV between 2019 and 2020. In 2021, many countries reported a year-on-year increase in the number of people newly diagnosed with HIV as compared to 2020, however the WHO European Region as a whole still recorded 24% fewer diagnoses in 2021 than in 2019.

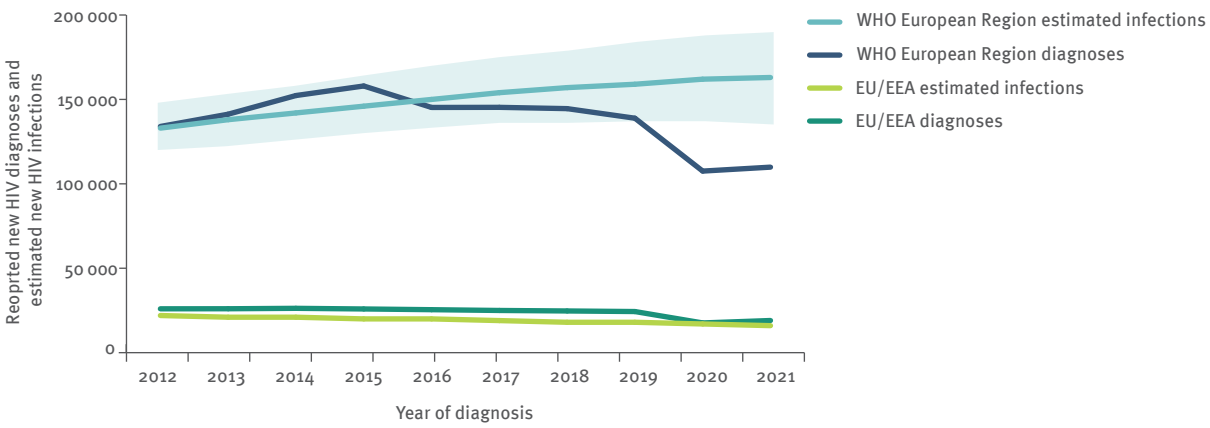
There were variations in trends between 2019–2021 at subregional and country level, likely due to differences in when various parts of the Region were first affected by the COVID-19 pandemic and the timing of subsequent waves of infection, the severity of the impact, the extent to which restrictions were put in place and adhered to, the capacity and resilience of health systems, and HIV trends in the years leading up to the pandemic. Some of the decline in HIV diagnoses observed in 2020 and 2021 may also be the result of reduced transmission due to the public health measures implemented as a response to the COVID-19 pandemic. However, this assumption is not supported by modelled estimates, where the annual estimated number of new HIV infections remained unchanged between 2018 and 2021 (Fig. A). When comparing the number of new diagnoses to the estimated number of new HIV infections over the last decade in the Region, it is evident that for most of this period, more people became infected with HIV than had been diagnosed, indicating that the number of people living in the Region with undiagnosed HIV is increasing. The trend for the European Union/European Economic Area (EU/EEA) differs from that of the wider Region, with slightly more diagnoses than infections occurring, indicating that the number of people living with undiagnosed HIV in the EU/EEA is likely decreasing.

Despite the potential issues of under-diagnosis and under-reporting in 2021, 106 508 newly diagnosed HIV infections were reported in 46 of the 53 countries in the Region, including 16 624 from countries of the EU/EEA. This corresponds to a crude rate of 12.0 newly diagnosed infections per 100 000 population in the Region overall (Table A).

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 (32.4 per 100 000 population), lower in the EU/EEA and the West (4.3 and 3.9 per 100 000, respectively) and lowest in the Centre (3.1 per 100 000) (Table A) (see Annex 1 for the geographical/epidemiological division of the WHO European Region into the three subregions). The main transmission mode also continues to vary by subregion illustrating the diversity in the epidemiology of HIV in the WHO European Region: In 2021, sexual transmission between men was the most common mode in the EU/EEA and West, while heterosexual transmission and injecting drug use were the main reported transmission modes in the East of the Region.

Late HIV diagnosis remains a challenge for most countries in the Region. The percentage of late diagnoses (CD4 cell count of less than 350/mm^3) varied across transmission categories and age groups but was highest for people with reported heterosexual transmission (59%) and lowest for men infected through sex with men (45%) (Fig. B).

Fig. A. Estimated new HIV infections and reported new HIV diagnoses in the EU/EEA and WHO European Region, 2012–2021.



Notes: Shaded areas represent uncertainty intervals around the best estimate. Data from Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Portugal, Spain, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period.

Table A. Characteristics of new HIV and AIDS diagnoses reported in the WHO European Region, the West, Centre and East of the WHO European Region and the EU/EEA, 2020

	WHO European Region	West	Centre	East	EU/EEA
Reporting countries/number of countries[a]	46/53	20/23	13/15	13/15	29/30
Number of new HIV diagnoses	106 508	17 130	5 940	83 438	16 624
Rate of HIV diagnoses per 100 000 population[b]	12.0	3.9	3.1	32.4	4.3
Percentage age 15–24 years	6.3%	9.3%	13.6%	5.2%	10.0%
Percentage age 50+ years	14.5%	22.8%	14.6%	12.8%	21.3%
Male-to-female ratio	1.7	3.2	5.1	1.5	3.6
Transmission mode					
Sex between men	10.3%	40.7%	24.5%	3.1%	40.0%
Heterosexual transmission (men)	29.0%	14.9%	17.6%	32.7%	14.8%
Heterosexual transmission (women)	28.6%	16.6%	8.1%	32.6%	14.4%
Injecting drug use	22.7%	3.1%	1.8%	28.1%	3.5%
Mother-to-child transmission	0.4%	0.7%	0.6%	0.4%	0.6%
Unknown	8.9%	23.6%	48.4%	3 0%	26.6%
AIDS and late HIV diagnosis					
Percentage new HIV diagnoses CD4 <350 cells/mm^3	54.2%	52.5%	52.8%	55.3%	55.5%
Number of new AIDS diagnoses[c]	8 194	1 615	626	5 953	1 895
Rate of AIDS diagnoses per 100 000 population	1.2	0.5	0.3	5.4	0.5

[a] No data received from Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Turkmenistan or Uzbekistan. Data from Portugal not published at country request.

[b] EU/EEA data are adjusted for reporting delay; the corresponding estimated number of new diagnoses adjusted for reporting delay is 19 050.

[c] No data received from Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, Russian Federation, Sweden, Turkmenistan or Uzbekistan. Data from Portugal not published at country request.

The percentage increased with age, ranging from 33% among people aged 15–19 at diagnosis to 65% among those aged 50 years or above.

In 2021, 8 194 people were diagnosed with AIDS, reported in 43 countries of the WHO European Region, and the rate of new AIDS diagnoses was 1.2 per 100 000 population (Table A). In the EU/EEA, 1 895 people were diagnosed with AIDS in 2021; a rate of 0.5 per 100 000 population. The number of AIDS cases has continued to decline steadily in the West and the EU/EEA over the last decade and the number also began to stabilize between 2012 and 2018 and even declined in 2019 in the East. In 2020–2021, the rate declined even further, although this was possibly due to the reporting delay caused by the COVID-19 pandemic.

European Union and European Economic Area

In 2021, 16 624 new HIV diagnoses were reported in 29 countries of the EU/EEA[2], with a rate of 4.3 per 100 000 when adjusted for reporting delay. The highest rates were reported by Cyprus (16.5; 148 cases), and Latvia (11.2; 212 cases), and the lowest by Slovenia (1.5; 32 cases).

The rate of new HIV diagnoses was higher among men (5.8 per 100 000 population) than women (1.6 per 100 000 population). The overall male-to-female ratio was 3.6 (Table A). This ratio was highest in Croatia (11.8), Malta (10.3) and Hungary (10.0) and was above one in all countries in the EU/EEA. The predominant mode of transmission in countries with the highest male-to-female ratios was sex between men.

Men had higher age-specific rates than women in all age groups except people under 15 years, where age-specific rates were similarly low. The highest overall age-specific rate of HIV diagnoses was observed among 25–29-year-olds (9.3 per 100 000 population), largely because this age group has the highest age-specific rate for men at 14.6 per 100 000 population, while rates for women were highest in the 30–39-year age group (4.0 per 100 000 population). Young people aged 15–24 years comprised 11% of the EU/EEA population and 10% of HIV diagnoses in 2021. Forty-one per cent of the EU/EEA population consists of older adults (50 years and above), who comprised 21% of the new HIV diagnoses reported in 2021.

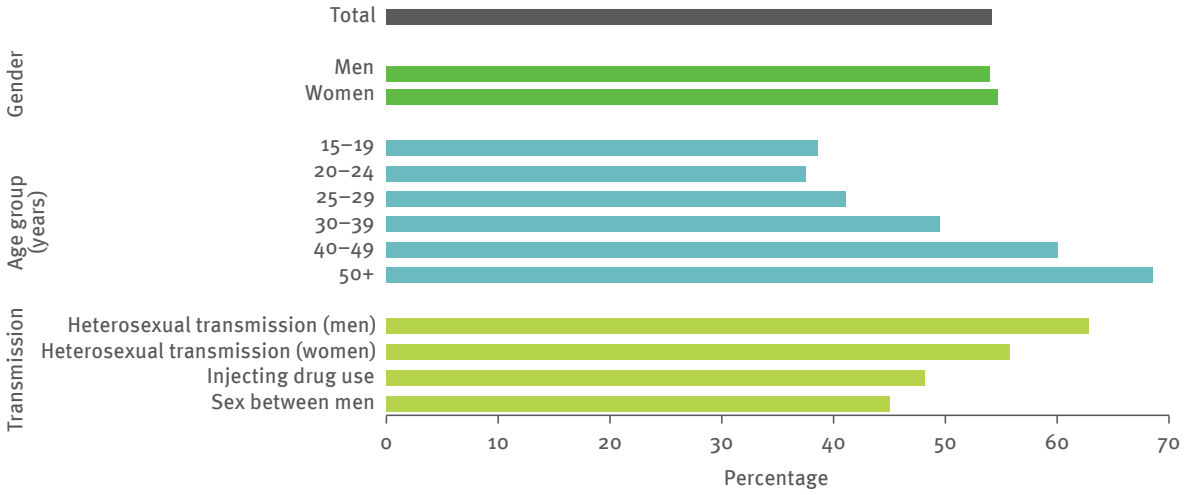
Sex between men remains the predominant mode of HIV transmission reported in the EU/EEA, accounting for 40% (6 648) of all new HIV diagnoses in 2021 and more than half (55%) of diagnoses where the route of transmission was known. Among those with known route of HIV transmission, sex between men accounted for more than 60% of new HIV diagnoses in eleven countries (Austria, Croatia, Czechia, Germany, Hungary, Ireland, Malta, Netherlands, Poland, Slovakia and Spain).

Heterosexual contact was the second most common reported mode of HIV transmission in the EU/EEA in 2021, accounting for 29% (4 848) of HIV diagnoses and 40% of diagnoses where the route of transmission was known. Heterosexual transmission was the most commonly reported known mode of transmission in five EU/EEA countries (Estonia, France, Latvia, Norway, and Romania).

Transmission due to injecting drug use accounted for nearly 4% of HIV diagnoses in 2021 and was the probable route of transmission for 24% of cases diagnosed in Latvia and 20% of cases diagnosed in Greece.

[2] All EU/EEA countries reported data for 2021, although at the request of Portugal, this data is not included in the current report (see country comments, Annex 5)

Fig. B. Proportion of people diagnosed late (CD4 cell count < 350 per mm³) by gender, age and transmission, WHO European Region, 2021 (n = 28 742)



Vertical transmission accounted for less than 1% of new HIV diagnoses in the EU/EEA in 2021, while the transmission mode was not reported or reported as unknown for 27% of new HIV diagnoses (Table A).

Forty-two per cent of those diagnosed in the EU/EEA in 2021 were migrants, defined as originating from outside of the country in which they were diagnosed, with 14% originating from countries in sub-Saharan Africa, 10% from countries in Latin America and the Caribbean, 8% from other countries in Central and Eastern Europe and 3% from other countries in Western Europe.

In 2021, 17% of new diagnoses with information on previous HIV diagnosis prior to the diagnosis in the reporting country were previous positives. This is an increase from the proportion of previous positives from 2012, when 12% of new diagnoses reported were previously diagnosed.

The trend in reported HIV diagnoses has been on the decline since 2012, when the rate for EU/EEA countries reporting consistently was six per 100 000 population. While rates in these consistently reporting countries had dropped to 5.5 per 100 000 in 2019, they declined sharply in 2020 to 4.0 per 100 000 and then increased slightly in 2021 to 4.3 (19 050 cases when adjusted for reporting delay; see Annex 1 (for reporting delay adjustment methods). The decline observed in 2020 is probably due, in part, to decreased case detection as a result of less testing, given the public health restrictions associated with the COVID-19 pandemic, and the increase from 2020 to 2021, a partial return to pre-pandemic levels of HIV testing. The impact of delayed HIV case detection due to COVID-19 measures is not yet fully understood but reporting delay could lead to overestimation of decreases in the rates of new HIV diagnoses. While the overall EU/EEA trend appears to have declined over the past decade, trends at national level vary. About two thirds of EU/EEA countries have seen a decline in rates of new diagnoses, even after adjusting for changes in population coverage of surveillance over time and for reporting delay. In contrast, since 2012, and taking reporting delay into account, rates of HIV diagnoses have more than doubled in Cyprus and Slovakia and increased by more than 50% in Bulgaria.

Ten countries (Belgium, Czechia, Estonia, France, Greece, Latvia, Poland, Romania, Slovakia, and Slovenia) consistently reported data on HIV tests performed during the period 2012–2021, excluding unlinked anonymous testing and testing of blood donations. The number of tests performed in these countries decreased by 7% between 2019 and 2021, probably as a result of decreased testing activities during part of 2020 and into 2021 due to the COVID-19 pandemic. Trends differ by gender and age group. Age-specific rates have declined since 2012 in all age groups, although some of this reported decline may be due to delayed case detection in 2020 and 2021, rather than a true decline in the rate. HIV diagnosis rates in both women and men have consistently been higher among 25–29-year-olds and 30–39-year-olds throughout the period compared to other age groups. Age-specific rates in women have declined most markedly in those under 40 years, while rates in men have declined substantially in all groups under 50 years.

The proportion of all HIV diagnoses attributed to sex between men increased from 37% of cases with known route of transmission in 2012 to 46% in 2021 in countries reporting consistently over the previous decade. However, the absolute number of HIV diagnoses reported among men who have sex with men (MSM) in EU/EEA countries has declined since the end of 2015, even after adjusting for reporting delay. Despite this overall decline, case numbers have increased during the period in nearly one third of EU/EEA countries (Bulgaria, Cyprus, Iceland, Ireland, Lithuania, Malta, Romania and Slovakia). Cases attributed to MSM born outside of the reporting country has also increased during the previous decade in the EU/EEA.

The proportion of all HIV diagnoses attributed to heterosexually acquired infection in women remained stable between 2012 and 2021, ranging from 20% to 24%. The proportion of all HIV diagnoses attributed to heterosexually acquired HIV infection in men was also stable during the period, ranging from 19% to 21%. Despite the overall decline in the number of heterosexually acquired cases during this period, new diagnoses in Bulgaria, Cyprus, and Czechia increased during the period.

While the overall number of HIV diagnoses reported among people who inject drugs has also declined since 2012, transient increases associated with local outbreaks have been noted in several countries.

Mother-to-child transmission and transmission through nosocomial infection or blood transfusion also decreased steadily between 2012 and 2021 and these types of transmission now represent less than 1% of new cases diagnosed.

Information on CD4 cell count at the time of HIV diagnosis was provided by 25 EU/EEA countries. Among all cases diagnosed in 2021 where information on CD4 cell count, previous positive status or acute HIV infection status was available, nearly 10% were reported as previous positives, 11% as acute infections and 21% as more recent infections (with a CD4 cell count of 500 or over 500 cells per mm^3 at diagnosis).

Among MSM diagnosed in 2021, where information was available, 14% were reported as acute infections and 25% had a CD4 cell count of 500 per mm^3 or above at diagnosis. When excluding previous positive or acute cases, more than half (56%) of all individuals diagnosed in 2021, where a CD4 cell count at diagnosis was reported, were considered to have been diagnosed several years after being infected, with a count of less than 350 cells per mm^3, including 36% of cases considered to have advanced HIV infection (CD4 cell count less than 200 cells/mm^3).

The highest proportions of people presenting at a later stage of HIV infection (CD4 cell count of less than 350 cells/mm^3 excluding those previously diagnosed or with evidence of acute infection) were observed among women (57%), older adults (61% in 40–49-year-olds and 80% in people over 50 years), men or women infected by heterosexual sex (69% and 56% respectively), people who acquired HIV through injecting drug use (56%), and migrants from south and south-east Asia (66%) and sub-Saharan Africa (60%).

In 2020, 1 895 diagnoses of AIDS were reported by 27 EU/EEA countries, giving a rate of 0.5 cases per 100 000 population. Fifteen countries reported tuberculosis (TB) (pulmonary and/or extrapulmonary) as an AIDS-defining illness in nearly 10% of those newly diagnosed with AIDS. In the EU/EEA, the number of AIDS cases has more than halved over the past decade. This decline is noted in men and women and in all transmission groups, but appears to be largest among cases attributed to injecting drug use.

WHO European Region

The upward trend observed during the period 2012–2016 was followed by an overall stabilization of the epidemic in the WHO European Region, before a sharp decline in 2020 and 2021 compared to 2019 – an obvious impact of the COVID-19 pandemic on HIV services.

In 2021, 106 508 people were newly diagnosed with HIV, corresponding to a rate of 12.0 per 100 000 population, a 24% decline in the rate between 2019 and 2021. This makes the interpretation of HIV trends for 2020 and 2021 challenging. For this reason, although we still compare 2021 data to that for previous years in the report, trends should be interpreted with caution.

Of the 106 508 people diagnosed in 2021, 78% were diagnosed in the East (83 438), 16% in the West (17 130) and 6% in the Centre of the Region (5 940) (Table A). The rate was also highest in the East (32.4 per 100 000 population); disproportionately higher than in the West (3.9 per 100 000 population) and the Centre (3.1 per 100 000 population) (Table A).

Rates of newly diagnosed HIV infections varied widely across countries in the WHO European Region in 2021. The highest rates per 100 000 population (more than 15.0) were observed in the Russian Federation (40.2) followed by Ukraine (37.1), the Republic of Moldova (25.9), Kazakhstan (18.7), Cyprus (16.5), Belarus (15.6) and Armenia (15.2). The lowest rates (under 2.0) were reported by Slovenia (1.5), Croatia (1.9) and Norway (1.9). No new HIV cases were diagnosed in San Marino in 2021.

The overall rate for men was 15.7 per 100 000 population and for women 8.5 per 100 000 population. The male-to-female ratio was 1.7; lowest in the East (1.5), higher in the West (3.2) and highest in the Centre (5.1) of the Region.

The largest proportion of people newly diagnosed in the 46 reporting countries were in the age group 30–39 years (38%), while 6% were young people aged 15–24 years and 15% were 50 years or older at diagnosis. The most common reported mode of transmission was through heterosexual sex (58%), with 6% of these cases originating from countries outside of the Region that have generalized epidemics, while 23% were infected through injecting drug use, 10% through sex between men and less than half a per cent through mother-to-child transmission. Information about transmission mode was unknown or missing for 9% of the new diagnoses (Table A).

Among the new diagnoses reported by 12 countries in the East for whom the mode of HIV transmission was known, 67% were infected through heterosexual transmission and 29% through injecting drug use, while reported transmission through sex between men remained low, at 3% of cases. Sex between men (47%) and heterosexual sex (48%) were the main reported transmission modes in the Centre, but 48% of the new diagnoses lacked transmission-mode information. Sex

between men was the predominant mode of transmission for 10 of the 13 countries in the Centre. In the West, sex between men remained the main transmission mode (53% of cases) followed by heterosexual transmission (41% of cases, among whom 23% originated from generalized epidemic countries). Information was lacking for 24% of new diagnoses.

Consistent data on transmission mode were available from 37 countries for the period 2012–2021. Transmission in the East was driven by a rise in the number of HIV diagnoses with reported sexual transmission, which increased by 9% for heterosexual transmission and nearly four-fold for transmission through sex between men. The increase in heterosexual transmission was driven by the transmission among men (41% increase), while it decreased among women during the same period (14% decrease). Although the number of new diagnoses in people infected through injecting drug use decreased by 17% during the period overall, the percentage of all new HIV diagnoses attributed to injecting drug use is still 28%. In the Centre, new diagnoses in people infected through sex between men remained predominant, with nearly half of new HIV diagnoses attributed to this mode of transmission. However, the number of new diagnoses in those infected through heterosexual transmission slightly increased in 2021 compared to 2012 and the percentage of new HIV diagnoses attributed to heterosexual transmission also increased from 32% in 2012 to 38% in 2021 in countries with consistent data throughout this period. In the West, heterosexual transmission continued its steady decline and decreased by 48% over the 10-year period overall. Injecting drug use-related transmission decreased by 63% between 2012 and 2021, and new diagnoses due to sex between men decreased by 50% compared to 2012. The share of new diagnoses with unknown transmission mode increased from 16% in 2012 to 27% in 2021 in the West.

Among those newly diagnosed and over 14 years for whom information on CD4 cell count at the time of HIV diagnosis was available, just over half (54%) were diagnosed late, with CD4 cell counts of less than 350 cells per mm^3, including 34% with advanced HIV infection (CD4 cell count of less than 200 cells/mm^3). However, the Regional average does not include data from the Russian Federation, where only 30% of those newly diagnosed with HIV are detected once their CD4 cell counts have fallen to less than 350 per mm^3 and 13% to less than 200 per mm^3.[3]

Late HIV diagnosis remains a challenge in most of the countries of the Region. The percentage of people newly diagnosed who were diagnosed late (CD4 cell counts of less than 350/mm^3) varied across transmission categories and age groups, but was highest for people with reported heterosexual transmission (60%; 63% for men and 56% for women) and injecting drug use (48%), and lowest for men infected through sex with men (44%) (Fig. B). The percentage increased with age, ranging from 39% among people aged 15–19 years at diagnosis, to 69% among those aged 50 years or above. In terms of gender, the percentage of late diagnoses was similar overall (54% for men and 55% 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).

In 2021, 8 194 people in 44 countries of the WHO European Region were diagnosed with AIDS, which corresponds to a rate of 1.2 per 100 000 population. Overall, 73% of AIDS cases were diagnosed in the East – where the rate per 100 000 was also highest (5.4) – 20% in the West (with a rate of 0.5 per 100 000) and 8% in the Centre of the Region (0.3 per 100 000). Twelve percent of those diagnosed with AIDS presented with tuberculosis (TB) as an AIDS-defining illness, ranging from 11% of cases in the Centre and in the West to 13% in the East. Between 2012 and 2021, the overall rate of new AIDS diagnoses in the Region decreased by 59%.

Conclusions

HIV infection continues to affect the health and well-being of millions of people in the WHO European Region. Over the course of the last three decades, over 2.3 million people have been diagnosed and reported with HIV in the WHO European Region, including nearly 590 000 people in the EU/EEA. In 2021, 104 765 people were newly diagnosed with HIV. The vast majority of newly diagnosed people (78%) were from the East, with a rate of 32.4 per 100 000 population, while 16% were diagnosed in the West, with a rate of 3.9 per 100 000 population, and 6% in the Centre, with a rate of 3.1 per 100 000 population. Newly diagnosed infections in the Russian Federation contributed 55% of all cases in the WHO European Region and 70% of cases in the East. Thus, the HIV trends observed in the country greatly affected epidemic patterns in the East and the Region overall. The share of the cases reported from Ukraine was 14% in the WHO European Region and 18% in the East.

In 2021, many countries reported an increase in the number of people with newly diagnosed HIV compared to 2020. However, it is still 24% fewer diagnoses than in 2019. Reasons for subregion and country variation in trends between 2019–2021 include differences in when various parts of the Region were first affected by the COVID-19 pandemic and the timing of subsequent waves of infection, the severity of the impact, the extent to which restrictions were put in place and adhered to, the capacity and resilience of health systems, and HIV trends in the years leading up to the pandemic.

While epidemic patterns and trends vary widely across WHO European Region countries, sustained increases have been seen in the number of newly diagnosed infections within certain transmission groups across parts of the Region. For example, increased transmission among MSM in the Centre and East, and among heterosexuals in the East, although some studies suggest that the

[3] Data on CD4 cell count reported from the Russian Federation did not include disaggregation by mode of transmission and were therefore excluded from the subregional and regional analysis.

latter increase needs to be interpreted with caution *(1,2)*. Some studies conducted in the East found that the information on mode of transmission among newly diagnosed patients may be biased, with many cases registered as acquired heterosexually having had a history of injecting drug use or, among male cases, sex with men *(1,2)*. This highlights the importance of assessing the validity of routine surveillance data in relation to mode of transmission, especially in countries where injecting drug use and homosexuality are stigmatized. At the request of countries, WHO will support the implementation of special studies to evaluate the misclassification of the reported modes of transmission.

Heterosexual transmission has decreased substantially in the EU/EEA and the West in recent years, particularly among women, as has the number of cases due to sex between men in selected countries in the EU/EEA and the West. While transmission through injecting drug use has declined steadily since 2012, it still remains high in the East.

Just over half (54%) of those newly diagnosed in 2021 had a CD4 cell count of less than 350 per mm^3 at the time of HIV diagnosis, including 34% with advanced HIV infection (CD4 cell count of less than 200/mm^3), which is comparable with the results from the previous years. However, the Regional average does not include data for the Russian Federation, where only 30% of those newly diagnosed with HIV were reported with the CD4 cell counts less than 350 per mm^3 and 13% less than 200 per mm^3. The relatively high number of AIDS diagnoses in the East confirms that late HIV diagnosis remains a major challenge. At the same time, the stabilizing AIDS trend observed since 2012 may be the result of the majority of countries having now implemented "treat-all" policies, which aim to offer anyone living with HIV the opportunity to receive antiretroviral therapy (ART) irrespective 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 has produced consolidated guidelines on HIV testing services, including guidelines on HIV self-testing and partner notification, and ECDC has published public health guidance on an integrated approach to HIV and hepatitis B and C testing. These recommend innovative approaches including self-testing and community testing by lay providers using rapid tests as part of overall HIV testing services *(3–5)*. Rapid scale-up of HIV testing is of the utmost importance, given the negative impact of the COVID-19 pandemic on testing services. WHO has issued a policy brief on moving away from the use of western blotting and line immunoassays in HIV testing strategies and algorithms and towards the support of decentralized rapid-testing and rapid linkage to treatment *(6)*. While the provision of HIV testing services has improved over time and self-testing and community-based HIV testing have seen a substantial increase in recent years, policy-monitoring in the Region indicates that some testing modes remain limited or non-existent in many European countries *(7)*. HIV testing services should focus on reaching the key 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, resulting in improved treatment outcomes and reduced HIV incidence, morbidity and mortality in support of the 95–95–95 goals and other Regional and global targets *(8–10)*.

A robust body of evidence shows that early initiation of ART is beneficial both to the health of the person receiving the treatment and in preventing onward HIV transmission *(11–16)*. Nearly 90% of countries in the WHO European Region have a policy to initiate ART regardless of CD4 cell count *(17,18)*.

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 further 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 *(19)*. Multicomponent interventions, with the inclusion of PrEP for HIV, screening and treatment for sexually transmitted infections, and self-testing and assisted voluntary partner notification in the package of prevention and control interventions, could help to curb the increasing trends seen in some countries. In most European countries, reported use of PrEP is well below the coverage level expected based on perceived need *(3,20–22)*. In many countries in the West of the Region, effective and accessible testing, prevention and care services for the increasingly diverse group of migrants at risk of, and living with HIV need to be implemented more widely. The 2011–2012 increase in HIV cases among people who inject drugs and continued local outbreaks being reported in a number of countries *(23–27)* 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 10 of the 13 reporting Centre countries. Interventions to address this situation are needed, such as PrEP for high-risk groups, HIV testing

by trained 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 with HIV. Interventions to reduce health worker and community stigma, particularly for gay men and other MSM, could increase the update of prevention and testing services. 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 and surveys among key populations. 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 *(28)*.

- 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 *(3,4,10,29)*. Community involvement in the design and delivery of services is essential for reducing the rate of new HIV infections and increasing the number of people linked to care and initiated and retained on ART. The ultimate aim is to reduce HIV incidence 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 working abroad. The large number of new diagnoses in people infected through injecting drug use emphasizes the fact that evidence-based policies focused on key populations, including high coverage of harm-reduction programmes for people who inject drugs, in line with the domestic context, legislation and jurisdictional responsibilities as articulated in the Regional Action Plan, remain critical to the HIV response in the Eastern part of the Region.

The number of countries conducting enhanced HIV surveillance and reporting surveillance data at European level has increased gradually over time. However, 2020 and 2021 data recording and reporting was made very challenging due to overstretched clinical and public health surveillance resources in many countries in the WHO European Region during the ongoing COVID-19 pandemic. This has resulted in less HIV case reporting and a reduced possibility to collect enhanced data for those diagnosed.

Conducting enhanced HIV surveillance increases the possibility 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 95–95–95 goals and other global and Regional targets.

The Action plan for the health sector response to HIV in the WHO European Region reached its terminal date in 2021 and the progress made during 2017–2021 was assessed and reported to the 72nd session of the Regional Committee for Europe *(30)*. The new Regional Action Plan for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030 which was developed based on consultations with Member States and civil society organizations was submitted to the RC72 and adopted by the Member States with the resolution EUR/RC72/R4 (*31–32)*[4]. The Regional Action Plans will operationalize the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections in 2022–2030 through Region-specific actions and will align the responses with the European Programme of Work, 2020–2025 – "United Action for Better Health in Europe" *(33)*. The Action Plans will contribute to realizing the potential of primary health care by promoting multilevel care and delivery networks and moving the universal health coverage agenda forward by improving access to health services without financial hardship.

The WHO Regional Office for Europe and ECDC, together with Member States and partners, will further monitor the long-term impact of COVID-19 on the HIV surveillance and prevention response to understand how the pandemic may have affected HIV incidence, particularly in those subregions and groups most at-risk and support the continued high standard of European HIV and AIDS data.

References[5]

1. Dumchev K, Kornilova M, Kulchynska R, Azarskova M, Vitek C. Improved ascertainment of modes of HIV transmission in Ukraine indicates importance of drug injecting and homosexual risk. BMC Public Health 2020;20(1):1288. doi:10.1186/s12889-020-09373-2.

2. Čakalo JI, Božičević I, Vitek C, Mandel JS, Salyuk T, Rutherford GW. Misclassification of men with reported HIV infection in Ukraine. AIDS Behav. 2015;19(10):1938–40. doi:10.1007/s10461-015-1112-0.

3. Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/handle/10665/251655).

4. Consolidated guidelines on HIV testing services. Geneva: World Health Organization; 2015 (https://www.who.int/publications/i/item/9789241508926).

5. Public health guidance on HIV, hepatitis B and C testing in the EU/EEA. Stockholm: ECDC; 2018 (https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea).

[4] Three Member States voted against the adoption.

[5] All online references were accessed on 04 November 2022.

6. WHO recommends countries move away from the use of western blotting and line immunoassays in HIV testing strategies and algorithms. Policy brief. Copenhagen: WHO Regional Office for Europe; 2019 (https://www.who.int/publications/i/item/WHO-CDS-HIV-19.30).

7. HIV testing, Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm: ECDC; 2017. https://www.ecdc.europa.eu/en/publications-data/hiv-testing-monitoring-implementation-dublin-declaration-partnership-fight).

8. Global health sector strategy on HIV, 2016–2021 – towards ending AIDS. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/handle/10665/246178).

9. Global AIDS Strategy 2021–2026 – End Inequalities. End AIDS. Geneva: UNAIDS; 2021 (www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf).

10. Action plan for the health sector response to HIV in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017 (https://apps.who.int/iris/handle/10665/329423).

11. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach. Second edition. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/handle/10665/208825).

12. Guidelines on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (https://www.who.int/publications/i/item/9789241509565).

13. INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. N Engl J Med. 2016;373(9):795–807. doi: 10.1056/NEJMoa1506816.

14. Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011;365(6):493–505. doi: 10.1056/NEJMoa1105243.

15. Guidelines Version 9.1. October 2018. In: European AIDS Clinical Society. Brussels: European AIDS Clinical Society; 2018 (https://www.eacsociety.org/guidelines/guidelines-archive/).

16. Rodger A, Cambiano V, Bruun T, Vernazza P, Collins S, Degan O et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. Lancet 2019;393(10189):2428–38. doi: 10.1016/S0140-6736(19)30418-0.

17. Continuum of HIV care. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2018 progress report. Stockholm: ECDC; 2018 (https://www.ecdc.europa.eu/en/publications-data/hiv-continuum-care-monitoring-implementation-dublin-declaration).

18. Global AIDS Monitoring 2022. In: UNAIDS [website]. New York (NY): UNAIDS; 2022 (https://www.unaids.org/en/global-aids-monitoring).

19. Brown AE, Mohammed H, Ogaz D, Kirwan PD, Yung M, Nash SG. Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: testing or treatment or pre-exposure prophylaxis (PrEP)? Euro Surveill. 2017;22(25). doi.org/10.2807/1560-7917.ES.2017.22.25.30553.

20. HIV and STI prevention among men who have sex with men. ECDC guidance. Stockholm: ECDC; 2014 (https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/hiv-sti-prevention-among-men-who-have-sex-with-men-guidance.pdf).

21. McCormack S, Dunn DT, Desai M, Dolling DI, Gafos M, Gilson R et al. Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. Lancet 2017;378:53–60. doi: 10.1016/S0140-6736(15)00056-2.

22. Hayes R, Schmidt AJ, Pharris A, Azad Y, Brown AE, Weatherburn P, et al. and the ECDC Dublin Declaration Monitoring Network. Estimating the "PrEP gap": how implementation and access to PrEP differ between countries in Europe and Central Asia in 2019. Euro Surveill. 2019;24(41). doi.org/10.2807/1560-7917.ES.2019.24.41.1900598.

23. Hedrich D, Kalamara E, Sfetcu O, Pharris A, Noor A, Wiessing L et al. Human immunodeficiency virus among people who inject drugs: is risk increasing in Europe? Euro Surveill. 2013;18(48). doi: 10.2807/1560-7917.es2013.18.48.20648.

24. Giese C, Igoe D, Gibbons Z, Hurley C, Stokes S, McNamara S et al. Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2015. Euro Surveill. 2015;20(40). doi: 10.2807/1560-7917.ES.2016.20.40.30036.

25. European Centre for Disease Prevention and Control (ECDC)/ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) . HIV in people who inject drugs – joint technical mission to Luxembourg. Stockholm: ECDC; 2018 (https://sante.public.lu/fr/publications/h/hiv-joint-technical-mission.html).

26. McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN et al. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. Lancet HIV 2019;6(5):e315–24. doi: 10.1016/S2352-3018(19)30036-0.

27. Des Jarlais DC, Sypsa V, Feelemyer J, Abagiu AO, Arendt V, Broz D et al. HIV outbreaks among people who inject drugs in Europe, North America, and Israel. Lancet HIV 2020;7(6):e434–42. doi: 10.1016/S2352-3018(20)30082-5.

28. Lost in transition. Three case studies of Global Fund withdrawal in south eastern Europe. New York (NY): Open Society Foundations; 2017 (www.opensocietyfoundations.org/publications/lost-transition).

29. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. 2017 update. Geneva: World Health Organization; 2017 (https://www.who.int/publications/i/item/9789241511124).

30. Action Plan for the Health Sector Response to HIV in the WHO European Region - Final progress report. Copenhagen: WHO Regional Office for Europe; 2022 (https://apps.who.int/iris/bitstream/handle/10665/360910/72wd17e-B-PR-HIV-220525.pdf?sequence=1&isAllowed=y)

31. Regional Action Plans for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030. Draft for the Seventy-second Regional Committee for Europe. Copenhagen: WHO Regional Office for Europe; 2022 (https://apps.who.int/iris/bitstream/handle/10665/361920/72bg05e-APs-HIV-VH-STIs.pdf?sequence=1&isAllowed=y).

32. WHO Regional Committee for Europe resolution EUR/RC72/R4 Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections, 2022–2030. Copenhagen: WHO Regional Office for Europe (https://apps.who.int/iris/bitstream/handle/10665/363080/72rs04e-AIDS-VH-22079.pdf?sequence=1&isAllowed=y).

33. European Programme of Work 2020–2025 – "United Action for Better Health". Copenhagen: WHO Regional Office for Europe; 2021(https://www.who.int/europe/publications/i/item/WHO-EURO-2021-1919-41670-56993).

Обзор эпидемиологической ситуации по ВИЧ/СПИДу в Европе

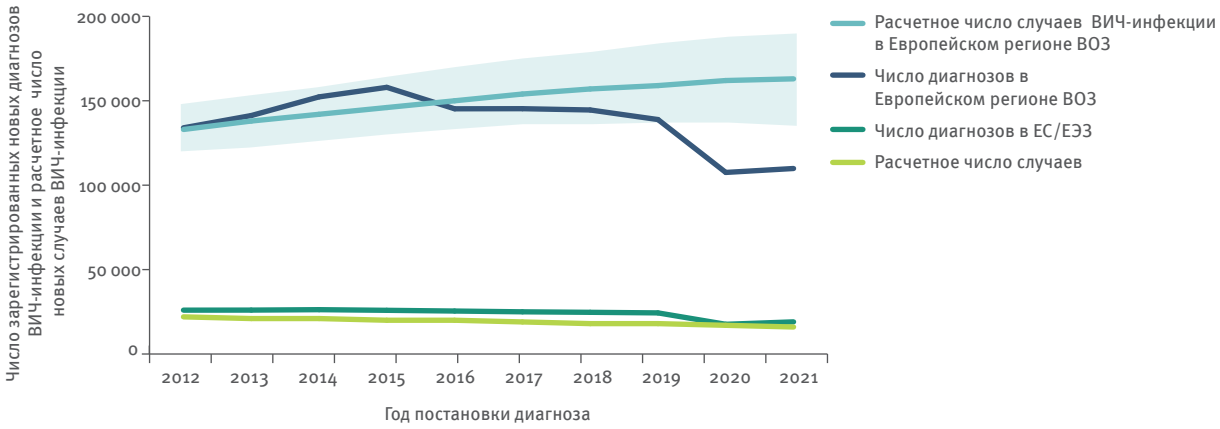
В настоящем отчете представлены данные эпиднадзора за ВИЧ/СПИДом за 2021 г. – период, ознаменованный глобальной пандемией COVID-19, которая, начиная с марта 2020 г., серьезно затронула Европу. Наиболее явное и непосредственное влияние пандемии на ситуацию в области ВИЧ и связанные с ним службы в Регионе выразилось в значительном снижении числа новых случаев ВИЧ-инфекции, диагностированных в период с 2019 по 2020 гг. В 2021 г. многие страны сообщили об увеличении числа новых зарегистрированных случаев ВИЧ-инфекции по сравнению с 2020 г., однако в целом в Европейском регионе ВОЗ в 2021 г. было зарегистрировано на 24% меньше новых диагнозов ВИЧ-инфекции, чем в 2019 г.

В период 2019–2021 гг. были отмечены различия в тенденциях на субрегиональном и страновом уровнях, что, вероятно, объясняется различиями в том, когда пандемия COVID-19 впервые затронула различные части Региона, во времени возникновения последующих волн инфекции, тяжестью последствий пандемии; тем, насколько жестко вводились и соблюдались ограничительные меры; каким потенциалом обладали системы здравоохранения и насколько они были устойчивы, а также тенденциями ВИЧ-инфекции в годы, предшествовавшие пандемии. Некоторое снижение числа новых диагностированных случаев ВИЧ-инфекции, отмеченное в 2020 и 2021 гг., также может быть результатом снижения уровня передачи инфекции благодаря мерам по защите общественного здоровья, введенным странами в ответ на пандемию COVID-19. Однако, смоделированные оценки, согласно которым ежегодное расчетное число новых случаев ВИЧ-инфекции в 2018–2021 гг. оставалось неизменным (Рис. А), не поддерживают данное предположение. При сравнении числа новых диагнозов с расчетным числом новых случаев ВИЧ-инфекции за последнее десятилетие в Регионе становится ясно, что на протяжении большей части этого периода ВИЧ-инфекцией заражалось больше людей, чем было диагностировано, что указывает на то, что число людей, живущих в регионе с недиагностированным ВИЧ, растет. Тенденция по Европейскому Союзу/Европейской Экономической Зоне (ЕС/ЕЭЗ) отличается от тенденции по Региону в целом: число установленных диагнозов ВИЧ-инфекции несколько превышает число случаев инфекции, что указывает на то, что число людей, живущих с недиагностированным ВИЧ в ЕС/ЕЭЗ, скорее всего, снижается.

Несмотря на потенциальные проблемы с занижением диагностики и регистрации в 2021 г., в 46 из 53 стран Региона были зарегистрированы 106 508 новых случаев ВИЧ-инфекции, в том числе 16 624 случаев в странах ЕС/ЕЭЗ, что соответствует общему показателю 12,0 новых диагнозов ВИЧ-инфекции на 100 000 населения в Регионе в целом (Таблица А).

Сохраняется та же тенденция, что отмечалась на протяжении последнего десятилетия: показатели и общее количество людей с диагнозом ВИЧ-инфекции наиболее высоки на востоке Региона (32,4 на 100 000 населения), ниже в ЕС/ЕЭЗ и на западе (4,3 и 3,9 на 100 000 соответственно) и самые низкие - в центральной его части (3,1 на 100 000) (Таблица А). Данные о географическом/эпидемиологическом делении Европейского региона ВОЗ на три субрегиона представлены в Приложении 1. Основной путь передачи также по-прежнему варьирует в зависимости от географической зоны, что свидетельствует о различиях в эпидемиологических особенностях ВИЧ-инфекции в Европейском регионе ВОЗ: в 2021 г. наиболее

Рис. А. Расчетное число новых случаев ВИЧ-инфекции и зарегистрированных новых диагнозов ВИЧ-инфекции в ЕС/ЕЭЗ и в Европейском регионе ВОЗ, 2012–2021 гг.



Примечание: Области, выделенные фоном, представляют собой интервалы неопределенности вокруг максимальной расчетной величины. Примечание: Данные из Андорры, Боснии и Герцеговины, Северной Македонии, Туркменистана и Узбекистана были исключены из-за непоследовательности сведений, поданных за отчетный период.

распространенным путем передачи инфекции в ЕС/ЕЭЗ и на западе Региона были половые контакты между мужчинами, в то время как гетеросексуальная передача и употребление инъекционных наркотиков были основными отмеченными путями передачи на востоке Региона.

Поздняя диагностика ВИЧ-инфекции остается проблемой для большинства стран в Регионе. Процент людей, которым диагноз был установлен поздно (количество клеток CD4 менее 350/мм3) варьировал в зависимости от категорий путей передачи и возрастных групп, но был самым высоким среди людей, инфицировавшихся в результате гетеросексуальной передачи (59%) и самым низким - среди мужчин, инфицировавшихся вследствие половых контактов с мужчинами (45%) (рис.Б). Процент увеличился с возрастом - от 33% среди людей в возрасте 15–19 лет на момент установления диагноза до 65% среди людей в возрасте 50 лет и старше.

В 2021 г. диагноз СПИДа был поставлен 8 194 лицам в 43 странах Европейского региона ВОЗ, а частота новых диагнозов СПИДа составила 1,2 на 100 000 населения (см. Таблица А). В ЕС/ЕЭЗ в 2021 г. диагноз СПИДа был поставлен 1 895 лицам; а частота составила 0,5 на 100 000 населения. В течение последнего десятилетия число случаев СПИДа продолжало стабильно снижаться на западе Региона и в ЕС/ЕЭЗ, а в период с 2012 г. по 2018 г. наметилась стабилизация и даже снижение в 2019 г. в восточной части Региона. В 2020-2021 гг. показатель снизился еще более значительно, хотя, возможно, это было связано с задержкой в подаче сведений, вызванной пандемией COVID-19.

Европейский Союз и Европейская Экономическая Зона

В 2021 г. в 29 странах ЕС/ЕЭЗ, было зарегистрировано 16 624 новых диагнозов ВИЧ-инфекции, что соответствует показателю 4,3 на 100 000 после корректировки на задержку отчетности. Страны с наиболее высокими показателями - Кипр (16,5; 148 случаев) и Латвия (11,2; 212 случаев), а страна с наиболее низким показателем - Словения (1,5; 32 случая).

Частота установления новых диагнозов ВИЧ-инфекции была выше среди мужчин (5,8 на 100 000 населения), чем среди женщин (1,6 на 100 000 населения). Общее соотношение полов - мужчин и женщин - составило 3,6 (Таблица А). Это соотношение было набольшим в Хорватии (11,8), на Мальте (10,3) и в Венгрии (10,0) и превышало единицу во всех странах ЕС/ЕЭЗ. Преобладающий путь передачи в странах с наивысшими соотношениями мужчин и женщин – половые контакты между мужчинами.

У мужчин по сравнению с женщинами отмечались более высокие повозрастные коэффициенты во всех возрастных группах, за исключением лиц моложе 15 лет, где повозрастные коэффициенты были одинаково низкими для обоих полов. Наивысший общий повозрастной коэффициент диагностики ВИЧ-инфекции отмечался среди людей в возрасте 25–29 лет (9,3 на 100000 населения), в основном вследствие того, что этой возрастной группе присущ наивысший повозрастной коэффициент для мужчин – 14,6 на 100 000 населения, в то время как для женщин он

Таблица А: Характеристики новых диагнозов ВИЧ-инфекции и СПИДа, зарегистрированных в Европейском регионе ВОЗ, в западной, центральной и восточной части Европейского региона ВОЗ, а также в ЕС/ЕЭЗ, 2020 г.

	Европейский регион ВОЗ	запад	центр	восток	ЕС/ЕЭЗ
Подающие сведения страны/количество стран[a]	46/53	20/23	13/15	13/15	29/30
Количество новых диагнозов ВИЧ-инфекции	106 508	17 130	5 940	83 438	16 624
Частота диагностики ВИЧ на 100000 населения	12,0	3,9	3,1	32,4	4,3
Процент в возрасте 15-24 лет	6,3%	9,3%	13,6%	5,2%	10,0%
Процент в возрасте 50+ лет	14,5%	22,8%	14,6%	12,8%	21,3%
Соотношение сужчин к женщинам	1,7	3,2	5,1	1,5	3,6
Путь передачи					
Секс между мужчинами	10,3%	40,7%	24,5%	3,1%	40,0%
Гетеросексуальная передача (мужчины)	29,0%	14,9%	17,6%	32,7%	14,8%
Гетеросексуальная передача (женщины)	28,6%	16,6%	8,1%	32,6%	14,4%
Потребление инъекционных наркотиков	22,7%	3,1%	1,8%	28,1%	3,5%
Передача от матери к ребенку	0,4%	0,7%	0,6%	0,4%	0,6%
Неизвестен	8,9%	23,6%	48,4%	3 0%	26,6%
СПИД и поздняя диагностика ВИЧ-инфекции					
Процент новых диагнозов ВИЧ-инфекции с CD4 < 350клеток/mm^3	54,2%	52,5%	52,8%	55,3%	55,5%
Количество новых диагнозов СПИДа[c]	8 194	1 615	626	5 953	1 895
Частота новых диагнозов СПИДа на 100 000 населения	1,2	0,5	0,3	5,4	0,5

[a] Не получено сведений от Андорры, Боснии и Герцеговины, Монако, Северной Македонии, Туркменистана или Узбекистана. Данные из Португалии не публикуются по просьбе страны.

[b] Данные по ЕС/ЕЭЗ скорректированы с учетом задержки отчетности; расчетное число новых случаев с учетом задержки отчетности составляет 19 050.

[c] Не получено сведений от Андорры, Боснии и Герцеговины, Германии, Монако, Северной Македонии, Российской Федерации, Швеции, Туркменистана или Узбекистана. Данные из Португалии не публикуются по просьбе страны.

был наивысшим в возрастной группе 30–39 лет (4,0 на 100 000 населения). На молодежь в возрасте 15–24 лет, составляющую 11% населения ЕС/ЕЭЗ, пришлось 10% диагнозов ВИЧ-инфекции в 2021 г. На взрослых пожилого возраста (50 лет и старше), составляющих сорок один процент населения ЕС/ЕЭЗ, пришелся 21% всех новых диагнозов ВИЧ-инфекции, зарегистрированных в 2021 г.

Половые контакты между мужчинами остаются доминирующим путем передачи ВИЧ в ЕС/ЕЭЗ, являясь причиной 40% (6648) всех новых диагнозов ВИЧ-инфекции, поставленных в 2021 г., и более чем половины (55%) диагнозов с известным путем передачи. Среди случаев с известным путем передачи ВИЧ-инфекции половые контакты между мужчинами обусловили свыше 60% новых диагнозов ВИЧ-инфекции, зарегистрированных в одиннадцати странах (Австрия, Венгрия, Германия, Ирландия, Испания, Мальта, Нидерланды, Польша, Словакия, Хорватия и Чехия).

Гетеросексуальные контакты были вторым по значимости наиболее распространенным отмеченным путем передачи ВИЧ в ЕС/ЕЭЗ в 2021 г., обуславливая 29% (4 848) диагнозов ВИЧ-инфекции и 40% диагнозов с известным путем передачи. Гетеросексуальная передача была наиболее распространенным известным путем передачи в пяти странах ЕС/ЕЭЗ (Латвия, Норвегия, Румыния, Франция и Эстония).

Передача вследствие употребления инъекционных наркотиков в 2021 г. стала причиной установления почти 4% диагнозов ВИЧ-инфекции, являясь возможным путем передачи в 24% случаев, диагностированных в Латвии, и 20% случаев, диагностированных в Греции.

Вертикальная передача – путь передачи, упомянутый менее чем в 1% новых диагнозов ВИЧ-инфекции в ЕС/ЕЭЗ в 2021 г., но следует иметь в виду, что в 27% новых диагнозов ВИЧ-инфекции путь передачи либо не был указан, либо был указан как неизвестный (Таблица А).

Сорок два процента лиц, диагностированных в ЕС/ЕЭЗ в 2021 г., были мигрантами, определяемыми как выходцы из-за пределов страны, в которой им был поставлен диагноз, причем в 14% случаев страной происхождения были страны Африки, расположенных к югу от Сахары, в 10% – страны Латинской Америки и Карибского бассейна; 8% мигрантов были выходцами из других стран Центральной и Восточной Европы, а 3% – из других стран Западной Европы.

В 2021 г. относительно 17% лиц, которым был установлен диагноз ВИЧ-инфекции, уже имелась информация о том, что ВИЧ-инфекция была выявлена у них ранее, еще до установления диагноза в стране, подающей сведения. Это превышает долю ранее выявленных случаев ВИЧ-инфекции в 2012 г., когда ВИЧ-инфекция была выявлена ранее у 12% лиц, зарегистрированных с новым диагнозом ВИЧ-инфекция.

Тенденция в отношении числа зарегистрированных диагнозов ВИЧ-инфекции – нисходящая с пикового значения в 2012 г., когда показатели стран ЕС/ЕЭЗ, постоянно подающих сведения, составляли 6,0 на 100 000 населения. В 2019 г. показатели этих стран, постоянно подающих сведения, снизились до 5,5 на 100 000 населения. Показатель за 2020 г. резко упал до 4,0 на 100 000; после чего немного вырос до 4,3 в 2021 г. (19 050 случаев после корректировки на задержку в подаче сведений см. Приложение 1 (по методам корректировки на задержку в подаче сведений). Есть вероятность того, что отчасти снижение, отмеченное в 2020 г., произошло из-за снижения выявления случаев в результате меньшего объема тестирования с учетом ограничительных мер по защите общественного здоровья, связанных с пандемией COVID-19, а рост с 2020 г. по 2021 г.стал результатом частичного возвращения к тому объему тестирования на ВИЧ-инфекцию, который был отмечен до пандемии. Воздействие задержек в выявлении случаев заражения ВИЧ из-за мер по борьбе с COVID- 19 до сих пор полностью не осмыслено; но задержки в подаче сведений способны привести к переоценке степени снижения частоты установления новых диагнозов ВИЧ-инфекции. Хотя создается впечатление, что в последнее десятилетие в ЕС/ЕЭЗ отмечался общий нисходящий тренд, тенденции на национальном уровне варьируют. Около 2/3 стран ЕС/ЕЭЗ отмечают снижение частоты установления новых диагнозов даже после корректировки на изменения в охвате населения эпиднадзором в динамике и на задержку подачи отчетности. В отличие от этого с 2012 г. даже с учетом задержек в подаче сведений частота установления диагноза ВИЧ-инфекции более, чем удвоилась на Кипре и в Словакии и увеличились более, чем на 50% в Болгарии.

Десять стран (Бельгия, Греция, Латвия, Польша, Румыния, Словакия, Словения, Франция, Чехия и Эстония) последовательно подавали сведения об охвате тестированием в 2012–2021 гг. В эту отчетность не включались данные по анонимному тестированию без направления специалиста и по тестированию донорской крови. Количество тестов, проведенных в вышеуказанных странах, снизилось на 7% с 2019 по 2021 г., что, вероятно, стало результатом снижения тестирования в течение части 2020 г. и в 2021 г., обусловленное пандемией COVID-19. Тенденции различаются в зависимости от пола и возрастной группы. Повозрастные коэффициенты снизились с 2012 г. во всех возрастных группах, хотя в некоторых случаях отмеченное снижение может быть обусловлено задержками в выявлении случаев ВИЧ-инфекции в 2020 и 2021 гг, а не истинным сокращением показателей. На протяжении всего указанного периода частота диагностики ВИЧ-инфекции как у женщин, так и у мужчин была неизменно выше среди лиц в возрасте 25–29 лет и 30–39 лет по сравнению с другими возрастными группами. Повозрастные коэффициенты для женщин наиболее заметно снизились среди лиц моложе 40 лет, тогда как у мужчин

– существенно снизились во всех возрастных группах моложе 50 лет.

Доля всех диагнозов ВИЧ-инфекции, относимых за счет половых контактов между мужчинами, увеличилась с 37% случаев инфицирования с известным путем передачи в 2012 г. до 46% случаев в 2021 г. в регулярно подававших сведения странах в течение последних десяти лет. Однако, абсолютное число диагнозов ВИЧ-инфекции, зарегистрированных среди мужчин, практикующих секс с мужчинами (МСМ), в ЕС/ЕЭЗ сократилось с конца 2015 г. даже после введения корректировки на задержку отчетности. Несмотря на общее снижение, в указанный период количество случаев увеличилось в почти трети стран ЕС/ЕЭЗ (Болгария, Ирландия, Исландия, Кипр, Литва, Мальта, Румыния и Словакия). Также, за последние десять лет в ЕС/ЕЭЗ увеличилось количество случаев заражения среди МСМ, родившихся за пределами подающей сведения страны.

Доля случаев заболевания ВИЧ-инфекцией вследствие гетеросексуальной передачи среди женщин в период с 2012 г. по 2021 г. оставалось стабильной, варьируя в диапазоне от 20% to 24%. Доля всех случаев заболевания ВИЧ-инфекцией вследствие гетеросексуальной передачи среди мужчин на протяжении указанного периода также оставалась стабильной, варьируя в диапазоне от 19% to 21%. Хотя общее количество случаев вследствие гетеросексуальной передачи в течение указанного периода уменьшилось, в то же время в Болгарии, на Кипре и в Чехии число новых диагнозов за указанный период увеличилось.

В то время, как общее число диагнозов ВИЧ-инфекции, зарегистрированных как связанных с употреблением инъекционных наркотиков, также снизилось с 2012 г., в ряде стран отмечались кратковременное увеличение их числа вследствие локализованных вспышек заболеваемости.

В период с 2012 г. по 2021 г. также неуклонно снижалась частота передачи ВИЧ-инфекции от матери ребенку и передачи вследствие нозокомиальной инфекции или переливания крови. В настоящее время данные типы передачи представляют менее 1% новых случаев диагностики ВИЧ-инфекции.

Информация о количестве клеток CD4 на момент диагностики ВИЧ-инфекции была предоставлена 25 странами ЕС/ЕЭЗ. Среди всех случаев, диагностированных в 2021 г., по которым была доступна информация о количестве CD4, о наличии положительного ВИЧ-статуса или острой ВИЧ-инфекции ранее, почти 10% случаев были зарегистрированы как случаи ВИЧ-инфекции, выявленные ранее, 11% случаев – как острая инфекция, а 21%– как недавнее заражение (с количеством CD4 выше 500 клеток/мм3 или выше на момент диагностики).

Среди МСМ, диагностированных в 2021 г., – там, где информация была доступной, – 14% были зарегистрированы как случаи острой инфекции, а у 25% на момент диагностики отмечалось количество CD4 500 или выше 500 клеток в мм3. Как и в предыдущие годы, более половины (56%) всех случаев с известным количеством клеток CD4 были диагности- рованы через несколько лет после заражения при количестве CD4 менее 350 клеток в мм3. В общей сложности 35% случаев рассматривались как диагностированные на поздних стадиях ВИЧ-инфекции (CD4 менее 200 клеток/мм3).

Наибольшая доля людей, обратившихся за помощью на поздних стадиях ВИЧ-инфекции (количество CD4 менее 350 клеток/мм^3) за исключением лиц с ранее выявленной ВИЧ-инфекцией или с проявленными признаками острой инфекции, была отмечена среди женщин (57%), пожилых людей (61% среди лиц в возрасте 40–49 лет и 80% – среди людей старше 50 лет), мужчин и женщин, инфицировавшихся при гетеросексуальных половых контактах (69% и 56%, соответственно), людей, заразившихся ВИЧ вследствие употребления инъекционных наркотиков (56%), и мигрантов из Южной и Юго-Восточной Азии (66%) и стран Африки, расположенных к югу от Сахары (60%).

В 2020 г. в 27 странах ЕС/ЕЭЗ было зарегистрировано 1 895 диагнозов СПИДа, что соответствует показателю 0,5 случаев на 100000 населения. Пятнадцать стран сообщили о туберкулезе (ТБ) – легочном и/или внелегочном – как СПИД- индикаторном заболевании среди почти 10% тех, кому впервые был поставлен диагноз СПИДа. В ЕС/ЕЭЗ за последнее десятилетие число случаев СПИДа уменьшилось более чем наполовину. Подобное снижение отмечено среди мужчин и женщин и во всех группах путей передачи, но создается впечатление о том, что наибольшее снижение относится к категории употребления инъекционных наркотиков.

Европейский регион ВОЗ

В период с 2012 г. по 2016 г. отмеченная тенденция к увеличению числа впервые диагностированных случаев ВИЧ-инфекции сменилась общей стабилизацией эпидемии в Европейском регионе ВОЗ, за которой последовал резкий спад в 2020 и 2021гг. по сравнению с 2019 г., что явилось очевидным результатом воздействия пандемии COVID-19 на работу служб в сфере ВИЧ-инфекции.

В 2021 г. диагноз ВИЧ-инфекции был впервые поставлен 106 508 лицам, что соответствует показателю 12 на 100 000 населения – 24-процентное снижение частоты в 2019–2021 гг. Это затрудняет интерпретацию трендов в диагностике ВИЧ-инфекции в 2020 и 2021 гг. По этой причине, хотя в данном докладе мы все еще сравниваем данные за 2021 г. с данными за предыдущие годы, тенденции следует интерпретировать с осторожностью.

Из 106 508 человек, которым диагноз был установлен в 2021 г., 78% были диагностированы в восточной

(83 438), 16% – в западной (17 130) и 6% – в центральной части Региона (5 940) (Таблица А). Показатель также стал наибольшим на востоке (32,4 100 000 населения), будучи диспропорционально выше, чем на западе (3,9 на 100 000 населения) и в центре (3,1 на 100 000 населения).

В 2021 г. в Европейском регионе ВОЗ частота установления новых диагнозов ВИЧ-инфекции широко варьировала между странами. Наибольшие показатели на 100 000 населения (выше 15,0) отмечались в Российской Федерации (40,2), за которой следовали Украина (37,1), Республика Молдова (25,9), Казахстан (18,7), Кипр (16,5), Беларусь (15,6) и Армения (15,2). О самых низких показателях (ниже 2,0) сообщили Словения (1,5), Хорватия (1,9) и Норвегия (1,9). Ни одного нового случая ВИЧ- инфекции в 2021 г. не было диагностировано в Сан-Марино (Таблица 1).

Общий показатель – 15,7 на 100000 населения для мужчин и 8,5 на 100 000 населения для женщин. Соотношение мужчин и женщин составило 1,7 – самое низкое на востоке (1,5), выше на западе (3,2) и наиболее высокое в центральной части Региона (5,1).

Наибольшая доля людей с впервые установленным диагнозом ВИЧ-инфекции в 46 подающим сведения странах относилась к возрастной группе 30–39 лет (38%) притом, что 6% на момент диагностики были молодежью в возрасте 15–24 лет, а 15% лиц были в возрасте 50 лет и старше. Наиболее распространенной формой заражения выступали гетеросексуальные половые контакты (58%), причем 6% таких случаев были выходцами из стран с генерализованными эпидемиями за пределами Региона: 23% инфицировались вследствие употребления инъекционных наркотиков, 10% – в результате половых контактов между мужчинами и менее половины процента – путем передачи от матери ребенку. По 9% новых диагнозов информация о путях передачи либо была неизвестна, либо не предоставлялась (Таблица А).

Среди новых диагнозов с известным путем передачи ВИЧ, зарегистрированных 12 странами в восточной части Региона, 67% инфицировались путем гетеро- сексуальной передачи, а 29% – из-за употребления инъекционных наркотиков; отмеченная передача вследствие половых контактов между мужчинами оставалась низкой, на уровне 3% случаев. Половые контакты между мужчинами (47%) и гетеросексуальные контакты (48%) – основные отмеченные пути передачи в центре, но по 48% новых диагнозов информация о путях передачи отсутствовала. Половые контакты между мужчинами – преобладающий путь передачи для 10 из 13 стран центральной части Региона. На западе половые контакты между мужчинами оставались основным путем передачи (53% случаев), за которым следовала гетеросексуальная передача (41% случаев, среди которых происхождение 23% – из стран с генерализованными эпидемиями). По 24% новых диагнозов информация отсутствовала.

Сведения о путях передачи за период 2012–2021 гг. последовательно подавались 37 странами. На востоке прирост был обусловлен увеличением числа диагнозов ВИЧ-инфекции с известным половым путем передачи: доля гетеросексуальной передачи увеличилась на 9%, а доля половых контактов между мужчинами – почти четырехкратно. Повышение значимости гетеросексуальной передачи связано с передачей инфекции от мужчины мужчине (увеличение на 41%), поскольку за тот же период частота гетеросексуальной передачи среди женщин снизилась (сокращение на 14%). Хотя число новых диагнозов среди людей, инфицировавшихся в результате употребления инъекционных наркотиков, за указанный период сократилась в общей сложности на 17%, общий показатель всех новых диагнозов, обусловленных инъекционным употреблением наркотиков, по прежнему остается на уровне 28%. В центре заражение людей вследствие половых контактов между мужчинами оставалось доминирующим путем передачи и почти половина лиц, впервые диагностированных ВИЧ-инфекцией, инфицировались в результате данного пути передачи. Тем не менее, количество новых диагнозов среди инфицированных в результате гетеросексуальной передачи в 2021 г. несколько увеличилось по сравнению с 2012 г. и частота новых случаев диагностики ВИЧ-инфекции в результате гетеросексуальных половых контактов также повысилась с 32% в 2012 г. до 38% в 2021 г. в странах, последовательно подававших сведения в течение указанного периода. На западе гетеросексуальная передача продолжала последовательно снижаться, сократившись в общей сложности на 48% на протяжении 10-летнего периода. В 2012–2021 гг. передача ВИЧ-инфекции передача вследствие употребления инъекционных наркотиков сократилась на 63%, а число впервые диагностированных случаев ВИЧ-инфекции, связанных с половыми контактами между мужчинами, сократилось на 50% по сравнению с 2012 г.. На западе доля новых диагнозов с неизвестным путем передачи увеличилась с 16% в 2012 г. до 27% в 2021 г.

Среди лиц, впервые диагностированных на протяжении 14 лет, по которым доступна информация о количестве клеток CD4 на момент установления диагноза ВИЧ-инфекции, чуть более половины (54%) поздно обратились за помощью, когда количество CD4 опустилось ниже 350 клеток в мм^3, в том числе 34% – на поздних стадиях ВИЧ- инфекции (CD4 менее 200 клеток/мм^3). Однако, в усредненные данные по Региону не включены данные по Российской Федерации, где только у 30% лиц ВИЧ-инфекция выявляется, когда число CD4 снижено до уровня ниже, чем 350 клеток/мм^3 и у 13% - когда число клеток CD4 менее, чем 200 на мм^3.

Поздняя диагностика ВИЧ-инфекции остается проблемой в большинстве стран Региона. Процент людей, поздно обратившихся за помощью (CD4 менее 350 клеток/мм^3), среди людей, которым был впервые установлен диагноз, варьировал в зависимости

от категорий путей передачи и возрастных групп, но был наивысшим среди тех, кто сообщил о гетеросексуальной передаче (60%; 63% для мужчин и 56% для женщин) и передаче из-за употребления инъекционных нар- котиков (48%), и самым низким – среди мужчин, инфицировавшихся вследствие половых контактов между мужчинами (44%) (Рис. Б). Процент увеличивался с возрастом в диапазоне от 39% среди людей в возрасте 15–19 лет на момент установления диагноза до 69% среди людей в возрасте 50 лет и старше. Что касается разбивки по полу, процент лиц, которым диагноз был установлен поздно, был в целом одинаков для обоих полов (54% среди мужчин и 55% среди женщин), что в группе мужчин нивелирует различия между MCM (среди которых отмечается тенденция к более ранней диагностике) и гетеросексуальными мужчинами (среди которых отмечается тенденция к более поздней диагностике).

В 2021 г. 8 194 лицам в 44 странах Европейского региона ВОЗ был поставлен диагноз СПИДа, что соответствует показателю 1,2 на 100 000 населения. В общей сложности 73% случаев СПИДа были диагностированы на востоке, где частота диагностики СПИДа на 100 000 также была наивысшей (5,4) - 20% – на западе (с показателем 0,5 на 100 000) и 8% – в центре Региона (0,3 на 100 000). Двенадцать процентов лиц с диагнозом СПИДа страдали ТБ в качестве СПИД-индикаторного заболевания в диапазоне от 11% случаев в центре и на западе до 13% случаев на востоке. В период с 2012 г. по 2021 г. общая частота установления новых диагнозов СПИДа в Регионе снизилась на 59%.

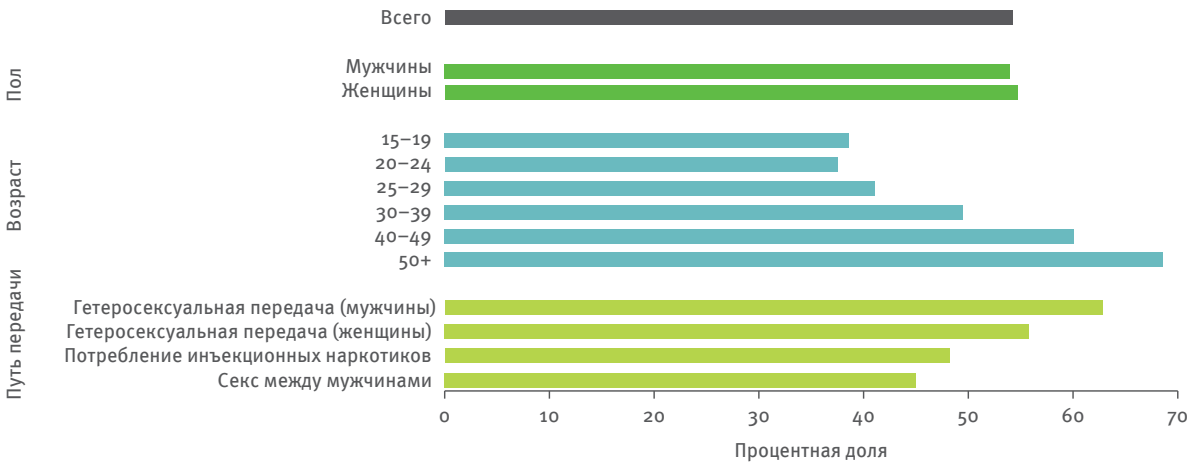
Выводы

ВИЧ-инфекция продолжает оказывать влияние на здоровье и благополучие миллионов людей в Европейском регионе ВОЗ. На протяжении трех последних десятилетий свыше 2,3 миллионов человек в Европейском регионе ВОЗ были диагностированы и зарегистрированы как ВИЧ-инфицированные, включая почти 590 000 человек в ЕС/ЕЭЗ. ВИЧ-инфекция в 2021 г. была впервые выявлена у 104 765 человек. Подавляющее большинство людей с впервые установленным диагнозом (78%) диагностированы на востоке, где число впервые выявленных случаев составило 32,4 на 100000 населения, 16% – на западе (3,9 на 100 000 населения), и 6% – в центре Региона, где число впервые выявленных случаев составило 3,1 на 100 000 населения. Новые случаи инфицирования в Российской Федерации составили 55% всех случаев в Европейском регионе ВОЗ и 70% случаев, зарегистрированных на востоке. Таким образом, тенденции развития ВИЧ, наблюдаемые в стране, в значительной степени повлияли на характер эпидемии на востоке и в Регионе в целом. Доля случаев, зарегистрированных в Украине, составила 14 % всех случаев в Регионе и 18% всех случаев на востоке.

В 2021 г. многие страны сообщили о повышении числа лиц, у которых ВИЧ-инфекция была диагностирована впервые, по сравнению с 2020 г., однако, их число тем не менее на 24% ниже, чем в 2019 г.. Среди причин различия в тенденциях на субрегиональном и страновом уровнях в 2019–2021 гг. - различия в том, когда пандемия COVID-19 впервые затронула различные части Региона, во времени возникновения последующих волн пандемии и инфекции, тяжести последствий пандемии и в том, насколько жестко вводились и соблюдались ограничительные меры; в том, каким потенциалом обладали системы здравоохранения и насколько они были устойчивы, а также тенденциями в эпидемиологической ситуации по ВИЧ в годы, предшествовавшие пандемии.

Хотя закономерности и тенденции эпидемии сильно варьировали между странами Европейского региона ВОЗ, наблюдался устойчивый рост числа впервые диагностированных случаев инфекции в определенных

Рис. Б Доля людей, диагностированных на поздних стадиях (количество клеток CD350 › 4 в мм³) с разбивкой по полу, возрасту и путям передачи, Европейский регион ВОЗ, 2021 г. (n = 28 742)



группах передачи во всех субрегионах. В качестве примеров можно привести повышение частоты передачи среди МСМ в центре и на востоке и среди гетеросексуальных лиц на востоке, хотя некоторые исследования дают основания полагать, что последнее обстоятельство следует интерпретировать с осторожностью *(1,2)*. Некоторые исследования, проведенные на востоке Региона, выявили, что информация о путях передачи среди впервые диагностированных пациентов может содержать погрешность: многие случаи, зарегистрированные как инфицировавшиеся гетеросексуальным путем, имеют анамнез употребления инъекционных наркотиков или, для случаев среди мужчин, – половые контакты между мужчинами *(1,2)*. Это обстоятельство подчеркивает важность оценки достоверности собираемых в плановом порядке данных эпиднадзора, касающихся путей передачи, особенно в странах, где употребление инъекционных наркотиков и гомосексуальность стигматизированы. По просьбе стран, ВОЗ окажет поддержку в проведении специальных исследований для оценки верности данных о зарегистрированных путях передачи ВИЧ-инфекции.

В последние годы передача инфекции гетеросексуальным путем значительно снизилась в ЕС/ЕЭЗ и на западе Европейского региона ВОЗ, особенно среди женщин, равно как и количество случаев заражения в результате половых контактов между мужчинами в отдельных странах ЕС/ЕЭЗ и на западе. С 2012 г. наблюдалось стабильное снижение передачи путем употребления инъекционных наркотиков, частота передачи ВИЧ-инфекции данным путем по-прежнему остается высокой на востоке Региона.

В 2021 г. чуть более половины (54%) всех лиц с впервые установленным диагнозом ВИЧ-инфекции были выявлены лишь после того, как их количество клеток CD4 снизилось до уровня ниже 350 в мм^3, включая 34% лиц, находившихся на поздних стадиях ВИЧ-инфекции (CD4 ниже 200/мм^3), что сравнимо с результатами прошлых лет. Однако, в усредненных данных по Региону не представлены данные по Российской Федерации, где только 30% лиц были впервые диагностированы ВИЧ-инфекцией, когда уровень CD4 был ниже 350 клеток/мм^3 и 13% - когда уровень CD4 был ниже 200 на мм^3. Относительно высокое число диагнозов СПИДа в восточной части Региона подтверждает тот факт, что поздняя диагностика ВИЧ-инфекции остается большой проблемой. В то же время тенденция к стабилизации в отношении частоты СПИДа, наблюдаемая с 2012 г., может быть результатом того, что большинство стран внедряют политику «лечить всех», направленную на предоставление всем живущим с ВИЧ возможности получать антиретровирусную терапию (АРТ) вне зависимости от стадии заболевания.

Для совершенствования ранней диагностики и повышения числа людей, осведомленных о своем ВИЧ-статусе, требуются новые стратегии с расширением диапазона разнообразных и дружественных к пользователю подходов к более широкодоступному тестированию на ВИЧ. ВОЗ подготовила сводное руководство по услугам тестирования на ВИЧ, включая руководство по самотестированию на ВИЧ и информированию партнеров, а ECDC опубликовал руководство, составленное с позиций общественного здравоохранения, по комплексному тестированию на ВИЧ-инфекцию и гепатиты B и C. В этих публикациях в части общих услуг по тестированию на ВИЧ рекомендуются новаторские подходы, в том числе самотестирование и тестирование на уровне сообщества силами работников без специального образования с использованием экспресс-тестов *(3–5)*. Быстрое расширение масштабов тестирования на ВИЧ – вопрос, имеющий первостепенное значение, принимая во внимание негативное воздействие пандемии COVID-19 на службы тестирования. ВОЗ выпустила аналитическую записку – краткое изложение политики об отказе от использования вестерн-блоттинга и линейного иммуноанализа в стратегиях и алгоритмах тестирования на ВИЧ и о поддержке децентрализованного экспресс-тестирования и незамедлительного направления на лечение *(6)*. Хотя предоставление услуг по тестированию на ВИЧ в Регионе со временем улучшилось, а степень внедрения таких подходов, как самотестирование и тестирование на уровне общин, в последние годы значительно возросла, результаты мониторинга политики в рамках Региона указывают на то, что во многих европейских странах некоторые подходы к тестированию используются в ограниченных масштабах или вообще не применяются *(7)*. Услуги по тестированию на ВИЧ должны сосредоточиваться на ключевых группах населения с учетом местных эпидемиологических особенностей, адаптироваться к конкретным потребностям этих групп, поддерживая своевременное направление в систему профилактики, лечения и оказания помощи в связи с ВИЧ. Подобный подход призван обеспечить более раннюю диагностику и начало лечения, приводя к улучшению исходов лечения и снижению инцидентности ВИЧ-инфекции, показателя заболеваемости и смертности, в поддержку достижения целей 95–95–95 и других региональных и глобальных целевых ориентиров *(8–10)*.

Имеется значительный массив убедительных данных о том, что раннее начало АРТ полезно как для здоровья людей, получающих лечение, так и для предотвращения дальнейшей передачи ВИЧ *(11–16)*. Почти 90% стран Европейского региона ВОЗ придерживаются политики назначения АРТ вне зависимости от количества клеток CD4 *(17,18)*.

Вмешательства, направленные борьбу с эпидемией, должны быть основаны на фактических данных и адаптированы к национальной и местной эпидемиологической ситуации. На основании представленных в этом отчете исчерпывающих эпидемиологических данных можно сделать следующие выводы.

- Для стран ЕС/ЕЭЗ и западной части Региона с учетом преобладания передачи ВИЧ среди МСМ и роста заболеваемости среди этого контингента в некоторых странах представляется, что текущие вмешательства по профилактике, лечению и оказанию помощи, направленные на МСМ, нуждаются в дальнейшем расширении и усилении; они должны оставаться приоритетными мерами в ответ на эпидемию ВИЧ. Страны, в которых наблюдается снижение заболеваемости, продемонстрировали воздействие изменения культуры деятельности, выражающееся в более частом тестировании на ВИЧ подвергающихся риску гомосексуальных мужчин и безотлагательном направлении за получением медицинской помощи и АРТ всех выявленных ВИЧ-положительных лиц *(19)*. Многокомпонентные подходы и включение в пакет вмешательств, направленных на профилактику и контроль заболевания, таких мер, как ДКП ВИЧ, скрининг и лечение инфекций, передаваемых половым путем, а также самотестирование и добровольное информирование партнеров с сопровождением, могли бы помочь изменить траекторию восходящих тенденций, наблюдаемых в некоторых странах. В большинстве европейских стран фактический уровень использования ДКП значительно ниже уровня охвата, ожидаемого, исходя из предполагаемой потребности (*3,20–22)*. Во многих странах западной части Региона необходимо более широко внедрять эффективные и доступные услуги по тестированию, профилактике и помощи, предназначенные для становящейся все более разнообразной группы мигрантов, подвергающихся риску заражения ВИЧ и живущих с ВИЧ. Рост числа случаев ВИЧ-инфекции среди людей, употребляющих инъекционные наркотики, в 2011–2012 гг. и непрекращающиеся в ряде стран местные вспышки заболевания *(23–27)* демонстрируют необходимость поддержания или расширения масштабов программ снижения вреда.
- В странах, расположенных в центре Региона, количество новых диагнозов растет быстрее, чем в любой другой части Европейского региона ВОЗ. В этом субрегионе наблюдается очень сильное гендерное неравенство в количестве новых диагнозов ВИЧ-инфекции: среди мужчин, особенно МСМ, отмечается тревожный рост, по сравнению с довольно стабильным показателем среди женщин. Половые контакты между мужчинами являются преобладающим путем передачи в 10 из 13 подающих сведения стран, расположенных в центре Региона. Разрешение сложившейся ситуации требует проведения вмешательств, таких как ДКП для групп высокого риска, тестирование на ВИЧ силами работников без специального образования, диагностическое экспресс-тестирование на ВИЧ, самотестирование на ВИЧ и добровольное информирование партнеров с сопровождением, наряду с политикой и практикой предложения АРТ всем людям, живущим с ВИЧ. Вмешательства по снижению стигмы со стороны медицинских работников и сообщества, особенно в отношении геев и других МСМ, могут способствовать актуализации деятельности служб по профилактике и тестированию. После прекращения финансирования, поступавшего из Глобального фонда для борьбы со СПИДом, туберкулезом и малярией, некоторые страны осуществили переход на внутреннее финансирование мер реагирования на ВИЧ. В связи с таким переходом возникли проблемы с устойчивостью финансирования, что особенно сказалось на финансировании программ профилактики ВИЧ-инфекции и проведении опросов среди ключевых групп населения. Для смягчения некоторых из этих проблем и предотвращения ускорения темпов распространения эпидемии требуются сильная политическая воля и повышенное внимание наряду с активным привлечением гражданского общества *(28)*.
- Странам восточной части Региона насущно необходимо продолжить расширение масштабов амбициозных, научно обоснованных вмешательств и предоставлять более эффективные комплексные услуги опосредованно через системы здравоохранения, способные лучшим образом обращаться к социальным детерминантам здоровья. Необходимы всеобъемлющая комбинированная профилактика и инновационные стратегии тестирования на ВИЧ с особым упором на охват ключевых групп населения. Подобная задача может быть решена с помощью предоставления дружелюбных к пользователю услуг по профилактике и тестированию, в том числе информирование партнеров с сопровождением, ДКП, тестирование на ВИЧ, выполняемое подготовленными работниками без специального образования, и самотестирование в соответствии с рекомендациями ВОЗ. Все эти услуги должны быть интегрированы в национальную политику и программы, а затем осуществлены на практике *(3,4,10,29)*. Для сокращения частоты установления новых диагнозов ВИЧ-инфекции и увеличения числа людей, направленных в систему оказания помощи, начавших и продолживших прием АРТ, исключительно важно вовлечение сообщества на этапах планирования и оказания услуг. Конечная цель заключается в снижении заболеваемости ВИЧ и смертности вследствие СПИДа. Инновационные вмешательства по профилактике ВИЧ должны учитывать риск гетеросексуальной передачи, особенно среди пар, в которых один из партнеров вовлечен в рискованное поведение (например, употребление инъекционных наркотиков) или в течение длительных периодов времени работает за рубежом. Большое количество новых диагнозов среди людей, инфицировавшихся в результате употребления инъекционных наркотиков, подчеркивает, что научно-обоснованная политика, сосредоточенная на ключевых группах населения, включая высокий охват программами снижения вреда для людей, употребляющих инъекционные наркотики, в соответствии с условиями, законодательством страны и юрисдикционными обязательствами, как указано в

Региональном плане действий, по-прежнему имеет решающее значение для успеха мер реагирования на ВИЧ в восточной части Региона.

Со временем число стран, проводящих усиленный эпиднадзор за ВИЧ и представляющих данные эпиднадзора на европейском уровне, постепенно увеличивалось. Однако сбор данных и подача сведений за 2020 и 2021 гг. во многих странах Европейского региона ВОЗ во время продолжающейся пандемии COVID-19 оказались очень проблематичными из-за чрезмерной потребности в клинических ресурсах и ресурсах эпиднадзора с позиций общественного здравоохранения. Это привело к уменьшению количества сообщений о случаях ВИЧ и сокращению возможности сбора расширенных данных о лицах с установленным диагнозом.

Проведение усиленного эпиднадзора за ВИЧ повышает возможности более долгосрочного мониторинга исходов континуума оказания помощи в связи с ВИЧ, такие как моделирование недиагностированной фракции и количественное определение направлений в систему оказания помощи, лечения и достижения подавления вирусной нагрузки после установления диагноза. Также благодаря проведению усиленного эпиднадзора за ВИЧ можно оказать поддержку национальным и глобальным усилиям по мониторингу прогресса в достижении целей 95–95–95 и других глобальных и региональных целевых ориентиров.

Срок завершения выполнения «Плана действий сектора здравоохранения по борьбе с ВИЧ- инфекцией в Европейском регионе ВОЗ» истек в 2021 г.; прогресс, достигнутый за период 2017–2021гг. был оценен и доведен до сведения Европейского регионального комитета на 72-й сессии (РК-72) *(30)*. Новый Региональный план действий по прекращению СПИДа, эпидемий вирусного гепатита и инфекций, передаваемых половым путем, на 2022–2030 гг., разработанный в рамках консультаций с государствами-членами и организациями гражданского общества, был представлен на рассмотрение РК-72 и принят государствами-членами в резолюции EUR/RC72/R4 *(31–32)*.[1] Региональные планы действий станут основой для реализации глобальных стратегий в области здравоохранения по ВИЧ, вирусному гепатиту и инфекциям, передаваемым половым путем (ИППП), в период 2022–2030 гг. посредством конкретных действий на региональном уровне и будут способствовать приведению ответных мер в соответствие с Европейской программой работы на 2020–2025 гг. - «Совместные действия для улучшения здоровья». *(33)*. Планы действий будут способствовать реализации потенциала первичной медико-санитарной помощи путем продвижения многоуровневого ухода и комплексного оказания помощи, а также продвижению повестки по обеспечению всеобщего охвата услугами здравоохранения путем улучшения доступа к медицинским услугам без риска финансовых трудностей.

Европейское региональное бюро ВОЗ и ECDC вместе с государствами-членами и партнерами внимательно изучат долгосрочное воздействие COVID-19 на эпиднадзор и профилактические меры в ответ на эпидемию ВИЧ/СПИДа, чтобы осмыслить, как пандемия могла повлиять на заболеваемость ВИЧ-инфекцией, особенно в указанных регионах и подвергающихся наибольшему риску группах, и поддержать сохраняющийся высокий стандарт европейских данных по ВИЧ и СПИДу.

Библиография[2]

1. Dumchev K, Kornilova M, Kulchynska R, Azarskova M, Vitek C. Improved ascertainment of modes of HIV transmission in Ukraine indicates importance of drug injecting and homosexual risk. BMC Public Health 2020;20(1):1288. doi:10.1186/s12889-020-09373-2. PMID:32843008; PMCID: PMC7449084.

2. Čakalo JI, Božičević I, Vitek C, Mandel JS, Salyuk T, Rutherford GW. Misclassification of men with reported HIV infection in Ukraine. AIDS Behav. 2015;19(10):1938–40. doi:10.1007/s10461-015-1112-0.

3. Всемирная организация здравоохранения. Руководство по самотестированию на ВИЧ и информированию партнеров: дополнение к сводному руководству по услугам тестирования на ВИЧ. Копенгаген: Европейское региональное бюро ВОЗ; 2018 (https://apps. who.int/iris/ handle/10665/342535).

4. Всемирная организация здравоохранения. Сводное руководство по услугам тестирования на ВИЧ: 5 принципов: согласие, конфиденциальность, консультирование, верные результаты, привязка к помощи. Копенгаген: Европейское региональное бюро ВОЗ; 2016 (https://apps.who.int/iris/handle/10665/343812).

5. Public health guidance on HIV, hepatitis B and C testing in the EU/EEA. Stockholm: ECDC; 2018 (https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea

6. ВОЗ рекомендует странам отказаться от использования вестерн-блоттнига и линейного иммуноанализа в страте- гиях и алгоритмах тестирования на ВИЧ. Краткое изложение политики. Копенгаген: Европейское региональное бюро ВОЗ; 2019. (https://www.euro.who.int/__data/assets/pdf_file/0008/418292/19128-RussianConsolidated-HIV-testing-services-guidelines-2019.pdf).

7. HIV testing, Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm: ECDC; 2017. https://www.ecdc.europa.eu/en/publications-data/hiv-testing-monitoring-implementation-dublin-declaration-partnership-fight).

8. Глобальная стратегия сектора здравоохранения по ликвидации ВИЧ: 2016-2021: на пути к ликвидации СПИДа. Женева: Всемирная организация здравоохранения; 2016. (https://apps.who.int/iris/handle/10665/246178).

9. Global AIDS Strategy 2021–2026 – End Inequalities. End AIDS. Geneva: UNAIDS; 2021 (www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf).

10. План действий сектора здравоохранения по борьбе с ВИЧ в Европейском регионе ВОЗ. Копенгаген: Европейское региональное бюро ВОЗ; 2017. (https://apps.who.int/iris/handle/10665/329423).

11. Сводное руководство по использованию антиретровирусных препаратов для лечения и профилактики ВИЧ-инфекции: реко- мендации с позиций общественного здравоохранения. Второе издание. Женева: Всемирная

[1] Три государства-члена проголосовали против принятия Нового Регионального плана действий.

[2] Все ссылки на электронные ресурсы были активны по состоянию на 04 ноября 2022г.

организация здравоохранения; 2016. (https://apps.who.int/iris/handle/10665/208825).

12. Руководство о времени назначения антиретровирусной тера- пии и по доконтактной профилактике ВИЧ-инфекции. Женева: Всемирная организация здравоохранения; 2015 (https://www.who.int/publications/i/item/9789241509565).

13. INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. N Engl J Med. 2016;373(9):795–807. doi: 10.1056/NEJMoa1506816.

14. Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011;365(6):493–505. doi: 10.1056/NEJMoa1105243.

15. Guidelines Version 9.1. October 2018. In: European AIDS Clinical Society. Brussels: European AIDS Clinical Society; 2018 (https://www.eacsociety.org/guidelines/guidelines-archive/).

16. Rodger A, Cambiano V, Bruun T, Vernazza P, Collins S, Degan O et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. Lancet 2019;393(10189):2428–38. doi: 10.1016/S0140-6736(19)30418-0.

17. Continuum of HIV care. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2018 progress report. Stockholm: ECDC; 2018 (https://www.ecdc.europa.eu/en/publications-data/hiv-continuum-care-monitoring-implementation-dublin-declaration).

18. Global AIDS Monitoring 2022. In: UNAIDS [website]. New York (NY): UNAIDS; 2022 (https://www.unaids.org/en/global-aids-monitoring).

19. Brown AE, Mohammed H, Ogaz D, Kirwan PD, Yung M, Nash SG. Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: testing or treatment or pre-exposure prophylaxis (PrEP)? Euro Surveill. 2017;22(25). doi.org/10.2807/1560-7917.ES.2017.22.25.30553.

20. HIV and STI prevention among men who have sex with men. ECDC guidance. Stockholm: ECDC; 2014 (https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/hiv-sti-prevention-among-men-who-have-sex-with-men-guidance.pdf).).

21. McCormack S, Dunn DT, Desai M, Dolling DI, Gafos M, Gilson R et al. Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. Lancet 2017;378:53–60. doi: 10.1016/S0140-6736(15)00056-2.

22. Hayes R, Schmidt AJ, Pharris A, Azad Y, Brown AE, Weatherburn P, et al. and the ECDC Dublin Declaration Monitoring Network. Estimating the "PrEP gap": how implementation and access to PrEP differ between countries in Europe and Central Asia in 2019. Euro Surveill. 2019;24(41). doi.org/10.2807/1560-7917.ES.2019.24.41.1900598.

23. Hedrich D, Kalamara E, Sfetcu O, Pharris A, Noor A, Wiessing L et al. Human immunodeficiency virus among people who inject drugs: is risk increasing in Europe? Euro Surveill. 2013;18(48). doi: 10.2807/1560-7917.es2013.18.48.20648.

24. Giese C, Igoe D, Gibbons Z, Hurley C, Stokes S, McNamara S et al. Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2015. Euro Surveill. 2015;20(40). doi: 10.2807/1560-7917.ES.2016.20.40.30036.

25. European Centre for Disease Prevention and Control (ECDC)/ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). HIV in people who inject drugs – joint technical mission to Luxembourg. Stockholm: ECDC; 2018 (https://sante.public.lu/fr/publications/h/hiv-joint-technical-mission.html).

26. McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN et al. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. Lancet HIV 2019;6(5):e315–24. doi: 10.1016/S2352-3018(19)30036-0.

27. Des Jarlais DC, Sypsa V, Feelemyer J, Abagiu AO, Arendt V, Broz D et al. HIV outbreaks among people who inject drugs in Europe, North America, and Israel. Lancet HIV 2020;7(6):e434–42. doi: 10.1016/S2352-3018(20)30082-5.

28. Lost in transition. Three case studies of Global Fund withdrawal in south eastern Europe. New York (NY): Open Society Foundations; 2017 (www.opensocietyfoundations.org/publications/lost-transition).

29. Сводное руководство по вич-инфекции в ключевых груп- пах населения: профилактика, диагностика, лечение и уход. Женева: Всемирная организация здравоохране- ния; 2017 (https://www.who.int/publications/i/item/9789241511124).

30. План действий сектора здравоохранения по борьбе с ВИЧ-инфекцией в Европейском регионе ВОЗ: Заключительный отчет. Семьдесят вторая сессия Европейского регионального комитета: Тель-Авив, 12–14 сентября 2022 г. (https://apps.who.int/iris/handle/10665/360915)

31. Regional Action Plans for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030. Draft for the Seventy-second Regional Committee for Europe. Copenhagen: WHO Regional Office for Europe; 2022 (https://apps.who.int/iris/handle/10665/361920).

32. Резолюция: Региональные планы действий по ликвидации СПИДа и эпидемий вирусных гепатитов и инфекций, передаваемых половым путем, на 2022–2030 гг. Семьдесят вторая сессия Европейского регионального комитета: Тель-Авив, 12–14 сентября 2022 г. (EUR/RC72/R4; https://apps.who.int/iris/handle/10665/363088).

33. European Programme of Work 2020–2025 – "United Action for Европейская программа работы на 2020–2025 гг.: совместные действия для улучшения здоровья. Копенгаген: Европейское региональное бюро ВОЗ(https://apps.who.int/iris/handle/10665/339486).

1. HIV and AIDS in the EU/EEA

1.1 HIV diagnoses

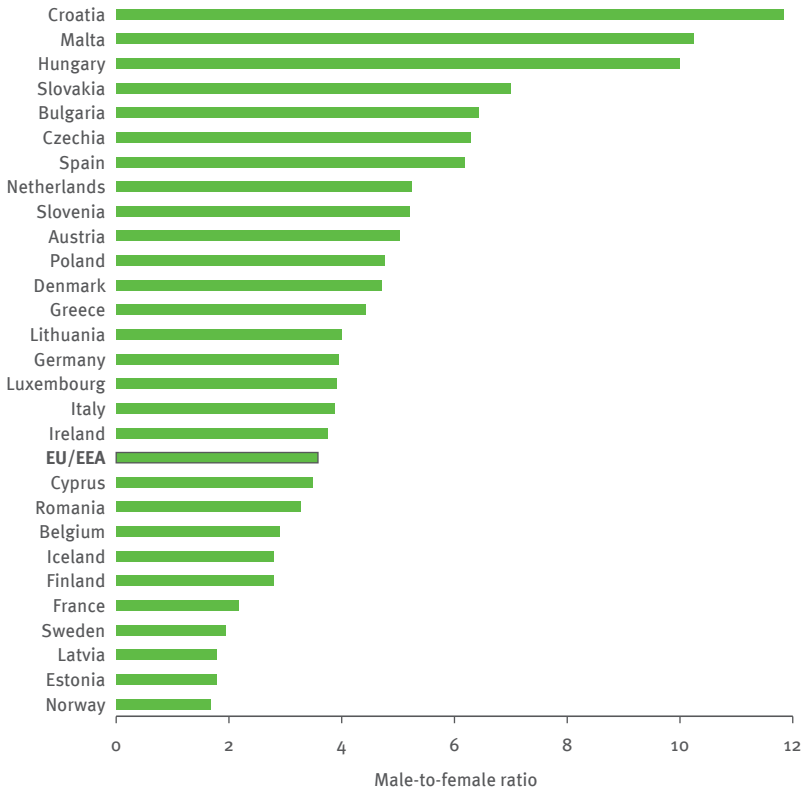
In 2021, 16 624 new HIV diagnoses were reported in 29 countries of the EU/EEA[6], with a rate of 4.3 per 100 000 when adjusted for reporting delay (Table 1). The highest rates were reported by Cyprus (16.5; 148 cases), and Latvia (11.2; 212 cases), and the lowest by Slovenia (1.5; 32 cases) (Table 1; Map 1).

As in previous years, more men than women were diagnosed with HIV in 2021 (12 877 and 3 598, respectively), resulting in an overall male-to-female ratio of 3.6 : 1 (Fig. 1.1; Table 2, Table 3). This ratio was highest in Croatia (11.8), Malta (10.3) and Hungary (10.0) and was above one in all countries in the EU/EEA (Fig. 1.1). The predominant mode of transmission in countries with the highest male-to-female ratios was sex between men. The overall rate of new diagnoses in men was 5.8 per 100 000 population (Table 2) and for women 1.6 per 100 000 population (Table 3). In addition to the 16 475 cases with male or female gender, 149 individuals with unknown or 'other' gender were diagnosed with HIV in 2021. Current reporting systems at European level are not able to effectively identify how many of these cases are transgender men or women and how many are cases with unknown information reported on gender.

Age-specific rates were lowest in persons under 15 years of age (0.1 per 100 000 population for both males and females) (Fig. 1.2). In all other age groups, men had higher age-specific rates than women. The highest overall age-specific rate of HIV diagnoses was observed among 25–29-year-olds (9.3 per 100 000 population), largely because this age group has the highest age-specific rate for men at 14.6 per 100 000 population, while rates for women were highest in the 30–39 age group (4.0 per 100 000 population) (Fig. 1.2).

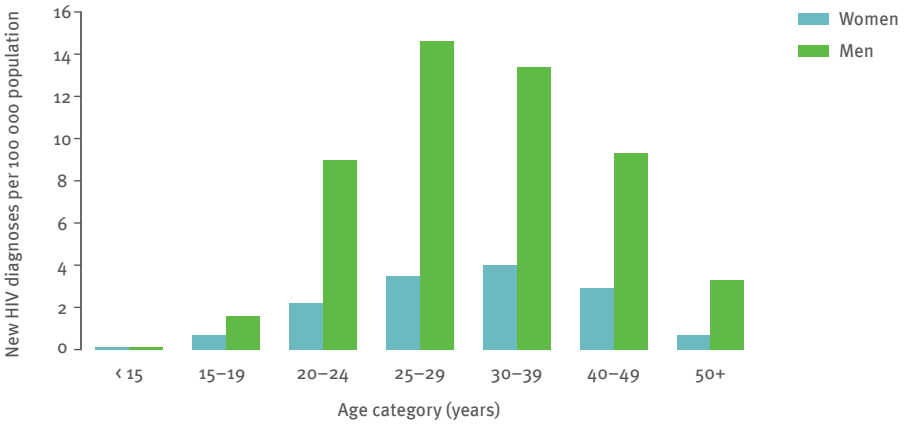
[6] All EU/EEA countries reported data for 2021, although at the request of Portugal, this data is not included in the European report (see country comments, Annex 5).

Fig. 1.1. Male-to-female ratio in new HIV diagnoses, by country, EU/EEA, 2021 (n = 16 475)



Notes: Data from Portugal not published at country request and Liechtenstein reported only one case in 2021 and is excluded from the figure.

Fig. 1.2. Age- and gender-specific rates of new HIV diagnoses per 100 000 population, EU/EEA, 2021 (n = 16 519)



Notes: Data from Portugal not published at country request and data from Spain were excluded due to non-national coverage.

The overall mean age at diagnosis was 38.2 years; the mean age at diagnosis was lower for MSM (36.9 years) than for cases attributed to injecting drug use (39.8 years overall, 36.5 in women and 40.0 in men) or heterosexual transmission (41.2 years overall, 38.9 in women and 43.5 in men). The 30–39 age group accounted for most HIV diagnoses overall (31%) and in all transmission groups (Fig. 1.3). One third of diagnoses attributed to sex between men were made before the age of 30, while over half (52%) of HIV infections due to sex between men and women were diagnosed at 40 years or above, and one quarter (26%) at 50 years or above. The age pattern among those newly diagnosed with HIV differed across countries. One-third or more of the total new diagnoses occurring among persons under 30 years were reported from Malta, Poland, Romania and Slovakia and 50% or more of the new diagnoses occurring among persons aged 40 years and older were reported from Austria, Croatia, Denmark, Finland, Italy, Latvia, Luxembourg and Slovenia (Fig. 1.4).

Young people aged 15–24 years comprised 10.6% of the EU/EEA population and 10% of HIV diagnoses in 2021. (Fig. 1.4; Table 9). Forty-one per cent of the EU/EEA population consists of older adults (50 years and above), who comprised 21% of the new HIV diagnoses reported in 2021 (Fig. 1.4; Table 9).

Data on transmission mode provide information on the groups in the EU/EEA who are most affected by HIV (Fig. 1.5; Tables 4–8):

- Sex between men remains the most common mode of HIV transmission reported in the EU/EEA, accounting for 40% (6 648) of all new HIV diagnoses in 2021. Sex between men was the predominant route of transmission (55%) among those for whom route of transmission was known (Fig. 1.5; Table 4, Table 8) and accounted for more than 60% of new HIV diagnoses in 11 countries (Austria, Croatia, Czechia, Germany, Hungary, Ireland, Malta, Netherlands, Poland, Slovakia, Spain) (Fig. 1.5). While the majority (61%; 4 044) of individuals with a new diagnosis attributed to sex between men were born in the reporting country, 13% (891) originated from Latin America and the Caribbean, 6% (378) from countries in Central or East Europe and 5% (319) from other countries in West Europe.
- Sex between men and women is the second most commonly reported mode of transmission in the EU/EEA, accounting for 29% (4 848) of all HIV diagnoses and 40% of diagnoses where the route of transmission was known (Fig. 1.5; Table 6, Table 8). These proportions are divided roughly equally between men and women. Heterosexual transmission accounts for half or more than half of cases in five EU/EEA countries (Estonia, France, Latvia, Norway, and Romania). Nearly one third (30%; 1 441) of the newly diagnosed cases attributed to heterosexual transmission were among migrants originating from countries with generalized HIV epidemics. Furthermore, 7% (357) of cases attributed to sex between men and women originated from other countries in Central and Eastern Europe and 7% (337) from countries in Latin America and the Caribbean.
- Three and a half per cent (586 cases) of all new HIV diagnoses and 5% of those with a known route of HIV transmission were attributed to injecting drug use (Fig. 1.5; Table 5, Table 8). Injecting drug use was the probable route of transmission for 24% of cases diagnosed in Latvia and 20% of cases diagnosed in Greece (Fig. 1.5). About one-quarter of individuals with a new diagnosis attributed to injecting drug use were born outside of the reporting country, including 17% (97) from other countries in Central and Eastern Europe.
- Of the remaining cases, 95 diagnoses (less than 1%) were reported as being due to vertical transmission during pregnancy, childbirth or breastfeeding (Table 7); 65 of these cases (68%) were born outside of the country in which the case was reported (Table 11).

Twenty-three (0.1%) diagnoses were reported to be

Fig. 1.3. New HIV diagnoses, by age group and transmission mode, EU/EEA, 2021 (n = 12 068)

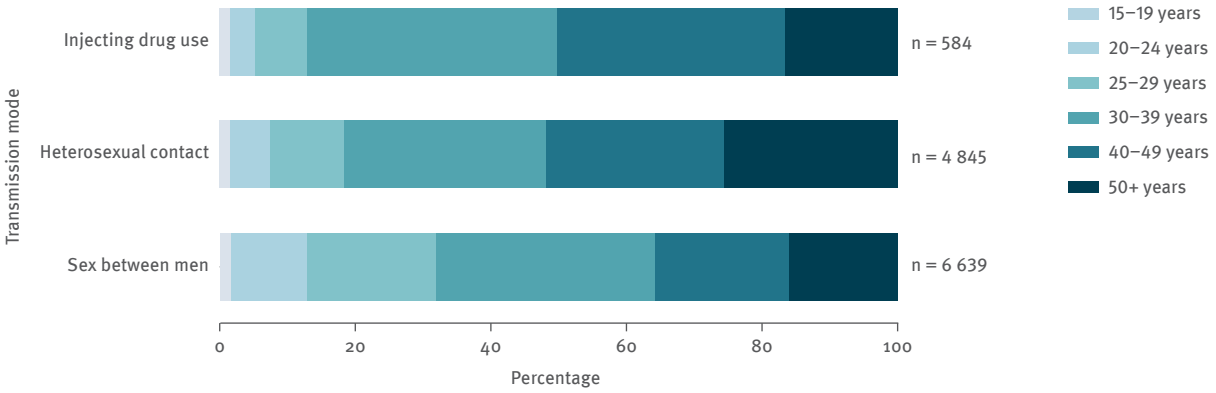
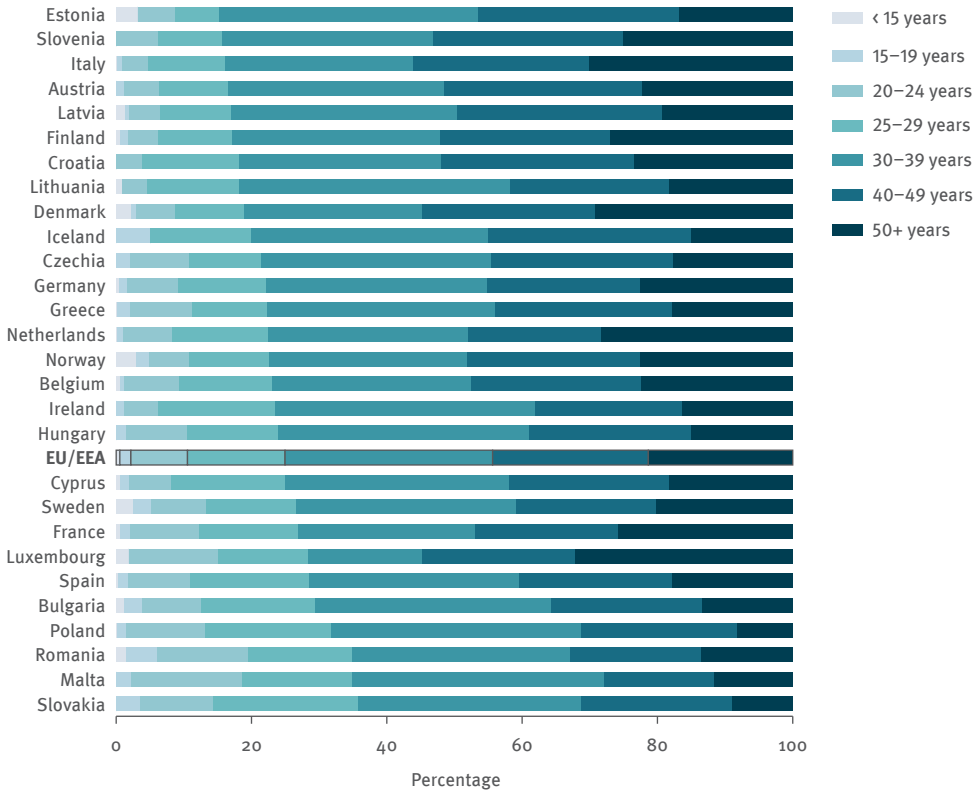


Fig. 1.4. Percentage of new HIV diagnoses, by country and age group, EU/EEA, 2021 (n = 16 624)



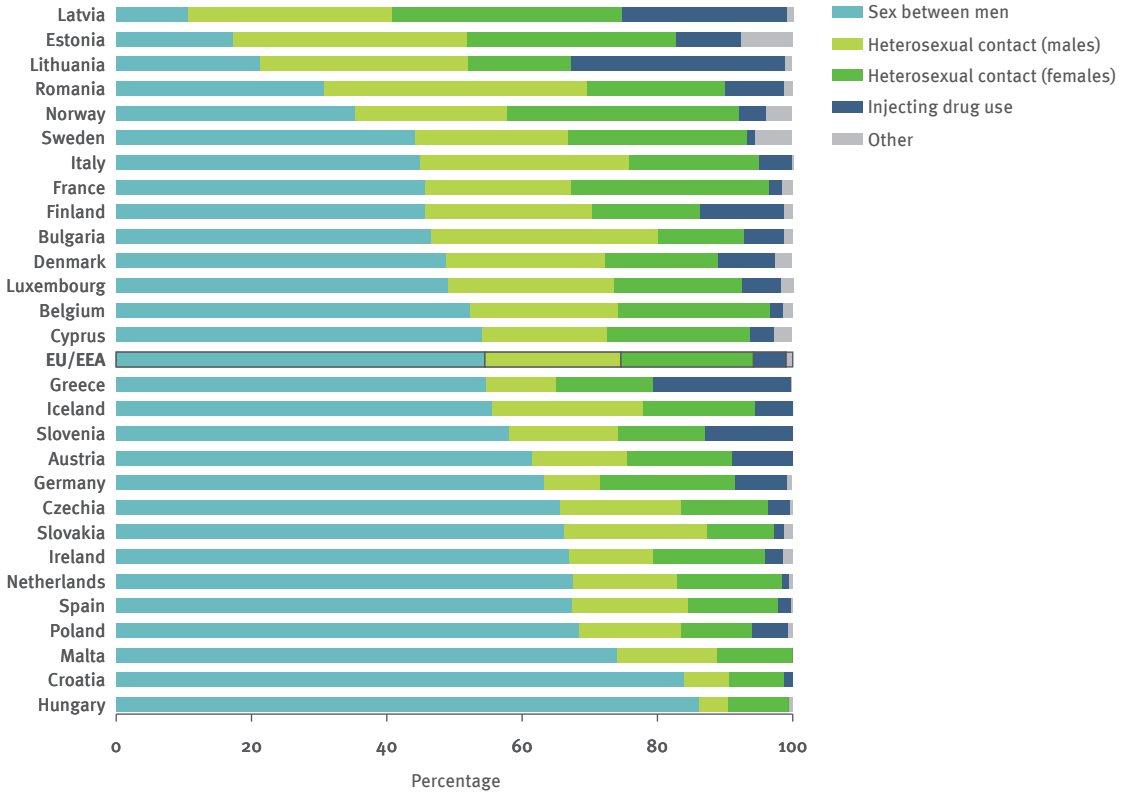
Notes: The graph organizes countries in order of proportion of population < 30 years. Data from Portugal not published at country request. Liechtenstein reported one case for 2021 and is excluded from the figure. Unknown age is excluded from the proportions presented here.

due to contaminated transfusion of blood and its products, and six cases to hospital-acquired infections (Table 8). The majority of the transfusion-related cases originated from outside of the country where the case was reported (Table 11).

- Transmission mode was reported as unknown for 2 544 diagnoses (27%), with wide variation among countries: less than 5% of diagnoses were reported with unknown transmission mode in Bulgaria, Croatia, Cyprus, Luxembourg, Norway, Romania, and Slovenia and over 50% in Estonia, Finland, Latvia and Poland (Table 8).

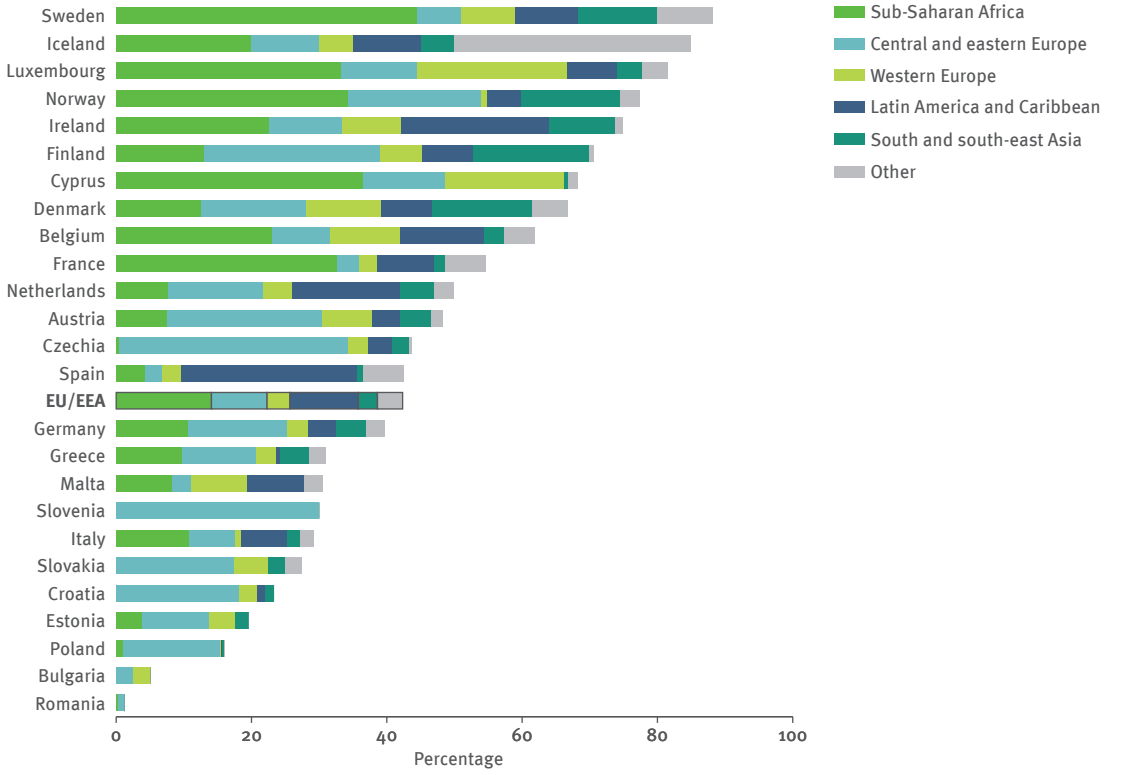
Twenty-six EU/EEA countries provided information on the country of birth, country of nationality or region of origin for 14 080 (85%) HIV diagnoses in 2021 (Fig. 1.6). In the EU/EEA, 5 961 diagnoses (36% of total diagnoses and 42% of those with known information on region of origin) were reported among people originating from outside of the reporting country.

Fig. 1.5. Percentage of new HIV diagnoses with known mode of transmission, by transmission route and country, EU/EEA, 2021 (n = 12 205)



Notes: Data from Portugal not published at country request. Liechtenstein reported one case for 2021 and is excluded from the figure. Unknown route of transmission is excluded from the proportions presented here.

Fig. 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, 2021 (n = 14 080)



Notes: Hungary, Latvia, Liechtenstein and Lithuania did not report data on country of birth or region of origin or reported all cases as being from the reporting country. Data from Portugal not published at country request. Unknown route of transmission is excluded from the proportions presented here.

Of these, 1 983 (12% of total diagnoses and 14% of those with known information on region of origin), irrespective of transmission mode, were reported among people originating from countries with generalized HIV epidemics in sub-Saharan Africa (Fig. 1.6; Table 10). An additional 28% of new diagnoses with known region of origin (3 978 cases) were among people born outside of the reporting country who did not originate from a country experiencing a generalized epidemic, including 10% from countries in Latin America and the Caribbean (1 426 cases), 8% from other countries in Central and Eastern Europe (1 157 cases) and 3% from other countries in Western Europe (475 cases). The countries with more than half of their new HIV diagnoses among people originating from outside of the reporting country were Belgium, Cyprus, Denmark, Finland, France, Iceland, Ireland, Luxembourg, Norway, and Sweden.

In 2021, 18 countries reported data on whether the newly diagnosed HIV cases reported had previously been diagnosed with HIV in another country, prior to their 2021 diagnosis in the reporting country. Of the 6 851 new HIV diagnoses in these 18 countries with information on previous diagnosis, 1 141 (17%) were previous positives. This is an increase from the proportion of previous positives from 2012, when 12% of new diagnoses reported were previously diagnosed. The proportion of 2021 diagnoses that had previously been diagnosed was higher than the EU/EEA average in Cyprus (54%), Czechia (21%), Denmark (40%), France (24%), Iceland (75%), Ireland (51%), Norway (56%), Slovakia (55%), and Sweden (49%).

Information on CD4 cell count at the time of HIV diagnosis was provided for 8 953 (71%) adults and adolescents diagnosed in 25 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, Germany, Ireland, Latvia and Slovakia, all of which provided data for 35% of cases or fewer. More than half (56%) of all individuals diagnosed in 2021, where a CD4 cell count at diagnosis was reported, were considered to have been diagnosed several years after being infected, with a count of less than 350 cells per mm^3, including 36% of cases considered to have advanced HIV infection (CD4 cell count less than 200 cells/mm^3). The proportion of those diagnosed late (CD4 cell count less than 350 cells per mm^3) was above 60% among cases with known CD4 cell count at diagnosis in Denmark (62%), Estonia (63%), Germany (61%), Italy (63%), Latvia (65%), Luxembourg (74%), and Sweden (64%).

Among all cases diagnosed in 2021 where information on CD4 cell count, previous positive status or acute HIV infection status was available (11 342 cases), 10% were reported as previous positives (1 123), 11% (1 266) as acute infections and 21% (1 266) as more recent infections (with a CD4 cell count of 500 or over 500 cells per mm^3 at diagnosis) (Fig. 1.7). These figures remain largely similar to proportions noted since 2019. Among MSM diagnosed in 2021 where information was available, 15% (796) were reported as acute infections and 25% (1 358) had a CD4 cell count of 500 or over 500 cells per mm^3 at diagnosis (Fig. 1.7).

When analysing CD4 cell count, the highest proportions of people presenting at a later stage of HIV infection (CD4 cell count of less than 350 cells/mm^3 excluding those previously diagnosed or with evidence of acute infection) were observed among women (57%), older adults (61% in 40–49-year-olds and 80% in people over 50 years), men or women infected by heterosexual sex (69% and 56% respectively), people who acquired HIV through injecting drug use (56%), and migrants from south and south-east Asia (66%) and sub-Saharan Africa (60%) (Fig. 1.8).

The lowest proportions of late diagnosis (CD4 cell count of less than 350 cells/mm^3) were observed among younger age groups (39% of those aged 15–24 years), men who acquired HIV through sex with another man (47%) and migrants from other western European countries (42%) (Fig. 1.8).

Fig. 1.7. Previous positive, acute infection or CD4 cell count per mm^3 at HIV diagnosis, overall and by transmission group, EU/EEA, 2021 (n = 11 342)

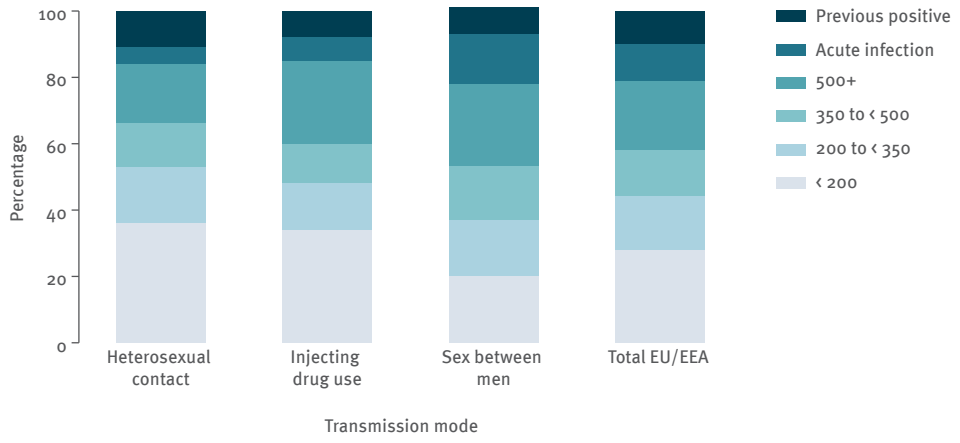
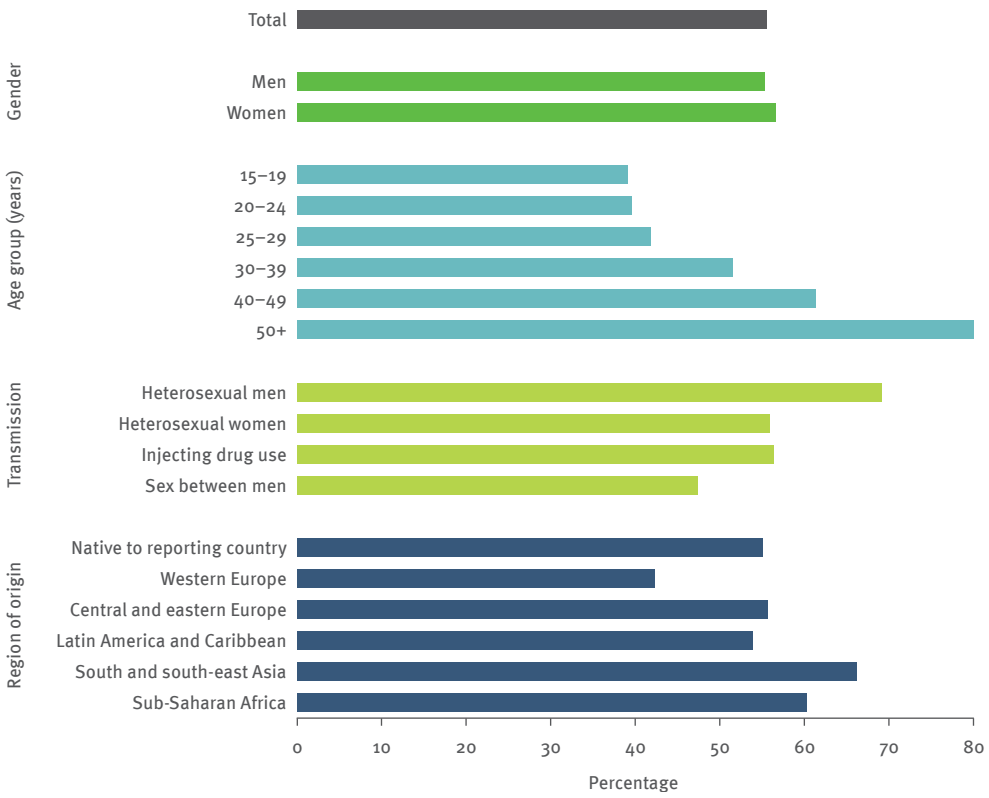


Fig. 1.8. Percentage of people diagnosed late (CD4 cell count < 350 per mm³) by demographic, EU/EEA, 2021 (n = 8 953)



Notes: This graph excludes cases with unknown CD4 count and individuals with acute infection and those previously diagnosed abroad.

The interval between the date of diagnosis and the date of the CD4 cell count was used as a proxy for time to linkage to care and, among cases diagnosed in recent years (2018–2021) where CD4 cell count data were reported, 78% were linked to care within four days of HIV diagnosis and almost 98% were linked to care within three months (Fig. 1.9). For the cases where data is available to calculate linkage to care, the indicator does not appear to differ during the period associated with public health measures due to the COVID-19 pandemic during 2020–2021 as compared to the period just before the pandemic.

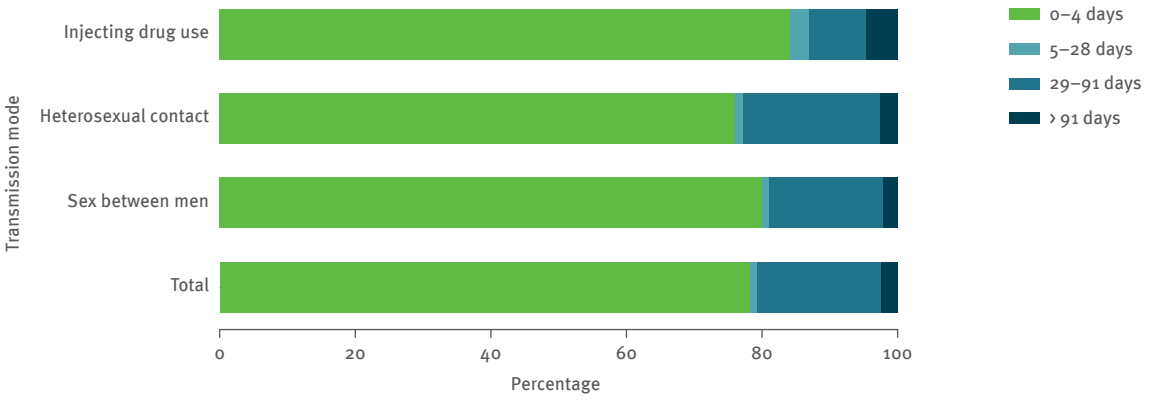
1.2 Trends in HIV diagnoses

The trend in reported HIV diagnoses has been on the decline since 2012, when the rate for EU/EEA countries reporting consistently was six per 100 000 population. While rates in these consistently reporting countries had dropped to 5.5 per 100 000 in 2019, they declined sharply in 2020 to 4.0 per 100 000 and then increased slightly in 2021 to 4.3 (19 050 cases when adjusted for reporting delay; Fig. 1.10; Table 1; Annex 1 (for reporting delay adjustment methods), Annex 5 (for country comments)) . The decline observed in 2020 is probably due, in part, to decreased case detection as a result of less testing, given the public health restrictions associated with the COVID-19 pandemic, and the increase from 2020 to 2021 a partial return to pre-pandemic levels of HIV testing. The impact of delayed HIV case detection due to COVID-19 measures is not yet fully understood but reporting delay could lead to overestimation of decreases in the rates of new HIV diagnoses. Reporting delay corrections are difficult to perform due to the unique event of the pandemic and it is expected that case results for 2020 and 2021 will be adjusted upwards during future report rounds. For this reason, trends presented in this sub-chapter are preliminary and should be interpreted with caution.

While the overall EU/EEA trend appears to have declined over the past decade, trends at national level vary. About two thirds of EU/EEA countries have seen a decline in rates of new diagnoses, even after adjusting for changes in population coverage of surveillance over time and for reporting delay. In contrast, since 2012, and taking reporting delay into account, rates of HIV diagnoses have more than doubled in Cyprus and Slovakia and increased by more than 50% in Bulgaria (Table 1).

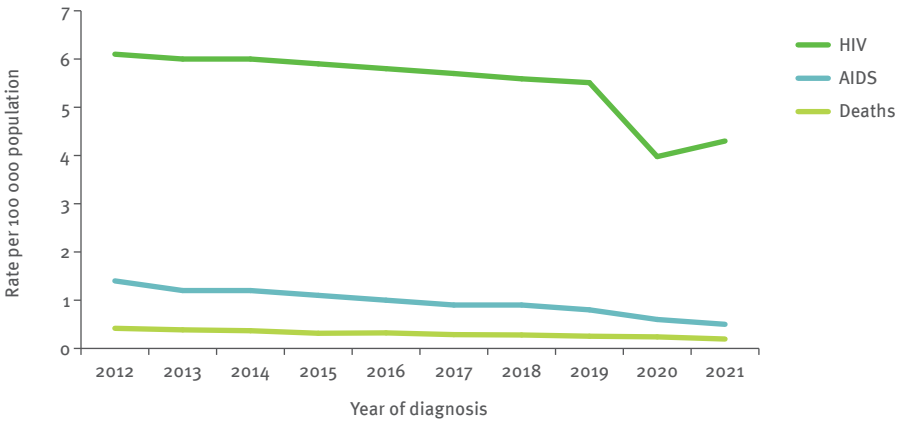
Trends differ by gender and age group. Age-specific rates have declined since 2012 in all age groups, although some of this reported decline may be due to delayed case detection in 2020 and 2021, rather than a true decline in the rate. HIV diagnosis rates in both women and men have consistently been higher among 25–29-year-olds and 30–39-year-olds throughout the previous decade compared to other age groups.

Fig. 1.9. Linkage to care after HIV diagnosis in the EU/EEA, individuals diagnosed with HIV 2018–2021 (n = 7 591)



Notes: Cases with no data or missing data on CD4 cell count or date, previous positive cases and those who died within 91 days of diagnosis are excluded here.

Fig. 1.10. People diagnosed with HIV, AIDS and deaths reported per 100 000 population, EU/EEA, 2012–2021



Notes: HIV rates are adjusted for reporting delay. Rates exclude countries not reporting consistently over the previous decade: Portugal (HIV, AIDS and AIDS deaths), Germany (AIDS), Sweden (AIDS and AIDS deaths), Italy and Denmark (AIDS deaths).

Age-specific rates in women have declined most markedly in those under 40 years, while rates in men have declined substantially in all groups under 50 years. (Fig. 1.11a, Fig. 1.11b).

HIV diagnoses among those born outside of the reporting country comprised 37% of all new diagnoses in 2012 increasing slowly over time to 47% in 2019 then marginally falling to 47% in 2020 and 46% in 2021 (Fig. 1.12). While the proportion of migrants from most regions has remained relatively stable since 2012, new diagnoses among people originating from countries in Central and Eastern Europe increased from 5% to 8.9% of all new diagnoses.

Since 2012 most EU/EEA countries have consistently reported data on transmission mode. After adjusting for reporting delay, the data from those countries reporting consistently over the past decade (2012–2021) indicate the following.

- The proportion of all HIV diagnoses attributed to sex between men increased from 37% of cases in 2012 to 46% in 2021 (Fig. 1.13a, Fig. 1.13b). The number of HIV diagnoses reported among MSM in countries reporting consistently has declined since the end of 2015, even after adjusting for reporting delay. However, despite this overall decline, case numbers have increased during the previous decade in one third of EU/EEA countries (Bulgaria, Cyprus, Iceland, Ireland, Lithuania, Malta, Romania and Slovakia) (Table 4). Cases attributed to MSM born outside of the reporting country increased during the previous decade (Fig. 1.14).
- While the overall number of HIV diagnoses reported among people who inject drugs has also declined since 2012 (Fig. 1.13a, Fig. 1.14), transient increases associated with local outbreaks have been noted in several countries (Table 5).

Fig. 1.11a. Age-specific trends in new HIV diagnoses in women, 2012–2021

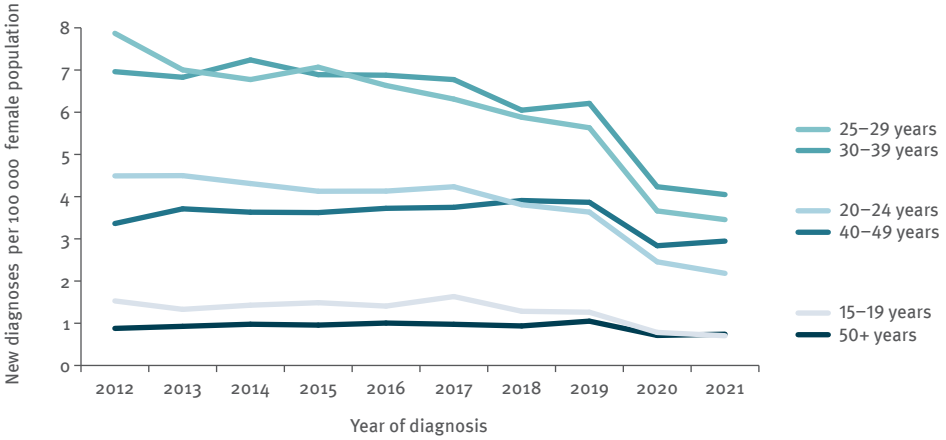
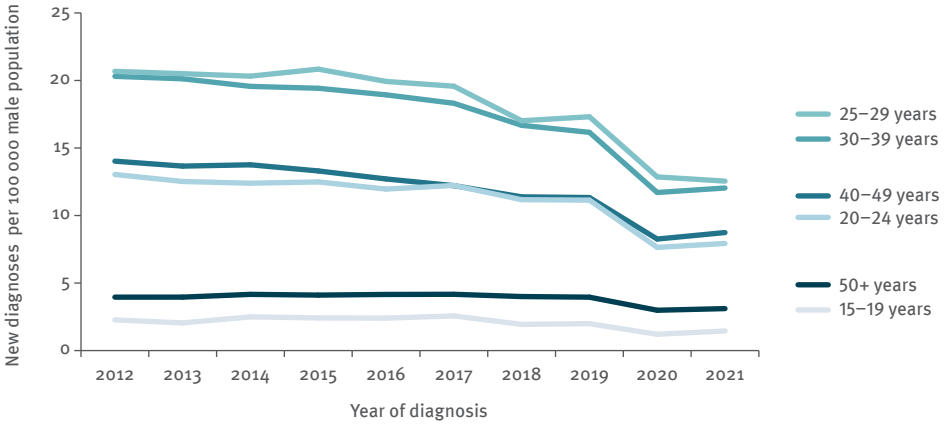
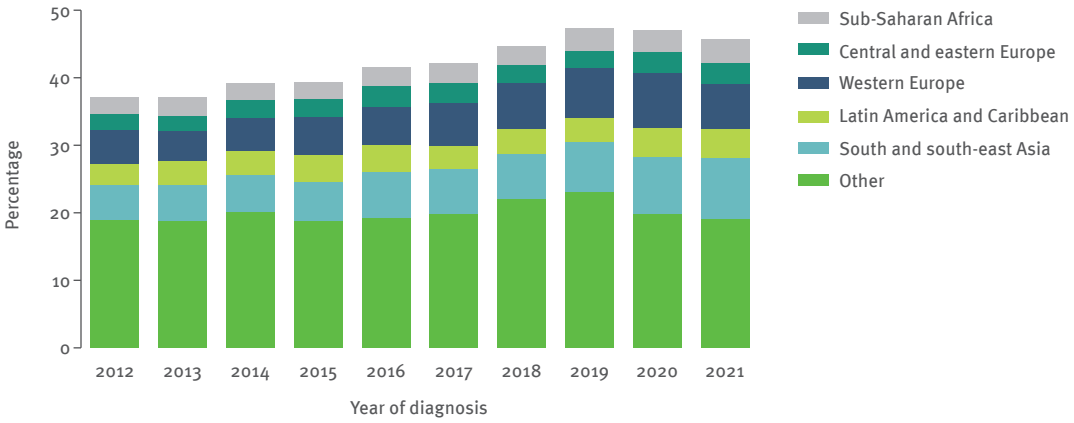


Fig. 1.11b. Age-specific trends in new HIV diagnoses in men, 2012–2021



Notes: These figures contain data for 28 countries. Data from Portugal and Spain are excluded due to incomplete coverage of the surveillance for a portion of the previous decade.

Fig. 1.12. Percentage of new diagnoses among people born outside the reporting country by year of diagnosis and region of origin, EU/EEA, 2012–2021



Notes: Data from Latvia, Hungary and Portugal are excluded due to inconsistent reporting during the previous decade.

- The proportion of all HIV diagnoses attributed to heterosexually acquired infection in women remained stable between 2012 and 2021, ranging from 20% to 24%. The proportion of all HIV diagnoses attributed to heterosexually acquired HIV infection in men was also stable during the previous decade, ranging from 19% to 21% (Fig. 1.13b). Despite the overall decline in the number of heterosexually acquired cases during the previous decade, new diagnoses in Bulgaria, Cyprus and Czechia increased (Table 6).
- In countries with consistent reporting throughout the previous decade, the number of diagnoses reported to be due to vertical transmission of HIV decreased from 133 in 2012 to 71 in 2021 (Fig. 1.13a). Throughout the previous decade, the majority (85–95%) of those cases originated from outside the reporting country.
- The overall proportion of people diagnosed with previous positive status (an infection diagnosed elsewhere prior to the current diagnosis) increased over the previous decade from 8% of cases with known information in 2012 to 14% of cases in 2021. Cases indicated as diagnosed very early with acute infection increased from 13% of cases in 2012 to 18% in 2019, falling slightly to 16% in 2021 (Fig. 1.15).

Reporting delays differ significantly among transmission categories for some countries. When standardized 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 (Fig. 1.13a and Fig. 1.14 show these adjusted trends).

Fig. 1.13a. HIV diagnoses, by year of diagnosis and transmission mode, adjusted for reporting delay, EU/EEA, 2012–2021

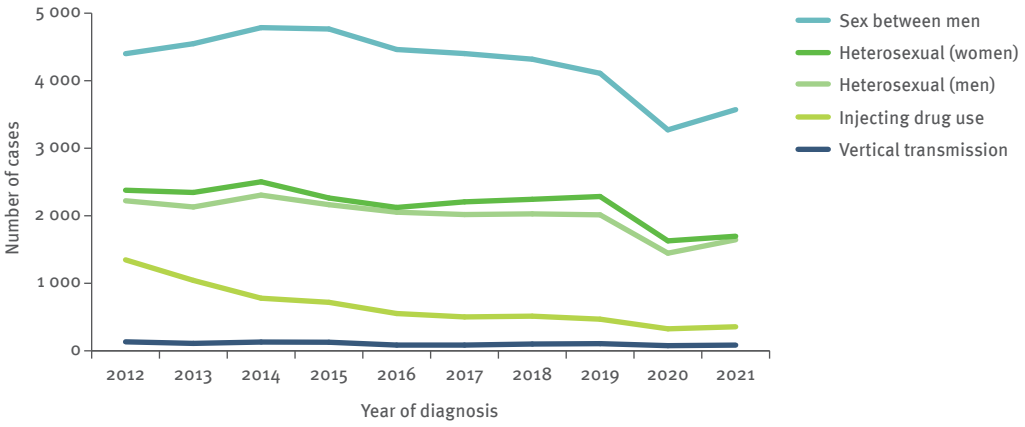
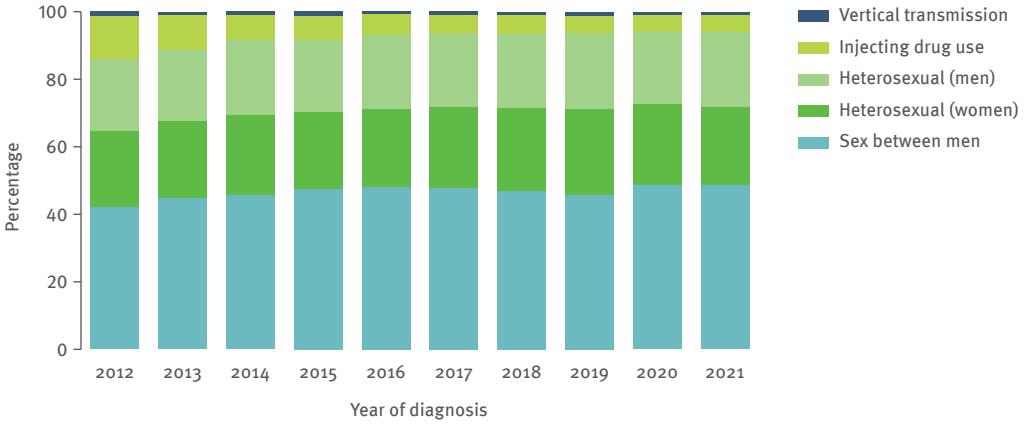
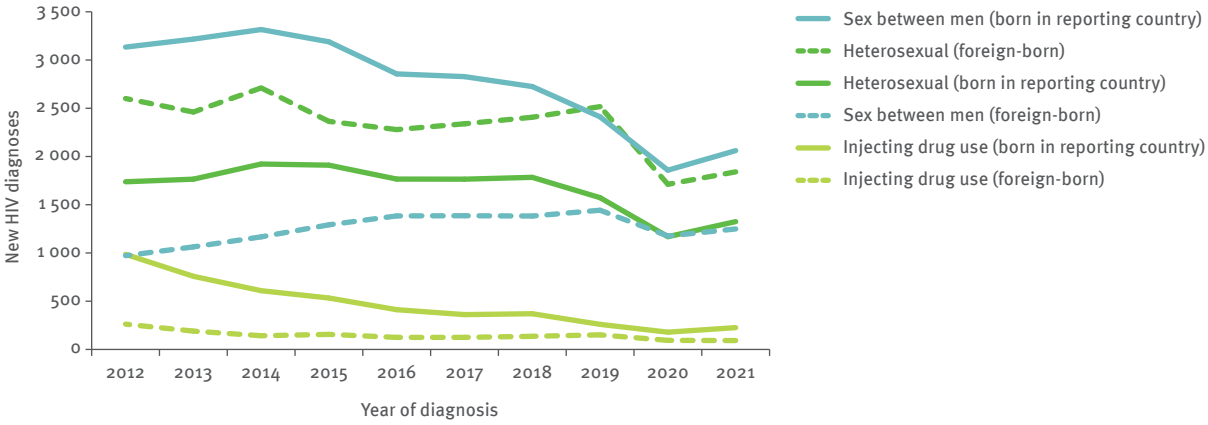


Fig. 1.13b. Percentage of HIV diagnoses, by year of diagnosis and transmission mode, adjusted for reporting delay, EU/EEA, 2012–2021



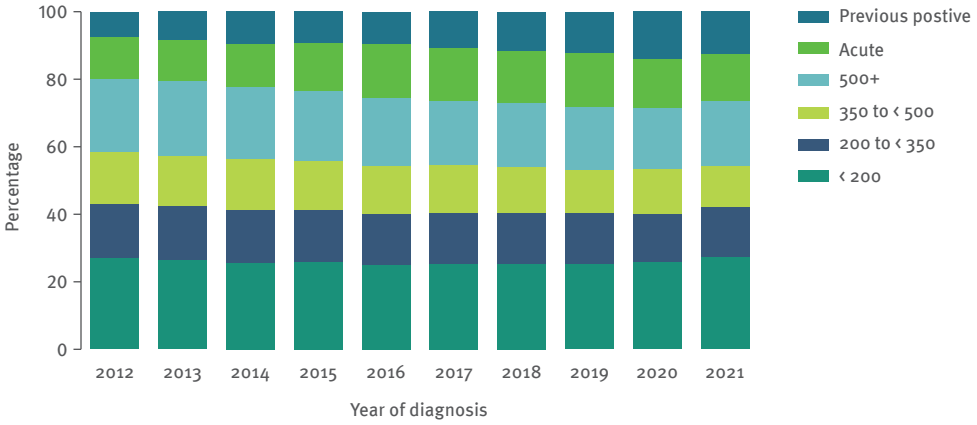
Notes: Data from 25 EU/EEA countries included. Cases where transmission route was unknown or other are not presented here. HIV diagnoses reported by Iceland, Lithuania, and Poland excluded due to incomplete reporting on transmission mode during some years of the period; diagnoses reported by Portugal and Spain excluded due to incomplete reporting during a portion of the period.

Fig. 1.14. New HIV diagnoses, by year of diagnosis, transmission and migration status, adjusted for reporting delay, EU/EEA, 2012–2021



Notes: Data from 25 EU/EEA countries included. HIV diagnoses reported by Iceland, Lithuania and Poland excluded due to incomplete reporting on transmission mode during some years of the previous decade; diagnoses reported by Portugal and Spain excluded due to incomplete reporting during a portion of the previous decade.

Fig. 1.15. New diagnoses, by previous positive, acute infection or CD4 cell count and year of diagnosis, EU/EEA, 2012–2021



Notes: Data from Iceland and Poland excluded due to incomplete reporting on transmission mode for some years of the previous decade; diagnoses reported by Portugal and Spain are excluded due to incomplete reporting during a portion of the previous decade. This graph does present cases that are missing CD4 cell count information.

1.3 AIDS cases, morbidity and mortality

Although there have been improvements in the early diagnosis of HIV, 1 895 diagnoses of AIDS were reported by 27 EU/EEA countries[7] in 2021 – a crude rate of 0.5 cases per 100 000 population (Table 14). The highest rate was reported by Cyprus (4.1 per 100 000 population; 36 cases).

The rate of reported AIDS cases has more than halved in the past decade, down from 1.3 per 100 000 reported in 2012 (Fig. 1.10). This decline is noted in men and women and in all transmission groups but appears to be greatest among cases attributed to injecting drug use (Fig. 1.16; Tables 15-19).

The most common AIDS-indicative diseases diagnosed in 2021 in the EU/EEA were *Pneumocystis* pneumonia (23% of all AIDS-indicative diseases), wasting syndrome due to HIV (14%) and oesophageal candidiasis (12%) (Table 22). Pulmonary and/or extrapulmonary tuberculosis (TB) combined made up 10% of AIDS-indicative diseases.

Twenty-five EU/EEA countries (all but Denmark, Germany, Italy, Sweden and Portugal) reported data on deaths of those diagnosed with AIDS. Overall, 558 people were reported to have died due to AIDS-related causes during 2021 (Table 23), although these data are affected by underreporting due to the challenges for many countries in linking to death registries, and this was possibly

[7] This includes all EU/EEA countries except Germany, Portugal and Sweden.

exacerbated for 2020–2021 due to reporting issues during the COVID-19 pandemic. AIDS-related death reports have declined by 53% since 2012, when 1 170 deaths were recorded in the countries reporting consistently over time, although delays in reporting affect the latest figures and underreporting has affected the reporting of AIDS deaths throughout the previous decade (Fig. 1.10). From the beginning of the HIV epidemic to the end of 2021, the cumulative total of people diagnosed with AIDS in the EU/EEA was 342 255 (Table 14). The cumulative total of cases reported as known to have died from AIDS-related causes by the end of 2021 was 181 683 (Table 23).

1.4 HIV testing

Ten countries (Belgium, Czechia, Estonia, France, Greece, Latvia, Poland, Romania, Slovakia and Slovenia) consistently reported data on HIV tests performed during the period 2012–2021, excluding unlinked anonymous testing and testing of blood donations. The number of tests performed in these countries decreased by around 7% between 2019 and 2021 (Table 24), probably as a result of decreased testing activities during part of 2020 and into 2021 due to the COVID-19 pandemic. It is important to note that numbers provided are collected in a heterogeneous manner and comparisons between country testing rates should be undertaken with caution. However, these data can indicate large changes in overall testing policy or be used to support the interpretation of HIV cases notified.

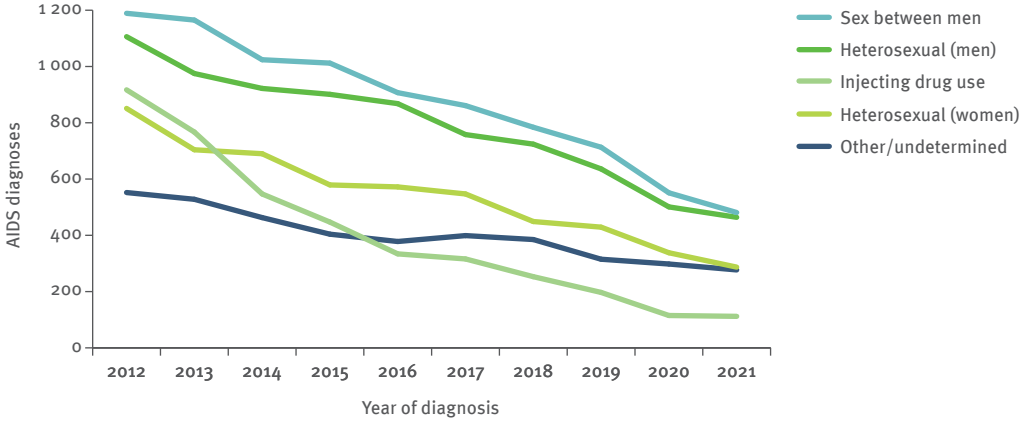
1.5 Conclusions

HIV surveillance data for 2021 show a continuing decline in the number and rate of new HIV cases diagnosed in the EU/EEA during the last decade. However, reduced testing and extra demands due to the COVID-19 pandemic on clinical sectors and public health institutes responsible for reporting and surveillance have likely continued to impact case detection for 2021. On the other hand, some of the decline observed may be the result of reduced transmission due to the physical distancing measures implemented as a response to the COVID-19 pandemic. This makes the interpretation of HIV trends for 2020 and 2021 challenging. While the notification rate for 2021 is about 3% higher than that for 2020, it is expected to be revised upwards even further in future reporting cycles, which is common for HIV generally and for certain countries in the EU/EEA in particular. Prior to 2021, there was evidence of a clear, continuous decline in the rate of new HIV diagnoses per 100 000 population in the EU/EEA overall. Despite the 2021 data representing the first year-on-year increase in a decade, if the trend is examined excluding 2020, the downward trajectory observed over the last decade continues. However, despite evidence of some progress in reducing the number of new HIV diagnoses in the EU/EEA overall, rates have increased in several EU/EEA countries.

Rates of AIDS and AIDS-related deaths in the EU/EEA as a whole have decreased substantially during the past decade. Although AIDS and AIDS-deaths for 2021 have also probably been affected by reporting issues due to the COVID-19 pandemic, the reduced trends prior to 2021 likely reflect greater access to treatment and better case management, indicating continued progress towards the Sustainable Development Goal of ending the AIDS epidemic as a public health threat and decreasing AIDS-related deaths.

Evidence of a decline in diagnoses among MSM in certain EU/EEA countries which had already been observed prior to 2021 appears to be the main determinant behind the overall decline seen in the EU/EEA throughout the decade. This is significant because MSM still account for the largest number of new HIV diagnoses in the EU/EEA and, until recently, they were the only population in the EU/EEA in which HIV cases were increasing.

Fig. 1.16. AIDS diagnoses, by transmission mode, EU/EEA, 2012–2021



Notes: Data from Germany, Portugal and Sweden are excluded due to inconsistent reporting during the previous decade.

Reasons for the decrease may include successful programmes offering 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 transmission *(1,2)*. In addition to more frequent testing and linkage to care, the use of formal and informal PrEP appear to have played a role in the decline of HIV diagnoses observed, as it is noted that PrEP has been made available through the health system or for generic purchase in 23 countries in the EU/EEA *(2–4)*.

The positive trends in MSM described above are, nevertheless, countered by the prevailing situation in one third of EU/EEA countries (Bulgaria, Cyprus, Hungary, Iceland, Ireland, Lithuania, Malta, Romania, Slovakia) in which HIV continues to increase among MSM. Overall in the EU/EEA, and even in some settings with a decline in rates among MSM, new HIV diagnoses in migrant MSM have not declined at the same rate as in people who are not foreign-born. It is noted that in many of the countries with increasing trends of HIV in MSM, PrEP programmes are only being implemented on a very small scale or not at all *(4,5)*. 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 access to PrEP for high-risk HIV-negative men *(5,6)*.

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. Nevertheless, heterosexual transmission remains the second most common mode of HIV transmission reported in the EU/EEA and, in some countries, is the most common reported transmission mode. Despite the overall declines, heterosexual transmission increased substantially in Bulgaria, Cyprus, Czechia and Slovakia. The declining trend in heterosexual cases is probably influenced by the decrease (since 2012) in the number of heterosexually acquired cases in migrants originating from countries with generalized HIV epidemics *(7)*.

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 2021. The proportion of cases in migrants originating from other countries in Central and Eastern Europe nearly doubled from 2012 to 2021. It is important to recognize 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 *(8–10)*. 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 *(11)*.

Transmission among people who inject drugs continues to decline and remains at a low level in most EU/EEA countries, thanks to well established and effective harm-reduction programmes throughout most of the EU/EEA. The most drastic decline has been seen in Estonia, where new diagnoses among people who inject drugs are one tenth of what they were a decade ago. However, increases were observed in 2016–2017 in Lithuania and have also been reported in this population from Czechia and Germany in recent years. There were also outbreaks reported in 2011–2012 in Romania and Greece — countries with previously very low levels of HIV among people who inject drugs *(12,13)*. More localized outbreaks have also been reported in Ireland and Luxembourg *(14,15)*. This reinforces the importance of maintaining adequate scale and coverage of harm-reduction services and recognizing that trends can change quickly for this group in the absence of effective prevention delivered at scale *(16)*.

It is estimated that about 780 000 people are living with HIV in the EU/EEA, of which around 692 000 (88%) are diagnosed. This means that one in eight people living with HIV in the EU/EEA are not aware of their status *(4)*. Modelled estimates also indicate that it takes an average of 2.9 years from HIV infection to diagnosis in the EU/EEA, varying by subregion from 2.2 to 3.6 years *(17)*. In addition to the clinical and personal benefits for the person diagnosed, early diagnosis and effective ART can also benefit sexual and injecting partners by inhibiting onward HIV transmission *(18)*. Half of those newly diagnosed (56%) have a CD4 cell count of less than 350 cells per mm^3, including 35% of cases with advanced HIV infection (CD4 cell count of less than 200 cells/mm^3). These data indicate that the people were infected many years previously, suggesting problems with access to, and uptake of HIV testing for some segments of the population in these countries, and indicating the need to improve testing programmes to diagnose people living with HIV at an earlier stage. Enhanced testing is even more crucial to counter the reduced availability of testing services in some settings during 2020, and continuing in 2021, due to the COVID-19 pandemic and associated public health measures *(19)*. While linkage to care data in this report do not appear to indicate an impact on delayed linkage during the COVID-19 pandemic, there are documented disruptions in HIV testing services during that period which may not yet be reflected in the HIV diagnosis numbers.

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. The development of European Standards of HIV Care and European guidance on setting-based approaches for HIV and viral hepatitis testing, including best practices for effective implementation, can promote more uniform and improved care quality across the region and can help countries seeking to implement more effective testing programmes *(20,21)*.

Testing not only provides 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 for the health of HIV-positive people of introducing ART early *(18,21)* 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, more than 95% 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. Stigma toward people living with HIV and members of key population groups disproportionately affected by HIV is a documented contributing factor to delayed HIV test-seeking *(22)*. Stigma reduction efforts within health-care and community settings could increase care seeking and reduce late diagnosis.

Once tested, rapid linkage to high-quality care (including ART) is essential. In recent years, around 98% of those diagnosed 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, so the approximately 2% not linked to care within three months is probably an underestimate of poor linkage to care. This bias is slightly countered by the use of the date of the CD4 cell 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 *(23)*. 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 *(24)*. European Standards for HIV care could support effective region-wide progress to improve linkage to care, clinical care after diagnosis and adherence support to increase the health and quality of life of people diagnosed and living with HIV.

Recent years have seen a worrying trend in reduced data completeness on the HIV transmission route, with more than one quarter (27%) of cases reported in 2021 lacking this important information. Information on probable route of transmission is crucial 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. Nevertheless, HIV surveillance and data interpretation was very challenging in 2020 and 2021 due to over-stretched clinical and public health surveillance resources in many countries in the EU/EEA, resulting in less HIV case reporting and a reduced possibility to collect enhanced data for those diagnosed. Some of this information may become available in future reporting rounds, making interpretation of 2020 and 2021 trends easier in the future.

The changing epidemiology of HIV infections observed in the EU/EEA over the past decade suggests that some progress has been achieved towards the Sustainable Development Goal sub-goal on health, particularly in reducing HIV incidence, particularly 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. However, these epidemiological trends also indicate 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. ECDC will continue to support EU/EEA countries in their efforts to accelerate progress towards reaching the Sustainable Development Goal for HIV through dedicated workshops, webinars, guidance and other technical support focused on high-impact surveillance, monitoring and prevention activities.

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 generalized HIV epidemics and others, are also a key vulnerable population who need 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.

The data in this report present new HIV diagnoses through to the end of 2021, including the period of the global COVID-19 pandemic, which heavily affected all countries in the EU/EEA. The impact of the pandemic on human resources in laboratory, clinical and public health institutions was observed in 2020 and continued into 2021. More than half of EU/EEA countries responding to a survey in 2021 indicated that their surveillance data was affected by reduced detection capacity compared to 2019 or earlier. The majority of ECDC operational contact points for HIV reported also working on COVID-19 surveillance and response issues during 2020 and some continued this during 2021. About half of EU/EEA countries needed more time than usual to submit their 2021 HIV and AIDS data and several mentioned that the reporting delay had increased for 2020 and/or 2021 data, or that some variables (CD4 cell count at diagnosis, viral load) could not be reported at all, or not at levels consistent with those achieved in the past.

In collaboration with EU/EEA Member States, ECDC, the WHO Regional Office for Europe, and clinical and community partners will look carefully at the impact of the pandemic on HIV surveillance and prevention response, with the aim of supporting the continued high standard of European HIV and AIDS data, guiding the response in the Region and understanding how the ongoing pandemic may affect HIV incidence, particularly in regions and groups most at risk.

References[8]

1. Brown AE, Mohammed H, Ogaz D, Kirwan PD, Yung M, Nash SG. Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: testing or treatment or pre-exposure prophylaxis (PrEP)? Euro Surveill. 2017;22(25). doi:10.2807/1560-7917. ES.2017.22.25.30553.
2. Nwokolo N, Whitlock G, MacOwan A. Not just PrEP: other reasons for London's HIV decline. Lancet HIV 2017;4(4):e153. doi :10.1016/S2352-3018(17)30044-9.
3. Hayes R, Schmidt AJ, Pharris A, Azad Y, Brown AE, Weatherburn P et al. and the ECDC Dublin Monitoring Network. Estimating the "PrEP gap": how implementation and access to PrEP differ between countries in Europe and Central Asia in 2019. Euro Surveill. 2019;24(41). doi./10.2807/1560-7917.ES.2019.24.41.1900598.
4. Monitoring HIV pre-exposure prophylaxis programmes in the EU/EEA. Stockholm: ECDC; 2022 (https://www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea).
5. HIV: Combination prevention. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2018 progress report. Stockholm: ECDC; 2021 (www.ecdc.europa.eu/sites/default/files/documents/HIV-combination-prevention-dublin-declaration.docx.pdf).
6. HIV and STI prevention among men who have sex with men. ECDC guidance. Stockholm: ECDC; 2014 (www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/hiv-sti-prevention-among-men-who-have-sex-with-men-guidance.pdf).
7. Hernando V, Alvarez-del Arco D, Alejos B, Monge S, Amato-Gauci AJ, Noori T et al. HIV infection in migrant populations in the European Union and European Economic Area in 2007–2012: an epidemic on the move. J Acquir Immune Defic Syndr. 2016;70(2):204–11. doi:10.1097/qai.0000000000000717.
8. Rice BD, Elford J, Yin Z, Delpech VC. A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV. AIDS 2012;26(15):1961–6. doi:10.1097/QAD.0b013e3283578b80.
9. Pantazis N, Rosinska M, van Sighem A, Quinten C, Noori T, Burns F et al. Discriminating Between Premigration and Postmigration HIV Acquisition Using Surveillance Data. J Acquir Immune Defic Syndr. 2021 Oct 1;88(2):117-124. doi:10.1097/QAI.0000000000002745.
10. Fakoya I, Alvarez-del Arco D, Woode-Owusu M, Monge S, Rivero-Montesdeoca Y, Delpech V et al. A systematic review of post-migration acquisition of HIV among migrants from countries with generalised HIV epidemics living in Europe: implications for effectively managing HIV prevention programmes and policy. BMC Public Health 2016;15:561. doi:10.1186/s12889-015-1852-9.
11. Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants in the EU/EEA. Stockholm: ECDC; 2019 (https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-screening-and-vaccination-infectious-diseases-newlyf).
12. Hedrich D, Kalamara E, Sfetcu O, Pharris A, Noor A, Wiessing L et al. Human immunodeficiency virus among people who inject drugs: is risk increasing in Europe? Euro Surveill. 2013;18(48). doi:10.2807/1560-7917.ES2013.18.48.20648.
13. Paraskevis D, Nikolopoulos G, Tsiara C, Paraskeva D, Antoniadou A, Lazanas M et al. HIV-1 outbreak among injecting drug users in Greece, 2011: a preliminary report. Euro Surveill. 2012;16(36). doi:10.2807/ese.16.36.19962-en.
14. Giese C, Igoe D, Gibbons Z, Hurley C, Stokes S, McNamara S et al. Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2016. Euro Surveill. 2016;20(40): doi:10.2807/1560-7917.ES.2016.20.40.30036.
15. HIV in people who inject drugs – joint technical mission to Luxembourg. Stockholm, Lisbon: ECDC/European Monitoring Centre for Drugs and Drug Addiction; 2018 (http://sante.public.lu/fr/publications/h/hiv-joint-technical-mission/index.html)
16. Prevention of infections among people who inject drugs. Stockholm: ECDC; 2012 (www.ecdc.europa.eu/en/publications-data/ecdc-and-emcdda-technical-guidance-prevention-and-control-infectious-diseases-0).
17. van Sighem A, Pharris A, Quinten C, Noori T, Amato-Gauci AJ, the ECDC HIV/AIDS Surveillance and Dublin Declaration Monitoring Networks. Reduction in undiagnosed HIV infection in the European Union/European Economic Area, 2012 to 2016. Euro Surveill. 2017;22(48). doi:10.2807/1560-7917.ES.2017.22.48.17-00771.
18. INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. N Engl J Med. 2016:373(9):795–807. doi:10.1056/NEJMoa1506816.
19. Simões D, Stengaard AR, Combs L, Raben D, The EuroTEST COVID-19 impact assessment consortium of partners. Impact of the COVID-19 pandemic on testing services for HIV, viral hepatitis and sexually transmitted infections in the WHO European Region, March to August 2021. Euro Surveill. 2021;25(47). doi:10.2807/1560-7917.ES.2021.25.47.2001943.
20. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach. Second edition. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/handle/10665/208825).
21. Public health guidance on HIV, hepatitis B and C testing in the EU/EEA. Stockholm: ECDC; 2018 (www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea).
22. Earnshaw VA, Smith LR, Chaudoir SR, Lee IC, Copenhaver MM. Stereotypes about people living with HIV: Implications for perceptions of HIV risk and testing frequency among at-risk populations. AIDS Educ Prev 2012;24:574–581 doi: 10.1521/aeap.2012.24.6.574
23. Croxford S, Yin Z, Burns F, Copas A, Town K, Desai S et al. Linkage to HIV care following diagnosis in the WHO European Region: a systematic review and meta-analysis, 2006–2017. PLoS One 2018;13(2):e0192403. doi:10.1371/journal.pone.0192403.
24. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and central Asia: thematic report on the HIV continuum of care. Stockholm: ECDC (www.ecdc.europa.eu/en/publications-data/hiv-continuum-care-monitoring-implementation-dublin-declaration).

[8] All online references were accessed 04 November 2020

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 2021, 106 508 people in the WHO European Region were newly diagnosed with HIV, corresponding to a rate of 12.0 per 100 000 population (see Table A, Table 1). This number includes new diagnoses reported by 46 countries[9] to the joint ECDC and WHO Regional Office for Europe surveillance system. It brings the cumulative number of reported HIV diagnoses in the Region since reporting began in the 1980s to 2 334 635. As in previous years, most (78%) of the 106 508 people newly diagnosed with HIV in 2021 were from the East of the Region (83 438), 16% were from the West (17 130) and 6% from the Centre (5 940). The rate was also highest in the East (32.4 per 100 000 population); more than eight times higher than in the West (3.9 per 100 000, adjusted for reporting delay; see Annex 1 for methods and Annex 6 for results) and more than 10-times higher than in the Centre (3.1 per 100 000) (see Table A, Table 1). For men, the average rate across the Region was 15.7 per 100 000 population (Table 2) and for women 8.5 per 100 000 population (Table 3).

Rates of newly diagnosed HIV infections varied widely across countries in the WHO European Region in 2021. The highest rates per 100 000 population (more than 15.0) were observed in the Russian Federation (40.2) followed by Ukraine (37.1), the Republic of Moldova (25.9), Kazakhstan (18.7), Cyprus (16.5), Belarus (15.6) and Armenia (15.2). The lowest rates (under 2.0) were reported by Slovenia (1.5), Croatia (1.9) and Norway (1.9). No new HIV cases were diagnosed in San Marino in 2021.

The male-to-female ratio was 1.7, lowest in the East (1.5), higher in the West (3.2) and highest in the Centre (5.1). The highest male-to-female ratios (more than 10.0) at country level among countries with more than 10 new cases were observed in Serbia (24.9), Montenegro (12.0), Croatia (11.8), Malta (10.3) and Hungary (10.0) and the lowest in the Republic of Moldova (1.4) and the Russian Federation (1.4).

The largest proportion of people newly diagnosed in the 46 reporting countries were in the age group 30–39 years (38%), while 6% were young people aged 15–24 years and 15% were 50 years or above at diagnosis (see Table A, Table 9).

Data on transmission mode which was available for 45 countries[10] (see Table A, Tables 4–8) provide information on risk exposure among people newly diagnosed with HIV. The data for 2021 indicate the following.

- Heterosexual contact was still the main reported mode of HIV transmission in the WHO European Region, accounting for more than half (58%) of people newly diagnosed in 2021 (61 393) and 63% of new HIV diagnoses with a known mode of transmission (Table 6). Among those, 6% originated from countries with generalized epidemics (data not shown).
- Injecting drug use was the second most common transmission mode, accounting for 23% of new diagnoses (24 129) and 25% of new HIV diagnoses with a known mode of transmission (Table 5).
- Sex between men accounted for 10% of new diagnoses overall (10 976) and 11% of new HIV diagnoses with a known mode of transmission (Table 4).
- Less than half a per cent (0.4% 469) of cases were infected through mother-to-child transmission (0.5% of those with a known mode of transmission) (Table 7) and 0.1% (86) through other transmission routes (nosocomial infection, transfusion or use of other blood products) (Table 8).
- Transmission mode was reported as unknown or missing for 9% (9 455 cases) (Table 8). Reporting completeness regarding transmission mode varies greatly across the Region, with information lacking for 3% of new diagnoses in the East, 48% in the Centre and 24% in the West.

Information on country of birth, country of nationality or region of origin was provided by 42 countries for 47 623 people newly diagnosed in 2021. Among those with known origin (44 820), 19% (8 494) originated from outside of the reporting country, including 13% (5 986) from outside the WHO European Region and 6% (2 508) from a European country other than the country of report (Table 10).

Information on the probable country of infection was reported by 30 countries for 23 995 people newly diagnosed. Among people for whom the probable country of infection was known (15 975), 20% (3 185) were infected abroad, including 7% in sub-Saharan Africa, 5% in Central and Eastern Europe, 3% in Western Europe, 3% in south and south-east Asia and 2% in Latin America (Table 12).

[9] No data were received from Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Turkmenistan or Uzbekistan. Data from Portugal not published at country request. 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.

[10] Data on transmission mode was not reported in 2021 by Malta

Forty countries provided information about CD4 cell count at the time of HIV diagnosis in 2021.[11] Information was reported for 28 742 people over 14 years of age at diagnosis (covering 75% of all new diagnoses in the reporting countries) (Table 13). Just over half (54%) of all individuals diagnosed in 2021, where a CD4 cell count at diagnosis was reported, were considered to have been diagnosed several years after being infected, with a count of less than 350 CD4 cells per mm^3, including 34% of cases considered to have advanced HIV infection (CD4 cell count less than 200 cells/mm^3), which is comparable to the results from previous years. The percentage of those newly diagnosed who were diagnosed late (CD4 cell count of less than 350/mm^3) varied across the countries. The countries with the highest percentages of late diagnoses (60% or more, in countries with more than five cases) were Montenegro (86%), Luxemburg (74%), Albania (71%), Latvia (65%), Sweden (64%), Estonia (63%), Italy, (63%), Denmark (62%) and Germany (61%). Those with the lowest percentages (40% or less) were the Russian Federation (30%), Belarus (32%) and Belgium (38%).

The percentage of late diagnoses also varied across transmission categories and was highest for people with reported heterosexual transmission (60%; 63% for men and 56% for women) and as a result of injecting drug use (48%), and lowest for men infected through sex with men (45%) (see Fig. B, Fig. 2.1; Table 13). The percentage of people diagnosed with less than 350 CD4 cells per mm^3 increased with age, ranging from 39% and 38% among people aged 15–19 years and 20–24 years at diagnosis, respectively, to 69% among people aged 50 years or above. Overall, the percentage of late diagnoses by gender was similar (54% for men and 55% for women), but 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) (see Fig. B).

2.1.2 Trends in HIV diagnoses

The rate of newly diagnosed HIV infections in the WHO European Region was mostly stable during the period 2012–2019 with minor fluctuations between 16 and 18 per 100 000 population, but dropped sharply in 2020 and 2021, to 12.0 per 100 000 (Fig. 2.2). This decline observed in 2020 and 2021 compared to previous years is probably due, in part, to decreased case detection as a result of the public health and social measures introduced by countries in response to the COVID-19 pandemic. For this reason, while 2021 data is still compared to the previous years, trends presented in this subchapter are preliminary and should be interpreted with caution. Thirty-seven countries consistently reported data on transmission mode for the period 2012–2021 (Fig. 2.3).

Data on transmission mode from the countries with consistent data indicate the following.

- The proportion of all new HIV diagnoses attributed to heterosexual contact increased from 48% of cases in 2012 to 53% in 2021. The number of HIV diagnoses attributed to heterosexual contact in countries reporting consistently showed an increasing trend between 2011 and 2019, followed by a sharp decline (23%) in 2020 and slight increase (5%) in 2021 compared to 2020.
- The proportion of all new HIV diagnoses attributed to sex between men decreased from 21% to 17% over the same period. Overall, the number of HIV diagnoses reported among MSM in countries reporting consistently has declined between 2015 and 2020, with a slight increase in 2021.
- While the number of new diagnoses in people infected through injecting drug use has shown a stable decline since 2012, it increased by 15% in 2020 compared to 2019, with a reversal and an 11% decrease in 2021. The proportion of all HIV diagnoses attributed to injecting drug use decreased slightly from 20% in 2012 to 19% in 2021.
- The number of new diagnoses in children infected through mother-to-child transmission has decreased by 49% over the previous decade, from 565 in 2012 to 289 in 2021; representing 1.2% of all new HIV diagnoses in 2012 and 0.7% in 2021.
- Of the new diagnoses in people infected by other means, nosocomial infections decreased by 63%, from 104 cases in 2012 to 39 in 2021; new diagnoses attributed to transfusion of blood and its products decreased by 47%, from 78 in 2012 to 41 in 2021.
- The number of new diagnoses for which information on transmission mode was unknown or missing increased by 2%, from 4 084 in 2012 to 4 180 in 2021 – representing 9% of all new HIV diagnoses in 2012 and 11% in 2021.

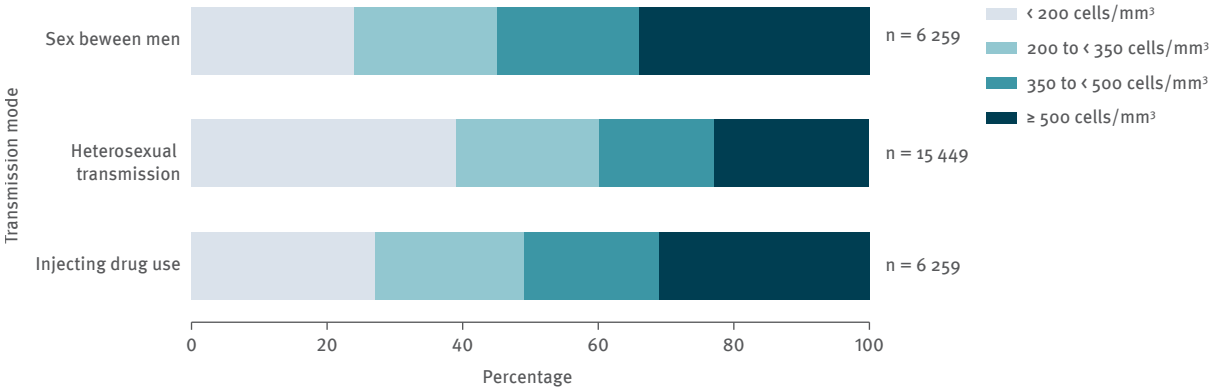
2.1.3 AIDS cases, morbidity and mortality

In 2021, 8 194 people in 44 countries of the WHO European Region[12] were diagnosed with AIDS, which corresponds to a rate of 1.2 per 100 000 population (Table 14). Of the 8 194 people who received a diagnosis of AIDS in 2021, 73% (5 953) were diagnosed in the East, 20% (1 615) in the West and 8% (626) in the Centre of the Region. The rate was also highest in the East (5.4 per 100 000 population), more than 10 times higher than in the West (0.5 per 100 000) and 18-times higher than in the Centre (0.3 per 100 000 population).

[11] Data on CD4 cell count reported from the Russian Federation did not include disaggregation by mode of transmission and were excluded from the subregional and regional analysis

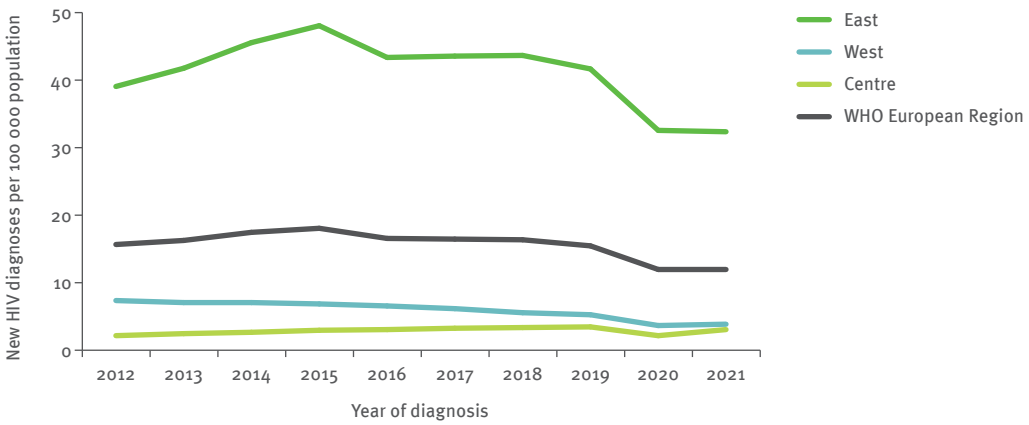
[12] No data were reported from Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, the Russian Federation, Sweden, Turkmenistan or Uzbekistan. Data from Portugal not published at country request.

Fig. 2.1. New HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, WHO European Region, 2021 (n = 28 742)



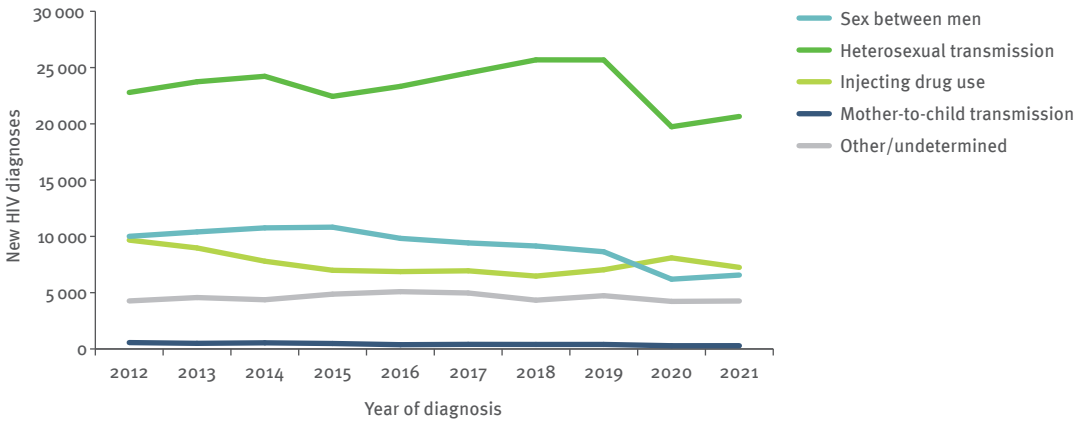
Notes: Includes data from 46 countries. Data from Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Turkmenistan and Uzbekistan excluded due to inconsistent reporting over the previous decade. Data from Portugal not published at country request.

Fig. 2.2. New HIV diagnoses per 100 000 population, by year of diagnosis, WHO European Region, 2012–2021



Notes: Includes data from 46 countries. Data from Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Turkmenistan and Uzbekistan excluded due to inconsistent reporting over the decade. Data from Portugal not published at country request.

Fig. 2.3. New HIV diagnoses, by transmission mode and year of diagnosis, WHO European Region, 2012–2021



Notes: In total data from 37 countries are included for Fig 2.3 in 2021: data from Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period; data from Iceland, Lithuania, Malta, Poland, the Russian Federation and Türkiye excluded due to incomplete reporting on transmission mode during the period; data from Spain excluded due to increasing coverage of national surveillance during the period. Data from Portugal not published at country request.

The rate of new AIDS diagnoses varied widely among the countries, with the highest rates (3.0 or above) reported in Ukraine (10.0), Armenia (7.1), the Republic of Moldova (6.5) and Georgia (5.8) and the lowest rates (under 0.3) reported in Poland (0.1), Türkiye (0.1),[13] Slovakia (0.1), Slovenia (0.2), Ireland (0.2), Finland (0.3), Denmark (0.3) and United Kingdom (0.3). Malta and San Marino reported zero cases.

TB represented 12% of all reported AIDS-defining illness events in 2021, ranging from 11% of reports in the Centre and 11% in the West to 14% in the East.

In the 43 countries with consistent AIDS data,[14] the overall rate of new AIDS diagnoses in the Region decreased by 59% between 2012 and 2021, from 2.9 per 100 000 population (17 742 cases) to 1.2 per 100 000 (8 156 cases) (Fig. 2.4).

AIDS trends varied across the three subregions. Despite the 2021 data representing the first year-on-year increase in the last five years in the East, the overall downward trend still continues, the rate decreased by 51%, from 11.1 in 2012 to 5.4 in 2021. In the Centre, the rate decreased by 40%, from 0.5 in 2012 to 0.3 in 2021, while in the West, the steady downward trend continued, with a 64% decrease from 1.4 in 2012 to 0.5 in 2021 (Fig. 2.4).

A total of 44 countries in the Region[15] provided information on AIDS-related deaths or deaths among people previously diagnosed with AIDS[16], with 3 354 people reported to have died during 2021. This represents a 50% decrease compared with the 6 739 deaths reported for the same countries in 2012. Of the 3 354 deaths in 2021, 80% were reported from the East of the Region, 13% from the West and 7% 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 the HIV or AIDS diagnosis. The numbers presented here should therefore not be interpreted as 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 2021, 83 438 people were newly diagnosed with HIV across 13 countries[17] in the East of the WHO European Region, giving a rate of 32.4 per 100 000 population. The highest rates of HIV diagnoses (more than 20.0) for 2021 were observed in the Russian Federation (40.2 per 100 000 population) and Ukraine (37.1), while the lowest (under 10.0) were reported by Tajikistan (9.5), Estonia (9.4), Azerbaijan (6.7) and Lithuania (3.9).

Among the 13 countries in the East reporting age distribution, most of those newly diagnosed (40%) were in the age group 30–39 years, while only 5.2% were young people aged 15–24 years and 13% were 50 years or older at the time of diagnosis (see Table A, Table 9).

[13] AIDS data for Türkiye only include those diagnosed with AIDS at the time of HIV diagnosis and are therefore not comparable with AIDS data from other countries.

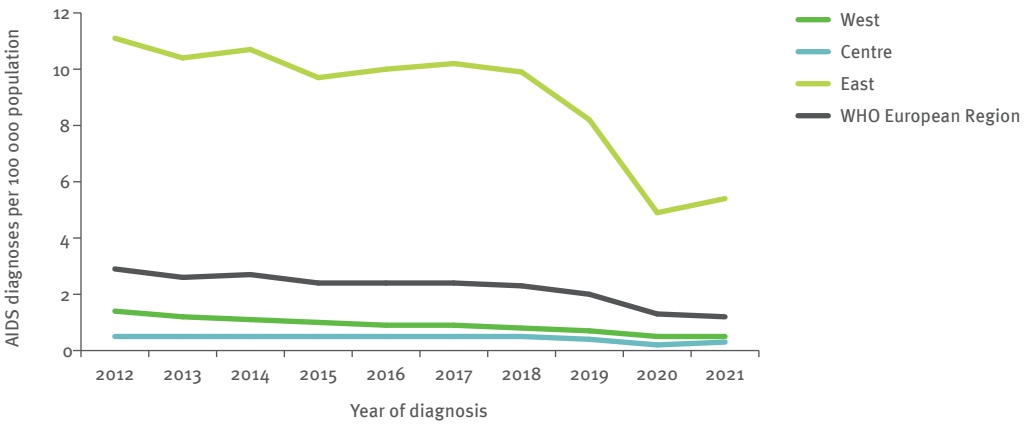
[14] Data from Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, Portugal, the Russian Federation, Sweden, Turkmenistan and Uzbekistan are excluded or not reported.

[15] No data were received from Andorra, Bosnia and Herzegovina, Germany, North Macedonia, Monaco, the Russian Federation, Sweden, Turkmenistan or Uzbekistan. Data from Portugal not published at country request.

[16] 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.

[17] No data were received from Turkmenistan or Uzbekistan.

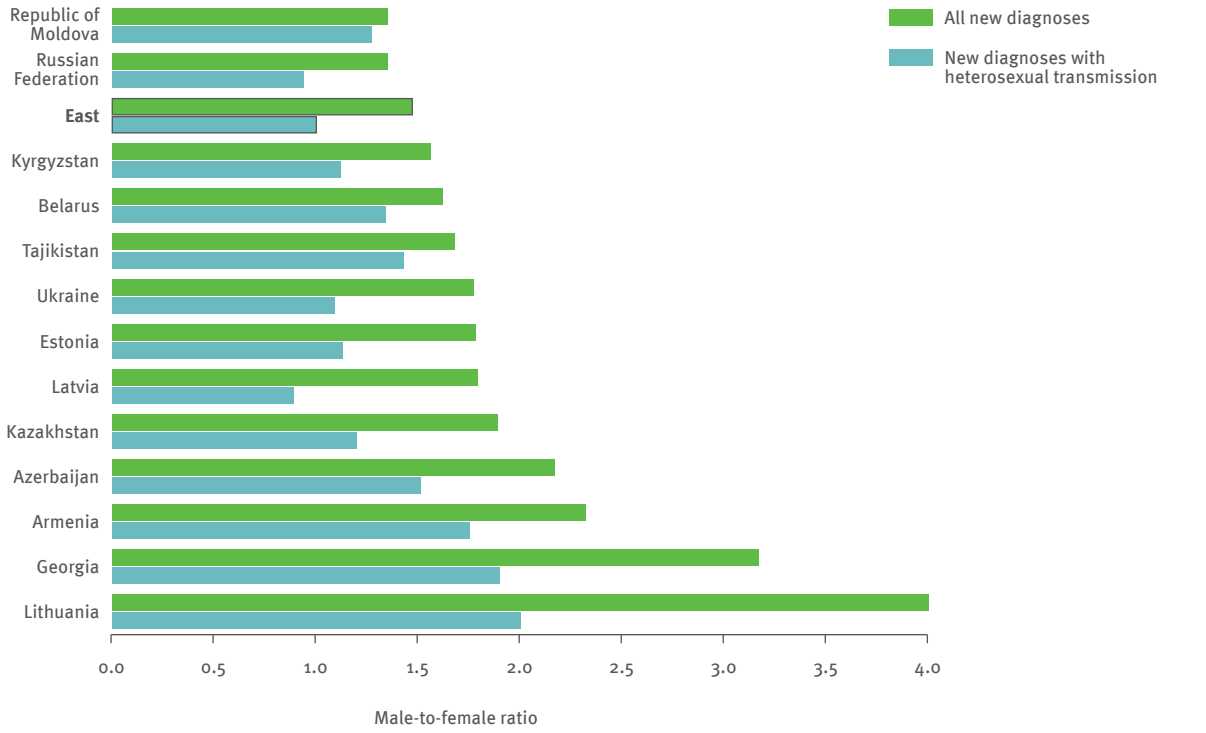
Fig. 2.4. New AIDS diagnoses per 100 000 population, by subregion and year of diagnosis, WHO European Region, 2012–2021



Notes: Data from Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, the Russian Federation, Sweden, Turkmenistan and Uzbekistan are excluded due to inconsistent or no reporting during the period. Data from Portugal not published at country request.

The male-to-female ratio was 1.5, the lowest of the three subregions, with 40% of new diagnoses among women in the East in 2021. The male-to-female ratio was highest (over 2.0) in Lithuania (4.0), Georgia (3.2), Armenia (2.3) and Azerbaijan (2.2), and lowest (under 1.5) in the Republic of Moldova (1.4) and Russian Federation (1.4) (Fig. 2.5). Among those reported as infected through heterosexual transmission, the male-to-female ratio was 1.5 or above in Lithuania (2.0), Georgia (1.9), Armenia (1.8) and Azerbaijan (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.

Fig. 2.5. Male-to-female ratio in all new HIV diagnoses and new diagnoses with heterosexual transmission, by country, East, 2021 (n = 83 438; 54 523)



Notes: No data from Turkmenistan or Uzbekistan.

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 relatively low.

In 2021, in the 83 438 new HIV diagnoses reported from 13 countries in the East, data on the transmission mode suggested that (Fig. 2.6; see Table A, Tables 4–8,):

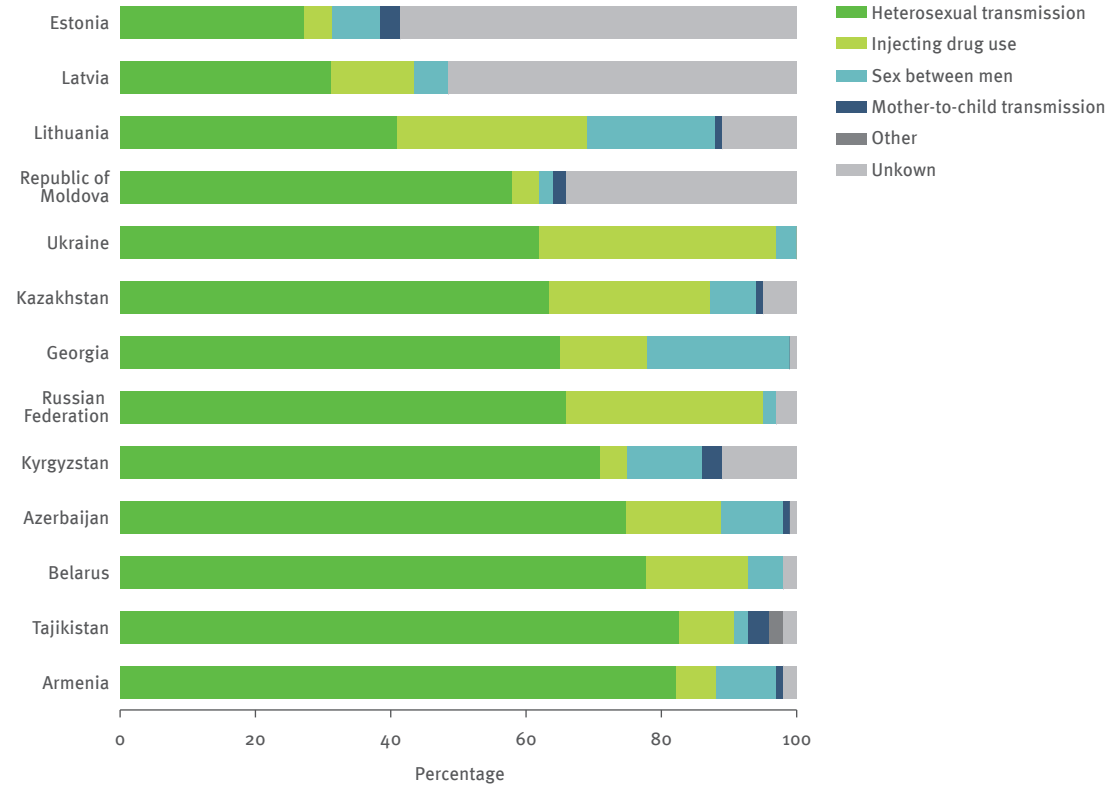
- in total, 65% of those newly diagnosed and 67% of new HIV diagnoses with a known mode of transmission were infected heterosexually (54 523), making it the main mode of transmission reported in all countries in the East (Table 6);
- overall, 28% of those newly diagnosed and 29% of new HIV diagnoses with a known mode of transmission were infected through injecting drug use (23 485) (Table 5), with transmission through injecting drug use accounting for 30% or more of new diagnoses with a known transmission mode in two countries (Ukraine (35%) and Lithuania (32%);
- in total, 3% were infected through sex between men (2 554) (Table 4), but Estonia, Georgia, Kyrgyzstan, Latvia and Lithuania reported that sex between men accounted for 10% or more of new diagnoses with a known transmission mode;
- the percentage of cases diagnosed as infected through mother-to-child transmission was 0.4% (322) (Table 7) and 0.03% (22) were infected through other transmission routes (nosocomial infection, transfusion or use of other blood products);
- transmission mode was reported as unknown or missing for only 3% of those newly diagnosed across the 13 countries in the East of the Region (2 532), but at country level, transmission-mode information was lacking for 15% or more of cases in three countries: Estonia (58%), Latvia (51%), and the Republic of Moldova (34%).

Analysis of the new diagnoses by age group and transmission mode for the 13 reporting countries in the East (Fig. 2.7) shows that 30–39-year-olds accounted for most HIV diagnoses among those infected through injecting drug use (45%), reported heterosexual transmission (38%) and sex between men (34%). Conversely, people over 50 comprised 16% of all heterosexual transmission, but only 6% and 5% of injecting drug use and sex between men, respectively (Fig. 2.7).

Nine countries in the East provided disaggregated information about CD4 cell count at the time of HIV diagnosis[18] for 16 608 people above 14 years (covering 84.5% of the 25 098 new diagnoses in the eight of these countries included in the analysis (Table 13)). Fifty-five per cent of these people were diagnosed late, with CD4 cell counts of less than 350 per mm^3, including 33.8% with advanced HIV infection (CD4 cell count of less than 200/mm^3) at the time of HIV diagnosis.

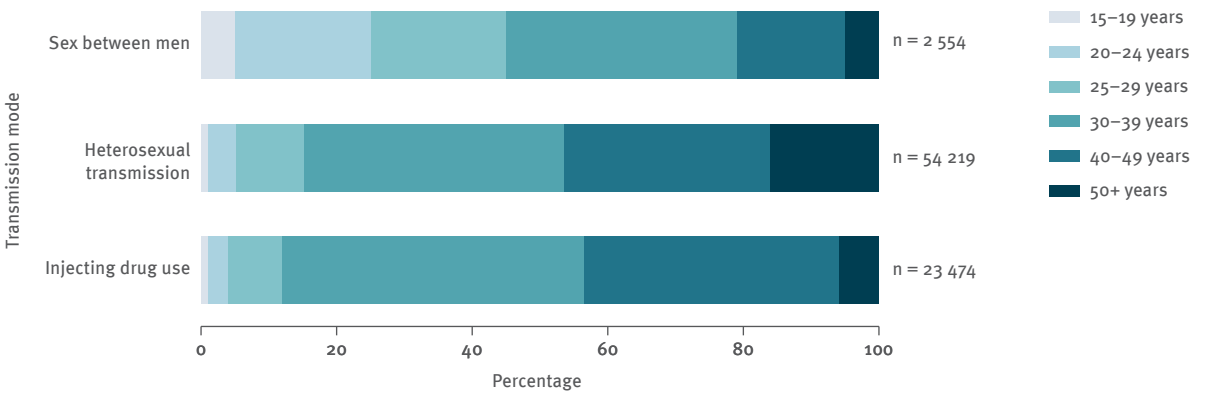
[18] Data on CD4 cell count reported from the Russian Federation did not include disaggregation by mode of transmission and were excluded from the subregional and regional analysis

Fig. 2.6. New HIV diagnoses, by country and transmission mode, East, 2021 (n = 83 438)



Notes: No data from Turkmenistan or Uzbekistan.

Fig. 2.7. New HIV diagnoses, by age group and transmission mode, East, 2021 (n=80 247)



Notes: No data from Turkmenistan and Uzbekistan.

However, these averages do not include data from the Russian Federation, where only 29.5% of those newly diagnosed with HIV are detected once their CD4 cell counts have fallen to below 350 per mm³ and 13.3% below 200 per mm³. The percentage of people diagnosed with a CD4 cell count of less than 350/mm³ was higher than 50% in all countries except the Russian Federation. Data on CD4 cell count by mode of transmission was not available from the Russian Federation, but in the remaining eight countries the percentage of late diagnoses varied across transmission categories, being highest for people infected heterosexually (59%) and through injecting drug use (48%) and lowest for men infected through sex with men (42%) (Fig. 2.8).

Nine countries in the East provided information on the probable country of infection for 8 706 people newly diagnosed in 2021 (Table 12). Among the 8 289 cases for whom the probable country of infection was known, only 5% (401 cases) were infected abroad, including 4% in Central and Eastern Europe. The data suggest that most of those newly diagnosed with HIV in the East of the Region were infected in the reporting country and that those infected abroad were infected in neighbouring countries of Central and Eastern Europe.

2.2.2 Trends in HIV diagnoses in the East

The upward trend observed during the period 2012–2015 was followed by an overall stabilization of the epidemic in the East of the Region, before a sharp decline in 2020 and 2021 compared to 2019. This decline was probably due in part to decreased case detection as a result of the public health and social measures introduced by countries in response to the COVID-19 pandemic (Fig. 2.2). For this reason, while 2021 data is still compared to previous years, trends presented in this subchapter are preliminary and should be interpreted with caution.

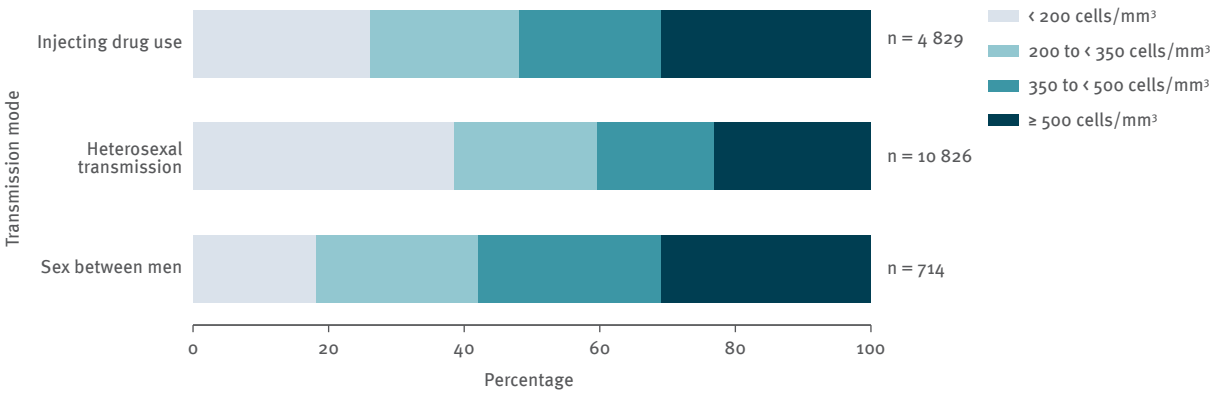
The number of newly diagnosed women decreased by 19% across the 13 countries, from 41 946 in 2012 to 33 780 in 2021, and the number of newly diagnosed men decreased by 14%, from 57 990 to 49 658 (Tables 2 and 3). The overall trend largely reflects the situation in the Russian Federation, which accounts for the vast majority of new cases reported in 2021, and where new HIV cases have been decreasing since 2019. The other countries have significant variations. For example, Belarus has seen a 41% increase among males against a 1% increase in females; in Kazakhstan, there was 101% increase among males and 49% increase among females; in Georgia, the number of newly diagnosed cases decreased by 12% among females but increased by 6% among males; and Tajikistan demonstrated a 25% increase among females and a 17% increase among males.

Information on mode of transmission for the period 2012–2021 (Fig. 2.9) from the 11 countries[19] with consistent data suggests the following.

- The number of new diagnoses in people with reported heterosexual transmission increased by 9%, from 14 744 in 2012 to 16 097 in 2021. The increase due to the increase in men with heterosexual transmission (a 41% increase) as there was a 14% decrease in women with heterosexual transmission. At the same time, the percentage of all new HIV diagnoses attributed to heterosexual contact increased from 61% of cases in 2012 to 67% in 2021.
- The number of new diagnoses in people infected through injecting drug use decreased by 17%, from 8 177 in 2012 to 6 752 in 2021, but an increase of 43% was seen between 2018 and 2021 in Ukraine (Table 5). The percentage of all new HIV diagnoses attributed to injecting drug use decreased from 34% in 2012 to 28% in 2021.

[19] Data from Lithuania, the Russian Federation, Turkmenistan and Uzbekistan are excluded due to inconsistent reporting over the decade.

Fig. 2.8. New HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, East, 2021 (n = 16 369)

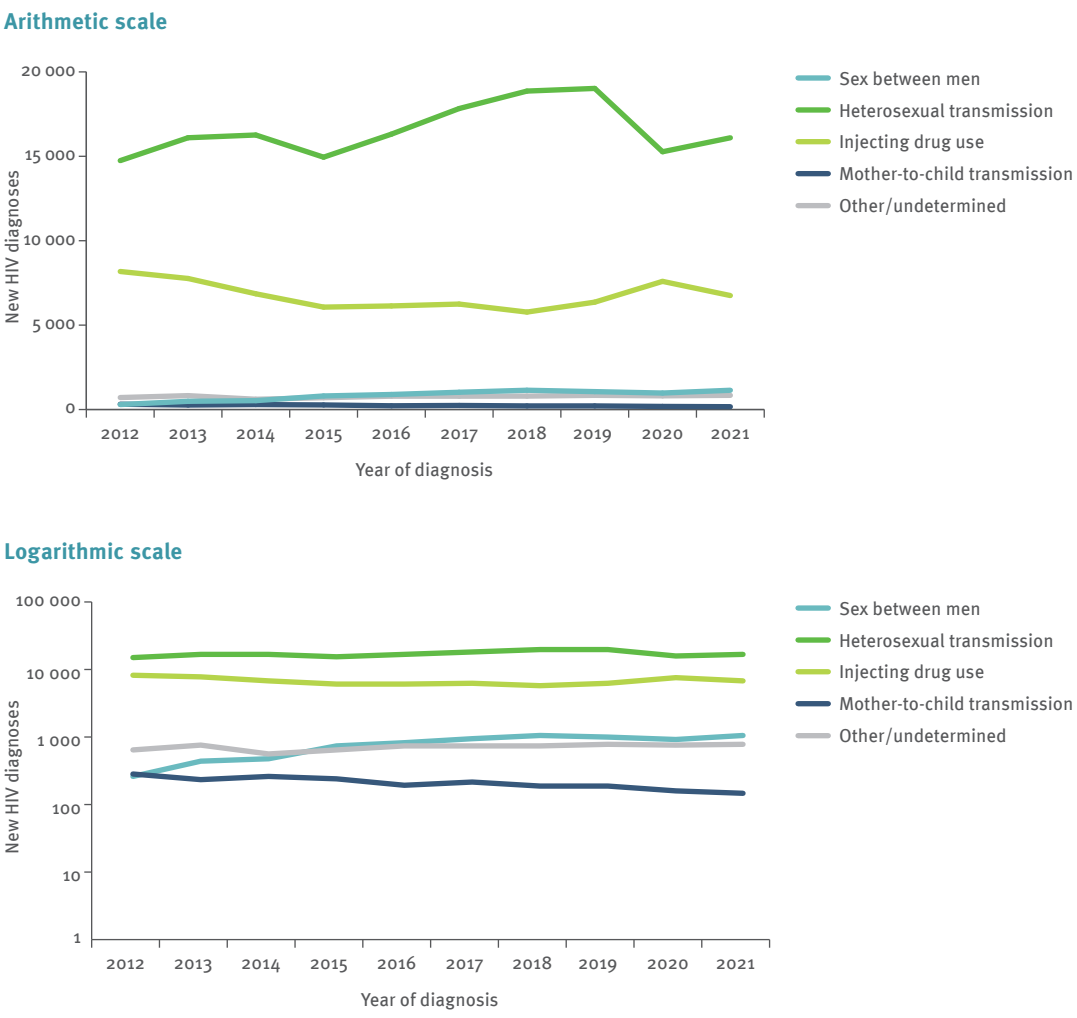


Notes: No data from Lithuania, the Russian Federation, Azerbaijan, Kazakhstan, Tajikistan, Turkmenistan or Uzbekistan.

- The number of new diagnoses in people infected through sex between men increased nearly four-fold, from 295 in 2012 to 1 142 in 2021. This is by far the highest relative increase across the various transmission modes and subregions as visible on the logarithmic scale used in Fig. 2.9, which facilitates the comparison of rates of change regardless of starting point. Despite this increase, the percentage of all new HIV diagnoses attributed to sex between men has nevertheless remained low, at 1.2% in 2012 and 4.7% in 2021.
- The number of children infected through mother-to-child transmission decreased by 46%, from 314 in 2012 to 168 in 2021, representing 1.3% of new HIV diagnoses in 2012 and 0.7% in 2021.
- The number of new diagnoses for which the mode of transmission was unknown increased by 18%, from 710 in 2012 to 841 in 2021, yet the percentage of new HIV diagnoses with unknown mode of transmission remained low and stable overall at 3% between 2012 and 2021.

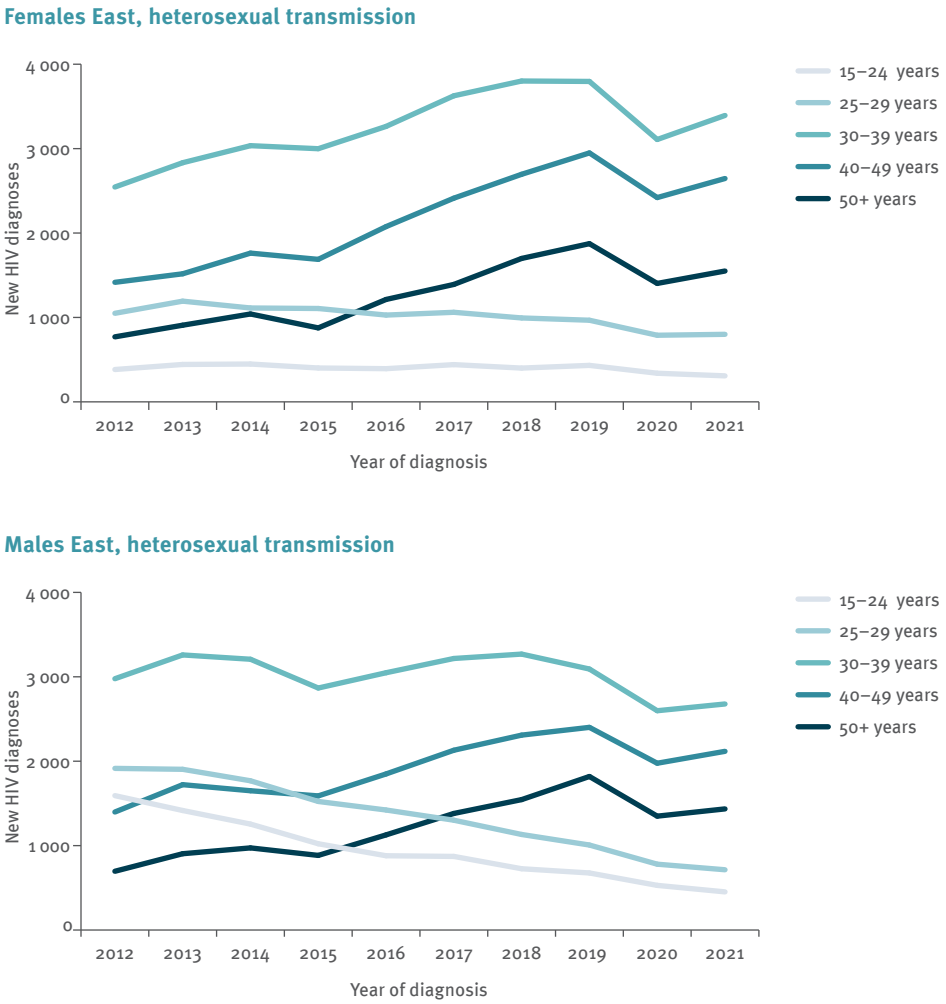
Further analysis of the increase in new diagnoses attributed to heterosexual transmission in the East by gender and age groups (Fig. 2.10) reveals an increasing trend in older age groups for both men and women during the period 2015–2019, followed by a drop among all age groups in 2020, and increase in 2021 in older age groups. Nevertheless, heterosexual transmission has continued to decline among young women aged 15–24 years and 25–29 years since 2012.

Fig. 2.9. New HIV diagnoses, by transmission mode and year of diagnosis, East, 2012–2021



Note: data from Russian Federation, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period; data from Lithuania excluded due to incomplete reporting on transmission mode during the period.

Fig. 2.10. Age-specific trends by gender in new HIV diagnoses with heterosexual transmission, East, 2012–2021



Notes: Data from Lithuania, the Russian Federation, Turkmenistan and Uzbekistan are excluded due to inconsistent reporting during the period.

2.2.3 AIDS cases, morbidity and mortality in the East

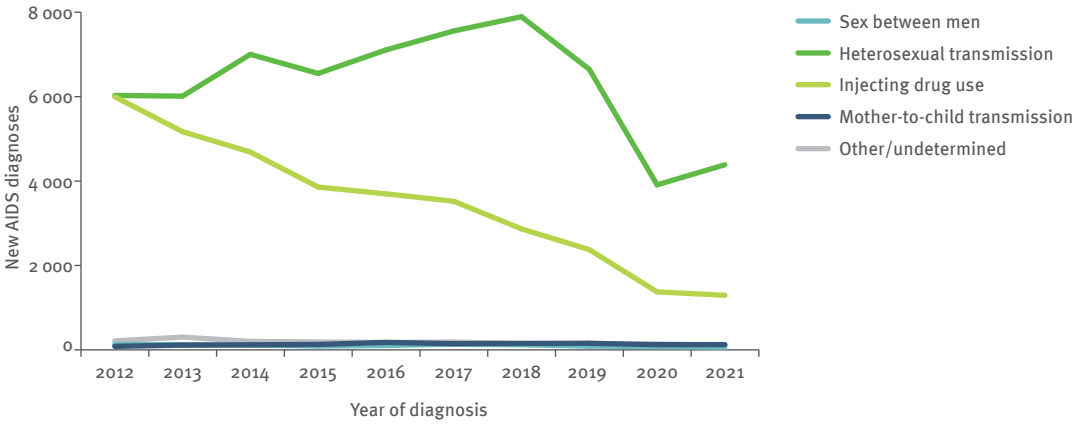
In 2021, 5 953 people were diagnosed with AIDS from the 13 countries in the East that provided AIDS data, giving a rate of 5.4 per 100 000 population. As with HIV, a substantial decline in newly reported AIDS diagnoses was observed in 2020, most probably linked to the effects of the COVID-19 pandemic on health and surveillance systems, but the trend was reversed in 2021 with a slight increase observed. The highest rates (above 5.0) were reported in Ukraine (10.0), Armenia (7.1), Republic of Moldova (6.5) and Georgia (5.8) (Table 14).

The AIDS rate decreased by 51% between 2012 and 2021, from 11.1 per 100 000 population (12 374 cases) to 5.4 (5 953 cases) in the 13 countries (Fig. 2.4). The rate of new AIDS diagnoses increased in three of the 13 countries in the East (Armenia, Kazakhstan and Kyrgyzstan). In terms of mode of transmission, decreases in AIDS cases were reported both among people infected heterosexually and people infected as a result of injecting drug use. The number of new AIDS diagnoses among men infected as a result of sex between men increased by 62% in comparison with 2012 (Fig. 2.11).

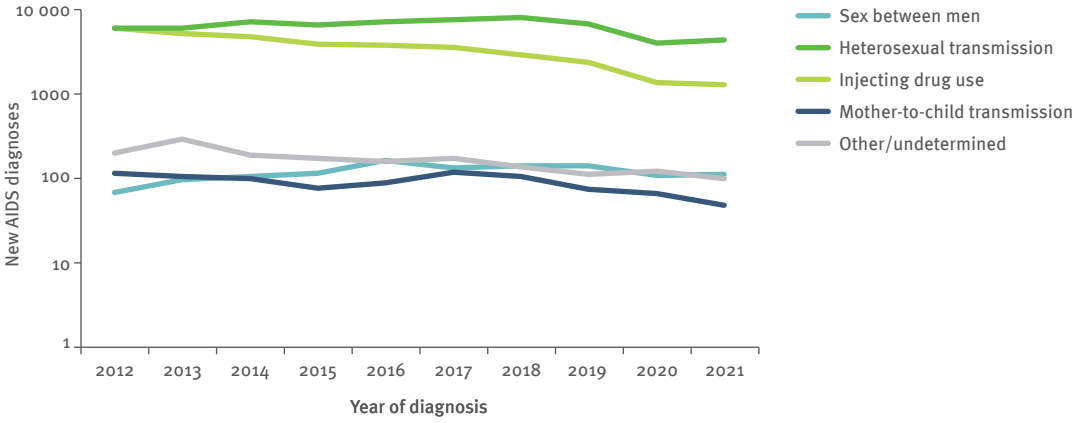
The most common AIDS-indicative diseases diagnosed in 2021 were oesophageal candidiasis (16% of all disease events reported), pulmonary TB (11%) and wasting syndrome due to HIV (8%) (Table 22). By transmission mode, oesophageal candidiasis, pulmonary TB and wasting syndrome due to HIV were the most common AIDS-defining diseases among people infected through heterosexual sex (the three diseases together accounting for 53% of reported events). The same three conditions were the most common AIDS-defining diseases reported among people with AIDS infected through injecting drug use (together accounting for 63% of reported events). Among the few AIDS cases infected as a result of sex between men, oesophageal candidiasis and pulmonary TB were the most common diseases (Fig. 2.12).

Fig. 2.11. New AIDS diagnoses, by transmission mode and year of diagnosis, East, 2012–2021

Arithmetic scale

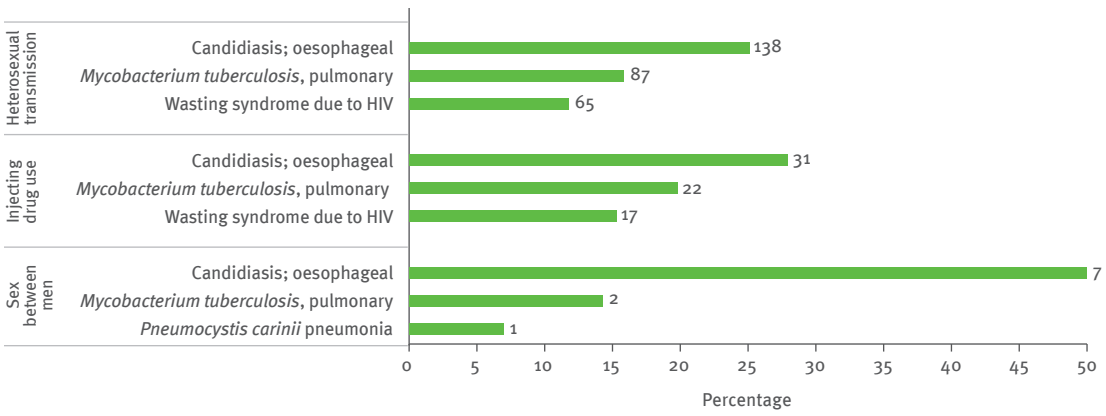


Logarithmic scale



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

Fig 2.12. Distribution of the three most common AIDS-defining illnesses per transmission mode, East, 2021



Notes: No data from Kazakhstan, Lithuania, Russian Federation, Turkmenistan, Ukraine, Tajikistan and Uzbekistan

AIDS-related mortality remains high in the East. For 2021, there were 2 679 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 12 countries concerned. This figure represents 80% of all AIDS-related deaths reported in the Region (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. However, there was a substantial increase in the number of new cases compared to last year. A total of 5 940 people were newly diagnosed with HIV in 2021 from 13 countries in the Centre of the WHO European Region, giving a rate of 3.1 per 100 000 population (Table 1). The highest rates (over 3.0) were reported by Cyprus (16.5), Albania (3.6), Türkiye (3.4) and Bulgaria (3.4) and the lowest (under 2.0) by Croatia (1.9) and Slovenia (1.5).

The most affected age group in 2021 was 30–39-year-olds (32% of cases), while 14% of cases were diagnosed in young people aged 15–24 years – the largest percentage of young people among the three subregions (see Table A, Table 9). The male-to-female ratio was 5.1, 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. The highest male-to-female ratios (over 10.0) were observed in Serbia (24.9), Montenegro (12.0), Croatia (11.8) and Hungary (10.0) (Fig. 2.13).

The 2021 data on transmission mode from the 13 countries in the Centre region (see Table A, Tables 4–7) indicate that:

- in total, 24% of those newly diagnosed and 47% of new HIV diagnoses with a known route of transmission were infected through sex between men (1 455) (Table 4); in 2021, sex between men was the predominant reported mode of transmission in 10 countries (Bulgaria, Croatia, Cyprus, Czechia, Hungary, Montenegro, Serbia, Slovakia, Slovenia and Poland) (Fig. 2.14);
- overall, 25% of those newly diagnosed and 48% of new HIV diagnoses with a known route of transmission were infected through heterosexual transmission (1 464) (Table 6), which was the main reported mode of transmission in three countries (Albania, Romania and Türkiye) (Fig. 2.14);
- a total of 2% of those newly diagnosed and 4% of new HIV diagnoses with a known route of transmission were infected through injecting drug use (108) (Table 5);

Fig. 2.13. Male-to-female ratio in new HIV diagnoses, by country, Centre, 2021

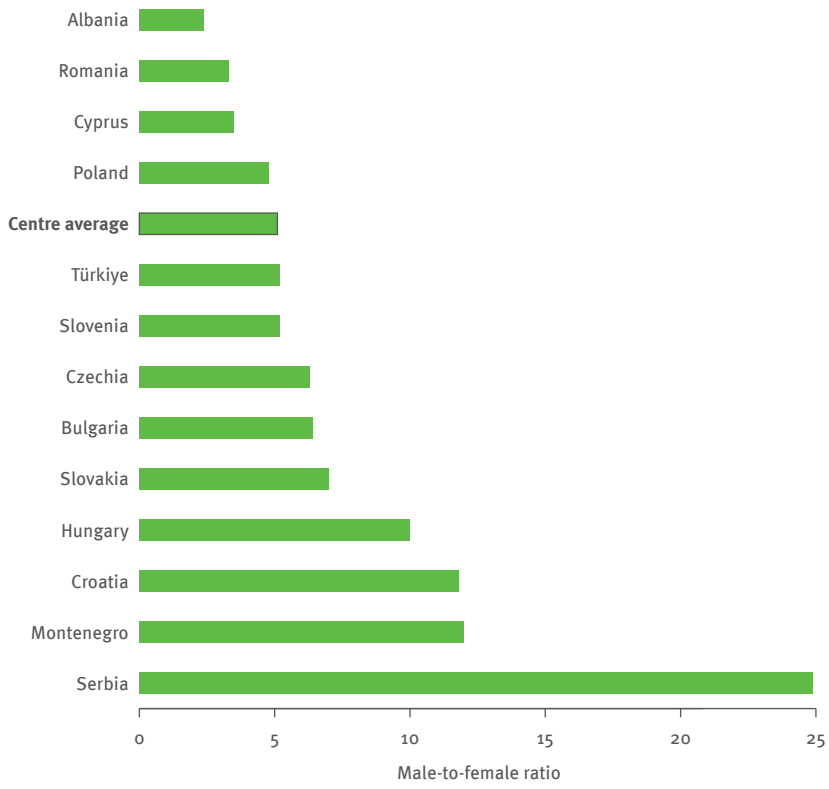
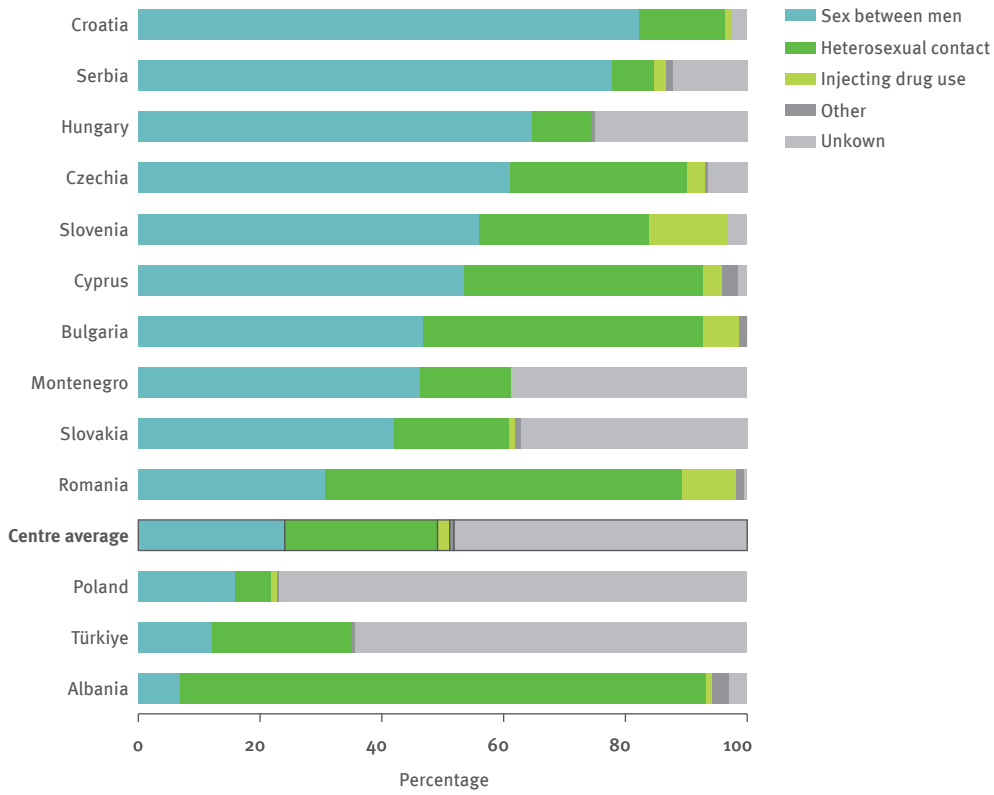


Fig. 2.14. New HIV diagnoses, by country and transmission mode, Centre, 2021 (n = 4 427)



- of those with a known route of transmission, 1% were infected through mother-to-child transmission (35) (Table 7);
- transmission mode was unknown for 48% of those newly diagnosed (2 874) (Table 8). The two countries with the highest number of new HIV diagnoses in 2021 (Türkiye and Poland) together accounted for 68% of all new HIV diagnoses reported in the Centre in 2021 and also had the highest percentage of new HIV diagnoses with an unknown transmission mode (Poland 77% and Türkiye 64%).

Eleven of the 15 Central countries provided information on CD4 cell count at HIV diagnosis for 1 624 people aged over 14 years (covering 27% of all new diagnoses in the Centre countries and 35% in the 11 countries with CD4 cell data) (Table 13). Fifty-three per cent were diagnosed late, with CD4 cell counts of less than 350 per mm^3 at HIV diagnosis, including 33% with advanced HIV infection (CD4 cell count of less than 200/mm^3). In total, 19% had a CD4 cell count of between 350 and 500 cells per mm^3, and 28% had a CD4 cell count above 500 per mm^3. The proportion diagnosed with CD4 cell counts of less than 350/mm^3 was 50% or above in seven countries: Montenegro (86%), Albania (71%), Romania (60%), Slovakia (58%), Czechia (53%), Bulgaria (53%) and Serbia (52%). The percentage of late diagnoses varied across transmission categories and was highest for those infected as a result of injecting drug use (62%) and heterosexual transmission (59%) and lowest for MSM (47%) (Fig. 2.15; Table 13).

2.3.2 Trends in HIV diagnoses in the Centre

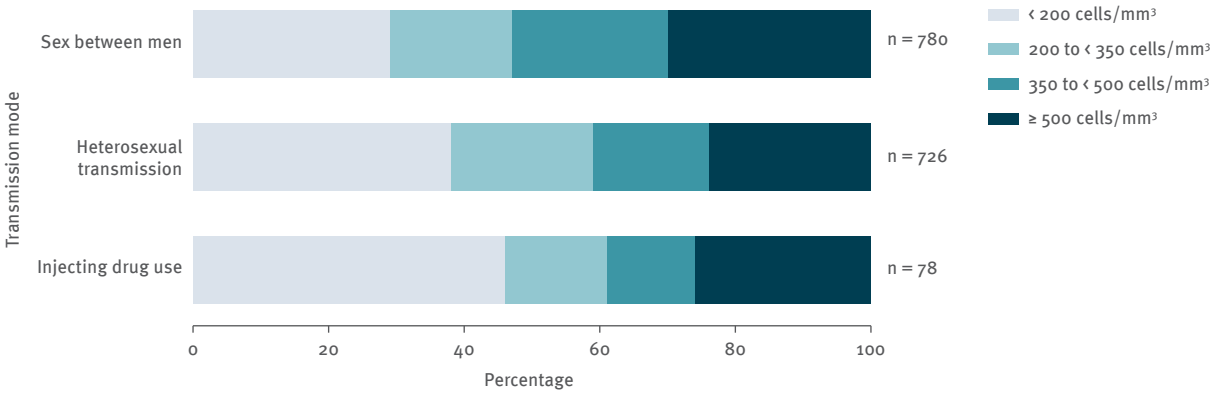
Although a decline of 34% was observed in the rate of new HIV cases diagnosed in 2020 compared to 2019, the trend reversed to increasing in 2021 with 41% increase compared to 2020. Overall, the rate of new HIV diagnoses increased by 41% between 2012 and 2021 in the 13 reporting countries of the Centre, from 2.2 per 100 000 population (4 167 cases) to 3.1 (5 940 cases) (Fig. 2.2). Rates increased in 11 countries, with the largest increases reported in Cyprus, Slovakia and Türkiye.

Information on trends by reported mode of HIV transmission for the period 2012–2021 in the 11 countries with consistent data[20] (Fig. 2.16) indicates the following.

- The number of new diagnoses in those infected as a result of sex between men increased from 727 to 931. The percentage of new HIV diagnoses attributed to sex between men also increased, from 36% in 2012 to 48% in 2021.
- Following the general decline in newly reported HIV cases in 2020, the number of new diagnoses in those infected through heterosexual transmission slightly increased compared to the number reported in 2012, from 647 to 734. The percentage of new HIV diagnoses attributed to heterosexual transmission was 32% in 2012 and 38% in 2021.

[20] Data from Bosnia and Herzegovina, North Macedonia, Poland and Türkiye were excluded due to incomplete reporting on transmission mode during the period.

Fig. 2.15. New HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, Centre, 2021 (n = 1 379)



Notes: No data from Bosnia and Herzegovina, Hungary, North Macedonia or Poland.

- The number of new diagnoses in those infected as a result of injecting drug use was 381 in 2012 and 84 in 2021. The 2011–2013 outbreak of HIV among people who inject drugs in Romania that caused higher numbers of cases at the beginning of this past decade has levelled off, as evidenced by the decrease in new diagnoses since 2013. The percentage of new diagnoses attributed to injecting drug use was 19% in 2012 and 4% in 2021.
- The number of new diagnoses as a result of mother-to-child transmission decreased from 27 cases in 2012 to 19 cases in 2021.
- The number of new diagnoses reported with unknown transmission mode in 2021, although still high at 48% for the 13 reporting countries, decreased by 29%, from 212 to 150 in the 11 countries with consistent data on transmission mode. The percentage of new diagnoses with missing information on transmission mode decreased from 11% in 2011 to 8% in 2021 in the 11 countries included in the trend assessment.

2.3.3 AIDS cases, morbidity and mortality in the Centre

In 2021, 626 people were diagnosed with AIDS in the 13 reporting countries in the Centre, corresponding to a rate of 0.3 per 100 000 population (Table 14). The highest rates (0.5 or above) were reported by Cyprus (4.1), Albania (1.5), Montenegro (1.3), Serbia (0.6), Croatia (0.6), Bulgaria, Czechia and Hungary (0.5 each). 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 (43% of new diagnoses) than through sex between men (33% of new diagnoses).

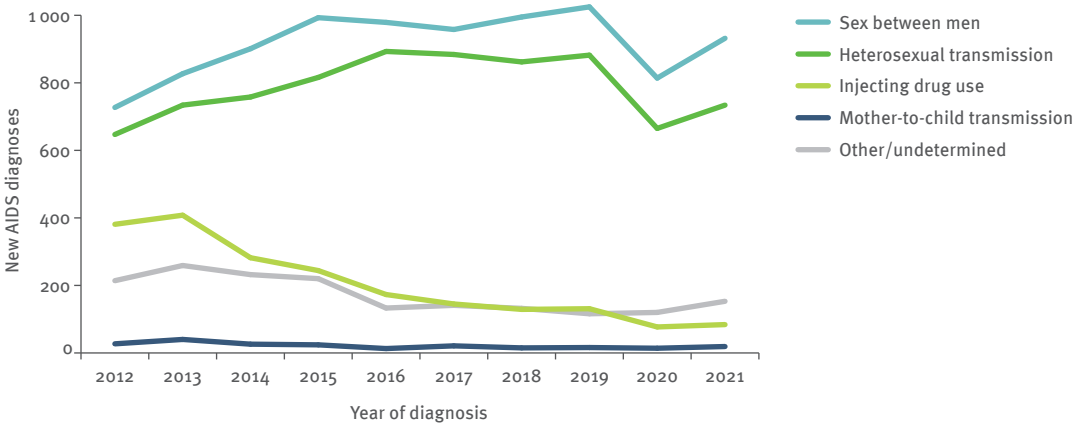
As mentioned earlier, there was a substantial drop in the reported number of HIV and AIDS diagnoses in 2020 compared to 2019 across all regions, followed by increase in 2021. This was also observed in the reported number of new AIDS diagnoses in the Centre as well, which went down from 853 in 2019 to 486 in 2020 and then increased to 626 in 2021.

In 2021, the rate of new AIDS diagnoses was 0.3 per 100 000 – a decline from 0.5 in 2012 (Fig. 2.4). Trends were more heterogeneous at country level. Of the 10 countries reporting more than 10 AIDS cases in 2021, the rate increased in six countries (Albania, Serbia, Cyprus, Czechia and Hungary) compared to 2020, was the same in three countries (Poland, Romania and Türkiye) and decreased in Bulgaria (Table 14). In terms of the mode of transmission, new AIDS diagnoses had been increasing among men infected as a result of sex between men until 2018 and had been relatively stable or in decline since 2014 in those infected heterosexually or through injecting drug use. In 2020, a clear drop in the reported number of new AIDS diagnoses was observed across all transmission groups except mother-to-child transmission, and this trend reversed in 2021, when there was decrease in mother-to-child transmission but an increase in all other transmission groups (Fig. 2.17).

The most common AIDS-indicative diseases diagnosed in 2021 were wasting syndrome due to HIV (23% of all recorded disease events), *Pneumocystis* pneumonia (14%) and oesophageal candidiasis (11%) (Table 22).

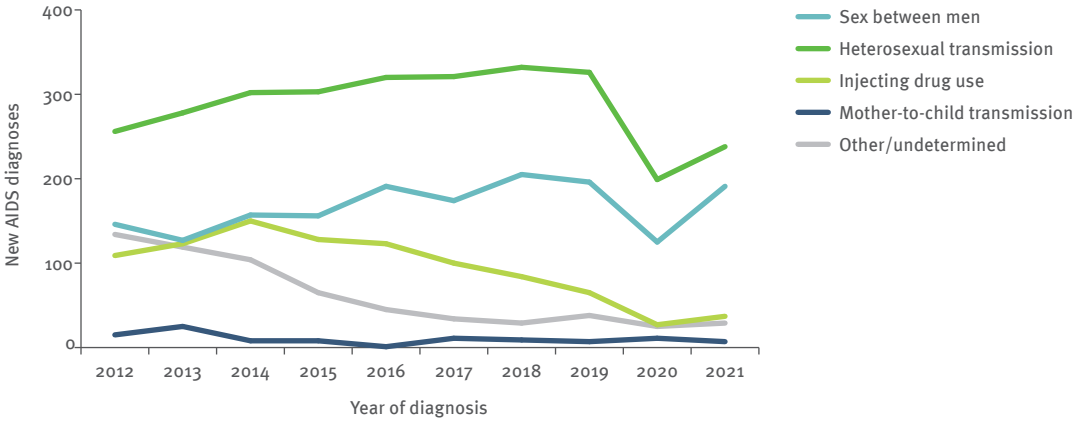
Until 2020, mortality had remained stable in the Centre, with around 300 deaths reported per year. In 2020 and 2021, the numbers dropped, with 225 and 229 deaths reported by the 13 countries in 2020 and 2021, respectively (Table 23). However, these numbers do not represent the true burden of AIDS-related mortality due to underreporting of deaths in countries that do not match their HIV/AIDS registries with the national mortality registry.

Fig. 2.16. New HIV diagnoses, by transmission mode and year of diagnosis, Centre, 2012–2021



Notes: Data from Bosnia and Herzegovina, North Macedonia, Poland and Türkiye are excluded due to incomplete reporting on transmission mode during the period.

Fig. 2.17. New AIDS diagnoses, by transmission mode and year of diagnosis, Centre, 2012–2021



Notes: Data from Bosnia and Herzegovina, North Macedonia, Poland and Türkiye were excluded due to incomplete reporting 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 2021, 17 130 people were newly diagnosed with HIV in the 20 reporting countries comprising the West of the WHO European Region, giving a rate of 3.9 per 100 000 population.

In 2021, the highest proportion of newly diagnosed HIV infections (31%) were in 30–39-year-olds, 9% were aged 15–24 years and the male-to-female ratio was 3.2 (see Table A). Sexual transmission between men remained the main transmission mode in 2021, followed by heterosexual transmission, together accounting for 72% of all new diagnoses and 94% of all cases with a known route of transmission.

Seventeen countries reported information on CD4 cell count at HIV diagnosis for 10 510 people over 14 years (74% of new diagnoses from the 17 countries reporting information on CD4 cell counts). Of these, 53% were late diagnoses with CD4 cell counts less than 350 per mm^3 at HIV diagnosis, including 33% with advanced HIV infection (CD4 cell count of less than 200/mm^3) (Table 13). Late diagnosis varied by transmission category and was more common in people infected heterosexually (60%) or through injecting drug use (50%) and less common in men infected through sex with men (45%) (Table 13).

Information on transmission mode (see Table A, Tables 4–7) suggests that:

- in total, 41% of all people newly diagnosed and 53% of those with a known mode of transmission were infected through sex between men (6 967) (Table 4);
- overall, 32% of all people newly diagnosed and 41% of those with a known mode of transmission were infected heterosexually (5 406) (Table 6). Of these, 65% were born abroad and 23% originated from generalized epidemic countries (Table 11);
- of all those newly diagnosed, 3% were infected through injecting drug use (536) (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 (112 cases) (Table 7). Of these, 83% were born abroad and 41% originated from countries with a generalized epidemic (Table 11);
- transmission mode was unknown for 24% of all new diagnoses (4 049).

Information on country of birth, country of nationality or region of origin was provided for 17 515 new diagnoses in 2021. Region of origin was unknown for 13% (2 294). Among 15 221 persons with known origin (87%), 50% (7 634) originated from outside of the reporting country, made up of 38% (5 776) from outside the WHO European Region and 12% (1 858) from a European country other than the country of report (Table 11). Ten percent of cases originated from the countries with a generalized epidemic.

2.4.2 Trends in HIV diagnoses in the West

The trend in reported HIV diagnoses was on the decline during the period 2015–2019, with an average annual decrease of around 6%. In 2020, it declined sharply to 4.0 per 100 000 population (not adjusted for reporting delay);[21] a 30% drop compared to 2019. The trend stabilized in 2021, with a rate of 3.9 per 100 000. The decline observed in 2020 and 2021 is probably due, in part, to decreased case detection as a result of the public health and social measures introduced by countries in response to the COVID-19 pandemic. For this reason, while 2021 data is still compared to the previous years, trends presented in this sub-chapter are preliminary and should be interpreted with caution.

Across the decade, HIV rates increased (by 10% or more in countries with more than 10 cases in both 2012 and 2021) in two countries – Ireland and Malta – and decreased (by 10% or more) in 15 (Table 1), not taking into account the impact of reporting delays in several countries. Information on trends by reported transmission mode during the period 2012–2021 in the 15 countries with consistent data[22] (Fig. 2.18) suggests the following.

- New diagnoses of people infected through sex between men decreased by 50%, from 8 987 to 4 492. The percentage of new diagnoses attributed to sex between men decreased from 43% in 2012 to 37% in 2021.
- New diagnoses of people with reported heterosexual transmission decreased by 48%, from 7 395 to 3 825, with the steepest decline among women and foreign-born heterosexual people, the latter being due mainly to sharp decreases among migrants originating from countries with generalized HIV epidemics (data not shown; see also Fig. 1.11 and 1.12 and section 1.2 Trends in HIV diagnoses in Chapter 1). The percentage of new diagnoses attributed to heterosexual contact decreased from 35% of cases in 2012 to 32% in 2021.
- New diagnoses of people infected through injecting drug use decreased by 63%, from 1 097 in 2012 to 410 in 2021, representing 5% of new HIV diagnoses in 2012 and 3% in 2021.
- New diagnoses of children infected through mother-to-child transmission decreased by 54%, from 224 in 2012 to 102 in 2021.
- The number of new diagnoses with missing information on transmission mode was similar in 2012 (3 293) and in 2021 (3 223), corresponding to 16% of new diagnoses in 2012 and 27% in 2021. Delays in the reporting of probable mode of transmission to national and European surveillance systems intensify the increase.

2.4.3 AIDS cases, morbidity and mortality in the West

In 2021, 18 of the 23 countries in the West[23] reported that 1 615 people were diagnosed with AIDS, giving a rate of 0.5 per 100 000 population (Table 14). The steady decline in new AIDS diagnoses that began in the late 1990s continued through to 2021, with a 62% decrease in the rate of new AIDS cases over the decade from 1.3 per 100 000 population (5 588 cases) in 2012 to the 0.5 (1 615 cases) seen in 2021 (Fig. 2.4). New AIDS diagnoses decreased in all transmission groups but most notably among people who inject drugs (a 71% decline) (Fig. 2.19).

The most common AIDS-indicative diseases diagnosed in the West in 2021 were *Pneumocystis* pneumonia (23% of all disease events reported), oesophageal candidiasis (11%) and Kaposi's sarcoma (9%) (Table 22).

In the West, 446 people were reported to have died of AIDS in 2021 in the 16 countries reporting data for 2021 (Table 23). Among the 15 countries for which consistent data were available[24] for the decade, the number of AIDS-related deaths has continued to decline, from 575 in 2012 to 418 in 2021, representing a 27% decrease.

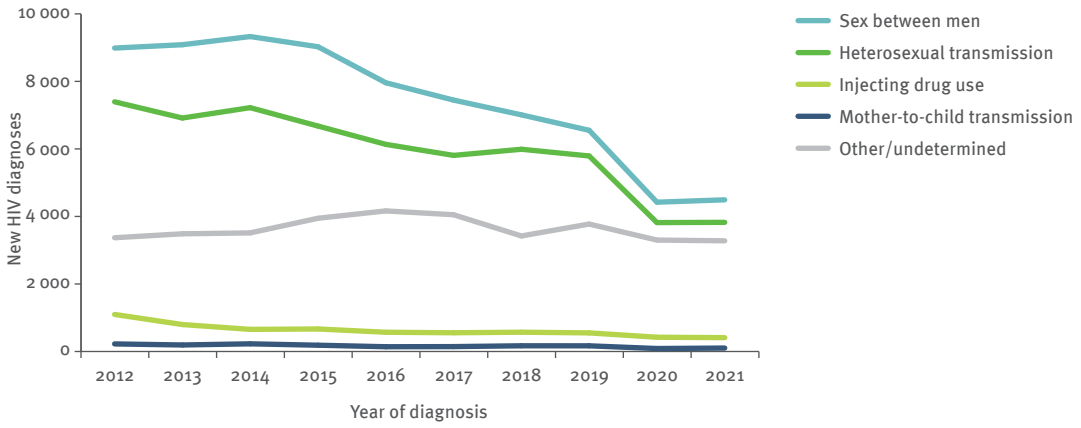
[21] See Annex 1 for methods and Annex 6 for results.

[22] Data from Andorra, Monaco and Portugal are excluded due to inconsistent reporting during the period; data from Iceland, Ireland and Malta are excluded due to incomplete reporting on transmission mode during the period; data from Italy and Spain are excluded due to increasing coverage of national surveillance over the period.

[23] No AIDS data were available from Andorra, Germany, Monaco or Sweden. Data from Portugal not published at country request.

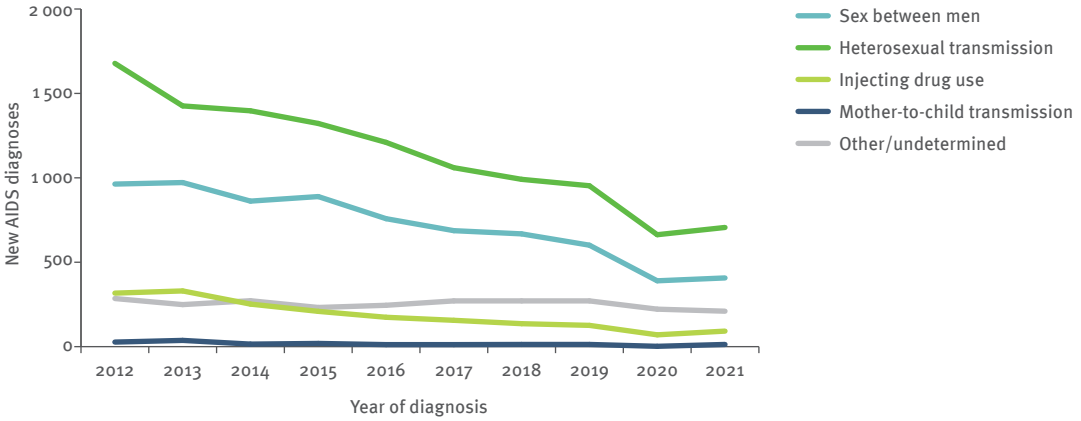
[24] No data were available from Andorra, Denmark, Germany, Italy, Monaco, Spain or Sweden. Data from Portugal not published at country request.

Fig. 2.18. New HIV diagnoses, by transmission mode and year of diagnosis, West, 2012–2021



Notes: Data from Andorra, Monaco and Portugal are excluded due to inconsistent reporting during the period; data from Iceland and Malta are excluded due to incomplete reporting on transmission mode during the period; data from Italy and Spain are excluded due to increasing coverage of national surveillance during the period.

Fig. 2.19. New AIDS diagnoses, by transmission mode and year of diagnosis, West, 2012–2021



Notes: Andorra, Germany, Iceland, Monaco, Spain and Sweden are excluded due to inconsistent reporting during the period. Data from Portugal not published at country request.

However, 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 underreported in those countries that do not have the ability to link their HIV/AIDS registries with their vital statistics registries.

2.5 HIV testing

Data on the number of HIV tests can support the interpretation of trends in newly diagnosed HIV infections. However, it is worth noting that numbers provided are collected in a heterogeneous manner and comparisons between country testing rates should be undertaken with caution. In 2021, a total of 66 139 229 HIV tests were reported by 25 countries (10 in the East, 10 in the Centre and five in the West). These tests do not include unlinked anonymous testing and all countries except the Russian Federation also exclude the HIV tests performed as part of blood-donor screening. In 2021, the Russian Federation reported a total of 41 277 712 HIV tests, accounting for 85% 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 24).

Although the overall number of tests performed in the Region increased by 42%, from 45 963 900 in 2012 to 65 128 296 in 2021, in the 22 countries with data available throughout the decade, the number of tests performed in these countries decreased by 16% between 2019 and 2020 but increased by 15% in 2021 (Table 24). This is probably a consequence of a reduction in HIV testing services during parts of 2020 due to COVID-19 pandemic and subsequent lift of the COVID-related restrictions in 2021.

Increases in large countries with high numbers tested, such as Belarus, Kazakhstan, the Russian Federation and Türkiye, have had a considerable impact on the overall increase since 2012.

The number of tests more than doubled in a few countries, although information on testing yield or coverage among key populations at higher risk of HIV infection was not collected from countries.

The number of HIV tests from the eight consistently reporting countries in the East of the Region increased by 46%, from 32 521 839 in 2012 to 47 438 929 in 2021 (Table 24). Information on the types of population tested is not available, but an increased number of HIV tests does not necessarily generate higher testing yields if large numbers of HIV tests are performed among people at low risk of HIV infection.

Over the last decade, the rate of new HIV diagnoses in the Centre increased by 16%, while the number of HIV tests increased by 49% (from 7 184 229 in 2012 to 10 678 407 in 2021) in the nine countries for which consistent data were available.[25]

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.

2.6 Conclusions

The most obvious and immediate impact of the COVID-19 pandemic with regard to HIV and related services in the Region was a large drop in the reported number of people newly diagnosed with HIV between 2019 and 2020, after an overall upward trend in the rate of new HIV diagnoses per 100 000 population during the period 2012–2019.

In 2021, there was a partial recovery, with many countries reporting a year-on-year increase in the number of people newly diagnosed HIV, however for the WHO European Region as a whole, it was still 24% less diagnoses than in 2019.

Reasons for subregion and country variation in trends between 2019–2021 include differences in when they were first affected by the COVID-19 pandemic and the timing of subsequent waves of infection, the severity of the impact, the extent to which restrictions were put in place and adhered to, the capacity and resilience of health systems, and HIV trends in the years leading up to the pandemic. Some of the decline observed may also be the result of reduced transmission due to the public health measures implemented as a response to the COVID-19 pandemic. However, this assumption is not supported by the modelled estimates, as the annual estimated number of new HIV infections remains unchanged. When comparing the number of new diagnoses to the estimated number of new HIV infections over the last decade in the Region, it is evident that for most of this period, more people became infected with HIV than had been diagnosed, indicating that the number of people living in the Region with undiagnosed HIV is increasing.

HIV infection continues to affect the health and well-being of millions of people in the WHO European Region. In 2021, 106 508 people were newly diagnosed with HIV bringing the cumulative number of reported HIV diagnoses in the Region to 2 334 635 since reporting began in the 1980s. The vast majority of people newly diagnosed (78%) were from the East, with a rate of 32.4 per 100 000 population, while 16% were diagnosed in the West, with a rate of 3.9 per 100 000 population, and 6% in the Centre, with a rate of 3.1 per 100 000 population.

The 2021 HIV surveillance data also confirm the wide 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 63%, injecting drug use for 25% and sex between men for 10%. These 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 in the Eastern part of the Region. The data on modes of transmission from the Russian Federation greatly affects the transmission patterns in the East and the Region overall, where among the new diagnoses for which HIV transmission mode was known, the predominant mode was heterosexual transmission (68%), followed by injecting drug use (29%) and sex between men (3%) making injecting drug use the second most common transmission mode in the Region after heterosexual transmission.

Although the reported transmission through sex between men remains low in absolute terms in the East, it has increased more than eight-fold during the decade – the largest increase in any transmission category and any subregion of the Region. There is 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 *(2,3)*. While most new diagnoses (60%) were in men, the proportion of new diagnoses among women was much higher in the East than elsewhere in the Region.

During the period 2012–2019, the rate of new diagnoses increased more rapidly in the Central part of the Region than anywhere else, with a strong gender disparity and very steep increases among men (both MSM and heterosexual) compared with a fairly stable rate among women.

[25] The nine countries are Czechia, Poland, Romania, Slovakia, Slovenia, Albania, North Macedonia, Serbia and Türkiye.

After the significant fall in the rate of new HIV cases diagnosed in 2020 compared to 2019 in all three subregions of the Region, the notification rate for 2021 is about 29% higher than that for 2020 in the Centre – the highest recovery among all subregions. Sexual transmission outweighs all other types of transmission in all countries reporting the transmission mode, with sex between men being the predominant mode of transmission in 10 of the 13 Central countries and reported heterosexual transmission prevailing in three. Drug-injection-related transmission remains low, but past outbreaks *(4–8)* suggest that HIV prevention services for people who inject drugs continue to be important and must be maintained with sufficient coverage to prevent such 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. These interventions include condom and lubricant programming; diversified HIV testing services; assisted voluntary partner notification; PrEP; prevention and management of coinfections (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 was a clear decline in the overall rate of new HIV diagnoses during the previous 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 generalized 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 *(9,10)* 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 *(11–13)*, it is unclear to what extent the decreases observed can be explained by a lower incidence of HIV in the migrant populations, reduced test-seeking or opportunities, changed migration patterns or a combination of factors. However, as in other parts of the Region, the rates declined sharply in 2020, and further in 2021, with a 32% drop in the rate of new HIV diagnoses compared to 2019. Reduced testing and extra demands on clinical sectors and public health institutes responsible for reporting and surveillance due to the COVID-19 pandemic have probably had an impact on case detection for 2020 and again in 2021 in the West and elsewhere. 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.

Just over a half (54%) of those newly diagnosed were diagnosed late, with CD4 cell counts below 350 per mm^3 at the time of HIV diagnosis, including 34% with advanced HIV infection (CD4 cell count of less than 200/mm^3). However, the Regional average excludes data from the Russian Federation, where only 30% of those newly diagnosed with HIV are detected once their CD4 cell counts have fallen to below 350 per mm^3 and 13% below 200 per mm^3. Once again, it is significant that the 2021 data provide information on variations in late diagnoses according to geography, transmission mode and age. Moreover, the data confirm that the proportion diagnosed at a late stage of infection was highest among people infected heterosexually (particularly men), as a result of injecting drug use, and among those in older age groups.

Late diagnosis reflects insufficient access to, and uptake of appropriate HIV testing and counselling by those who have a higher risk of acquiring HIV. This has become more challenging during the ongoing COVID-19 pandemic. HIV testing strategies need to be reconsidered and diversified to include innovative approaches that involve community-based organizations and focus on key population groups. Multiple entry points to HIV testing should be available through HIV self-testing, HIV testing performed by trained 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 treatment 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 diagnosis and ensure progress towards the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO 95–95–95 targets, improving treatment outcomes and further reducing HIV transmission.

AIDS cases varied greatly across the three subregions. While the rate continued its decline in the West, it remained stable in the Centre and, although rates fluctuated over the decade in the East of the Region, overall, the rate of new AIDS diagnoses declined by 23% in the East between 2012 and 2019. As with new HIV diagnoses, the rates dropped sharply between 2019 and 2021 in all subregions. Although AIDS and AIDS deaths for 2021 have also likely been impacted by reporting issues due to the COVID-19 pandemic, the reduced trends prior to 2020 are likely to reflect greater access to treatment and better case management, indicating progress towards the Sustainable Development Goal of ending the AIDS epidemic as a public health threat and decreasing AIDS-related deaths.

The high number of AIDS cases is indicative of late HIV diagnosis, delayed initiation of life-saving HIV treatment

and low treatment coverage. Increasing implementation of a treat-all approach and having policies in place in most countries in the Region to ensure that everyone living with HIV is offered ART irrespective of the stage of disease has helped to stabilize AIDS trends. Ultimately, this will help reduce AIDS-related deaths in line with global and Regional targets *(14–17)*.

The data in this report present new HIV diagnoses through to the end of 2021, the period of the global COVID-19 pandemic, which heavily affected all countries in the WHO European Region. For this reason, trends presented in this report need to be interpreted with caution. Additional investigation is needed before making assumptions about the reasons behind the sharp decline in the number of new HIV diagnoses observed across the countries. In-depth investigation should focus on the issues of under diagnosis and under reporting versus the change in high-risk behaviour leading to the reduced transmission of HIV.

In collaboration with the Member States, ECDC, and clinical and community partners, WHO's Regional Office for Europe will look carefully at the impact of the pandemic on HIV surveillance and prevention response to support the continued high standard of European HIV and AIDS data. This in turn will help us to guide the response in the Region and understand how the ongoing pandemic may affect HIV incidence, particularly in those regions and groups most at-risk.

References[26]

1. EuroHIV. EuroHIV 2006 survey on HIV and AIDS surveillance in the WHO European Region. Saint-Maurice: Institut de veille sanitaire (French National Institute of Health Surveillance); 2007 (https://www.santepubliquefrance.fr/maladies-et-traumatismes/infections-sexuellement-transmissibles/vih-sida/documents/rapport-synthese/eurohiv-2006-survey-on-hiv-and-aids-surveillance-in-the-who-european-region).

2. Čakalo JI, Božičević I, Vitek CR, Mandel JS, Salyuk TO, Rutherford GW. Misclassification of men with reported HIV infection in Ukraine. AIDS Behav. 2015;19:1938–40. doi:10.1007/s10461-015-1112-0.

3. Dumchev K, Kornilova M, Kulchynska R, Azarskova M, Vitek C. Improved ascertainment of modes of HIV transmission in Ukraine indicates importance of drug injecting and homosexual risk. BMC Public Health 2020;20(1):1288. doi:10.1186/s12889-020-09373-2.

4. Hedrich D, Kalamara E, Sfetcu O, Pharris A, Noor A, Wiessing L et al. Human immunodeficiency virus among people who inject drugs: is risk increasing in Europe? Euro Surveill. 2013;18(48). doi: 10.2807/1560-7917.ES2013.18.48.20648.

5. Giese C, Igoe D, Gibbons Z, Hurley C, Stokes S, McNamara S et al. Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2016. Euro Surveill. 2016;20(40). doi: 10.2807/1560-7917.ES.2015.20.40.30036.

6. ECDC, European Monitoring Centre for Drugs and Drug Addiction. HIV in people who inject drugs – joint technical mission to Luxembourg. Stockholm: ECDC; 2018 (https://sante.public.lu/fr/publications/h/hiv-joint-technical-mission.html).

7. McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN et al. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. Lancet HIV 2019;6(5): e315–24. doi: 10.1016/S2352-3018(19)30036-0.

8. Des Jarlais DC, Sypsa V, Feelemyer J, Abagiu AO, Arendt V, Broz D et al. HIV outbreaks among people who inject drugs in Europe, North America, and Israel. Lancet HIV 2020;7(6):e434–42. doi: 10.1016/S2352-3018(20)30082-5.

9. HIV and STI prevention among men who have sex with men. ECDC guidance. Stockholm: ECDC; 2015 (https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-and-sti-prevention-among-men-who-have-sex-men).

10. United Nations Population Fund, Global Forum on MSM and HIV, United Nations Development Programme, World Health Organization, United States Agency for International Development, the US President's Emergency Plan for AIDS Relief, the Bill & Melinda Gates Foundation. Implementing comprehensive HIV and STI programmes with men who have sex with men. New York (NY): United Nations Population Fund; 2015 (https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men).

11. Rice BD, Elford J, Yin Z, Delpech VC. A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV. AIDS 2012;26(15):1961–6. doi: 10.1097/QAD.0b013e3283578b80.

12. Fakoya I, Alvarez-del Arco D, Woode-Owusu M, Monge S, Rivero-Montesdeoca Y, Delpech V et al. A systematic review of postmigration acquisition of HIV among migrants from countries with generalised HIV epidemics living in Europe: implications for effectively managing HIV prevention programmes and policy. BMC Public Health 2015;15:561. doi: 10.1186/s12889-015-1852-9.

13. Fakoya I, Alvarez-Del Arco D, Monge S, Copas AJ, Gennotte A-F, Volny-Anne A et al. HIV testing history and access to treatment among migrants living with HIV in Europe. J Int AIDS Soc. 2018;21(Suppl. 4):e25123. doi: 10.1002/jia2.25123.

14. Ambitious treatment targets: writing the final chapter of the AIDS epidemic. Geneva: UNAIDS; 2014 (www.unaids.org/sites/default/files/media_asset/JC2670_UNAIDS_Treatment_Targets_en.pdf).

15. Action plan for the health sector response to HIV in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017 (https://apps.who.int/iris/handle/10665/329423).

16. Global health sector strategy for HIV 2016–2021. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/handle/10665/329423).

17. On the fast-track to end AIDS. 2016–2021 strategy. Geneva: UNAIDS; 2015 (www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf).

[26] All online references were accessed on 04 November 2022.

Tables

Table 1. New HIV diagnoses and rates per 100 000 population, by country and year of diagnosis (2012–2021) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of start of reporting	2012		2013		2014		2015		2016	
			N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA												
West	Austria	1980	376	4.5	317	3.8	307	3.6	332	3.9	297	3.4
West	Belgium	1985	1 209	10.9	1 116	10.0	1 037	9.3	995	8.9	929	8.2
Centre	Bulgaria	1986	157	2.1	200	2.7	247	3.4	227	3.2	202	2.8
Centre	Croatia	1985	73	1.7	85	2.0	92	2.2	117	2.8	109	2.6
Centre	Cyprus	1986	58	6.7	54	6.2	56	6.5	80	9.4	80	9.4
Centre	Czechia	1985	212	2.0	235	2.2	232	2.2	266	2.5	286	2.7
West	Denmark	1990	201	3.6	233	4.2	256	4.5	277	4.9	244	4.3
East	Estonia	1988	315	23.8	325	24.6	291	22.1	270	20.5	229	17.4
West	Finland	1980	156	2.9	157	2.9	181	3.3	174	3.2	180	3.3
West	France	2003	5 683	8.7	5 582	8.5	5 695	8.6	5 318	8.0	5 439	8.2
West	Germany	1993	3 032	3.8	3 241	4.0	3 530	4.4	3 646	4.5	3 391	4.1
West	Greece	1984	1 163	10.5	902	8.2	784	7.2	781	7.2	652	6.0
Centre	Hungary	1985	219	2.2	240	2.4	271	2.7	271	2.7	228	2.3
West	Iceland	1983	19	5.9	11	3.4	11	3.4	12	3.6	28	8.4
West	Ireland	1985	339	7.4	341	7.4	370	8.0	487	10.4	502	10.6
West	Italy	1985	4 176	7.0	3 853	6.5	3 841	6.3	3 615	5.9	3 711	6.1
East	Latvia	1987	339	16.6	340	16.8	352	17.6	404	20.3	373	18.9
–	Liechtenstein	1985	0	0.0	0	0.0	1	2.7	0	0.0	2	5.3
East	Lithuania	1988	160	5.3	177	6.0	141	4.8	157	5.4	214	7.4
West	Luxembourg[c]	1983	72	13.7	80	14.9	96	17.5	85	15.1	87	15.1
West	Malta	2001	30	7.2	36	8.5	40	9.3	61	13.9	63	14.0
West	Netherlands	1980	1 199	7.2	1 180	7.0	1 044	6.2	1 052	6.2	959	5.6
West	Norway	1984	242	4.9	233	4.6	267	5.2	221	4.3	220	4.2
Centre	Poland	1985	1 104	2.9	1 100	2.9	1 134	3.0	1 278	3.4	1 317	3.5
West	Portugal	1985	1 827	17.3	1 789	17.1	1 476	14.2	1 525	14.7	1 535	14.8
Centre	Romania	1987	945	4.7	1 034	5.2	919	4.6	898	4.5	796	4.0
Centre	Slovakia	1985	50	0.9	83	1.5	86	1.6	86	1.6	88	1.6
Centre	Slovenia	1985	49	2.4	47	2.3	54	2.6	52	2.5	62	3.0
West	Spain	2003	3 956	10.4	4 353	9.3	4 455	9.6	4 274	9.2	4 339	9.3
West	Sweden	1983	441	4.7	457	4.8	473	4.9	447	4.6	429	4.4
	Total EU/EEA		**27 802**	**6.4**	**27 801**	**6.2**	**27 739**	**6.2**	**27 408**	**6.1**	**26 991**	**6.0**
Non-EU/EEA												
Centre	Albania	1993	81	2.8	120	4.2	79	2.7	96	3.3	127	4.4
West	Andorra	2004	2	2.8	5	7.0	5	7.0	3	4.2	3	4.1
East	Armenia[c]	1988	228	7.8	238	8.2	334	11.6	294	10.2	303	10.6
East	Azerbaijan	1987	517	5.5	514	5.3	604	6.2	727	7.4	556	5.6
East	Belarus	1981	1 223	12.6	1 533	15.8	1 811	18.7	2 305	23.8	2 391	24.6
Centre	Bosnia and Herzegovina[c]	1986	25	0.7	2	0.1	23	0.6	15	0.4	24	0.7
East	Georgia	1989	526	13.8	490	12.9	564	14.9	717	19.0	718	19.0
West	Israel	1981	483	6.4	466	6.0	461	5.9	413	5.2	369	4.5
East	Kazakhstan	1987	2 004	11.7	2 131	12.3	2 342	13.3	2 475	13.9	2 898	16.0
East	Kyrgyzstan	1987	688	12.2	500	8.7	648	11.1	621	10.5	750	12.5
West	Monaco	1987	1	2.9	0	0.0	1	2.8	1	2.7	0	0.0
Centre	Montenegro	1989	13	2.1	11	1.7	20	3.2	19	3.0	34	5.4
Centre	North Macedonia	1993	15	0.7	15	0.7	30	1.4	25	1.2	30	1.4
East	Republic of Moldova	1987	757	21.6	706	20.7	831	24.9	818	25.0	832	25.8
East	Russian Federation	2009	75 708	52.7	81 698	56.8	92 613	64.2	100 220	69.3	86 855	59.9
West	San Marino	1985	5	15.1	1	3.0	3	9.0	2	6.0	2	5.9
Centre	Serbia	1984	138	1.5	156	1.7	137	1.5	183	2.0	179	1.9
Centre	Serbia excluding Kosovo[d]	1984	134	1.8	153	2.0	131	1.7	180	2.4	168	2.2
Centre	Kosovo[d]	1999	4	0.2	3	0.2	6	0.3	3	0.2	11	0.6
West	Switzerland	1985	622	7.8	581	7.2	515	6.3	536	6.5	529	6.3
East	Tajikistan	1991	770	9.7	817	10.0	986	11.8	1 149	13.5	1 038	11.9
Centre	Türkiye	1985	1 068	1.4	1 313	1.7	1 838	2.4	2 107	2.6	2 438	3.0
East	Turkmenistan	1990	0	0.0	–	–	–	–	–	–	–	–
East	Ukraine	1987	16 850	37.1	17 844	39.4	15 796	35.0	13 000	30.4	14 233	33.4
West	United Kingdom	1981	6 198	9.7	5 969	9.3	6 332	9.8	6 218	9.5	5 365	8.2
East	Uzbekistan	1981	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA		**107 922**	**25.5**	**115 110**	**27.1**	**125 973**	**29.4**	**131 944**	**30.8**	**119 674**	**27.7**
WHO European Region												
West			31 432	7.6	30 903	7.3	31 180	7.3	30 475	7.1	29 273	6.8
Centre			4 207	2.2	4 695	2.4	5 218	2.7	5 720	2.9	6 000	3.0
East			100 085	39.2	107 313	41.9	117 313	45.7	123 157	48.2	111 390	43.5
Total WHO European Region			**135 724**	**15.8**	**142 911**	**16.4**	**153 711**	**17.5**	**159 352**	**18.1**	**146 663**	**16.6**

[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] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the 'date of notification' instead of the 'date of diagnosis' as here.

[d] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

2017		2018		2019		2020		2021		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
310	3.5	208	2.4	245	2.8	166	1.9	175	2.0	10 648	Austria
922	8.1	911	8.0	940	8.2	749	6.5	781	6.8	33 941	Belgium
241	3.4	311	4.4	258	3.7	199	2.9	238	3.4	3 753	Bulgaria
106	2.6	94	2.3	102	2.5	75	1.8	77	1.9	1 886	Croatia
85	9.9	78	9.0	100	11.4	105	11.8	148	16.5	1 579	Cyprus
254	2.4	208	2.0	222	2.1	251	2.3	233	2.2	4 074	Czechia
242	4.2	219	3.8	190	3.3	161	2.8	137	2.3	8 298	Denmark
219	16.6	190	14.4	178	13.4	147	11.1	125	9.4	10 351	Estonia
158	2.9	153	2.8	148	2.7	134	2.4	163	2.9	4 509	Finland
5 377	8.0	5 100	7.6	5 109	7.6	3 549	5.3	3 513	5.2	101 092	France
3 170	3.8	2 880	3.5	3 120	3.8	2 466	3.0	2 234	2.7	76 049	Germany
645	6.0	723	6.7	663	6.2	618	5.8	526	4.9	17 226	Greece
223	2.3	229	2.3	238	2.4	201	2.1	223	2.3	4 458	Hungary
24	7.1	38	10.9	28	7.8	34	9.3	20	5.4	505	Iceland
488	10.2	523	10.8	533	10.9	435	8.8	403	8.0	10 714	Ireland
3 599	5.9	3 017	5.0	2 492	4.2	1 393	2.3	1 770	3.0	53 126	Italy
378	19.4	333	17.2	302	15.7	257	13.5	212	11.2	8 478	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	1	2.6	68	Liechtenstein
263	9.2	160	5.7	151	5.4	102	3.7	110	3.9	3 535	Lithuania
77	13.0	62	10.3	59	9.6	35	5.6	54	8.5	2 035	Luxembourg[c]
45	9.8	73	15.3	80	16.2	82	15.9	45	8.7	712	Malta
913	5.3	776	4.5	682	3.9	458	2.6	396	2.3	29 707	Netherlands
213	4.1	191	3.6	172	3.2	137	2.6	102	1.9	6 893	Norway
1 421	3.7	1 210	3.2	1 551	4.1	937	2.5	1 096	2.9	27 707	Poland
1 379	13.4	1 182	11.5	920	9.0	–	–	–	–	61 958	Portugal
820	4.2	760	3.9	762	3.9	491	2.5	560	2.9	26 274	Romania
72	1.3	102	1.9	104	1.9	103	1.9	113	2.1	1 293	Slovakia
41	2.0	37	1.8	34	1.6	27	1.3	32	1.5	994	Slovenia
4 256	9.1	3 967	8.5	3 817	8.1	2 769	5.9	2 785	5.9	63 515	Spain
434	4.3	481	4.8	449	4.4	360	3.5	352	3.4	14 211	Sweden
26 375	**5.8**	**24 216**	**5.4**	**23 649**	**5.2**	**16 441**	**3.6**	**16 624**	**3.7**	**589 589**	**Total EU/EEA**
											Non-EU/EEA
94	3.3	102	3.5	101	3.5	96	3.3	104	3.6	1 504	Albania
6	8.1	12	16.0	–	–	–	–	–	–	96	Andorra
358	12.6	429	15.1	448	15.9	369	13.2	425	15.2	4 579	Armenia[c]
567	5.6	656	6.5	721	7.0	559	5.4	690	6.7	9 378	Azerbaijan
2 468	25.4	2 386	24.6	2 137	22.1	1 427	14.8	1 496	15.6	32 132	Belarus
15	0.4	24	0.7	30	0.9	–	–	–	–	338	Bosnia and Herzegovina[c]
631	16.7	672	17.8	668	17.7	530	14.1	530	14.1	9 162	Georgia
419	5.0	453	5.4	411	4.8	374	4.3	404	4.5	11 285	Israel
3 014	16.5	3 215	17.3	3 673	19.6	3 472	18.3	3 591	18.7	46 502	Kazakhstan
837	13.7	869	14.0	845	13.4	674	10.5	845	12.9	11 163	Kyrgyzstan
3	8.1	0	0.0	–	–	–	–	–	–	40	Monaco
26	4.1	23	3.6	26	4.1	15	2.4	13	2.1	331	Montenegro
44	2.1	45	2.1	–	–	–	–	–	–	246	North Macedonia
835	26.3	905	28.8	922	29.7	680	22.0	792	25.9	15 151	Republic of Moldova
85 802	59.0	85 995	59.0	80 124	55.0	59 598	40.9	58 340	40.2	999 196	Russian Federation
1	2.9	3	8.8	0	0.0	0	0.0	0	0.0	93	San Marino
186	2.0	188	2.0	223	2.4	126	1.4	181	2.0	4 509	Serbia
183	2.5	180	2.4	218	2.9	124	1.7	172	2.4	4 372	Serbia excluding Kosovo[d]
3	0.2	8	0.4	5	0.3	2	0.1	9	0.5	137	Kosovo[d]
447	5.3	424	5.0	420	4.9	291	3.4	315	3.6	37 438	Switzerland
1 205	13.5	1 421	15.6	1 320	14.1	1 084	11.4	922	9.5	13 992	Tajikistan
2 844	3.5	3 248	3.9	3 229	3.9	2 076	2.5	2 922	3.4	27 465	Türkiye
–	–	–	–	–	–	–	–	–	–	2	Turkmenistan
15 612	36.8	15 659	37.1	16 256	38.7	15 593	37.4	15 360	37.1	325 240	Ukraine
4 791	7.3	4 684	7.1	4 408	6.6	2 961	4.4	2 955	4.4	171 254	United Kingdom
–	–	–	–	–	–	–	–	–	–	24 018	Uzbekistan
120 205	**27.7**	**121 413**	**27.9**	**115 962**	**26.6**	**89 925**	**20.8**	**89 885**	**20.7**	**1 745 114**	**Total non-EU/EEA**
											WHO European Region
27 919	6.5	26 080	6.0	24 886	5.7	17 172	4.0	17 130	3.9	715 345	West
6 472	3.3	6 659	3.4	6 980	3.5	4 702	2.4	5 940	3.1	106 411	Centre
112 189	43.7	112 890	43.9	107 745	41.8	84 492	32.8	83 438	32.4	1 512 879	East
146 580	**16.6**	**145 629**	**16.4**	**139 611**	**15.7**	**106 366**	**12.0**	**106 508**	**12.0**	**2 334 635**	**Total WHO European Region**

Table 2. New HIV diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2012–2021) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2012		2013		2014		2015		2016	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	302	7.4	270	6.5	242	5.8	291	6.9	248	5.8
West	Belgium	829	15.2	783	14.3	723	13.2	685	12.4	667	12.0
Centre	Bulgaria	123	3.4	161	4.5	201	5.7	194	5.5	169	4.9
Centre	Croatia	70	3.4	77	3.7	83	4.0	111	5.4	104	5.1
Centre	Cyprus	49	11.7	46	10.9	49	11.7	72	17.5	65	15.8
Centre	Czechia	185	3.6	211	4.1	209	4.0	248	4.8	262	5.1
West	Denmark	146	5.3	178	6.4	196	7.0	205	7.3	191	6.7
East	Estonia	209	33.8	200	32.5	182	29.6	167	27.2	139	22.5
West	Finland	111	4.2	102	3.8	138	5.1	131	4.9	121	4.5
West	France	3 827	12.1	3 738	11.8	3 824	11.9	3 558	11.1	3 584	11.1
West	Germany	2 558	6.5	2 661	6.8	2 866	7.2	2 889	7.3	2 667	6.6
West	Greece	984	18.1	813	15.2	683	12.9	690	13.1	540	10.3
Centre	Hungary	186	3.9	191	4.1	216	4.6	196	4.2	171	3.6
West	Iceland	13	8.1	8	5.0	9	5.5	10	6.1	22	13.2
West	Ireland	243	10.7	257	11.3	269	11.7	373	16.1	390	16.7
West	Italy	3 288	11.4	3 006	10.4	3 052	10.4	2 800	9.5	2 854	9.7
East	Latvia	218	23.3	203	21.9	241	26.3	270	29.6	236	26.1
–	Liechtenstein	0	0.0	0	0.0	1	5.4	0	0.0	2	10.7
East	Lithuania	114	8.2	125	9.1	90	6.6	115	8.5	165	12.4
West	Luxembourg	52	19.9	64	23.8	63	22.9	67	23.8	67	23.2
West	Malta	23	11.1	30	14.3	36	16.8	53	24.0	51	22.5
West	Netherlands	993	12.0	1 003	12.1	881	10.6	878	10.5	818	9.7
West	Norway	166	6.6	158	6.2	199	7.8	145	5.6	157	6.0
Centre	Poland	924	5.0	937	5.1	933	5.1	1 084	5.9	1 149	6.3
West	Portugal	1 281	25.5	1 269	25.4	1 059	21.4	1 127	22.9	1 110	22.6
Centre	Romania	687	7.0	732	7.5	645	6.6	656	6.8	583	6.0
Centre	Slovakia	44	1.7	71	2.7	75	2.8	76	2.9	81	3.1
Centre	Slovenia	46	4.5	41	4.0	48	4.7	45	4.4	60	5.9
West	Spain	3 344	18.0	3 711	16.2	3 793	16.6	3 665	16.1	3 684	16.1
West	Sweden	265	5.6	293	6.1	273	5.7	276	5.7	269	5.5
	Total EU/EEA	**21 280**	**10.0**	**21 339**	**9.8**	**21 279**	**9.7**	**21 077**	**9.6**	**20 626**	**9.4**
Non-EU/EEA											
Centre	Albania	58	4.0	82	5.7	61	4.2	67	4.6	104	7.2
West	Andorra	2	5.6	4	11.1	5	13.8	3	8.3	3	8.2
East	Armenia	158	11.8	161	12.1	217	16.4	205	15.6	212	16.3
East	Azerbaijan	355	7.6	329	7.0	375	7.8	495	10.2	355	7.2
East	Belarus	659	14.7	802	17.9	1 052	23.5	1 395	31.1	1 490	33.2
Centre	Bosnia and Herzegovina	23	1.3	2	0.1	20	1.1	14	0.8	22	1.3
East	Georgia	381	21.3	367	20.6	413	23.2	545	30.7	552	31.1
West	Israel	353	9.4	348	9.1	329	8.4	292	7.3	257	6.3
East	Kazakhstan	1 168	14.3	1 203	14.5	1 334	15.9	1 442	16.9	1 684	19.5
East	Kyrgyzstan	392	14.2	290	10.4	366	12.8	344	11.9	436	14.8
West	Monaco	0	0.0	0	0.0	1	5.6	1	5.5	0	0.0
Centre	Montenegro	12	3.9	11	3.6	17	5.5	17	5.5	32	10.4
Centre	North Macedonia	10	1.0	15	1.4	29	2.8	24	2.3	28	2.7
East	Republic of Moldova	375	22.5	382	23.5	452	28.5	462	29.6	471	30.7
East	Russian Federation	44 066	66.3	48 025	72.0	55 469	82.9	62 118	92.6	53 689	79.8
West	San Marino	2	12.4	0	0.0	3	18.5	2	12.2	2	12.2
Centre	Serbia	125	2.7	142	3.1	120	2.7	177	3.9	164	3.7
Centre	Serbia excluding Kosovo[c]	122	3.3	140	3.9	114	3.1	175	4.9	153	4.3
Centre	Kosovo[c]	3	0.3	2	0.2	6	0.7	2	0.2	11	1.2
West	Switzerland	463	11.7	424	10.6	382	9.4	410	10.0	411	9.9
East	Tajikistan	495	12.4	490	12.0	557	13.3	680	15.9	621	14.2
Centre	Türkiye	819	2.2	1 072	2.8	1 497	3.8	1 770	4.4	2 065	5.1
East	Turkmenistan	0	0.0	–	–	–	–	–	–	–	–
East	Ukraine	9 400	44.8	10 011	47.8	8 991	43.1	7 519	32.7	8 369	42.4
West	United Kingdom	4 494	14.3	4 498	14.2	4 735	14.9	4 735	14.7	4 088	12.6
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**63 810**	**31.5**	**68 658**	**33.7**	**76 425**	**37.2**	**82 717**	**39.6**	**75 055**	**36.2**
WHO European Region											
West		23 739	11.8	23 618	11.4	23 761	11.4	23 286	11.2	22 201	10.6
Centre		3 361	3.5	3 791	4.0	4 203	4.4	4 751	4.9	5 059	5.2
East		57 990	48.6	62 588	52.3	69 739	58.1	75 757	61.8	68 419	57.1
Total WHO European Region		**85 090**	**20.5**	**89 997**	**21.4**	**97 703**	**23.0**	**103 794**	**24.2**	**95 679**	**22.4**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

2017		2018		2019		2020		2021		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
263	6.1	178	4.1	209	4.8	135	3.1	146	3.3	8 207	Austria
622	11.1	625	11.1	639	11.3	529	9.3	580	10.2	21 850	Belgium
218	6.3	276	8.1	217	6.4	168	5.0	206	6.1	3 043	Bulgaria
101	5.0	88	4.4	97	4.9	66	3.3	71	3.6	1 678	Croatia
65	15.6	65	15.4	69	16.1	86	19.8	115	26.3	1 182	Cyprus
230	4.4	186	3.6	192	3.7	203	3.9	201	3.8	3 495	Czechia
192	6.7	170	5.9	146	5.1	133	4.6	113	3.9	6 122	Denmark
146	23.6	131	21.1	113	18.1	88	14.0	80	12.7	6 910	Estonia
101	3.7	104	3.8	111	4.1	99	3.6	120	4.4	3 261	Finland
3 506	10.8	3 267	10.1	3 261	10.0	2 392	7.4	2 350	7.2	65 350	France
2 515	6.2	2 235	5.5	2 438	6.0	1 905	4.6	1 781	4.3	60 171	Germany
536	10.3	582	11.2	520	10.0	497	9.5	429	8.3	14 371	Greece
149	3.2	195	4.2	208	4.4	166	3.5	180	3.9	3 473	Hungary
21	12.3	24	13.5	23	12.6	28	15.0	14	7.4	370	Iceland
372	15.7	411	17.2	396	16.3	345	14.0	312	12.6	6 534	Ireland
2 736	9.3	2 361	8.0	1 990	6.8	1 111	3.8	1 407	4.9	40 597	Italy
245	27.4	226	25.4	183	20.7	162	18.4	136	15.5	5 713	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	1	5.2	42	Liechtenstein
220	16.8	118	9.1	110	8.5	73	5.6	88	6.7	2 791	Lithuania
57	19.2	44	14.5	44	14.3	27	8.6	43	13.5	1 504	Luxembourg
35	15.1	62	25.8	55	21.8	67	25.2	41	15.4	560	Malta
771	9.1	648	7.6	549	6.4	363	4.2	325	3.7	23 764	Netherlands
155	5.9	122	4.6	112	4.2	91	3.4	64	2.4	4 663	Norway
1 257	6.8	1 049	5.7	1 318	7.2	783	4.3	892	4.9	22 035	Poland
998	20.4	844	17.3	646	13.3	–	–	–	–	44 677	Portugal
610	6.4	567	5.9	570	6.0	375	4.0	429	4.6	16 154	Romania
66	2.5	94	3.5	93	3.5	90	3.4	98	3.7	1 134	Slovakia
39	3.8	36	3.5	28	2.7	22	2.1	26	2.5	874	Slovenia
3 625	15.9	3 400	17.7	3 301	15.3	2 376	11.0	2 397	10.4	52 792	Spain
273	5.4	306	6.0	288	5.6	226	4.3	232	4.4	9 490	Sweden
20 124	**9.1**	**18 414**	**8.5**	**17 926**	**8.2**	**12 606**	**5.7**	**12 877**	**5.8**	**432 807**	**Total EU/EEA**
69	4.8	76	5.3	74	5.1	70	4.9	73	5.1	1 091	Albania
3	8.0	8	21.0	–	–	–	–	–	–	78	Andorra
254	19.6	293	22.8	313	24.6	251	19.8	297	23.6	3 174	Armenia
359	7.2	437	8.7	473	9.4	386	7.6	472	9.3	6 703	Azerbaijan
1 540	34.3	1 499	33.5	1 354	30.3	899	20.2	926	21.0	19 496	Belarus
15	0.9	22	1.3	27	1.6	–	–	–	–	289	Bosnia and Herzegovina
492	27.7	506	28.5	508	28.6	403	22.7	403	22.8	6 854	Georgia
299	7.2	298	7.1	270	6.3	262	6.0	287	6.5	7 505	Israel
1 822	20.8	2 005	22.5	2 416	26.8	2 298	25.2	2 348	25.4	30 129	Kazakhstan
490	16.3	538	17.6	492	15.8	383	12.1	515	16.1	7 102	Kyrgyzstan
3	16.5	0	0.0	–	–	–	–	–	–	26	Monaco
24	7.8	21	6.8	24	7.8	14	4.6	12	3.9	291	Montenegro
44	4.2	45	4.3	–	–	–	–	–	–	221	North Macedonia
468	30.9	537	35.9	544	36.8	398	27.2	455	31.3	8 770	Republic of Moldova
53 209	78.8	52 720	78.0	49 177	72.6	36 659	54.2	33 543	49.8	599 796	Russian Federation
1	6.0	2	12.0	0	0.0	0	0.0	0	0.0	73	San Marino
175	3.9	174	3.9	204	4.6	118	2.7	174	4.0	3 727	Serbia
172	4.8	167	4.7	200	5.6	117	3.3	166	4.7	3 624	Serbia excluding Kosovo[c]
3	0.3	7	0.8	4	0.5	1	0.1	8	0.9	103	Kosovo[c]
343	8.2	331	7.8	325	7.6	228	5.3	234	5.4	24 055	Switzerland
735	16.4	875	19.1	771	16.4	646	13.5	578	11.8	8 918	Tajikistan
2 389	5.8	2 717	6.5	2 748	6.6	1 763	4.2	2 447	5.8	22 308	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
9 303	47.4	9 520	48.7	9 914	51.0	9 882	44.1	9 817	51.1	194 879	Ukraine
3 549	10.9	3 473	10.6	3 233	9.8	2 113	6.4	2 083	6.3	120 954	United Kingdom
–	–	–	–	–	–	–	–	–	–	16 234	Uzbekistan
75 586	**36.2**	**76 097**	**36.3**	**72 867**	**34.8**	**56 773**	**26.9**	**54 664**	**26.2**	**1 082 674**	**Total non-EU/EEA**
20 976	9.9	19 495	9.4	18 556	8.8	12 927	6.1	12 958	6.1	516 974	West
5 451	5.6	5 611	5.7	5 869	6.1	3 924	4.1	4 924	5.1	80 995	Centre
69 283	57.6	69 405	57.6	66 368	54.9	52 528	42.4	49 658	41.1	917 470	East
95 710	**22.3**	**94 511**	**22.2**	**90 793**	**21.2**	**69 379**	**16.1**	**67 540**	**15.7**	**1 515 439**	**Total WHO European Region**

Table 3. New HIV diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2012–2021) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2012		2013		2014		2015		2016	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	74	1.7	47	1.1	65	1.5	41	0.9	49	1.1
West	Belgium	379	6.7	333	5.9	314	5.5	307	5.4	262	4.6
Centre	Bulgaria	34	0.9	39	1.0	46	1.2	33	0.9	33	0.9
Centre	Croatia	3	0.1	8	0.4	9	0.4	6	0.3	5	0.2
Centre	Cyprus	9	2.0	8	1.8	7	1.6	8	1.8	15	3.4
Centre	Czechia	27	0.5	24	0.4	23	0.4	18	0.3	24	0.4
West	Denmark	54	1.9	55	1.9	60	2.1	72	2.5	53	1.8
East	Estonia	106	15.0	125	17.8	109	15.6	103	14.7	90	12.9
West	Finland	45	1.6	55	2.0	43	1.6	43	1.5	59	2.1
West	France	1 833	5.4	1 822	5.4	1 843	5.4	1 720	5.0	1 810	5.3
West	Germany	472	1.1	579	1.4	662	1.6	754	1.8	720	1.7
West	Greece	179	3.2	89	1.6	101	1.8	91	1.6	112	2.0
Centre	Hungary	14	0.3	17	0.3	20	0.4	26	0.5	21	0.4
West	Iceland	6	3.8	3	1.9	2	1.2	2	1.2	6	3.6
West	Ireland	96	4.1	84	3.6	100	4.3	113	4.8	112	4.7
West	Italy	888	2.9	847	2.8	789	2.5	815	2.6	857	2.7
East	Latvia	121	10.9	137	12.5	111	10.2	134	12.5	137	12.9
–	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	46	2.8	52	3.2	51	3.2	42	2.7	49	3.1
West	Luxembourg	18	6.8	16	6.0	33	12.0	18	6.4	20	7.0
West	Malta	7	3.3	6	2.8	4	1.9	8	3.6	11	4.9
West	Netherlands	190	2.2	164	1.9	156	1.8	153	1.8	136	1.6
West	Norway	76	3.1	75	3.0	68	2.7	76	3.0	63	2.4
Centre	Poland	159	0.8	150	0.8	188	1.0	175	0.9	141	0.7
West	Portugal	546	9.9	520	9.5	417	7.6	398	7.3	425	7.8
Centre	Romania	258	2.5	302	2.9	274	2.7	242	2.4	213	2.1
Centre	Slovakia	6	0.2	12	0.4	11	0.4	10	0.4	7	0.3
Centre	Slovenia	3	0.3	6	0.6	5	0.5	7	0.7	2	0.2
West	Spain	612	3.2	642	2.7	662	2.8	609	2.6	655	2.8
West	Sweden	175	3.7	163	3.4	198	4.1	171	3.5	160	3.3
	Total EU/EEA	**6 436**	**2.9**	**6 380**	**2.8**	**6 371**	**2.8**	**6 195**	**2.7**	**6 247**	**2.7**
Non-EU/EEA											
Centre	Albania	23	1.6	38	2.6	18	1.3	29	2.0	23	1.6
West	Andorra	0	0.0	1	2.8	0	0.0	0	0.0	0	0.0
East	Armenia	70	4.4	77	4.9	117	7.5	89	5.7	91	5.8
East	Azerbaijan	162	3.4	185	3.8	229	4.6	232	4.6	201	4.0
East	Belarus	564	10.8	731	14.0	759	14.6	910	17.4	901	17.3
Centre	Bosnia and Herzegovina	2	0.1	0	0.0	3	0.2	1	0.1	2	0.1
East	Georgia	145	7.2	123	6.1	151	7.6	172	8.6	166	8.3
West	Israel	130	3.4	116	3.0	130	3.3	121	3.0	110	2.7
East	Kazakhstan	836	9.3	928	10.2	1 008	11.0	1 033	11.1	1 214	12.9
East	Kyrgyzstan	296	10.3	210	7.2	282	9.5	277	9.2	314	10.2
West	Monaco	1	5.6	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	1	0.3	0	0.0	3	0.9	2	0.6	2	0.6
Centre	North Macedonia	4	0.4	0	0.0	0	0.0	1	0.1	1	0.1
East	Republic of Moldova	382	20.8	324	18.1	379	21.6	356	20.7	361	21.3
East	Russian Federation	31 642	41.0	33 673	43.6	37 144	48.0	38 102	49.1	33 166	42.6
West	San Marino	3	17.6	1	5.8	0	0.0	0	0.0	0	0.0
Centre	Serbia	13	0.3	14	0.3	17	0.4	6	0.1	15	0.3
Centre	Serbia excluding Kosovo[c]	12	0.3	13	0.3	17	0.4	5	0.1	15	0.4
Centre	Kosovo[c]	1	0.1	1	0.1	–	–	1	0.1	–	–
West	Switzerland	149	3.7	153	3.7	125	3.0	120	2.9	111	2.6
East	Tajikistan	275	6.9	327	8.1	429	10.3	469	11.0	417	9.6
Centre	Türkiye	249	0.7	241	0.6	341	0.9	337	0.8	373	0.9
East	Turkmenistan	0	0.0	–	–	–	–	–	–	–	–
East	Ukraine	7 301	29.9	7 722	31.7	6 683	27.5	5 481	27.7	5 864	25.6
West	United Kingdom	1 704	5.3	1 471	4.5	1 597	4.9	1 461	4.4	1 257	3.8
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**43 952**	**20.0**	**46 335**	**21.2**	**49 415**	**22.4**	**49 199**	**22.4**	**44 589**	**20.0**
WHO European Region											
West		7 637	3.6	7 242	3.4	7 369	3.4	7 093	3.3	6 988	3.2
Centre		805	0.8	859	0.9	965	1.0	901	0.9	877	0.9
East		41 946	30.8	44 614	32.7	47 452	34.7	47 400	35.7	42 971	31.5
Total WHO European Region		**50 388**	**11.3**	**52 715**	**11.8**	**55 786**	**12.4**	**55 394**	**12.3**	**50 836**	**11.2**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

2017		2018		2019		2020		2021		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
47	1.1	30	0.7	36	0.8	31	0.7	29	0.6	2 441	Austria
298	5.2	281	4.9	301	5.2	220	3.8	200	3.4	11 839	Belgium
23	0.6	35	1.0	41	1.1	31	0.9	32	0.9	710	Bulgaria
5	0.2	6	0.3	5	0.2	9	0.4	6	0.3	208	Croatia
20	4.6	13	2.9	31	6.9	19	4.2	33	7.2	397	Cyprus
24	0.4	22	0.4	30	0.6	48	0.9	32	0.6	579	Czech Republic
50	1.7	49	1.7	44	1.5	28	1.0	24	0.8	2 175	Denmark
73	10.5	59	8.5	65	9.3	59	8.4	45	6.4	3 429	Estonia
57	2.0	49	1.8	37	1.3	35	1.3	43	1.5	1 248	Finland
1 805	5.2	1 760	5.1	1 769	5.1	1 083	3.1	1 079	3.1	35 103	France
651	1.6	637	1.5	678	1.6	559	1.3	452	1.1	15 072	Germany
109	2.0	141	2.5	143	2.6	121	2.2	97	1.8	2 848	Greece
18	0.4	8	0.2	16	0.3	15	0.3	18	0.4	419	Hungary
3	1.8	14	8.2	5	2.9	6	3.4	5	2.8	134	Iceland
114	4.7	106	4.3	133	5.4	85	3.4	83	3.3	2 950	Ireland
863	2.8	656	2.1	502	1.6	282	0.9	363	1.2	12 525	Italy
133	12.6	107	10.2	119	11.5	95	9.3	76	7.5	2 765	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	Liechtenstein
43	2.8	42	2.8	41	2.7	29	1.9	22	1.5	744	Lithuania
20	6.8	18	6.0	15	4.9	7	2.2	11	3.5	525	Luxembourg
10	4.4	11	4.7	15	6.2	15	6.0	4	1.6	141	Malta
127	1.5	108	1.2	116	1.3	81	0.9	62	0.7	5 660	Netherlands
58	2.2	69	2.6	60	2.3	46	1.7	38	1.4	2 230	Norway
161	0.8	151	0.8	226	1.2	147	0.8	187	1.0	5 012	Poland
381	7.0	338	6.2	274	5.1	–	–	–	–	17 273	Portugal
210	2.1	193	1.9	192	1.9	116	1.2	131	1.3	10 120	Romania
6	0.2	8	0.3	11	0.4	11	0.4	14	0.5	156	Slovakia
2	0.2	1	0.1	6	0.6	5	0.5	5	0.5	118	Slovenia
631	2.7	567	2.8	516	2.3	393	1.7	388	1.6	10 723	Spain
161	3.2	175	3.5	161	3.2	134	2.6	119	2.3	4 711	Sweden
6 103	**2.6**	**5 654**	**2.5**	**5 588**	**2.4**	**3 710**	**1.6**	**3 598**	**1.6**	**152 278**	**Total EU/EEA**
											Non-EU/EEA
25	1.7	26	1.8	27	1.9	26	1.8	31	2.2	413	Albania
3	8.2	4	10.8	–	–	–	–	–	–	18	Andorra
104	6.7	136	8.8	135	8.7	118	7.7	128	8.3	1 405	Armenia
208	4.1	219	4.3	248	4.8	173	3.3	218	4.2	2 675	Azerbaijan
928	17.8	887	17.0	783	15.0	528	10.2	570	11.0	12 636	Belarus
0	0.0	2	0.1	3	0.2	–	–	–	–	46	Bosnia and Herzegovina
139	7.0	166	8.3	160	8.0	127	6.4	127	6.4	2 308	Georgia
119	2.9	154	3.6	141	3.3	112	2.5	117	2.6	3 666	Israel
1 192	12.5	1 210	12.5	1 257	12.9	1 174	11.9	1 243	12.5	16 373	Kazakhstan
347	11.1	331	10.4	353	11.0	291	8.9	330	9.9	4 054	Kyrgyzstan
0	0.0	0	0.0	–	–	–	–	–	–	14	Monaco
1	0.3	2	0.6	2	0.6	1	0.3	1	0.3	39	Montenegro
0	0.0	0	0.0	–	–	–	–	–	–	18	North Macedonia
367	22.0	368	22.3	378	23.2	282	17.4	337	21.0	6 381	Republic of Moldova
32 593	41.8	33 275	42.6	30 947	39.7	22 939	29.4	24 797	31.9	399 400	Russian Federation
0	0.0	1	5.7	0	0.0	0	0.0	0	0.0	20	San Marino
11	0.2	14	0.3	19	0.4	8	0.2	7	0.1	782	Serbia
11	0.3	13	0.3	18	0.5	7	0.2	6	0.2	748	Serbia excluding Kosovo[c]
–	–	1	0.1	1	0.1	1	0.1	1	0.1	34	Kosovo[c]
101	2.4	88	2.1	88	2.0	58	1.3	76	1.7	10 632	Switzerland
470	10.6	546	12.0	549	11.8	438	9.2	344	7.1	5 074	Tajikistan
455	1.1	531	1.3	481	1.2	313	0.7	475	1.1	5 155	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
6 309	27.7	6 139	27.1	6 342	28.2	5 711	29.5	5 543	24.9	128 453	Ukraine
1 213	3.6	1 195	3.6	1 165	3.4	842	2.5	867	2.5	50 192	United Kingdom
–	–	–	–	–	–	–	–	–	–	7 783	Uzbekistan
44 585	**20.1**	**45 294**	**20.1**	**43 078**	**19.1**	**33 141**	**14.9**	**35 211**	**15.6**	**657 538**	**Total non-EU/EEA**
											WHO European Region
6 821	3.1	6 451	3.0	6 199	2.8	4 138	1.9	4 057	1.8	192 140	West
961	1.0	1 012	1.0	1 090	1.1	749	0.8	972	1.0	24 172	Centre
42 906	31.4	43 485	31.8	41 377	30.2	31 964	23.9	33 780	24.7	593 481	East
50 688	**11.2**	**50 948**	**11.3**	**48 666**	**10.7**	**36 851**	**8.2**	**38 809**	**8.5**	**809 793**	**Total WHO European Region**

Table 4. New HIV diagnoses in men infected through sex with men, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	190	176	154	171	171	194	119	129	79	96	4 310
West	Belgium	458	483	404	411	391	357	354	340	263	305	9 608
Centre	Bulgaria	59	72	98	111	96	120	170	122	96	111	1 248
Centre	Croatia	65	70	79	99	95	97	82	82	57	63	1 299
Centre	Cyprus	31	35	39	51	47	47	43	40	61	79	728
Centre	Czechia	156	180	171	211	212	182	137	151	145	143	2 725
West	Denmark	82	116	132	126	121	123	110	99	80	58	3 510
East	Estonia	1	9	3	18	9	16	11	16	8	9	196
West	Finland	47	43	55	53	48	32	38	37	34	37	1 353
West	France	1 616	1 597	1 665	1 466	1 344	1 420	1 483	1 469	1 135	1 057	26 630
West	Germany	1 779	1 784	1 962	1 891	1 734	1 626	1 424	1 454	1 009	983	36 474
West	Greece	360	400	415	454	320	308	298	278	265	232	8 902
Centre	Hungary	150	163	176	134	118	111	146	167	127	144	2 618
West	Iceland	1	0	0	0	8	4	15	15	19	10	176
West	Ireland	166	160	179	251	274	262	295	268	199	178	3 822
West	Italy	1 601	1 522	1 566	1 460	1 414	1 381	1 180	1 106	633	699	18 887
East	Latvia	18	27	28	34	24	24	20	18	11	11	455
–	Liechtenstein	0	0	1	0	0	0	0	0	0	1	4
East	Lithuania	12	31	12	29	29	21	19	20	0	21	317
West	Luxembourg	37	39	32	29	31	25	27	23	12	26	789
West	Malta	8	16	25	45	38	23	38	0	30	20	272
West	Netherlands	776	815	691	687	640	594	496	401	280	233	17 468
West	Norway	76	98	115	70	87	88	73	61	63	36	2 314
Centre	Poland	356	280	337	358	414	394	313	347	190	172	4 624
West	Portugal	573	568	493	612	592	527	429	356	–	–	11 884
Centre	Romania	96	104	143	136	150	172	166	190	143	172	1 967
Centre	Slovakia	28	58	53	55	60	52	60	51	50	47	772
Centre	Slovenia	37	28	35	36	50	27	29	20	14	18	642
West	Spain	2 095	2 311	2 538	2 426	2 487	2 493	2 370	2 332	1 585	1 568	32 942
West	Sweden	137	147	119	118	136	128	158	152	116	119	4 633
	Total EU/EEA	**11 011**	**11 332**	**11 720**	**11 542**	**11 140**	**10 848**	**10 103**	**9 744**	**6 704**	**6 648**	**201 569**
Non-EU/EEA												
Centre	Albania	9	11	9	13	11	6	8	9	8	7	153
West	Andorra	1	3	4	2	3	2	4	–	–	–	38
East	Armenia	5	13	10	12	17	17	41	49	34	37	257
East	Azerbaijan	13	11	12	35	18	41	45	50	55	64	373
East	Belarus	31	41	53	58	71	72	103	82	79	81	761
Centre	Bosnia and Herzegovina	21	2	16	10	18	12	14	21	–	–	152
East	Georgia	44	69	67	162	131	131	153	96	104	111	1 175
West	Israel	157	172	151	141	129	150	133	121	134	131	2 982
East	Kazakhstan	20	37	47	81	121	146	163	206	223	269	1 432
East	Kyrgyzstan	6	14	18	23	37	45	47	37	42	89	365
West	Monaco	0	0	1	1	0	2	0	–	–	–	18
Centre	Montenegro	8	6	13	14	25	22	16	15	11	6	191
Centre	North Macedonia	7	13	26	21	18	34	37	–	–	–	173
East	Republic of Moldova	4	4	9	10	18	29	32	29	18	19	209
East	Russian Federation[c]	0	0	0	0	0	0	0	0	1 499	1 391	2 890
West	San Marino	0	0	0	0	0	0	0	0	0	0	21
Centre	Serbia	88	100	85	133	115	122	138	178	102	142	1 930
Centre	Serbia excluding Kosovo[c]	86	99	80	131	112	122	136	175	101	135	1 897
Centre	Kosovo[c]	2	1	5	2	3		2	3	1	7	33
West	Switzerland	233	199	218	210	232	169	162	151	97	98	5 880
East	Tajikistan	1	0	3	3	10	13	22	11	13	20	97
Centre	Türkiye	142	187	281	350	403	494	540	539	297	351	3 861
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	152	262	277	368	435	490	506	467	390	432	4 329
West	United Kingdom	3 046	3 030	3 229	3 198	2 620	2 253	2 152	1 882	1 109	1 081	77 188
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	29
	Total non-EU/EEA	**3 988**	**4 174**	**4 529**	**4 845**	**4 432**	**4 250**	**4 316**	**3 943**	**4 215**	**4 329**	**104 504**
WHO European Region												
West		13 439	13 679	14 148	13 822	12 820	12 161	11 358	10 674	7 142	6 967	270 101
Centre		1 253	1 309	1 561	1 732	1 832	1 892	1 899	1 932	1 301	1 455	23 083
East		307	518	539	833	920	1 045	1 162	1 081	2 476	2 554	12 885
Total WHO European Region		**14 999**	**15 506**	**16 248**	**16 387**	**15 572**	**15 098**	**14 419**	**13 687**	**10 919**	**10 976**	**306 069**

[a] Country-specific comments are in Annex 5. Due to surveillance human resource constraints associated with the COVID-19 pandemic, some countries have higher than normal incomplete data on transmission route for 2019 and trends should be interpreted with care.

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

[c] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 5. New HIV diagnoses in people infected through injecting drug use, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	55	29	29	33	18	17	13	21	12	14	2 127
West	Belgium	22	24	18	15	9	13	17	15	7	11	880
Centre	Bulgaria	40	33	48	29	22	33	34	37	15	14	660
Centre	Croatia	0	0	0	2	0	0	0	1	3	1	72
Centre	Cyprus	0	0	3	1	2	0	1	3	3	5	27
Centre	Czechia	6	6	10	5	7	5	8	8	14	7	163
West	Denmark	11	13	11	8	9	6	6	4	1	10	574
East	Estonia	86	81	67	55	31	15	24	20	10	5	4 230
West	Finland	7	3	7	7	6	10	6	8	4	10	432
West	France	133	114	105	80	68	70	75	86	57	44	2 306
West	Germany	90	110	131	146	138	118	150	163	169	118	4 686
West	Greece	524	270	120	95	100	92	119	88	86	86	2 214
Centre	Hungary	0	1	1	2	3	1	1	1	1	0	33
West	Iceland	3	1	1	0	9	3	2	2	0	1	70
West	Ireland	17	21	27	51	20	18	14	19	9	7	1 702
West	Italy	219	182	142	121	112	103	113	103	50	74	2 880
East	Latvia	94	77	78	92	63	81	75	45	41	25	3 543
–	Liechtenstein	0	0	0	0	0	0	0	0	0	0	5
East	Lithuania	68	65	38	46	86	140	55	48	0	31	1 936
West	Luxembourg	5	6	19	16	19	9	6	2	3	3	235
West	Malta	0	3	0	0	1	0	0	0	0	0	10
West	Netherlands	9	8	1	3	2	4	2	5	0	3	834
West	Norway	11	8	7	8	8	7	6	8	8	4	660
Centre	Poland	50	47	50	51	39	30	22	22	13	13	6 432
West	Portugal	144	123	62	65	47	34	32	25	–	–	19 388
Centre	Romania	326	355	211	197	136	101	82	76	39	48	1 877
Centre	Slovakia	1	0	1	3	1	0	1	0	0	1	19
Centre	Slovenia	1	2	2	1	1	0	0	2	1	4	28
West	Spain	209	191	159	129	147	126	119	93	72	44	3 972
West	Sweden	22	13	14	15	26	20	23	21	13	3	1 327
	Total EU/EEA	**2 153**	**1 786**	**1 362**	**1 276**	**1 130**	**1 056**	**1 006**	**926**	**631**	**586**	**63 322**
Non-EU/EEA												
Centre	Albania	1	0	1	0	0	0	0	0	0	1	6
West	Andorra	0	0	0	0	0	0	0	–	–	–	11
East	Armenia	46	33	42	37	35	39	32	38	21	26	780
East	Azerbaijan	219	204	183	184	162	100	107	102	87	96	3 484
East	Belarus	247	201	376	790	600	485	391	363	222	221	10 009
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	–	–	20
East	Georgia	224	172	194	187	204	150	96	115	62	69	3 197
West	Israel	78	72	44	39	25	34	34	18	23	10	1 345
East	Kazakhstan	793	730	779	826	900	901	919	1 220	1 059	844	20 727
East	Kyrgyzstan	238	182	179	161	207	205	138	105	47	36	3 992
West	Monaco	0	0	0	0	0	0	0	–	–	–	8
Centre	Montenegro	1	0	0	0	0	1	0	0	1	0	7
Centre	North Macedonia	0	0	0	0	0	0	0	–	–	–	2
East	Republic of Moldova	40	22	61	38	40	42	59	39	17	29	2 981
East	Russian Federation	0	0	0	0	0	0	0	0	15 203	16 702	31 905
West	San Marino	0	0	0	0	0	0	0	0	0	0	11
Centre	Serbia	5	11	5	4	1	4	2	3	–	3	987
Centre	Serbia excluding Kosovo[c]	5	11	5	4	1	4	2	3	0	3	985
Centre	Kosovo[c]	–	–	–	–	–	–	–	–	–	–	2
West	Switzerland	19	16	8	9	13	20	12	11	4	4	2 850
East	Tajikistan	257	214	227	248	202	251	197	135	83	76	3 868
Centre	Türkiye	6	4	10	13	8	14	24	10	14	11	203
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	5 933	5 847	4 670	3 449	3 692	3 978	3 735	4 179	5 943	5 325	140 186
West	United Kingdom	118	121	145	193	139	143	110	107	80	90	6 699
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	11 390
	Total non-EU/EEA	**8 225**	**7 829**	**6 924**	**6 178**	**6 228**	**6 367**	**5 856**	**6 445**	**22 866**	**23 543**	**244 668**
WHO European Region												
West		1 696	1 328	1 050	1 033	916	847	859	799	598	536	55 221
Centre		437	459	342	308	220	189	175	163	104	108	10 536
East		8 245	7 828	6 894	6 113	6 222	6 387	5 828	6 409	22 795	23 485	242 228
Total WHO European Region		**10 378**	**9 615**	**8 286**	**7 454**	**7 358**	**7 423**	**6 862**	**7 371**	**23 497**	**24 129**	**307 985**

[a] Country-specific comments are in Annex 5. Due to surveillance human resource constraints associated with the COVID-19 pandemic, some countries have higher than normal incomplete data on transmission route for 2019 and trends should be interpreted with care.

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

[c] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 6. New HIV diagnoses in people infected through heterosexual contact, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	114	91	104	106	86	83	59	76	61	46	3 350
West	Belgium	533	441	435	385	368	371	343	382	267	258	13 724
Centre	Bulgaria	58	70	93	86	84	85	104	98	84	110	1 756
Centre	Croatia	7	13	12	13	13	8	10	13	11	11	428
Centre	Cyprus	23	16	10	26	27	32	32	49	34	58	739
Centre	Czechia	41	45	45	46	54	59	56	55	82	67	1 025
West	Denmark	96	90	102	126	100	93	91	87	65	48	3 634
East	Estonia	170	188	162	144	116	89	67	79	72	34	1 820
West	Finland	71	67	70	79	83	70	55	44	40	33	1 764
West	France	2 204	2 202	2 206	1 792	1 649	1 704	1 951	1 864	1 244	1 177	40 402
West	Germany	520	627	819	972	886	794	753	770	533	440	17 652
West	Greece	159	125	144	130	142	154	171	183	128	104	3 914
Centre	Hungary	24	25	28	22	28	22	13	28	26	22	578
West	Iceland	0	0	0	0	9	2	15	6	10	7	149
West	Ireland	131	132	127	132	143	168	167	167	90	79	3 798
West	Italy	1 769	1 706	1 665	1 643	1 763	1 653	1 249	1 091	592	779	24 046
East	Latvia	112	125	132	156	144	135	112	112	108	66	2 451
–	Liechtenstein	0	0	0	0	1	0	0	0	0	0	13
East	Lithuania	53	59	74	65	70	70	67	59	0	45	864
West	Luxembourg	28	29	39	32	32	36	28	30	15	23	834
West	Malta	15	10	9	15	21	17	14	0	14	7	217
West	Netherlands	317	271	262	275	235	214	183	193	139	108	8 751
West	Norway	142	123	140	138	120	115	101	100	66	58	3 645
Centre	Poland	102	90	109	113	110	103	71	98	60	64	2 079
West	Portugal	1 077	1 047	876	808	847	777	675	502	–	–	28 567
Centre	Romania	378	410	445	482	501	531	502	482	302	331	8 890
Centre	Slovakia	14	21	18	23	18	15	19	28	16	22	292
Centre	Slovenia	4	9	6	10	10	11	7	10	9	9	183
West	Spain	1 191	1 176	1 127	1 053	1 085	1 143	1 045	1 086	691	709	19 487
West	Sweden	227	218	229	211	202	212	213	204	148	133	6 355
	Total EU/EEA	**9 580**	**9 426**	**9 488**	**9 083**	**8 947**	**8 766**	**8 173**	**7 896**	**4 907**	**4 848**	**201 407**
Non-EU/EEA												
Centre	Albania	66	101	62	77	115	87	80	91	87	90	1 258
West	Andorra	1	1	0	0	0	2	7	–	–	–	30
East	Armenia	165	179	272	236	244	290	344	355	301	352	3 379
East	Azerbaijan	243	275	379	445	342	370	474	537	408	514	4 858
East	Belarus	919	1 265	1 349	1 416	1 671	1 868	1 861	1 659	1 098	1 159	20 686
Centre	Bosnia and Herzegovina	4	0	7	4	6	2	10	9	–	–	142
East	Georgia	241	240	294	356	372	341	412	446	352	342	4 571
West	Israel	200	175	206	201	195	186	218	183	159	158	5 606
East	Kazakhstan	1 112	1 268	1 391	1 439	1 747	1 868	2 063	2 129	2 026	2 283	22 257
East	Kyrgyzstan	303	276	394	387	424	480	546	557	470	603	5 477
West	Monaco	1	0	0	0	0	1	0	–	–	–	13
Centre	Montenegro	4	2	4	3	9	3	5	4	2	2	95
Centre	North Macedonia	7	2	4	4	10	8	6	–	–	–	59
East	Republic of Moldova	661	337	616	578	547	561	617	683	403	459	9 556
East	Russian Federation	0	0	0	0	0	0	0	0	38 937	38 381	77 318
West	San Marino	3	0	0	0	0	0	0	0	0	0	23
Centre	Serbia	28	22	35	28	34	31	34	24	12	12	930
Centre	Serbia excluding Kosovo[c]	27	20	34	28	29	29	29	22	11	12	864
Centre	Kosovo[c]	1	2	1		5	2	5	2	1	–	66
West	Switzerland	222	224	173	178	163	140	148	136	89	89	7 417
East	Tajikistan	378	474	625	748	700	800	1 049	961	880	751	8 543
Centre	Türkiye	376	428	495	583	646	775	951	806	536	666	8 578
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	10 440	11 472	10 648	9 043	10 005	11 028	11 319	11 503	9 152	9 534	172 744
West	United Kingdom	2 601	2 270	2 347	2 089	1 920	1 692	1 726	1 649	1 137	1 150	73 691
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	4 711
	Total non-EU/EEA	**17 975**	**19 011**	**19 301**	**17 815**	**19 150**	**20 533**	**21 870**	**21 732**	**56 049**	**56 545**	**431 942**
WHO European Region												
West		11 622	11 025	11 080	10 365	10 049	9 627	9 212	8 753	5 488	5 406	267 069
Centre		1 136	1 254	1 373	1 520	1 665	1 772	1 900	1 795	1 261	1 464	27 032
East		14 797	16 158	16 336	15 013	16 382	17 900	18 931	19 080	54 207	54 523	339 235
Total WHO European Region		**27 555**	**28 437**	**28 789**	**26 898**	**28 096**	**29 299**	**30 043**	**29 628**	**60 956**	**61 393**	**633 336**

[a] Country-specific comments are in Annex 5. Due to surveillance human resource constraints associated with the COVID-19 pandemic, some countries have higher than normal incomplete data on transmission route for 2019 and trends should be interpreted with care.

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

[c] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 7. New HIV diagnoses in people infected through mother-to-child transmission, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	0	0	1	0	1	1	1	0	0	0	63
West	Belgium	9	6	8	12	8	5	11	7	10	5	485
Centre	Bulgaria	0	5	1	1	0	3	3	1	4	3	35
Centre	Croatia	0	0	1	0	0	0	0	0	1	0	15
Centre	Cyprus	1	0	0	1	0	0	0	1	0	4	9
Centre	Czechia	2	0	1	0	2	0	0	0	0	0	9
West	Denmark	4	5	5	4	1	5	2	0	2	3	118
East	Estonia	4	2	5	1	0	0	0	0	3	4	61
West	Finland	2	2	2	3	2	0	2	4	1	1	39
West	France	49	37	53	48	29	25	41	55	23	26	711
West	Germany	22	23	26	29	23	18	20	14	11	11	499
West	Greece	0	0	1	0	4	1	2	4	3	1	73
Centre	Hungary	1	1	1	2	1	2	0	0	0	0	17
West	Iceland	0	0	0	0	0	0	2	1	0	0	4
West	Ireland	5	3	2	5	3	0	4	3	2	3	97
West	Italy	15	13	14	16	10	16	11	3	7	3	223
East	Latvia	7	10	4	3	6	3	5	2	5	1	88
–	Liechtenstein	0	0	0	0	0	0	0	0	0	0	1
East	Lithuania	0	1	2	0	1	1	0	0	0	1	8
West	Luxembourg	1	1	2	0	0	0	0	1	1	1	18
West	Malta	0	0	0	0	2	0	2	0	1	0	5
West	Netherlands	19	12	15	12	7	9	6	4	2	0	388
West	Norway	7	1	3	2	2	2	6	2	0	4	97
Centre	Poland	4	4	3	8	1	3	2	5	3	1	228
West	Portugal	5	9	7	5	5	4	1	0	–	–	493
Centre	Romania	19	24	18	18	7	15	9	11	7	7	787
Centre	Slovakia	0	0	0	0	0	0	0	0	0	0	0
Centre	Slovenia	0	0	0	0	0	0	0	0	1	0	8
West	Spain	7	16	4	3	9	4	7	8	1	4	149
West	Sweden	14	7	7	15	10	14	12	12	9	12	294
	Total EU/EEA	**197**	**182**	**186**	**188**	**134**	**131**	**149**	**138**	**97**	**95**	**5 022**
Non-EU/EEA												
Centre	Albania	3	6	3	1	1	1	2	1	1	3	40
West	Andorra	0	0	0	0	0	0	0	–	–	–	1
East	Armenia	3	5	7	4	1	5	6	3	9	3	66
East	Azerbaijan	14	10	18	16	10	10	9	4	2	7	141
East	Belarus	16	16	15	26	20	13	4	10	5	5	328
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	–	–	1
East	Georgia	9	4	5	6	4	3	6	3	3	2	113
West	Israel	7	9	9	4	4	6	7	4	3	7	276
East	Kazakhstan	30	36	22	25	24	34	24	26	23	30	449
East	Kyrgyzstan	33	10	18	23	16	16	23	21	12	25	293
West	Monaco	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	–	–	–	2
East	Republic of Moldova	11	13	19	14	10	11	13	19	12	12	233
East	Russian Federation	0	0	0	0	0	0	0	0	162	153	315
West	San Marino	0	0	0	0	0	0	0	0	0	0	1
Centre	Serbia	1	4	1	1	2	–	1	2	–	2	55
Centre	Serbia excluding Kosovo[c]	0	4	1	0	2	0	0	2	0	1	49
Centre	Kosovo[c]	1	–	–	1	–	–	1	–	–	1	6
West	Switzerland	2	3	1	4	4	4	2	0	1	0	183
East	Tajikistan	38	49	59	56	54	60	53	47	43	31	552
Centre	Türkiye	12	11	22	23	15	12	13	15	12	15	209
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	149	111	122	98	77	86	71	79	67	48	2 415
West	United Kingdom	85	90	93	50	45	59	58	66	26	31	2 954
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	363
	Total non-EU/EEA	**413**	**377**	**414**	**351**	**287**	**320**	**292**	**300**	**381**	**374**	**8 995**
WHO European Region												
West		253	237	253	212	169	173	197	188	103	112	7 172
Centre		43	55	51	55	29	36	30	36	29	35	1 419
East		314	267	296	272	223	242	214	214	346	322	5 425
Total WHO European Region		**610**	**559**	**600**	**539**	**421**	**451**	**441**	**438**	**478**	**469**	**14 016**

[a] Country-specific comments are in Annex 5. Due to surveillance human resource constraints associated with the COVID-19 pandemic, some countries have higher than normal incomplete data on transmission route for 2019 and trends should be interpreted with care.

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

[c] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 8. HIV diagnoses in 2021, 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]	Sex between men		Injecting drug users			Heterosexual			Mother-to-child transmission		
		Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]
EU/EEA												
West	Austria	96	96	4	10	14	24	22	46	0	0	0
West	Belgium	305	305	2	9	11	131	127	258	2	3	5
Centre	Bulgaria	111	111	2	12	14	30	80	110	0	3	3
Centre	Croatia	63	63	0	1	1	6	5	11	0	0	0
Centre	Cyprus	79	79	0	5	5	31	27	58	1	3	4
Centre	Czechia	143	143	2	5	7	28	39	67	0	0	0
West	Denmark	58	58	0	10	10	20	28	48	1	2	3
East	Estonia	9	9	0	5	5	16	18	34	3	1	4
West	Finland	37	37	1	9	10	13	20	33	1	0	1
West	France	1 057	1 057	4	36	44	676	501	1 177	14	12	26
West	Germany	983	983	15	103	118	311	128	440	3	8	11
West	Greece	232	232	17	69	86	61	43	104	0	1	1
Centre	Hungary	144	144	0	0	0	15	7	22	0	0	0
West	Iceland	9	10	0	1	1	3	4	7	0	0	0
West	Ireland	176	178	2	5	7	44	33	79	1	2	3
West	Italy	699	699	13	61	74	297	482	779	1	2	3
East	Latvia	11	11	8	17	25	35	31	66	1	0	1
–	Liechtenstein	1	1	0	0	0	0	0	0	0	0	0
East	Lithuania	21	21	3	28	31	15	30	45	1	0	1
West	Luxembourg	26	26	1	2	3	10	13	23	0	1	1
West	Malta	20	20	0	0	0	3	4	7	0	0	0
West	Netherlands	228	233	0	3	3	53	53	108	0	0	0
West	Norway	36	36	0	4	4	35	23	58	3	1	4
Centre	Poland	172	172	2	11	13	26	38	64	1	0	1
West	Portugal	–	–	–	–	–	–	–	–	–	–	–
Centre	Romania	172	172	12	36	48	114	217	331	4	3	7
Centre	Slovakia	46	47	1	0	1	7	15	22	0	0	0
Centre	Slovenia	18	18	1	2	4	4	5	9	0	0	0
West	Spain	1 568	1 568	7	37	44	310	399	709	1	3	4
West	Sweden	119	119	1	2	3	71	61	133	5	7	12
	Total EU/EEA	**6 639**	**6 648**	**98**	**483**	**586**	**2 389**	**2 453**	**4 848**	**43**	**52**	**95**
Non-EU/EEA												
Centre	Albania	7	7	0	1	1	29	61	90	2	1	3
West	Andorra	–	–	–	–	–	–	–	–	–	–	–
East	Armenia	37	37	0	26	26	128	224	352	0	3	3
East	Azerbaijan	64	64	4	92	96	205	309	514	4	3	7
East	Belarus	81	81	60	161	221	495	664	1 159	4	1	5
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	–
East	Georgia	111	111	3	66	69	118	224	342	1	1	2
West	Israel	131	131	1	9	10	85	73	158	4	3	7
East	Kazakhstan	269	269	117	727	844	1 038	1 245	2 283	16	14	30
East	Kyrgyzstan	89	89	8	28	36	284	319	603	12	13	25
West	Monaco	–	–	–	–	–	–	–	–	–	–	–
Centre	Montenegro	6	6	0	0	0	1	1	2	0	0	0
Centre	North Macedonia	–	–	–	–	–	–	–	–	–	–	–
East	Republic of Moldova	19	19	2	27	29	202	257	459	5	7	12
East	Russian Federation	1 391	1 391	4 300	12 402	16 702	19 785	18 596	38 381	73	80	153
West	San Marino	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	142	142		3	3	4	8	12	1	1	2
Centre	Serbia excluding Kosovo[c]	135	135	0	3	3	4	8	12	0	1	1
Centre	Kosovo[c]	7	7	–	–	–	–	–	–	1	0	1
West	Switzerland	98	98	1	3	4	36	53	89	0	0	0
East	Tajikistan	20	20	0	76	76	309	442	751	16	15	31
Centre	Türkiye	351	351	3	8	11	122	544	666	13	2	15
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	432	432	939	4 386	5 325	4 569	4 965	9 534	23	25	48
West	United Kingdom	1 080	1 081	15	75	90	663	487	1 150	12	19	31
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**4 328**	**4 329**	**5 453**	**18 090**	**23 543**	**28 073**	**28 472**	**56 545**	**186**	**188**	**374**
WHO European Region												
West		6 958	6 967	84	448	536	2 846	2 554	5 406	48	64	112
Centre		1 454	1 455	23	84	108	417	1 047	1 464	22	13	35
East		2 554	2 554	5 444	18 041	23 485	27 199	27 324	54 523	159	163	322
Total WHO European Region		**10 966**	**10 976**	**5 551**	**18 573**	**24 129**	**30 462**	**30 925**	**61 393**	**229**	**240**	**469**

[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 2020 in tables 4–7.

[c] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Nosocomial			Haemophiliac/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	0	0	1	18	19	175	Austria
0	0	0	1	2	3	64	134	199	781	Belgium
0	0	0	0	0	0	0	0	0	238	Bulgaria
0	0	0	0	0	0	0	2	2	77	Croatia
0	0	0	0	0	0	1	1	2	148	Cyprus
0	0	0	0	1	1	2	13	15	233	Czechia
0	0	0	0	0	0	3	15	18	137	Denmark
0	0	0	0	0	0	26	47	73	125	Estonia
0	0	0	0	0	0	28	54	82	163	Finland
0	0	0	5	6	11	380	738	1 198	3 513	France
0	1	1	0	0	0	123	558	681	2 234	Germany
0	0	0	0	0	0	19	84	103	526	Greece
0	1	1	0	0	0	3	28	56	223	Hungary
0	0	0	0	0	0	2	0	2	20	Iceland
0	0	0	1	0	1	35	96	135	403	Ireland
0	0	0	2	0	2	50	163	213	1 770	Italy
0	0	0	0	0	0	32	77	109	212	Latvia
0	0	0	0	0	0	0	0	0	1	Liechtenstein
0	0	0	0	0	0	3	9	12	110	Lithuania
0	0	0	0	0	0	0	1	1	54	Luxembourg
0	0	0	0	0	0	1	17	18	45	Malta
0	2	2	0	0	0	9	39	50	396	Netherlands
0	0	0	0	0	0	0	0	0	102	Norway
0	1	1	0	0	0	158	670	845	1 096	Poland
–	–	–	–	–	–	–	–	–	0	Portugal
0	0	0	0	0	0	1	1	2	560	Romania
0	1	1	0	0	0	6	36	42	113	Slovakia
0	0	0	0	0	0	0	1	1	32	Slovenia
0	0	0	1	1	2	69	389	458	2 785	Spain
0	0	0	3	0	3	39	43	82	352	Sweden
0	**6**	**6**	**13**	**10**	**23**	**1 055**	**3 234**	**4 418**	**16 624**	**Total EU/EEA**
										Non-EU/EEA
0	0	0	0	0	0	0	3	3	104	Albania
–	–	–	–	–	–	–	–	–	–	Andorra
0	0	0	0	0	0	0	7	7	425	Armenia
0	0	0	0	0	0	5	4	9	690	Azerbaijan
0	0	0	0	1	1	11	18	29	1 496	Belarus
–	–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
0	0	0	0	0	0	5	1	6	530	Georgia
0	0	0	0	0	0	27	71	98	404	Israel
0	0	0	0	0	0	72	93	165	3 591	Kazakhstan
0	0	0	0	0	0	26	66	92	845	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	Monaco
0	0	0	0	0	0	0	5	5	13	Montenegro
–	–	–	–	–	–	–	–	–	–	North Macedonia
0	0	0	0	0	0	128	145	273	792	Republic of Moldova
0	0	0	0	0	0	639	1 074	1 713	58 340	Russian Federation
0	0	0	0	0	0	0	0	0	0	San Marino
0	0	0	0	0	0	2	20	22	181	Serbia
0	0	0	0	0	0	2	19	21	172	Serbia excluding Kosovo[c]
–	–	0	0	0	0	0	1	1	9	Kosovo[c]
0	0	0	1	0	1	38	80	123	315	Switzerland
9	12	21	0	0	0	10	13	23	922	Tajikistan
0	0	0	0	0	0	337	1 542	1 879	2 922	Türkiye
–	–	–	–	–	–	–	–	–	–	Turkmenistan
0	0	0	0	0	0	12	9	21	15 360	Ukraine
6	7	13	9	12	21	162	403	569	2 955	United Kingdom
–	–	–	–	–	–	–	–	–	–	Uzbekistan
15	**19**	**34**	**10**	**13**	**23**	**1 474**	**3 554**	**5 037**	**89 885**	**Total non-EU/EEA**
										WHO European Region
6	10	16	23	21	44	1 050	2 903	4 049	17 130	West
0	3	3	0	1	1	510	2 322	2 874	5 940	Centre
9	12	21	0	1	1	969	1 563	2 532	83 438	East
15	**25**	**40**	**23**	**23**	**46**	**2 529**	**6 788**	**9 455**	**106 508**	**Total WHO European Region**

Table 9. HIV diagnoses in 2021, 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 years			15–19 years			20–24 years			25–29 years		
		Female	Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]
EU/EEA													
West	Austria	0	0	0	0	2	2	2	7	9	0	18	18
West	Belgium	3	2	5	1	3	4	14	49	63	20	88	108
Centre	Bulgaria	0	3	3	1	5	6	4	17	21	7	33	40
Centre	Croatia	0	0	0	0	0	0	0	3	3	2	9	11
Centre	Cyprus	0	1	1	2	0	2	5	4	9	7	18	25
Centre	Czechia	0	0	0	0	5	5	3	17	20	0	25	25
West	Denmark	1	2	3	0	1	1	0	8	8	2	12	14
East	Estonia	3	1	4	0	0	0	3	4	7	3	5	8
West	Finland	1	0	1	0	2	2	0	7	7	4	14	18
West	France	12	12	24	33	49	87	87	254	354	146	346	509
West	Germany	2	7	9	5	21	26	40	129	169	50	237	287
West	Greece	0	1	1	2	8	10	11	37	48	8	50	58
Centre	Hungary	0	0	0	1	2	3	1	16	18	1	26	27
West	Iceland	0	0	0	0	1	1	0	0	0	1	2	3
West	Ireland	0	0	0	0	5	5	1	19	20	8	62	70
West	Italy	1	1	2	4	11	15	12	55	67	48	153	201
East	Latvia	1	2	3	1	0	1	5	5	10	7	15	22
–	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	1	0	1	0	0	0	0	4	4	6	9	15
West	Luxembourg	0	1	1	0	0	0	1	6	7	1	6	7
West	Malta	0	0	0	0	1	1	1	6	7	0	7	7
West	Netherlands	0	1	1	0	3	3	4	24	29	7	45	56
West	Norway	2	1	3	1	1	2	2	4	6	2	10	12
Centre	Poland	2	0	2	4	9	13	10	112	122	24	170	194
West	Portugal	–	–	–	–	–	–	–	–	–	–	–	–
Centre	Romania	5	3	8	11	15	26	15	60	75	23	63	86
Centre	Slovakia	0	0	0	2	2	4	1	11	12	1	23	24
Centre	Slovenia	0	0	0	0	0	0	0	1	2	0	3	3
West	Spain	3	5	8	6	36	42	29	227	256	53	434	487
West	Sweden	6	3	9	2	7	9	5	24	29	12	35	47
	Total EU/EEA	**43**	**46**	**89**	**76**	**189**	**270**	**256**	**1 110**	**1 382**	**443**	**1 918**	**2 382**
Non-EU/EEA													
Centre	Albania	2	1	3	0	3	3	3	3	6	7	10	17
West	Andorra	–	–	–	–	–	–	–	–	–	–	–	–
East	Armenia	0	3	3	0	0	0	13	10	23	12	29	41
East	Azerbaijan	6	3	9	1	3	4	18	30	48	29	86	115
East	Belarus	6	2	8	7	13	20	26	56	82	46	98	144
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	–	–
East	Georgia	2	1	3	1	7	8	7	58	65	10	52	62
West	Israel	4	3	7	1	5	6	4	19	23	7	28	35
East	Kazakhstan	20	16	36	27	32	59	63	144	207	130	287	417
East	Kyrgyzstan	14	17	31	8	15	23	25	47	72	45	94	139
West	Monaco	–	–	–	–	–	–	–	–	–	–	–	–
Centre	Montenegro	0	0	0	0	0	0	0	3	3	0	3	3
Centre	North Macedonia	–	–	–	–	–	–	–	–	–	–	–	–
East	Republic of Moldova	6	9	15	16	3	19	22	17	39	42	55	97
East	Russian Federation	248	254	502	354	240	594	1 300	1 107	2 407	2 475	3 109	5 584
West	San Marino	0	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	1	1	2		3	3	1	8	9		40	40
Centre	Serbia excluding Kosovo[c]	0	1	1	0	2	2	1	6	7	0	38	38
Centre	Kosovo[c]	1	0	1	0	1	1	0	2	2	0	2	2
West	Switzerland	0	0	0	0	0	0	2	16	18	5	30	37
East	Tajikistan	24	34	58	13	6	19	37	33	70	45	65	110
Centre	Türkiye	13	3	16	10	39	49	38	356	394	66	452	518
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	26	26	52	66	37	103	184	230	414	484	705	1 189
West	United Kingdom	4	8	12	16	25	41	46	166	213	79	307	386
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**376**	**381**	**757**	**520**	**431**	**951**	**1 789**	**2 303**	**4 093**	**3 482**	**5 450**	**8 934**
WHO European Region													
West		39	47	86	71	181	257	261	1 057	1 333	453	1 884	2 360
Centre		23	12	35	31	83	114	81	611	694	138	875	1 013
East		357	368	725	494	356	850	1 703	1 745	3 448	3 334	4 609	7 943
Total WHO European Region		**419**	**427**	**846**	**596**	**620**	**1 221**	**2 045**	**3 413**	**5 475**	**3 925**	**7 368**	**11 316**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

30–39 years			40–49 years			50+ years			Unknown age			Total[b]	Country, territory or area[a]
Female	Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]		
													EU/EEA
11	45	56	11	40	51	5	34	39	0	0	0	175	Austria
68	161	229	55	140	195	39	136	175	0	1	2	781	Belgium
9	74	83	6	47	53	5	27	32	0	0	0	238	Bulgaria
0	23	23	3	19	22	1	17	18	0	0	0	77	Croatia
14	35	49	4	31	35	1	26	27	0	0	0	148	Cyprus
11	68	79	11	52	63	7	34	41	0	0	0	233	Czechia
7	29	36	11	24	35	3	37	40	0	0	0	137	Denmark
16	32	48	11	26	37	9	12	21	0	0	0	125	Estonia
12	38	50	16	25	41	10	34	44	0	0	0	163	Finland
302	579	908	261	456	733	238	654	898	0	0	0	3 513	France
179	542	722	95	408	503	80	419	499	1	18	19	2 234	Germany
31	147	178	30	107	137	15	79	94	0	0	0	526	Greece
5	68	74	5	43	48	5	24	30	0	1	23	223	Hungary
2	5	7	1	5	6	1	1	3	0	0	0	20	Iceland
35	115	155	25	61	87	14	50	66	0	0	0	403	Ireland
102	389	491	91	371	462	105	427	532	0	0	0	1 770	Italy
24	47	71	20	44	64	18	23	41	0	0	0	212	Latvia
0	0	0	0	1	1	0	0	0	0	0	0	1	Liechtenstein
7	37	44	3	23	26	5	15	20	0	0	0	110	Lithuania
2	7	9	3	9	12	4	13	17	0	1	1	54	Luxembourg
1	15	16	1	6	7	0	5	5	1	1	2	45	Malta
19	97	117	12	65	78	20	90	112	0	0	0	396	Netherlands
16	14	30	8	18	26	7	16	23	0	0	0	102	Norway
73	308	383	52	187	239	19	67	86	3	39	57	1 096	Poland
–	–	–	–	–	–	–	–	–	–	–	–	–	Portugal
39	142	181	20	88	108	18	58	76	0	0	0	560	Romania
5	32	37	4	20	25	1	9	10	0	1	1	113	Slovakia
1	9	10	2	7	9	2	6	8	0	0	0	32	Slovenia
114	754	868	101	525	626	82	416	498	0	0	0	2 785	Spain
38	75	114	31	42	73	25	46	71	0	0	0	352	Sweden
1 143	**3 887**	**5 068**	**893**	**2 890**	**3 802**	**739**	**2 775**	**3 526**	**5**	**62**	**105**	**16 624**	**Total EU/EEA**
													Non-EU/EEA
6	16	22	5	16	21	8	23	31	0	1	1	104	Albania
–	–	–	–	–	–	–	–	–	–	–	–	–	Andorra
45	107	152	27	75	102	31	73	104	0	0	0	425	Armenia
73	177	250	53	97	150	38	76	114	0	0	0	690	Azerbaijan
200	359	559	151	259	410	134	139	273	0	0	0	1 496	Belarus
–	–	–	–	–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
34	103	137	35	113	148	38	69	107	0	0	0	530	Georgia
38	95	133	45	76	121	18	60	78	0	1	1	404	Israel
413	917	1 330	332	624	956	258	328	586	0	0	0	3 591	Kazakhstan
110	170	280	74	104	178	54	68	122	0	0	0	845	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	–	–	–	Monaco
1	4	5	0	1	1	0	1	1	0	0	0	13	Montenegro
–	–	–	–	–	–	–	–	–	–	–	–	–	North Macedonia
103	191	294	77	110	187	71	70	141	0	0	0	792	Republic of Moldova
9 550	13 753	23 303	7 614	11 487	19 101	3 256	3 593	6 849	0	0	0	58 340	Russian Federation
0	0	0	0	0	0	0	0	0	0	0	0	0	San Marino
3	60	63	1	44	45	1	18	19	0	0	0	181	Serbia
3	58	61	1	43	44	1	18	19	0	0	0	172	Serbia excluding Kosovo[c]
0	2	2	0	1	1	0	0	0	0	0	0	9	Kosovo[c]
22	68	92	24	55	80	23	65	88	0	0	0	315	Switzerland
121	211	332	69	151	220	35	78	113	0	0	0	922	Tajikistan
157	721	878	117	460	577	74	416	490	0	0	0	2 922	Türkiye
–	–	–	–	–	–	–	–	–	–	–	–	–	Turkmenistan
2 162	4 201	6 363	1 689	3 376	5 065	932	1 242	2 174	0	0	0	15 360	Ukraine
286	703	992	245	442	687	191	432	624	0	0	0	2 955	United Kingdom
–	–	–	–	–	–	–	–	–	–	–	–	–	Uzbekistan
13 324	**21 856**	**35 185**	**10 558**	**17 490**	**28 049**	**5 162**	**6 751**	**11 914**	**0**	**2**	**2**	**89 885**	**Total non-EU/EEA**
													WHO European Region
1 285	3 878	5 203	1 066	2 875	3 960	880	3 014	3 906	2	22	25	17 130	West
324	1 560	1 887	230	1 015	1 246	142	726	869	3	42	82	5 940	Centre
12 858	20 305	33 163	10 155	16 489	26 644	4 879	5 786	10 665	0	0	0	83 438	East
14 467	**25 743**	**40 253**	**11 451**	**20 379**	**31 850**	**5 901**	**9 526**	**15 440**	**5**	**64**	**107**	**106 508**	**Total WHO European Region**

Table 10. Origin of those diagnosed with HIV in 2021 by country of report or Region, 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	90	51.4	13	7.4	40	22.9	13	7.4
West	Belgium	238	30.5	65	8.3	53	6.8	144	18.4
Centre	Bulgaria	226	95.0	6	2.5	6	2.5	0	0.0
Centre	Croatia	59	76.6	2	2.6	14	18.2	0	0.0
Centre	Cyprus	47	31.8	26	17.6	18	12.2	54	36.5
Centre	Czechia	131	56.2	7	3.0	79	33.9	1	0.4
West	Denmark	45	32.8	15	10.9	21	15.3	17	12.4
East	Estonia	41	32.8	2	1.6	5	4.0	2	1.6
West	Finland	43	26.4	9	5.5	38	23.3	19	11.7
West	France	1 193	34.0	73	2.1	85	2.4	857	24.4
West	Germany	1 187	53.1	61	2.7	286	12.8	211	9.4
West	Greece	362	68.8	15	2.9	58	11.0	51	9.7
Centre	Hungary	–	–	–	–	–	–	–	–
West	Iceland	3	15.0	1	5.0	2	10.0	4	20.0
West	Ireland	69	17.1	24	6.0	30	7.4	62	15.4
West	Italy	1 249	70.6	16	0.9	118	6.7	192	10.8
East	Latvia	–	–	–	–	–	–	–	–
–	Liechtenstein	1	100.0	0	0.0	0	0.0	0	0.0
East	Lithuania	–	–	–	–	–	–	–	–
West	Luxembourg	10	18.5	12	22.2	6	11.1	18	33.3
West	Malta	25	55.6	3	6.7	1	2.2	3	6.7
West	Netherlands	196	49.5	17	4.3	55	13.9	30	7.6
West	Norway	23	22.5	1	1.0	20	19.6	35	34.3
Centre	Poland	647	59.0	2	0.2	110	10.0	8	0.7
West	Portugal	–	–	–	–	–	–	–	–
Centre	Romania	550	98.2	0	0.0	5	0.9	2	0.4
Centre	Slovakia	29	25.7	2	1.8	7	6.2	0	0.0
Centre	Slovenia	21	65.6	0	0.0	9	28.1	0	0.0
West	Spain	1 596	57.3	78	2.8	70	2.5	118	4.2
West	Sweden	38	10.8	25	7.1	21	6.0	142	40.3
	Total EU/EEA	**8 119**	**50.5**	**475**	**3.0**	**1 157**	**7.2**	**1 983**	**12.3**
Non-EU/EEA									
Centre	Albania	102	98.1	0	0.0	0	0.0	0	0.0
West	Andorra	–	–	–	–	–	–	–	–
East	Armenia	425	100.0	0	0.0	0	0.0	0	0.0
East	Azerbaijan	671	97.2	0	0.0	18	2.6	1	0.1
East	Belarus	1 496	100.0	0	0.0	0	0.0	0	0.0
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–
East	Georgia	530	100.0	0	0.0	0	0.0	0	0.0
West	Israel	144	35.6	8	2.0	99	24.5	67	16.6
East	Kazakhstan	3 466	96.5	0	0.0	101	2.8	0	0.0
East	Kyrgyzstan	799	94.6	1	0.1	37	4.4	0	0.0
West	Monaco	–	–	–	–	–	–	–	–
Centre	Montenegro	12	92.3	0	0.0	0	0.0	0	0.0
Centre	North Macedonia	–	–	–	–	–	–	–	–
East	Republic of Moldova	792	100.0	0	0.0	0	0.0	0	0.0
East	Russian Federation	–	–	–	–	–	–	–	–
West	San Marino	–	–	–	–	–	–	–	–
Centre	Serbia	180	99.4	–	–	–	–	–	–
Centre	Serbia excluding Kosovo[b]	172	100.0	0	0.0	0	0.0	0	0.0
Centre	Kosovo[b]	8	88.9	–	–	–	–	–	–
West	Switzerland	105	33.3	41	13.0	3	1.0	28	8.9
East	Tajikistan	906	98.3	0	0.0	4	0.4	0	0.0
Centre	Türkiye	2 370	81.1	65	2.2	149	5.1	74	2.5
East	Turkmenistan	–	–	–	–	–	–	–	–
East	Ukraine	15 360	100.0	0	0.0	0	0.0	0	0.0
West	United Kingdom	850	28.8	145	4.9	205	6.9	690	23.4
East	Uzbekistan	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**28 208**	**89.4**	**260**	**0.8**	**616**	**2.0**	**860**	**2.7**
WHO European Region									
West		7 466	43.6	622	3.6	1 211	7.1	2 701	15.8
Centre		4 374	76.5	110	1.9	397	6.9	139	2.4
East		24 486	98.8	3	0.0	165	0.7	3	0.0
Total WHO European Region		**36 326**	**76.3**	**735**	**1.5**	**1 773**	**3.7**	**2 843**	**6.0**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Latin America & Caribbean		South & South-east Asia		Other		Unknown		Total	Country, territory or area[a]
N	%	N	%	N	%	N	%		
									EU/EEA
7	4.0	8	4.6	3	1.7	1	0.6	175	Austria
77	9.9	19	2.4	28	3.6	157	20.1	781	Belgium
0	0.0	0	0.0	0	0.0	0	0.0	238	Bulgaria
1	1.3	1	1.3	0	0.0	0	0.0	77	Croatia
0	0.0	1	0.7	2	1.4	0	0.0	148	Cyprus
8	3.4	6	2.6	1	0.4	0	0.0	233	Czechia
10	7.3	20	14.6	7	5.1	2	1.5	137	Denmark
0	0.0	1	0.8	0	0.0	74	59.2	125	Estonia
11	6.7	25	15.3	1	0.6	17	10.4	163	Finland
218	6.2	42	1.2	158	4.5	887	25.2	3 513	France
83	3.7	87	3.9	54	2.4	265	11.9	2 234	Germany
3	0.6	23	4.4	13	2.5	1	0.2	526	Greece
–	–	–	–	–	–	–	–	–	Hungary
2	10.0	1	5.0	7	35.0	0	0.0	20	Iceland
60	14.9	27	6.7	3	0.7	128	31.8	403	Ireland
120	6.8	35	2.0	34	1.9	6	0.3	1 770	Italy
–	–	–	–	–	–	–	–	–	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	1	Liechtenstein
–	–	–	–	–	–	–	–	–	Lithuania
4	7.4	2	3.7	2	3.7	0	0.0	54	Luxembourg
3	6.7	0	0.0	1	2.2	9	20.0	45	Malta
62	15.7	20	5.1	11	2.8	5	1.3	396	Netherlands
5	4.9	15	14.7	3	2.9	0	0.0	102	Norway
1	0.1	2	0.2	1	0.1	325	29.7	1 096	Poland
–	–	–	–	–	–	–	–	–	Portugal
0	0.0	0	0.0	0	0.0	3	0.5	560	Romania
0	0.0	1	0.9	1	0.9	73	64.6	113	Slovakia
0	0.0	0	0.0	0	0.0	2	6.3	32	Slovenia
721	25.9	24	0.9	167	6.0	11	0.4	2 785	Spain
30	8.5	37	10.5	26	7.4	33	9.4	352	Sweden
1 426	**8.9**	**397**	**2.5**	**523**	**3.3**	**1 999**	**12.4**	**16 079**	**Total EU/EEA**
									Non-EU/EEA
0	0.0	0	0.0	0	0.0	2	1.9	104	Albania
–	–	–	–	–	–	–	–	–	Andorra
0	0.0	0	0.0	0	0.0	0	0.0	425	Armenia
0	0.0	0	0.0	0	0.0	0	0.0	690	Azerbaijan
0	0.0	0	0.0	0	0.0	0	0.0	1 496	Belarus
–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
0	0.0	0	0.0	0	0.0	0	0.0	530	Georgia
14	3.5	13	3.2	58	14.4	1	0.2	404	Israel
0	0.0	2	0.1	22	0.6	0	0.0	3 591	Kazakhstan
0	0.0	1	0.1	0	0.0	7	0.8	845	Kyrgyzstan
–	–	–	–	–	–	–	–	–	Monaco
1	7.7	0	0.0	0	0.0	0	0.0	13	Montenegro
–	–	–	–	–	–	–	–	–	North Macedonia
0	0.0	0	0.0	0	0.0	0	0.0	792	Republic of Moldova
–	–	–	–	–	–	–	–	–	Russian Federation
–	–	–	–	–	–	–	–	–	San Marino
–	–	–	–	1	0.6	–	–	181	Serbia
0	0.0	0	0.0	0	0.0	0	0.0	172	Serbia excluding Kosovo[b]
–	–	–	–	1	11.1	–	–	9	Kosovo[b]
17	5.4	7	2.2	7	2.2	107	34.0	315	Switzerland
0	0.0	0	0.0	12	1.3	0	0.0	922	Tajikistan
15	0.5	25	0.9	108	3.7	116	4.0	2 922	Türkiye
–	–	–	–	–	–	–	–	–	Turkmenistan
0	0.0	0	0.0	0	0.0	0	0.0	15 360	Ukraine
192	6.5	241	8.2	61	2.1	571	19.3	2 955	United Kingdom
–	–	–	–	–	–	–	–	–	Uzbekistan
239	**0.8**	**289**	**0.9**	**269**	**0.9**	**804**	**2.5**	**31 545**	**Total non-EU/EEA**
									WHO European Region
1 639	9.6	646	3.8	644	3.8	2 201	12.8	17 130	West
26	0.5	36	0.6	114	2.0	521	9.1	5 717	Centre
0	0.0	4	0.0	34	0.1	81	0.3	24 776	East
1 665	**3.5**	**686**	**1.4**	**792**	**1.7**	**2 803**	**5.9**	**47 623**	**Total WHO European Region**

Table 11. HIV diagnoses, by geographical area, transmission mode and country or subcontinent of origin, in cases reported in 2021

Transmission mode	Country of report		Western Europe		Central & Eastern Europe		Sub-Saharan Africa	
	N	%	N	%	N	%	N	%
EU/EEA								
Sex between men	4 044	60.8	319	4.8	378	5.7	214	3.2
Injecting drug use	350	59.7	11	1.9	97	16.6	5	0.9
Heterosexual contact	2 093	43.2	80	1.7	350	7.2	1 441	29.7
Mother-to-child	25	26.3	2	2.1	4	4.2	51	53.7
Haemophiliac/transfusion recipient	5	21.7	1	4.3	3	13.0	9	39.1
Nosocomial infection	3	50.0	0	0	1	16.7	0	0
Other/undetermined	1 599	36.2	62	1.4	324	7.3	263	6.0
Total EU-EEA	**8 119**	**48.8**	**475**	**2.9**	**1 157**	**7.0**	**1 983**	**11.9**
Non-EU/EEA								
Sex between men	2 170	73.9	101	3.4	128	4.4	55	1.9
Injecting drug use	6 749	98.7	12	0.2	43	0.6	7	0.1
Heterosexual contact	16 910	93.1	60	0.3	250	1.4	618	3.4
Mother-to-child	182	82.4	1	0.5	6	2.7	19	8.6
Haemophiliac/transfusion recipient	2	8.7	0	0	2	8.7	9	39.1
Nosocomial infection	21	61.8	0	0	0	0	11	32.4
Other/undetermined	2 174	65.4	86	2.6	187	5.6	141	4.2
Total non-EU/EEA	**28 208**	**89.4**	**260**	**0.8**	**616**	**2.0**	**860**	**2.7**
West								
Sex between men	4 090	57.4	393	5.5	427	6.0	260	3.6
Injecting drug use	315	57.6	20	3.7	108	19.7	13	2.4
Heterosexual contact	1 960	35.1	137	2.5	393	7.0	2 063	37.0
Mother-to-child	19	16.7	3	2.6	6	5.3	66	57.9
Haemophiliac/transfusion recipient	6	13.6	1	2.3	4	9.1	18	40.9
Nosocomial infection	2	12.5	0	0	0	0	11	68.8
Other/undetermined	1 195	29.2	82	2.0	284	6.9	341	8.3
Total West	**7 587**	**43.3**	**636**	**3.6**	**1 222**	**7.0**	**2 772**	**15.8**
Centre								
Sex between men	1 061	72.9	34	2.3	68	4.7	14	1.0
Injecting drug use	93	86.1	3	2.8	9	8.3	0	0
Heterosexual contact	1 216	83.1	7	0.5	103	7.0	49	3.3
Mother-to-child	24	68.6	0	0	2	5.7	5	14.3
Haemophiliac/transfusion recipient	0	0	0	0	1	100.0	0	0
Nosocomial infection	1	33.3	0	0	1	33.3	0	0
Other/undetermined	1 979	68.9	66	2.3	213	7.4	71	2.5
Total Centre	**4 374**	**73.6**	**110**	**1.9**	**397**	**6.7**	**139**	**2.3**
East								
Sex between men	1 109	95.4	2	0.2	14	1.2	0	0
Injecting drug use	6 696	98.7	0	0	24	0.4	0	0
Heterosexual contact	15 884	98.4	1	0.0	109	0.7	2	0.0
Mother-to-child	165	97.6	0	0	2	1.2	0	0
Haemophiliac/transfusion recipient	1	100.0	0	0	0	0	0	0
Nosocomial infection	21	100.0	0	0	0	0	0	0
Other/undetermined	610	74.5	0	0	16	2.0	1	0.1
Total East	**24 486**	**97.6**	**3**	**0.0**	**165**	**0.7**	**3**	**0.0**
Total WHO European Region	**72 895**	**75.1**	**1 498**	**1.5**	**3 568**	**3.7**	**5 828**	**6.0**

Latin America & Caribbean		South & South-east Asia		Other		Unknown		Total	Transmission mode
N	%	N	%	N	%	N	%		
									EU/EEA
891	13.4	180	2.7	213	3.2	409	6.2	6 648	Sex between men
5	0.9	8	1.4	23	3.9	87	14.8	586	Injecting drug use
337	7.0	120	2.5	167	3.4	260	5.4	4 848	Heterosexual contact
0	0	3	3.2	5	5.3	5	5.3	95	Mother-to-child
1	4.3	0	0	2	8.7	2	8.7	23	Haemophiliac/transfusion recipient
0	0	1	16.7	0	0	1	16.7	6	Nosocomial infection
192	4.3	85	1.9	113	2.6	1 780	40.3	4 418	Other/undetermined
1 426	**8.6**	**397**	**2.4**	**523**	**3.1**	**2 544**	**15.3**	**16 624**	**Total EU-EEA**
									Non-EU/EEA
151	5.1	134	4.6	62	2.1	137	4.7	2 938	Sex between men
2	0.0	6	0.1	7	0.1	15	0.2	6 841	Injecting drug use
46	0.3	89	0.5	65	0.4	126	0.7	18 164	Heterosexual contact
1	0.5	6	2.7	3	1.4	3	1.4	221	Mother-to-child
0	0	8	34.8	0	0	2	8.7	23	Haemophiliac/transfusion recipient
0	0	0	0	1	2.9	1	2.9	34	Nosocomial infection
39	1.2	46	1.4	131	3.9	520	15.6	3 324	Other/undetermined
239	**0.8**	**289**	**0.9**	**269**	**0.9**	**804**	**2.5**	**31 545**	**Total non-EU/EEA**
									West
1 090	15.3	303	4.3	255	3.6	307	4.3	7 125	Sex between men
8	1.5	14	2.6	25	4.6	44	8.0	547	Injecting drug use
392	7.0	200	3.6	194	3.5	242	4.3	5 581	Heterosexual contact
1	0.9	9	7.9	5	4.4	5	4.4	114	Mother-to-child
1	2.3	8	18.2	2	4.5	4	9.1	44	Haemophiliac/transfusion recipient
0	0	1	6.3	1	6.3	1	6.3	16	Nosocomial infection
222	5.4	111	2.7	162	4.0	1 691	41.4	4 088	Other/undetermined
1 714	**9.8**	**646**	**3.7**	**644**	**3.7**	**2 294**	**13.1**	**17 515**	**Total West**
									Centre
10	0.7	9	0.6	16	1.1	243	16.7	1 455	Sex between men
0	0	0	0	0	0	3	2.8	108	Injecting drug use
3	0.2	8	0.5	18	1.2	60	4.1	1 464	Heterosexual contact
0	0	0	0	3	8.6	1	2.9	35	Mother-to-child
0	0	0	0	0	0	0	0	1	Haemophiliac/transfusion recipient
0	0	0	0	0	0	1	33.3	3	Nosocomial infection
13	0.5	19	0.7	77	2.7	436	15.2	2 874	Other/undetermined
26	**0.4**	**36**	**0.6**	**114**	**1.9**	**744**	**12.5**	**5 940**	**Total Centre**
									East
0	0	2	0.2	4	0.3	32	2.8	1 163	Sex between men
0	0	0	0	5	0.1	58	0.9	6 783	Injecting drug use
0	0	1	0.0	20	0.1	125	0.8	16 142	Heterosexual contact
0	0	0	0	0	0	2	1.2	169	Mother-to-child
0	0	0	0	0	0	0	0	1	Haemophiliac/transfusion recipient
0	0	0	0	0	0	0	0	21	Nosocomial infection
0	0	1	0.1	5	0.6	186	22.7	819	Other/undetermined
0	**0.0**	**4**	**0.0**	**34**	**0.1**	**403**	**1.6**	**25 098**	**Total East**
3 480	**3.6**	**1 372**	**1.4**	**1 584**	**1.6**	**6 882**	**7.1**	**97 107**	**Total WHO European Region**

Table 12. New HIV diagnoses, by country of report and probable region of infection, in 2021, 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	6	3.4	1	0.6	1	0.6	0	0.0
West	Belgium	175	22.4	38	4.9	16	2.0	68	8.7
Centre	Bulgaria	–	–	–	–	–	–	–	–
Centre	Croatia	61	79.2	5	6.5	6	7.8	0	0.0
Centre	Cyprus	56	37.8	34	23.0	3	2.0	42	28.4
Centre	Czechia	6	2.6	9	3.9	22	9.4	1	0.4
West	Denmark	41	29.9	13	9.5	13	9.5	16	11.7
East	Estonia	42	33.6	2	1.6	4	3.2	2	1.6
West	Finland	25	15.3	7	4.3	21	12.9	11	6.7
West	France	974	27.7	0	0.0	0	0.0	0	0.0
West	Germany	1 197	53.6	38	1.7	126	5.6	145	6.5
West	Greece	–	–	–	–	–	–	–	–
Centre	Hungary	–	–	–	–	–	–	–	–
West	Iceland	3	15.0	2	10.0	3	15.0	5	25.0
West	Ireland	80	19.9	34	8.4	14	3.5	36	8.9
West	Italy	–	–	–	–	–	–	–	–
East	Latvia	77	36.3	1	0.5	2	0.9	0	0.0
–	Liechtenstein	0	0.0	1	100.0	0	0.0	0	0.0
East	Lithuania	–	–	–	–	–	–	–	–
West	Luxembourg	18	33.3	2	3.7	0	0.0	0	0.0
West	Malta	–	–	–	–	–	–	–	–
West	Netherlands	226	57.1	7	1.8	14	3.5	13	3.3
West	Norway	15	14.7	11	10.8	9	8.8	37	36.3
Centre	Poland	0	0.0	0	0.0	1	0.1	0	0.0
West	Portugal	–	–	–	–	–	–	–	–
Centre	Romania	550	98.2	0	0.0	5	0.9	2	0.4
Centre	Slovakia	0	0.0	1	0.9	9	8.0	0	0.0
Centre	Slovenia	12	37.5	10	31.3	3	9.4	0	0.0
West	Spain	–	–	–	–	–	–	–	–
West	Sweden	42	11.9	32	9.1	23	6.5	118	33.5
	Total EU/EEA	**3 606**	**33.0**	**248**	**2.3**	**295**	**2.7**	**496**	**4.5**
Non-EU/EEA									
Centre	Albania	102	98.1	0	0.0	0	0.0	0	0.0
West	Andorra	–	–	–	–	–	–	–	–
East	Armenia	239	56.2	1	0.2	168	39.5	0	0.0
East	Azerbaijan	671	97.2	0	0.0	18	2.6	1	0.1
East	Belarus	1 496	100.0	0	0.0	0	0.0	0	0.0
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–
East	Georgia	306	57.7	21	4.0	69	13.0	1	0.2
West	Israel	219	54.2	4	1.0	52	12.9	48	11.9
East	Kazakhstan	3 466	96.5	0	0.0	101	2.8	0	0.0
East	Kyrgyzstan	799	94.6	0	0.0	0	0.0	0	0.0
West	Monaco	–	–	–	–	–	–	–	–
Centre	Montenegro	–	–	–	–	–	–	–	–
Centre	North Macedonia	–	–	–	–	–	–	–	–
East	Republic of Moldova	792	100.0	0	0.0	0	0.0	0	0.0
East	Russian Federation	–	–	–	–	–	–	–	–
West	San Marino	–	–	–	–	–	–	–	–
Centre	Serbia	–	–	–	–	–	–	–	–
Centre	Serbia excluding Kosovo[b]	–	–	–	–	–	–	–	–
Centre	Kosovo[b]	–	–	–	–	–	–	–	–
West	Switzerland	87	27.6	16	5.1	2	0.6	23	7.3
East	Tajikistan	0	0.0	0	0.0	4	0.4	0	0.0
Centre	Türkiye	–	–	–	–	–	–	–	–
East	Turkmenistan	–	–	–	–	–	–	–	–
East	Ukraine	–	–	–	–	–	–	–	–
West	United Kingdom	1 007	34.1	138	4.7	119	4.0	479	16.2
East	Uzbekistan	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**9 184**	**70.3**	**180**	**1.4**	**533**	**4.1**	**552**	**4.2**
WHO European Region									
West		4 115	34.3	343	2.9	413	3.4	999	8.3
Centre		787	33.3	59	2.5	49	2.1	45	1.9
East		7 888	81.9	25	0.3	366	3.8	4	0.0
Total WHO European Region		**12 790**	**53.3**	**427**	**1.8**	**828**	**3.5**	**1 048**	**4.4**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Latin America & Caribbean		South & South-east Asia		Other		Unknown		Total	Country, territory or area[a]
N	%	N	%	N	%	N	%		
									EU/EEA
0	0.0	4	2.3	0	0.0	163	93.1	175	West
31	4.0	14	1.8	9	1.2	430	55.1	781	Centre
–	–	–	–	–	–	–	–	–	East
1	1.3	1	1.3	1	1.3	2	2.6	77	Croatia
0	0.0	1	0.7	1	0.7	11	7.4	148	Cyprus
5	2.1	1	0.4	2	0.9	187	80.3	233	Czech Republic
3	2.2	22	16.1	3	2.2	26	19.0	137	Denmark
0	0.0	1	0.8	0	0.0	74	59.2	125	Estonia
5	3.1	21	12.9	0	0.0	73	44.8	163	Finland
0	0.0	0	0.0	0	0.0	2 539	72.3	3 513	France
48	2.1	53	2.4	15	0.7	612	27.4	2 234	Germany
–	–	–	–	–	–	–	–	–	Greece
–	–	–	–	–	–	–	–	–	Hungary
4	20.0	2	10.0	0	0.0	1	5.0	20	Iceland
39	9.7	20	5.0	6	1.5	174	43.2	403	Ireland
–	–	–	–	–	–	–	–	–	Italy
0	0.0	1	0.5	1	0.5	130	61.3	212	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	1	Liechtenstein
–	–	–	–	–	–	–	–	–	Lithuania
1	1.9	0	0.0	1	1.9	32	59.3	54	Luxembourg
–	–	–	–	–	–	–	–	–	Malta
13	3.3	9	2.3	5	1.3	109	27.5	396	Netherlands
3	2.9	23	22.5	3	2.9	1	1.0	102	Norway
0	0.0	0	0.0	0	0.0	1 095	99.9	1 096	Poland
–	–	–	–	–	–	–	–	–	Portugal
0	0.0	0	0.0	0	0.0	3	0.5	560	Romania
0	0.0	1	0.9	2	1.8	100	88.5	113	Slovakia
0	0.0	0	0.0	0	0.0	7	21.9	32	Slovenia
–	–	–	–	–	–	–	–	–	Spain
22	6.3	37	10.5	23	6.5	55	15.6	352	Sweden
175	**1.6**	**211**	**1.9**	**72**	**0.7**	**5 824**	**53.3**	**10 927**	**Total EU/EEA**
									Non-EU/EEA
0	0.0	0	0.0	0	0.0	2	1.9	104	Albania
–	–	–	–	–	–	–	–	–	Andorra
0	0.0	1	0.2	4	0.9	12	2.8	425	Armenia
0	0.0	0	0.0	0	0.0	0	0.0	690	Azerbaijan
0	0.0	0	0.0	0	0.0	0	0.0	1 496	Belarus
–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
0	0.0	0	0.0	0	0.0	133	25.1	530	Georgia
9	2.2	10	2.5	9	2.2	53	13.1	404	Israel
0	0.0	2	0.1	0	0.0	22	0.6	3 591	Kazakhstan
0	0.0	0	0.0	0	0.0	46	5.4	845	Kyrgyzstan
–	–	–	–	–	–	–	–	–	Monaco
–	–	–	–	–	–	–	–	–	Montenegro
–	–	–	–	–	–	–	–	–	North Macedonia
0	0.0	0	0.0	0	0.0	0	0.0	792	Republic of Moldova
–	–	–	–	–	–	–	–	–	Russian Federation
–	–	–	–	–	–	–	–	–	San Marino
–	–	–	–	–	–	–	–	–	Serbia
–	–	–	–	–	–	–	–	–	Serbia excluding Kosovo[b]
–	–	–	–	–	–	–	–	–	Kosovo[b]
6	1.9	7	2.2	6	1.9	168	53.3	315	Switzerland
0	0.0	0	0.0	0	0.0	918	99.6	922	Tajikistan
–	–	–	–	–	–	–	–	–	Türkiye
–	–	–	–	–	–	–	–	–	Turkmenistan
–	–	–	–	–	–	–	–	–	Ukraine
113	3.8	199	6.7	58	2.0	842	28.5	2 955	United Kingdom
–	–	–	–	–	–	–	–	–	Uzbekistan
128	**1.0**	**219**	**1.7**	**77**	**0.6**	**2 196**	**16.8**	**13 069**	**Total non-EU/EEA**
									WHO European Region
297	2.5	421	3.5	138	1.1	5 278	44.0	12 004	West
6	0.3	4	0.2	6	0.3	1 407	59.5	2 363	Centre
0	0.0	5	0.1	5	0.1	1 335	13.9	9 628	East
303	**1.3**	**430**	**1.8**	**149**	**0.6**	**8 020**	**33.4**	**23 995**	**Total WHO European Region**

Table 13. Percentage of new HIV diagnoses (2021) among persons › 14 years reported with information about CD4 cell count, by CD4 cell count level (‹ 200 and ‹ 350 cells per mm³ blood)[a] and by transmission mode in cases with CD4 ‹ 350, in EU/EEA and other countries of the WHO European Region[b]

Area	Country, territory or area[b]	Number of cases with CD4 cell count	Completeness (%) CD4[c]	CD4 ‹ 200 (%)		CD4 ‹ 350 (%)		CD4 ‹ 350 mm³ (%)		
				N	%	N	%	Heterosexual[c]	Injecting drug user[c]	Sex between men[c]
EU/EEA										
West	Austria	169	98.8	67	39.6	96	56.8	71.1	46.2	43.5
West	Belgium	464	69.0	100	21.6	175	37.7	46.1	25.0	27.1
Centre	Bulgaria	196	83.4	63	32.1	104	53.1	60.0	60.0	46.5
Centre	Croatia	2	3.6	–	–	–	–	–	–	–
Centre	Cyprus	102	100.0	33	32.4	46	45.1	43.2	–	39.2
Centre	Czechia	141	87.6	52	36.9	74	52.5	61.4	–	47.7
West	Denmark	61	80.3	26	42.6	38	62.3	76.9	–	44.8
East	Estonia	19	16.2	10	52.6	12	63.2	57.1	–	–
West	Finland	102	63.0	25	24.5	43	42.2	51.5	–	37.1
West	France	1 518	67.2	507	33.4	869	57.2	63.1	47.1	47.9
West	Germany	519	28.4	212	40.8	317	61.1	58.4	44.0	58.4
West	Greece	367	69.9	115	31.3	200	54.5	64.4	57.4	46.7
Centre	Hungary	–	–	–	–	–	–	–	–	–
West	Iceland	5	100.0	2	40.0	4	80.0	–	–	–
West	Ireland	82	32.4	26	31.7	48	58.5	62.5	–	51.7
West	Italy	1 681	95.1	748	44.5	1 062	63.2	70.8	60.0	53.6
East	Latvia	52	24.9	25	48.1	34	65.4	61.8	50.0	75.0
–	Liechtenstein	1	100.0	–	–	–	–	–	–	–
East	Lithuania	–	–	–	–	–	–	–	–	–
West	Luxembourg	31	64.6	9	29.0	23	74.2	66.7	100.0	76.5
West	Malta	–	–	–	–	–	–	–	–	–
West	Netherlands	303	93.8	133	43.9	181	59.7	59.1	–	56.8
West	Norway	60	98.4	24	40.0	35	58.3	61.8	–	52.2
Centre	Poland	–	–	–	–	–	–	–	–	–
West	Portugal	–	–	–	–	–	–	–	–	–
Centre	Romania	532	96.4	204	38.3	319	60.0	63.6	60.9	53.0
Centre	Slovakia	12	17.9	4	33.3	7	58.3	50.0	–	66.7
Centre	Slovenia	31	100.0	6	19.4	13	41.9	50.0	–	38.9
West	Spain	2 376	85.6	718	30.2	1 187	50.0	60.7	62.9	43.4
West	Sweden	127	64.8	50	39.4	81	63.8	69.6	–	55.8
	Total EU/EEA	**8 953**	**70.8**	**3 160**	**35.3**	**4 970**	**55.5**	**63.0**	**56.4**	**47.3**
Non-EU/EEA										
Centre	Albania	63	63.0	32	50.8	45	71.4	71.4	–	60.0
West	Andorra	–	–	–	–	–	–	–	–	–
East	Armenia	353	83.6	162	45.9	211	59.8	64.0	52.6	24.2
East	Azerbaijan	–	–	–	–	–	–	–	–	–
East	Belarus	1 205	81.0	188	15.6	379	31.5	31.6	30.8	24.1
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–
East	Georgia	455	86.3	151	33.2	247	54.3	60.6	60.3	32.0
West	Israel	–	–	–	–	–	–	–	–	–
East	Kazakhstan	–	–	–	–	–	–	–	–	–
East	Kyrgyzstan	623	76.5	173	27.8	344	55.2	57.5	52.0	38.4
West	Monaco	–	–	–	–	–	–	–	–	–
Centre	Montenegro	7	53.8	5	71.4	6	85.7	100.0	–	75.0
Centre	North Macedonia	–	–	–	–	–	–	–	–	–
East	Republic of Moldova	656	84.4	230	35.1	376	57.3	61.6	31.0	36.8
East	Russian Federation[d]	55 555	95.2	7 401	13.3	16 389	29.5	–	–	–
West	San Marino	–	–	–	–	–	–	–	–	–
Centre	Serbia	159	91.9	60	37.7	82	51.6	63.6	66.7	49.6
Centre	Serbia excluding Kosovo[e]	153	92.7	57	37.3	79	51.6	63.6	66.7	49.6
Centre	Kosovo[e]	6	75.0	3	50.0	3	50.0	–	–	50.0
West	Switzerland	136	56.2	46	33.8	71	52.2	51.9	–	47.3
East	Tajikistan	–	–	–	–	–	–	–	–	–
Centre	Türkiye	379	13.0	77	20.3	159	42.0	47.9	–	32.2
East	Turkmenistan	–	–	–	–	–	–	–	–	–
East	Ukraine	13 245	86.5	4 680	35.3	7 588	57.3	62.4	48.4	49.6
West	United Kingdom	2 509	85.3	651	25.9	1 089	43.4	49.6	39.0	36.9
East	Uzbekistan	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**19 790**	**77.0**	**6 455**	**32.6**	**10 597**	**53.5**	**58.5**	**47.7**	**39.7**
WHO European Region										
West		10 510	73.5	3 459	32.9	5 519	52.5	59.6	50.3	45.1
Centre		1 624	36.9	537	33.1	857	52.8	59.0	61.3	46.8
East		16 608	84.5	5 619	33.8	9 191	55.3	59.5	47.9	41.7
Total WHO European Region		**28 742**	**74.9**	**9 615**	**33.5**	**15 567**	**54.2**	**59.5**	**48.2**	**44.9**

[a] As of 2021, these data exclude cases with previous positive test results, prior to the current episode of reporting and also cases denoted as acute infections. These changes are to harmonize with updates to the European late HIV diagnosis definition (Croxford et al, HIV Medicine)

[b] Country-specific comments are in Annex 5.

[c] There is some variation by country for CD4 cell count completeness by transmission group and numbers of cases by transmission group (heterosexual, injecting drug user, sex between men) and therefore percentages based on 5 or less cases are censored.

[d] Data on CD4 cell count reported from the Russian Federation do not include disaggregation by mode of transmission and are excluded from the sub-regional and regional totals

[e] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 14. AIDS diagnoses and rates per 100 000 population, by country and year of diagnosis (2012–2021) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of start of reporting	2012		2013		2014		2015		2016	
			N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA												
West	Austria	1982	102	1.2	69	0.8	83	1.0	76	0.9	67	0.8
West	Belgium	1983	116	1.0	101	0.9	129	1.2	101	0.9	72	0.6
Centre	Bulgaria	1987	65	0.9	71	1.0	64	0.9	45	0.6	42	0.6
Centre	Croatia	1986	28	0.7	17	0.4	23	0.5	1	0.0	22	0.5
Centre	Cyprus	1986	11	1.3	9	1.0	10	1.2	13	1.5	22	2.6
Centre	Czechia	1986	36	0.3	33	0.3	32	0.3	38	0.4	45	0.4
West	Denmark	1980	41	0.7	38	0.7	30	0.5	40	0.7	24	0.4
East	Estonia	1992	36	2.7	26	2.0	18	1.4	18	1.4	40	3.0
West	Finland	1983	19	0.4	20	0.4	20	0.4	19	0.3	30	0.5
West	France	1982	840	1.3	732	1.1	661	1.0	614	0.9	522	0.8
West	Germany	1981	511	0.6	441	0.5	393	0.5	362	0.4	310	0.4
West	Greece	1981	123	1.1	141	1.3	128	1.2	139	1.3	143	1.3
Centre	Hungary	1986	48	0.5	42	0.4	51	0.5	43	0.4	53	0.5
West	Iceland	1985	1	0.3	1	0.3	0	0.0	0	0.0	4	1.2
West	Ireland	1983	34	0.7	28	0.6	28	0.6	19	0.4	14	0.3
West	Italy	1982	1 074	1.8	1 078	1.8	931	1.5	872	1.4	874	1.4
East	Latvia	1990	142	6.9	133	6.6	171	8.5	132	6.6	114	5.8
–	Liechtenstein	1989	1	2.7	0	0.0	1	2.7	0	0.0	0	0.0
East	Lithuania	1988	38	1.3	44	1.5	37	1.3	35	1.2	48	1.7
West	Luxembourg	1983	8	1.5	11	2.0	10	1.8	10	1.8	12	2.1
West	Malta	1986	6	1.4	1	0.2	4	0.9	2	0.5	5	1.1
West	Netherlands	1999	302	1.8	276	1.6	221	1.3	257	1.5	212	1.2
West	Norway	1983	25	0.5	28	0.6	45	0.9	22	0.4	22	0.4
Centre	Poland	1986	157	0.4	162	0.4	148	0.4	128	0.3	102	0.3
West	Portugal	1985	624	5.9	527	5.0	384	3.7	345	3.3	382	3.7
Centre	Romania	1985	342	1.7	362	1.8	415	2.1	364	1.8	349	1.8
Centre	Slovakia	1985	7	0.1	6	0.1	4	0.1	8	0.1	10	0.2
Centre	Slovenia	1986	12	0.6	11	0.5	17	0.8	11	0.5	10	0.5
West	Spain	1981	1 175	2.5	858	1.8	678	1.6	607	1.8	539	1.6
West	Sweden	1982	–	–	–	–	–	–	–	–	–	–
	Total EU/EEA		**5 924**	**1.3**	**5 266**	**1.2**	**4 736**	**1.1**	**4 321**	**1.0**	**4 089**	**0.9**
Non-EU/EEA												
Centre	Albania	1993	49	1.7	65	2.3	50	1.7	65	2.3	58	2.0
West	Andorra	2004	0	0.0	3	4.2	0	0.0	3	4.2	0	0.0
East	Armenia	1988	135	4.6	144	5.0	174	6.0	163	5.7	163	5.7
East	Azerbaijan	1995	235	2.5	189	2.0	200	2.1	193	2.0	161	1.6
East	Belarus	1991	598	6.2	547	5.6	474	4.9	490	5.1	512	5.3
Centre	Bosnia and Herzegovina	1986	4	0.1	7	0.2	7	0.2	7	0.2	7	0.2
East	Georgia	1989	359	9.4	303	8.0	268	7.1	270	7.2	269	7.1
West	Israel	1981	52	0.7	47	0.6	70	0.9	45	0.6	47	0.6
East	Kazakhstan	1993	237	1.4	258	1.5	251	1.4	273	1.5	349	1.9
East	Kyrgyzstan	1999	88	1.6	113	2.0	122	2.1	132	2.2	86	1.4
West	Monaco	1985	0	0.0	0	0.0	1	2.8	0	0.0	0	0.0
Centre	Montenegro	1990	7	1.1	7	1.1	7	1.1	11	1.7	15	2.4
Centre	North Macedonia	1989	10	0.5	10	0.5	16	0.8	6	0.3	9	0.4
East	Republic of Moldova	1989	250	7.1	377	11.0	299	9.0	293	8.9	366	11.3
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	1986	2	6.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	1985	57	0.6	49	0.5	49	0.5	50	0.5	61	0.7
Centre	Serbia excluding Kosovo[c]	1985	55	0.7	46	0.6	48	0.6	47	0.6	56	0.7
Centre	Kosovo[c]	2005	2	0.1	3	0.2	1	0.1	3	0.2	5	0.3
West	Switzerland	1980	98	1.2	105	1.3	78	1.0	64	0.8	70	0.8
East	Tajikistan	1998	183	2.3	192	2.4	229	2.8	282	3.3	238	2.7
Centre	Türkiye	1985	95	0.1	96	0.1	125	0.2	118	0.1	99	0.1
East	Turkmenistan	2002	0	0.0	–	–	–	–	–	–	–	–
East	Ukraine	1988	10 073	22.2	9 362	20.7	9 844	21.8	8 468	19.8	8 852	20.8
West	United Kingdom	1981	435	0.7	348	0.5	369	0.6	404	0.6	299	0.5
East	Uzbekistan	1992	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA		**12 967**	**4.6**	**12 222**	**4.3**	**12 633**	**4.5**	**11 337**	**4.0**	**11 661**	**4.1**
WHO European Region												
West			5 588	1.3	4 853	1.1	4 263	1.0	4 001	1.0	3 648	0.9
Centre			928	0.5	947	0.5	1 018	0.5	908	0.5	904	0.5
East			12 374	11.1	11 688	10.4	12 087	10.7	10 749	9.7	11 198	10.1
Total WHO European Region			**18 890**	**2.6**	**17 488**	**2.4**	**17 368**	**2.4**	**15 658**	**2.2**	**15 750**	**2.2**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

2017		2018		2019		2020		2021		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
64	0.7	53	0.6	60	0.7	46	0.5	53	0.6	3 423	Austria
60	0.5	61	0.5	75	0.7	46	0.4	61	0.5	5 313	Belgium
49	0.7	57	0.8	68	1.0	43	0.6	38	0.5	871	Bulgaria
20	0.5	30	0.7	20	0.5	12	0.3	23	0.6	503	Croatia
15	1.8	13	1.5	14	1.6	3	0.3	36	4.1	393	Cyprus
54	0.5	39	0.4	38	0.4	44	0.4	54	0.5	775	Czechia
28	0.5	26	0.4	22	0.4	25	0.4	17	0.3	2 841	Denmark
20	1.5	25	1.9	30	2.3	23	1.7	12	0.9	602	Estonia
18	0.3	21	0.4	18	0.3	12	0.2	16	0.3	772	Finland
504	0.8	546	0.8	574	0.9	431	0.6	417	0.6	74 141	France
295	0.4	242	0.3	74	0.1	–	–	–	–	32 203	Germany
121	1.1	102	0.9	92	0.9	101	0.9	81	0.8	4 293	Greece
52	0.5	57	0.6	53	0.5	42	0.4	48	0.5	1 144	Hungary
0	0.0	2	0.6	4	1.1	2	0.5	2	0.5	81	Iceland
20	0.4	11	0.2	9	0.2	12	0.2	10	0.2	1 313	Ireland
801	1.3	718	1.2	620	1.0	394	0.7	382	0.6	72 034	Italy
118	6.1	99	5.1	90	4.7	55	2.9	39	2.0	2 171	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12	Liechetenstein
54	1.9	37	1.3	21	0.8	23	0.6	38	0.8	671	Lithuania
6	1.0	4	0.7	4	0.7	7	1.1	10	1.6	352	Luxembourg
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	114	Malta
203	1.2	184	1.1	164	0.9	152	0.9	107	0.6	7 985	Netherlands
14	0.3	12	0.2	19	0.4	11	0.2	23	0.4	1 237	Norway
109	0.3	111	0.3	95	0.3	49	0.1	44	0.1	3 874	Poland
296	2.9	261	2.5	188	1.8	–	–	–	–	22 868	Portugal
325	1.7	319	1.6	307	1.6	186	1.0	191	1.0	11 067	Romania
9	0.2	11	0.2	3	0.1	4	0.1	3	0.1	126	Slovakia
7	0.3	10	0.5	9	0.4	6	0.3	5	0.2	290	Slovenia
510	1.5	367	1.1	250	0.6	330	0.9	185	0.4	88 655	Spain
–	–	–	–	–	–	–	–	–	–	2 177	Sweden
3 772	0.9	**3 418**	**0.8**	**2 921**	**0.7**	**2 059**	**0.6**	**1 895**	**0.5**	**342 301**	**Total EU/EEA**
											Non-EU/EEA
33	1.1	47	1.6	40	1.4	15	0.5	44	1.5	708	Albania
2	2.7	0	0.0	–	–	–	–	–	–	15	Andorra
144	5.0	211	7.4	152	5.4	152	5.4	197	7.1	2 218	Armenia
168	1.7	182	1.8	196	1.9	105	1.0	109	1.1	2 738	Azerbaijan
439	4.5	382	3.9	380	3.9	220	2.3	286	3.0	7 253	Belarus
4	0.1	11	0.3	8	0.2	–	–	–	–	171	Bosnia and Herzegovina
257	6.8	273	7.2	264	7.0	181	4.8	217	5.8	4 663	Georgia
33	0.4	42	0.5	28	0.3	33	0.4	32	0.4	1 816	Israel
362	2.0	432	2.3	451	2.4	467	2.5	468	2.4	5 051	Kazakhstan
92	1.5	122	2.0	92	1.5	81	1.3	110	1.7	1 457	Kyrgyzstan
0	0.0	0	0.0	–	–	–	–	–	–	51	Monaco
13	2.1	14	2.2	10	1.6	4	0.6	8	1.3	174	Montenegro
2	0.1	4	0.2	–	–	–	–	–	–	170	North Macedonia
274	8.6	365	11.6	285	9.2	199	6.5	199	6.5	4 833	Republic of Moldova
–	–	–	–	–	–	–	–	–	–	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	San Marino
65	0.7	70	0.8	76	0.8	32	0.4	52	0.6	2 206	Serbia
59	0.8	62	0.8	71	1.0	30	0.4	49	0.7	2 116	Serbia excluding Kosovo[c]
6	0.3	8	0.4	5	0.3	2	0.1	3	0.2	90	Kosovo[c]
71	0.8	64	0.8	70	0.8	42	0.5	34	0.4	10 187	Switzerland
265	3.0	211	2.3	158	1.7	109	1.1	127	1.3	2 452	Tajikistan
121	0.1	108	0.1	112	0.1	46	0.1	80	0.1	1 923	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
9 308	21.9	8 839	20.9	7 511	17.9	4 139	9.9	4 151	10.0	126 847	Ukraine
262	0.4	256	0.4	269	0.4	185	0.3	185	0.3	30 602	United Kingdom
–	–	–	–	–	–	–	–	–	–	651	Uzbekistan
11 915	**4.1**	**11 633**	**4.0**	**10 102**	**3.5**	**6 010**	**2.1**	**6 299**	**2.2**	**206 210**	**Total non-EU/EEA**
											WHO European Region
3 308	0.8	2 972	0.7	2 540	0.6	1 829	0.5	1 615	0.5	362 496	West
878	0.4	901	0.5	853	0.4	486	0.3	626	0.3	24 395	Centre
11 501	10.3	11 178	10.0	9 630	8.6	5 754	5.1	5 953	5.4	161 608	East
15 687	**2.2**	**15 051**	**2.1**	**13 023**	**1.8**	**8 069**	**1.2**	**8 194**	**1.2**	**548 499**	**Total WHO European Region**

Table 15. AIDS diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2012–2021) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2012		2013		2014		2015		2016	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	81	2.0	50	1.2	57	1.4	57	1.4	49	1.1
West	Belgium	68	1.2	67	1.2	80	1.5	62	1.1	42	0.8
Centre	Bulgaria	47	1.3	53	1.5	52	1.5	39	1.1	39	1.1
Centre	Croatia	26	1.3	14	0.7	21	1.0	1	0.0	21	1.0
Centre	Cyprus	9	2.1	5	1.2	9	2.2	9	2.2	17	4.1
Centre	Czechia	28	0.5	27	0.5	23	0.4	30	0.6	39	0.8
West	Denmark	35	1.3	29	1.0	24	0.9	28	1.0	19	0.7
East	Estonia	25	4.0	19	3.1	13	2.1	11	1.8	23	3.7
West	Finland	16	0.6	17	0.6	14	0.5	13	0.5	25	0.9
West	France	577	1.8	524	1.6	448	1.4	423	1.3	346	1.1
West	Germany	406	1.0	350	0.9	335	0.8	297	0.7	249	0.6
West	Greece	102	1.9	121	2.3	105	2.0	114	2.2	109	2.1
Centre	Hungary	45	1.0	38	0.8	41	0.9	37	0.8	45	1.0
West	Iceland	1	0.6	1	0.6	0	0.0	0	0.0	4	2.4
West	Ireland	26	1.1	21	0.9	21	0.9	14	0.6	11	0.5
West	Italy	784	2.7	813	2.8	713	2.4	686	2.3	669	2.3
East	Latvia	102	10.9	90	9.7	110	12.0	89	9.8	90	10.0
–	Liechtenstein	1	5.5	0	0.0	1	5.4	0	0.0	0	0.0
East	Lithuania	28	2.0	31	2.3	29	2.1	26	1.9	41	3.1
West	Luxembourg	5	1.9	10	3.7	7	2.5	6	2.1	10	3.5
West	Malta	5	2.4	1	0.5	4	1.9	2	0.9	5	2.2
West	Netherlands	237	2.9	228	2.7	183	2.2	211	2.5	166	2.0
West	Norway	23	0.9	19	0.7	36	1.4	15	0.6	15	0.6
Centre	Poland	120	0.7	131	0.7	115	0.6	97	0.5	90	0.5
West	Portugal	442	8.8	366	7.3	295	5.9	248	5.0	272	5.5
Centre	Romania	211	2.2	246	2.5	293	3.0	254	2.6	253	2.6
Centre	Slovakia	7	0.3	6	0.2	3	0.1	7	0.3	10	0.4
Centre	Slovenia	11	1.1	10	1.0	16	1.6	11	1.1	8	0.8
West	Spain	900	3.9	671	2.9	546	2.8	490	2.9	437	2.6
West	Sweden	–	–	–	–	–	–	–	–	–	–
	Total EU/EEA	**4 368**	**2.0**	**3 958**	**1.8**	**3 594**	**1.7**	**3 277**	**1.6**	**3 104**	**1.5**
Non-EU/EEA											
Centre	Albania	34	2.3	50	3.5	36	2.5	50	3.5	50	3.5
West	Andorra	0	0.0	2	5.5	0	0.0	2	5.5	0	0.0
East	Armenia	97	7.3	103	7.7	127	9.6	129	9.8	116	8.9
East	Azerbaijan	209	4.5	162	3.4	162	3.4	150	3.1	125	2.5
East	Belarus	375	8.4	369	8.2	308	6.9	278	6.2	311	6.9
Centre	Bosnia and Herzegovina	4	0.2	6	0.3	7	0.4	7	0.4	6	0.4
East	Georgia	248	13.8	219	12.3	201	11.3	196	11.0	196	11.0
West	Israel	37	1.0	36	0.9	48	1.2	26	0.7	29	0.7
East	Kazakhstan	179	2.2	190	2.3	185	2.2	180	2.1	230	2.7
East	Kyrgyzstan	66	2.4	84	3.0	84	2.9	87	3.0	58	2.0
West	Monaco	0	0.0	0	0.0	1	5.6	0	0.0	0	0.0
Centre	Montenegro	7	2.3	7	2.3	4	1.3	11	3.6	15	4.9
Centre	North Macedonia	8	0.8	9	0.9	13	1.2	5	0.5	6	0.6
East	Republic of Moldova	128	7.7	217	13.4	183	11.5	179	11.5	210	13.7
East	Russian Federation	–	–	–	–	–	–	–	–	–	–
West	San Marino	2	12.4	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	51	1.1	41	0.9	43	1.0	47	1.0	57	1.3
Centre	Serbia excluding Kosovo[c]	50	1.4	39	1.1	42	1.2	45	1.2	52	1.4
Centre	Kosovo[c]	1	0.1	2	0.2	1	0.1	2	0.2	5	0.6
West	Switzerland	68	1.7	73	1.8	62	1.5	52	1.3	48	1.2
East	Tajikistan	137	3.4	140	3.4	157	3.8	187	4.4	174	4.0
Centre	Türkiye	83	0.2	77	0.2	99	0.3	92	0.2	86	0.2
East	Turkmenistan	0	0.0	–	–	–	–	–	–	–	–
East	Ukraine	6 498	31.0	6 013	28.7	6 119	29.3	5 328	23.2	5 462	27.7
West	United Kingdom	301	1.0	248	0.8	250	0.8	301	0.9	224	0.7
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**8 532**	**6.3**	**8 046**	**5.9**	**8 089**	**5.8**	**7 307**	**5.1**	**7 403**	**5.3**
WHO European Region											
West		4 116	2.0	3 647	1.8	3 229	1.6	3 047	1.5	2 729	1.3
Centre		691	0.7	720	0.8	775	0.8	697	0.7	742	0.8
East		8 092	15.3	7 637	14.4	7 678	14.4	6 840	12.3	7 036	13.4
Total WHO European Region		**12 899**	**3.7**	**12 004**	**3.4**	**11 682**	**3.4**	**10 584**	**3.0**	**10 507**	**3.0**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

2017		2018		2019		2020		2021		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
52	1.2	43	1.0	46	1.1	35	0.8	43	1.0	2 605	Austria
41	0.7	35	0.6	47	0.8	30	0.5	36	0.6	3 515	Belgium
39	1.1	48	1.4	56	1.6	32	0.9	35	1.0	688	Bulgaria
19	0.9	28	1.4	18	0.9	11	0.6	22	1.1	454	Croatia
9	2.2	8	1.9	9	2.1	2	0.5	30	6.9	298	Cyprus
44	0.8	35	0.7	27	0.5	36	0.7	44	0.8	630	Czechia
25	0.9	21	0.7	15	0.5	21	0.7	14	0.5	2 407	Denmark
15	2.4	19	3.1	21	3.4	18	2.9	10	1.6	437	Estonia
10	0.4	17	0.6	12	0.4	7	0.3	9	0.3	612	Finland
357	1.1	388	1.2	398	1.2	304	0.9	291	0.9	57 963	France
231	0.6	191	0.5	55	0.1	–	–	–	–	27 494	Germany
93	1.8	89	1.7	69	1.3	85	1.6	61	1.2	3 572	Greece
36	0.8	54	1.2	46	1.0	35	0.7	37	0.8	986	Hungary
0	0.0	0	0.0	3	1.6	2	1.1	2	1.1	69	Iceland
14	0.6	10	0.4	6	0.2	9	0.4	9	0.4	1 010	Ireland
587	2.0	561	1.9	502	1.7	287	1.0	293	1.0	55 537	Italy
73	8.2	63	7.1	53	6.0	39	4.4	24	2.7	1 491	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	11	Liechetenstein
46	3.5	29	2.2	16	1.2	18	1.3	29	2.2	493	Lithuania
5	1.7	3	1.0	2	0.6	3	1.0	8	2.5	267	Luxembourg
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	100	Malta
164	1.9	143	1.7	130	1.5	116	1.3	84	1.0	6 368	Netherlands
11	0.4	9	0.3	14	0.5	10	0.4	13	0.5	958	Norway
94	0.5	86	0.5	80	0.4	38	0.2	35	0.2	3 068	Poland
214	4.4	176	3.6	122	2.5	–	–	–	–	17 980	Portugal
241	2.5	232	2.4	213	2.2	134	1.4	133	1.4	6 694	Romania
9	0.3	11	0.4	3	0.1	4	0.2	3	0.1	113	Slovakia
7	0.7	10	1.0	5	0.5	4	0.4	3	0.3	252	Slovenia
408	2.4	301	1.8	204	1.1	268	1.5	147	0.6	70 673	Spain
–	–	–	–	–	–	–	–	–	–	1 777	Sweden
2 844	**1.3**	**2 610**	**1.2**	**2 172**	**1.0**	**1548**	**0.9**	**1415**	**0.8**	**268551**	**Total EU-EEA**
											Non-EU/EEA
24	1.7	35	2.4	26	1.8	13	0.9	33	2.3	543	Albania
1	2.7	0	0.0	–	–	–	–	–	–	11	Andorra
111	8.6	147	11.4	109	8.6	113	8.9	146	11.6	1 647	Armenia
114	2.3	122	2.4	150	3.0	77	1.5	82	1.6	2 234	Azerbaijan
274	6.1	229	5.1	241	5.4	143	3.2	184	4.2	4 590	Belarus
4	0.2	11	0.7	6	0.4	–	–	–	–	143	Bosnia and Herzegovina
193	10.9	172	9.7	198	11.2	134	7.6	163	9.2	3 427	Georgia
23	0.6	32	0.8	19	0.4	25	0.6	24	0.5	1 305	Israel
225	2.6	278	3.1	293	3.3	292	3.2	294	3.2	3 406	Kazakhstan
55	1.8	83	2.7	49	1.6	43	1.4	60	1.9	1 009	Kyrgyzstan
0	0.0	0	0.0	–	–	–	–	–	–	40	Monaco
12	3.9	14	4.5	10	3.3	3	1.0	7	2.3	151	Montenegro
2	0.2	4	0.4	–	–	–	–	–	–	127	North Macedonia
167	11.0	213	14.3	180	12.2	123	8.4	120	8.3	2 931	Republic of Moldova
–	–	–	–	–	–	–	–	–	–	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	San Marino
59	1.3	62	1.4	60	1.4	26	0.6	51	1.2	1 726	Serbia
53	1.5	55	1.5	56	1.6	25	0.7	48	1.4	1 656	Serbia excluding Kosovo[c]
6	0.7	7	0.8	4	0.5	1	0.1	3	0.3	70	Kosovo[c]
53	1.3	50	1.2	57	1.3	36	0.8	24	0.6	7 596	Switzerland
182	4.1	148	3.2	109	2.3	86	1.8	95	1.9	1 792	Tajikistan
103	0.3	91	0.2	92	0.2	33	0.1	73	0.2	1 600	Türkiye
–	–	–	–	–	–	–	–	–	–	0	Turkmenistan
5 612	28.6	5 405	27.6	4 661	24.0	2 479	11.1	2 513	13.1	82 346	Ukraine
186	0.6	190	0.6	205	0.6	147	0.4	136	0.4	23 856	United Kingdom
–	–	–	–	–	–	–	–	–	–	494	Uzbekistan
7 400	**5.2**	**7 286**	**5.1**	**6 465**	**4.6**	**3 773**	**2.6**	**4 005**	**2.8**	**140 995**	**Total non-EU/EEA**
											WHO European Region
2 475	1.2	2 259	1.1	1 906	0.9	1 385	0.8	1 194	0.7	285 736	West
702	0.7	729	0.7	651	0.7	371	0.4	506	0.5	17 473	Centre
7 067	13.4	6 908	13.0	6 080	11.4	3 565	6.4	3 719	7.1	106 344	East
10 244	**2.9**	**9 896**	**2.8**	**8 637**	**2.4**	**5 321**	**1.7**	**5 420**	**1.7**	**409 553**	**Total WHO European Region**

Table 16. AIDS diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2012–2021) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2012		2013		2014		2015		2016	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	21	0.5	19	0.4	26	0.6	19	0.4	18	0.4
West	Belgium	48	0.9	34	0.6	49	0.9	39	0.7	30	0.5
Centre	Bulgaria	18	0.5	18	0.5	12	0.3	6	0.2	3	0.1
Centre	Croatia	2	0.1	3	0.1	2	0.1	0	0.0	1	0.0
Centre	Cyprus	2	0.5	4	0.9	1	0.2	4	0.9	5	1.1
Centre	Czechia	8	0.1	6	0.1	9	0.2	8	0.1	6	0.1
West	Denmark	6	0.2	9	0.3	6	0.2	12	0.4	5	0.2
East	Estonia	11	1.6	7	1.0	5	0.7	7	1.0	17	2.4
West	Finland	3	0.1	3	0.1	6	0.2	6	0.2	5	0.2
West	France	260	0.8	202	0.6	212	0.6	186	0.5	172	0.5
West	Germany	105	0.3	91	0.2	58	0.1	65	0.2	61	0.1
West	Greece	21	0.4	20	0.4	23	0.4	25	0.4	34	0.6
Centre	Hungary	3	0.1	4	0.1	10	0.2	6	0.1	8	0.2
West	Iceland	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
West	Ireland	8	0.3	7	0.3	7	0.3	5	0.2	3	0.1
West	Italy	290	0.9	265	0.9	218	0.7	186	0.6	205	0.7
East	Latvia	40	3.6	43	3.9	61	5.6	43	4.0	24	2.3
–	Liechetenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	10	0.6	13	0.8	8	0.5	9	0.6	7	0.4
West	Luxembourg	3	1.1	1	0.4	3	1.1	4	1.4	2	0.7
West	Malta	1	0.5	0	0.0	0	0.0	0	0.0	0	0.0
West	Netherlands	64	0.8	48	0.6	38	0.4	44	0.5	44	0.5
West	Norway	2	0.1	9	0.4	9	0.4	7	0.3	7	0.3
Centre	Poland	37	0.2	31	0.2	33	0.2	31	0.2	12	0.1
West	Portugal	182	3.3	161	2.9	89	1.6	97	1.8	110	2.0
Centre	Romania	131	1.3	116	1.1	122	1.2	110	1.1	96	0.9
Centre	Slovakia	0	0.0	0	0.0	1	0.0	1	0.0	0	0.0
Centre	Slovenia	1	0.1	1	0.1	1	0.1	0	0.0	2	0.2
West	Spain	275	1.2	187	0.8	132	0.7	117	0.7	102	0.6
West	Sweden	–	–	–	–	–	–	–	–	–	–
	Total EU/EEA	**1 552**	**0.7**	**1 302**	**0.6**	**1 141**	**0.5**	**1 037**	**0.5**	**979**	**0.4**
Non-EU/EEA											
Centre	Albania	15	1.0	15	1.0	14	1.0	15	1.0	8	0.6
West	Andorra	0	0.0	1	2.8	0	0.0	1	2.8	0	0.0
East	Armenia	38	2.4	41	2.6	47	3.0	34	2.2	47	3.0
East	Azerbaijan	26	0.5	27	0.6	38	0.8	43	0.9	36	0.7
East	Belarus	223	4.3	178	3.4	166	3.2	212	4.1	201	3.9
Centre	Bosnia and Herzegovina	0	0.0	1	0.1	0	0.0	0	0.0	1	0.1
East	Georgia	111	5.5	84	4.2	67	3.4	74	3.7	73	3.7
West	Israel	15	0.4	11	0.3	22	0.6	19	0.5	18	0.4
East	Kazakhstan	58	0.6	68	0.7	66	0.7	93	1.0	119	1.3
East	Kyrgyzstan	22	0.8	29	1.0	38	1.3	45	1.5	28	0.9
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	0	0.0	0	0.0	3	0.9	0	0.0	0	0.0
Centre	North Macedonia	2	0.2	1	0.1	3	0.3	1	0.1	2	0.2
East	Republic of Moldova	122	6.6	160	8.9	116	6.6	114	6.6	156	9.2
East	Russian Federation	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	6	0.1	8	0.2	6	0.1	3	0.1	4	0.1
Centre	Serbia excluding Kosovo[c]	5	0.1	7	0.2	6	0.2	2	0.1	4	0.1
Centre	Kosovo[c]	1	0.1	1	0.1		0.0	1	0.1	–	–
West	Switzerland	30	0.7	32	0.8	16	0.4	12	0.3	21	0.5
East	Tajikistan	46	1.2	52	1.3	72	1.7	95	2.2	64	1.5
Centre	Türkiye	12	0.0	19	0.0	26	0.1	26	0.1	13	0.0
East	Turkmenistan	0	0.0	–	–	–	–	–	–	–	–
East	Ukraine	3 575	14.6	3 349	13.7	3 725	15.4	3 140	15.9	3 390	14.8
West	United Kingdom	134	0.4	100	0.3	119	0.4	101	0.3	74	0.2
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**4 435**	**3.1**	**4 176**	**2.9**	**4 544**	**3.2**	**4 028**	**2.9**	**4 255**	**2.9**
WHO European Region											
West		1 468	0.7	1 200	0.6	1 033	0.5	945	0.5	911	0.4
Centre		237	0.3	227	0.2	243	0.3	211	0.2	161	0.2
East		4 282	7.2	4 051	6.8	4 409	7.4	3 909	7.1	4 162	7.1
Total WHO European Region		**5 987**	**1.6**	**5 478**	**1.5**	**5 685**	**1.6**	**5 065**	**1.4**	**5 234**	**1.4**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

2017		2018		2019		2020		2021		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
12	0.3	10	0.2	14	0.3	11	0.2	10	0.2	818	Austria
19	0.3	26	0.4	28	0.5	16	0.3	25	0.4	1 797	Belgium
10	0.3	9	0.2	12	0.3	11	0.3	3	0.1	183	Bulgaria
1	0.0	2	0.1	2	0.1	1	0.0	1	0.0	49	Croatia
6	1.4	5	1.1	5	1.1	1	0.2	6	1.3	95	Cyprus
10	0.2	4	0.1	11	0.2	8	0.1	10	0.2	145	Czechia
3	0.1	5	0.2	7	0.2	4	0.1	3	0.1	434	Denmark
5	0.7	6	0.9	9	1.3	5	0.7	2	0.3	165	Estonia
8	0.3	4	0.1	6	0.2	5	0.2	7	0.3	160	Finland
143	0.4	155	0.4	169	0.5	123	0.4	120	0.3	16 098	France
64	0.2	51	0.1	19	0.0	–	–	–	–	4 709	Germany
28	0.5	13	0.2	23	0.4	16	0.3	20	0.4	721	Greece
16	0.3	3	0.1	7	0.1	7	0.1	11	0.2	158	Hungary
0	0.0	2	1.2	1	0.6	0	0.0	0	0.0	12	Iceland
6	0.2	1	0.0	3	0.1	3	0.1	1	0.0	301	Ireland
214	0.7	157	0.5	118	0.4	107	0.3	89	0.3	16 497	Italy
45	4.3	36	3.4	37	3.6	16	1.6	15	1.5	680	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	Liechetenstein
8	0.5	8	0.5	5	0.3	5	0.3	9	0.5	131	Lithuania
1	0.3	1	0.3	2	0.7	4	1.3	2	0.6	84	Luxembourg
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	Malta
37	0.4	35	0.4	31	0.4	34	0.4	20	0.2	1 559	Netherlands
3	0.1	3	0.1	5	0.2	1	0.0	10	0.4	279	Norway
15	0.1	25	0.1	15	0.1	11	0.1	9	0.0	806	Poland
82	1.5	85	1.6	66	1.2	–	–	–	–	4 887	Portugal
84	0.8	87	0.9	94	0.9	52	0.5	58	0.6	4 373	Romania
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	13	Slovakia
0	0.0	0	0.0	4	0.4	2	0.2	2	0.2	38	Slovenia
102	0.6	64	0.4	46	0.2	62	0.3	38	0.2	17 976	Spain
–	–	–	–	–	–	–	–	–	–	400	Sweden
922	**0.4**	**797**	**0.4**	**739**	**0.3**	**505**	**0.3**	**471**	**0.3**	**73 583**	**Total EU-EEA**
											Non-EU/EEA
9	0.6	12	0.8	14	1.0	2	0.1	11	0.8	165	Albania
1	2.7	0	0.0	–	–	–	–	–	–	4	Andorra
33	2.1	64	4.1	43	2.8	39	2.5	51	3.3	571	Armenia
54	1.1	60	1.2	46	0.9	28	0.5	27	0.5	504	Azerbaijan
165	3.2	153	2.9	139	2.7	77	1.5	102	2.0	2 663	Belarus
0	0.0	0	0.0	2	0.1	–	–	–	–	26	Bosnia and Herzegovina
64	3.2	101	5.1	66	3.3	47	2.4	54	2.7	1 236	Georgia
10	0.2	10	0.2	9	0.2	8	0.2	8	0.2	511	Israel
137	1.4	154	1.6	158	1.6	175	1.8	174	1.7	1 645	Kazakhstan
37	1.2	39	1.2	43	1.3	38	1.2	50	1.5	448	Kyrgyzstan
0	0.0	0	0.0	–	–	–	–	–	–	11	Monaco
1	0.3	0	0.0	0	0.0	1	0.3	1	0.3	23	Montenegro
0	0.0	0	0.0	–	–	–	–	–	–	36	North Macedonia
107	6.4	152	9.2	105	6.4	76	4.7	79	4.9	1 902	Republic of Moldova
–	–	–	–	–	–	–	–	–	–	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	San Marino
6	0.1	8	0.2	16	0.3	6	0.1	1	0.0	480	Serbia
6	0.2	7	0.2	15	0.4	5	0.1	1	0.0	460	Serbia excluding Kosovo[c]
–	–	1	0.1	1	0.1	1	0.1	0	0.0	20	Kosovo[c]
17	0.4	13	0.3	12	0.3	6	0.1	10	0.2	2 586	Switzerland
83	1.9	63	1.4	49	1.1	23	0.5	32	0.7	660	Tajikistan
18	0.0	17	0.0	20	0.0	13	0.0	7	0.0	323	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
3 696	16.2	3 434	15.2	2 850	12.7	1 660	8.6	1 638	7.4	44 501	Ukraine
75	0.2	66	0.2	64	0.2	38	0.1	49	0.1	6 742	United Kingdom
–	–	–	–	–	–	–	–	–	–	157	Uzbekistan
4 513	**3.1**	**4 346**	**3.0**	**3 636**	**2.5**	**2 237**	**1.6**	**2 294**	**1.6**	**65 197**	**Total non-EU/EEA**
											WHO European Region
825	0.4	701	0.3	623	0.3	438	0.3	412	0.2	76 602	West
176	0.2	172	0.2	202	0.2	115	0.1	120	0.1	6 913	Centre
4 434	7.6	4 270	7.3	3 550	6.0	2 189	4.0	2 233	3.9	55 264	East
5 435	**1.5**	**5 143**	**1.4**	**4 375**	**1.2**	**2 742**	**0.8**	**2 765**	**0.8**	**138 779**	**Total WHO European Region**

Table 17. AIDS diagnoses in men infected through sex with men, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	32	23	25	21	28	25	21	24	15	22	1 174
West	Belgium	32	29	38	32	20	19	19	22	11	10	1 645
Centre	Bulgaria	8	12	9	12	11	15	17	28	16	18	193
Centre	Croatia	22	11	18	1	21	17	25	17	11	18	310
Centre	Cyprus	2	4	5	5	10	6	3	4	1	19	163
Centre	Czechia	16	16	13	19	24	29	19	17	16	24	371
West	Denmark	13	11	10	11	7	8	9	8	6	6	1 614
East	Estonia	1	0	1	0	1	1	0	0	1	2	32
West	Finland	2	4	6	7	5	3	3	1	1	1	315
West	France	193	204	156	156	132	134	145	142	104	104	29 025
West	Germany	231	197	183	155	113	115	94	35	–	–	18 654
West	Greece	51	54	44	63	57	49	47	33	37	20	2 227
Centre	Hungary	37	29	37	33	41	29	47	37	32	33	803
West	Iceland	0	0	0	0	1	0	0	3	0	1	48
West	Ireland	12	8	10	9	7	9	4	3	6	5	421
West	Italy	261	308	273	288	259	213	221	193	109	101	13 031
East	Latvia	4	10	7	5	4	10	6	3	1	2	138
–	Liechetenstein	0	0	1	0	0	0	0	0	0	0	2
East	Lithuania	2	5	3	3	9	7	3	0	1	1	95
West	Luxembourg	3	7	3	4	6	2	1	0	1	3	145
West	Malta	0	1	1	0	2	0	0	0	0	0	44
West	Netherlands	150	148	107	123	98	96	82	76	72	56	3 903
West	Norway	10	15	18	4	4	2	6	3	3	6	532
Centre	Poland	25	48	40	30	31	23	26	21	11	7	784
West	Portugal	92	63	63	71	83	61	45	30	–	–	3 078
Centre	Romania	8	17	25	19	24	29	26	38	15	32	360
Centre	Slovakia	3	2	2	2	7	5	5	1	4	2	69
Centre	Slovenia	9	7	10	10	6	3	6	3	2	2	164
West	Spain	358	274	238	212	191	204	135	99	125	58	14 161
West	Sweden	–	–	–	–	–	–	–	–	–	–	1 088
	Total EU/EEA	**1 577**	**1 507**	**1 346**	**1 295**	**1 202**	**1 114**	**1 015**	**841**	**601**	**553**	**94 589**
Non-EU/EEA												
Centre	Albania	6	6	8	8	3	1	1	2	1	2	66
West	Andorra	0	2	0	1	0	0	0	–	–	–	7
East	Armenia	2	4	7	1	3	4	6	6	9	4	56
East	Azerbaijan	1	3	2	1	2	0	5	8	3	6	42
East	Belarus	3	3	4	3	4	6	4	7	3	0	48
Centre	Bosnia and Herzegovina	4	3	6	4	4	1	8	3	–	–	54
East	Georgia	10	16	21	24	18	21	26	26	22	26	266
West	Israel	7	10	14	4	2	6	4	3	6	2	345
East	Kazakhstan	0	4	1	2	2	2	2	6	8	8	41
East	Kyrgyzstan	0	1	0	1	0	0	2	2	1	0	10
West	Monaco	0	0	1	0	0	0	0	–	–	–	22
Centre	Montenegro	4	3	3	8	9	11	11	4	2	4	88
Centre	North Macedonia	3	3	5	2	4	2	2	–	–	–	47
East	Republic of Moldova	0	2	3	2	1	8	5	3	4	2	46
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	0
West	San Marino	2	0	0	0	0	0	0	0	0	0	11
Centre	Serbia	31	20	27	28	36	30	45	46	16	37	635
Centre	Serbia excluding Kosovo[c]	30	19	27	26	36	30	43	43	15	34	616
Centre	Kosovo[c]	1	1	0	2	0	0	2	3	1	3	19
West	Switzerland	35	32	25	25	26	27	25	18	17	11	3 515
East	Tajikistan	0	0	0	0	1	4	0	0	0	0	5
Centre	Türkiye	0	12	15	12	17	14	12	15	5	8	191
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	45	50	55	72	116	69	81	82	58	65	782
West	United Kingdom	157	111	129	135	106	98	88	87	50	60	15 470
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	1
	Total non-EU/EEA	**310**	**285**	**326**	**333**	**354**	**304**	**327**	**318**	**205**	**235**	**21 748**
WHO European Region												
West		1 641	1 501	1 344	1 321	1 147	1 071	949	780	563	466	110 475
Centre		178	193	223	193	248	215	253	236	132	206	4 298
East		68	98	104	114	161	132	140	143	111	116	1 562
Total WHO European Region		**1 887**	**1 792**	**1 671**	**1 628**	**1 556**	**1 418**	**1 342**	**1 159**	**806**	**788**	**116 335**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 18. AIDS diagnoses in people infected through injecting drug use, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	28	14	21	18	10	10	1	7	8	4	918
West	Belgium	2	4	5	1	2	4	1	2	1	0	300
Centre	Bulgaria	39	29	26	11	14	17	20	18	5	9	229
Centre	Croatia	1	0	0	0	0	2	0	0	0	0	24
Centre	Cyprus	0	0	0	0	0	0	0	0	0	4	7
Centre	Czechia	2	3	2	3	4	2	4	5	3	3	60
West	Denmark	4	5	1	0	1	1	0	0	0	1	232
East	Estonia	15	9	6	4	16	3	11	11	8	2	296
West	Finland	4	2	0	0	1	1	3	0	0	1	61
West	France	45	43	32	34	20	13	21	20	11	16	14 021
West	Germany	42	31	26	21	18	13	18	4	–	–	4 429
West	Greece	22	41	45	31	25	19	12	9	12	20	362
Centre	Hungary	0	0	0	2	2	1	1	1	1	0	14
West	Iceland	0	0	0	0	2	0	0	0	0	0	7
West	Ireland	3	1	0	0	0	1	1	1	0	1	378
West	Italy	180	180	114	101	89	90	79	75	29	35	35 336
East	Latvia	70	62	73	51	36	38	30	32	20	10	1 052
–	Liechetenstein	0	0	0	0	0	0	0	0	0	0	7
East	Lithuania	22	19	16	15	19	23	14	11	6	18	302
West	Luxembourg	0	1	1	1	0	1	0	1	1	0	48
West	Malta	0	0	1	0	0	0	0	0	0	0	4
West	Netherlands	3	4	1	4	4	3	3	2	0	3	391
West	Norway	1	1	0	0	1	0	0	1	0	0	157
Centre	Poland	59	46	32	34	23	23	10	13	2	4	1 612
West	Portugal	165	117	67	47	44	39	22	15	–	–	9 555
Centre	Romania	61	82	115	106	103	74	60	40	25	20	756
Centre	Slovakia	0	0	0	0	0	0	1	0	0	0	2
Centre	Slovenia	0	0	1	0	0	0	0	1	0	0	8
West	Spain	301	195	135	87	66	59	44	25	22	5	50 541
West	Sweden	–	–	–	–	–	–	–	–	–	–	243
	Total EU/EEA	**1 069**	**889**	**720**	**571**	**500**	**437**	**356**	**294**	**154**	**156**	**121 352**
Non-EU/EEA												
Centre	Albania	0	0	1	0	0	0	0	0	0	1	4
West	Andorra	0	0	0	0	0	0	0	–	–	–	2
East	Armenia	46	26	35	23	30	18	18	12	11	12	493
East	Azerbaijan	160	123	109	92	77	52	51	61	37	22	1 482
East	Belarus	242	193	150	139	130	116	60	84	47	53	2 752
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	–	–	18
East	Georgia	161	142	120	99	110	86	50	61	30	43	2 055
West	Israel	10	15	12	9	10	6	8	3	7	5	287
East	Kazakhstan	152	158	150	154	173	169	191	189	188	160	2 749
East	Kyrgyzstan	51	60	62	55	34	34	39	12	6	14	666
West	Monaco	0	0	0	0	0	0	0	–	–	–	19
Centre	Montenegro	1	0	0	0	0	0	0	0	0	0	4
Centre	North Macedonia	0	0	0	0	0	0	0	–	–	–	9
East	Republic of Moldova	39	54	42	46	39	31	35	23	13	13	1 093
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	6
Centre	Serbia	5	9	5	5	0	5	1	2	1	0	663
Centre	Serbia excluding Kosovo[c]	5	9	5	5	0	5	1	2	1	0	662
Centre	Kosovo[c]	–	–	–	–	–	–	–	–	–	–	1
West	Switzerland	5	11	4	2	5	8	0	3	2	0	3 256
East	Tajikistan	86	59	76	99	85	76	40	31	19	36	876
Centre	Türkiye	1	1	2	0	2	1	0	0	1	0	65
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	4 933	4 273	3 856	3 050	2 939	2 872	2 343	1 916	1 027	914	53 665
West	United Kingdom	12	9	16	10	8	4	11	7	6	6	1 528
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	380
	Total non-EU/EEA	**5 904**	**5 133**	**4 640**	**3 783**	**3 642**	**3 478**	**2 847**	**2 404**	**1 395**	**1 279**	**72 072**
WHO European Region												
West		827	674	481	366	306	272	224	175	99	97	122 081
Centre		169	170	184	161	148	125	97	80	38	41	3 475
East		5 977	5 178	4 695	3 827	3 688	3 518	2 882	2 443	1 412	1 297	67 861
Total WHO European Region		**6 973**	**6 022**	**5 360**	**4 354**	**4 142**	**3 915**	**3 203**	**2 698**	**1 549**	**1 435**	**193 417**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 19. AIDS diagnoses in people infected through heterosexual contact, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	35	27	34	29	21	26	26	24	15	22	1 017
West	Belgium	76	59	82	60	42	35	35	46	27	39	3 013
Centre	Bulgaria	15	20	25	22	17	17	17	22	20	11	408
Centre	Croatia	4	6	5	0	1	1	5	2	1	3	142
Centre	Cyprus	6	4	3	8	11	9	9	9	1	13	196
Centre	Czechia	14	12	16	16	16	22	13	15	20	21	293
West	Denmark	22	21	17	27	14	16	16	14	17	9	814
East	Estonia	16	10	8	14	16	12	9	14	9	6	205
West	Finland	10	12	9	6	16	11	9	11	4	7	286
West	France	500	385	381	346	288	260	282	298	238	220	22 105
West	Germany	132	129	117	109	107	83	73	19	–	–	4 508
West	Greece	42	31	33	38	46	34	29	35	25	20	1 168
Centre	Hungary	6	11	12	7	10	19	8	14	9	15	234
West	Iceland	1	0	0	0	0	0	1	0	1	0	17
West	Ireland	19	16	15	8	7	8	5	5	3	3	380
West	Italy	514	498	447	422	454	414	337	291	216	200	18 876
East	Latvia	55	37	59	58	51	49	46	46	30	18	703
–	Liechetenstein	1	0	0	0	0	0	0	0	0	0	3
East	Lithuania	13	15	17	16	18	18	16	9	13	17	226
West	Luxembourg	4	2	6	4	4	3	3	3	5	7	139
West	Malta	5	0	2	1	3	0	0	0	0	0	41
West	Netherlands	112	89	83	90	81	74	58	50	57	29	2 640
West	Norway	12	11	27	17	16	11	6	15	7	17	486
Centre	Poland	37	35	34	33	18	17	18	18	9	8	752
West	Portugal	354	331	247	219	245	181	184	132	–	–	9 453
Centre	Romania	158	155	190	184	195	196	213	206	130	130	3 592
Centre	Slovakia	3	4	2	3	3	3	2	0	0	1	41
Centre	Slovenia	1	3	0	0	4	4	3	4	3	2	63
West	Spain	380	272	212	199	185	168	126	96	130	68	16 617
West	Sweden	–	–	–	–	–	–	–	–	–	–	668
	Total EU/EEA	**2 547**	**2 195**	**2 083**	**1 936**	**1 889**	**1 691**	**1 549**	**1 398**	**990**	**886**	**89 086**
Non-EU/EEA												
Centre	Albania	40	55	40	52	55	31	46	37	14	36	613
West	Andorra	0	1	0	2	0	1	0	–	–	–	5
East	Armenia	85	106	125	132	125	117	180	132	126	178	1 574
East	Azerbaijan	68	57	85	93	78	112	122	124	64	81	1 131
East	Belarus	348	344	309	333	367	312	313	279	168	224	4 250
Centre	Bosnia and Herzegovina	0	3	1	2	3	2	3	5	–	–	84
East	Georgia	184	139	123	145	137	145	190	176	127	144	2 214
West	Israel	32	21	43	31	34	21	27	22	17	23	1 025
East	Kazakhstan	76	82	93	98	158	168	231	238	248	281	1 996
East	Kyrgyzstan	30	44	49	60	41	51	62	69	67	79	642
West	Monaco	0	0	0	0	0	0	0	–	–	–	7
Centre	Montenegro	2	1	3	1	6	2	2	3	2	1	63
Centre	North Macedonia	6	6	10	4	3	0	1	–	–	–	92
East	Republic of Moldova	196	217	210	208	275	186	286	226	132	145	3 149
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	5
Centre	Serbia	9	9	11	12	7	17	18	16	7	5	468
Centre	Serbia excluding Kosovo[c]	9	7	10	12	5	12	13	14	6	5	427
Centre	Kosovo[c]	–	2	1	–	2	5	5	2	1	–	41
West	Switzerland	52	54	32	34	28	27	29	29	12	15	2 829
East	Tajikistan	72	90	114	149	127	150	149	102	80	82	1 286
Centre	Türkiye	35	41	58	39	28	30	37	35	11	24	797
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	4 873	4 875	5 806	5 250	5 708	6 243	6 306	5 443	2 989	3 133	63 608
West	United Kingdom	246	204	197	225	159	132	135	140	99	95	11 235
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	183
	Total non-EU/EEA	**6 354**	**6 349**	**7 309**	**6 870**	**7 339**	**7 747**	**8 137**	**7 076**	**4 163**	**4 546**	**97 256**
WHO European Region												
West		2 548	2 163	1 984	1 867	1 750	1 505	1 381	1 230	873	774	97 334
Centre		336	365	410	383	377	370	395	386	227	270	7 838
East		6 016	6 016	6 998	6 556	7 101	7 563	7 910	6 858	4 053	4 388	81 167
Total WHO European Region		**8 900**	**8 544**	**9 392**	**8 806**	**9 228**	**9 438**	**9 686**	**8 474**	**5 153**	**5 432**	**186 339**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 20. AIDS diagnoses in people infected through mother-to-child transmission, by country and year of diagnosis (2012–2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	0	0	0	0	1	0	1	0	0	0	14
West	Belgium	3	1	2	3	2	0	0	0	0	1	129
Centre	Bulgaria	0	3	0	0	0	0	3	0	2	0	12
Centre	Croatia	0	0	0	0	0	0	0	0	0	0	4
Centre	Cyprus	0	0	0	0	0	0	0	0	0	0	2
Centre	Czechia	0	0	0	0	1	0	0	0	0	0	1
West	Denmark	0	1	0	0	0	1	0	0	0	0	25
East	Estonia	0	0	0	0	0	0	0	0	1	0	3
West	Finland	0	0	1	0	0	0	0	0	0	0	8
West	France	11	11	5	6	5	4	8	4	0	8	821
West	Germany	2	1	2	0	0	1	0	0	–	–	121
West	Greece	0	0	0	0	0	0	0	0	0	0	24
Centre	Hungary	1	0	0	1	0	2	1	0	0	0	8
West	Iceland	0	0	0	0	0	0	1	0	0	0	1
West	Ireland	0	1	0	0	0	0	0	0	0	0	36
West	Italy	4	7	2	0	1	0	0	0	0	2	742
East	Latvia	1	2	0	0	2	1	1	1	0	0	23
–	Liechetenstein	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	0	1	0	0	0	0	0	0	0	0	1
West	Luxembourg	1	0	0	0	0	0	0	0	0	0	4
West	Malta	0	0	0	0	0	0	0	0	0	0	1
West	Netherlands	3	6	3	4	0	1	2	2	0	1	119
West	Norway	0	1	0	0	0	1	0	0	0	0	8
Centre	Poland	1	0	1	1	0	0	1	0	0	0	70
West	Portugal	1	3	1	1	3	1	1	1	–	–	128
Centre	Romania	11	17	8	6	0	8	4	6	7	3	349
Centre	Slovakia	0	0	0	0	0	0	0	0	0	0	0
Centre	Slovenia	0	0	0	0	0	0	0	0	1	0	3
West	Spain	3	5	1	2	4	1	1	1	0	0	989
West	Sweden	–	–	–	–	–	–	–	–	–	–	23
	Total EU/EEA	**42**	**60**	**26**	**24**	**19**	**21**	**24**	**15**	**11**	**15**	**3 669**
Non-EU/EEA												
Centre	Albania	2	4	0	0	0	1	0	1	0	3	14
West	Andorra	0	0	0	0	0	0	0	–	–	–	0
East	Armenia	0	4	7	2	2	3	4	2	4	3	42
East	Azerbaijan	3	3	2	0	1	0	0	1	1	0	17
East	Belarus	4	3	9	10	5	2	1	2	0	2	128
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	–	–	0
East	Georgia	1	3	2	0	0	1	3	1	0	0	68
West	Israel	1	1	0	0	0	0	1	0	0	1	41
East	Kazakhstan	2	5	1	5	3	7	3	4	5	9	76
East	Kyrgyzstan	4	1	3	7	2	2	3	2	1	2	36
West	Monaco	0	0	0	0	0	0	0	–	–	–	0
Centre	Montenegro	0	0	0	0	0	0	0	0	0	0	1
Centre	North Macedonia	1	1	0	0	0	0	0	–	–	–	6
East	Republic of Moldova	6	10	8	2	4	5	5	2	2	2	86
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	1	1	–	1	–	–	1	–	–	1	30
Centre	Serbia excluding Kosovo[c]	0	1	0	0	0	0	0	0	0	1	27
Centre	Kosovo[c]	1	–	–	1	–	–	1	–	–	–	3
West	Switzerland	1	1	0	0	0	1	0	0	0	0	110
East	Tajikistan	6	15	10	4	6	6	8	2	4	2	72
Centre	Türkiye	1	0	1	3	0	1	0	4	1	1	23
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	0
East	Ukraine	88	59	60	48	67	93	81	57	46	28	1 498
West	United Kingdom	5	8	5	5	4	4	2	7	2	0	731
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	22
	Total non-EU/EEA	**126**	**119**	**108**	**87**	**94**	**126**	**112**	**85**	**66**	**54**	**3 001**
WHO European Region												
West		35	47	22	21	20	15	17	15	2	13	4 075
Centre		18	26	10	12	1	12	10	11	11	8	523
East		115	106	102	78	92	120	109	74	64	48	2 072
Total WHO European Region		**168**	**179**	**134**	**111**	**113**	**147**	**136**	**100**	**77**	**69**	**6 670**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 21. AIDS diagnoses in 2021, 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]	Sex between men		Injecting drug users			Heterosexual			Mother-to-child transmission		
		Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]	Female	Male	Total[b]
EU/EEA												
West	Austria	22	22	2	2	4	7	15	22	0	0	0
West	Belgium	10	10	0	0	0	20	19	39	1	0	1
Centre	Bulgaria	18	18	1	8	9	2	9	11	0	0	0
Centre	Croatia	18	18	0		0	1	2	3	0	0	0
Centre	Cyprus	19	19	0	4	4	6	7	13	0	0	0
Centre	Czechia	24	24	1	2	3	7	14	21	0	0	0
West	Denmark	6	6	0	1	1	3	6	9	0	0	0
East	Estonia	2	2	0	2	2	1	5	6	0	0	0
West	Finland	1	1	0	1	1	5	2	7	0	0	0
West	France	104	104	1	15	16	99	121	220	7	1	8
West	Germany	–	–	–	–	–	–	–	–	–	–	–
West	Greece	20	20	5	15	20	11	9	20	0	0	0
Centre	Hungary	33	33	0	0	0	11	4	15	0	0	0
West	Iceland	1	1	0	0	0	0	0	0	0	0	0
West	Ireland	5	5	0	1	1	1	2	3	0	0	0
West	Italy	101	101	8	27	35	71	129	200	1	1	2
East	Latvia	2	2	2	8	10	12	6	18	0	0	0
–	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	1	1	1	17	18	7	10	17	0	0	0
West	Luxembourg	3	3	0	0	0	2	5	7	0	0	0
West	Malta	0	0	0	0	0	0	0	0	0	0	0
West	Netherlands	55	56	0	3	3	14	15	29	1	0	1
West	Norway	6	6	0	0	0	10	7	17	0	0	0
Centre	Poland	7	7	1	3	4	2	6	8	0	0	0
West	Portugal	–	–	–	–	–	–	–	–	–	–	–
Centre	Romania	32	32	8	12	20	45	85	130	2	1	3
Centre	Slovakia	2	2	0	0	0	0	1	1	0	0	0
Centre	Slovenia	2	2	0	0	0	2		2	0	0	0
West	Spain	58	58	0	5	5	27	41	68	0	0	0
West	Sweden	–	–	–	–	–	–	–	–	–	–	–
	Total EU/EEA	**552**	**553**	**30**	**126**	**156**	**366**	**520**	**886**	**12**	**3**	**15**
Non-EU/EEA												
Centre	Albania	2	2	0	1	1	9	27	36	2	1	3
West	Andorra	–	–	–	–	–	–	–	–	–	–	–
East	Armenia	4	4	0	12	12	51	127	178	0	3	3
East	Azerbaijan	6	6	0	22	22	27	54	81	0	0	0
East	Belarus	0	0	9	44	53	89	135	224	2	0	2
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	–
East	Georgia	26	26	4	39	43	47	97	144	0	0	0
West	Israel	2	2	1	4	5	6	17	23	1	0	1
East	Kazakhstan	8	8	24	136	160	139	142	281	5	4	9
East	Kyrgyzstan	0	0	1	13	14	41	38	79	0	2	2
West	Monaco	–	–	–	–	–	–	–	–	–	–	–
Centre	Montenegro	4	4	0	0	0	1	0	1	0	0	0
Centre	North Macedonia	–	–	–	–	–	–	–	–	–	–	–
East	Republic of Moldova	2	2	2	11	13	58	87	145	0	2	2
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	–
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]	34	34	0	0	0	1	4	5	0	1	1
Centre	Kosovo[c]	3	3	0	0	0	0	0	0	0	0	0
West	Switzerland	11	11	0	0	0	7	8	15	0	0	0
East	Tajikistan	0	0	1	35	36	29	53	82	1	1	2
Centre	Türkiye	8	8	0	0	0	2	22	24	1	0	1
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	65	65	163	751	914	1 451	1 682	3 133	16	12	28
West	United Kingdom	60	60	0	6	6	44	51	95	0	0	0
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**235**	**235**	**205**	**1 074**	**1 279**	**2 002**	**2 544**	**4 546**	**28**	**26**	**54**
WHO European Region												
West		465	466	17	80	97	327	447	774	11	2	13
Centre		206	206	11	30	41	89	181	270	5	3	8
East		116	116	207	1 090	1 297	1 952	2 436	4 388	24	24	48
Total WHO European Region		**787**	**788**	**235**	**1 200**	**1 435**	**2 368**	**3 064**	**5 432**	**40**	**29**	**69**

[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] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Nosocomial			Haemophiliac/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	0	0	1	4	5	53	Austria
0	0	0	0	2	2	4	5	9	61	Belgium
0	0	0	0	0	0	0	0	0	38	Bulgaria
0	0	0	0	0	0		2	2	23	Croatia
0	0	0	0	0	0	0	0	0	36	Cyprus
0	0	0	0	0	0	2	4	6	54	Czechia
0	0	0	0	0	0	0	1	1	17	Denmark
0	0	0	0	0	0	1	1	2	12	Estonia
0	0	0	0	0	0	2	5	7	16	Finland
0	0	0	1	0	1	12	50	68	417	France
–	–	–	–	–	–	–	–	–	–	Germany
0	0	0	0	0	0	4	17	21	81	Greece
0	0	0	0	0	0	0	0	0	48	Hungary
0	0	0	0	0	0	0	1	1	2	Iceland
0	0	0	0	0	0	0	1	1	10	Ireland
0	0	0	0	0	0	9	35	44	382	Italy
0	0	0	0	0	0	1	8	9	39	Latvia
0	0	0	0	0	0	0	0	0	0	Liechtenstein
0	0	0	0	0	0	1	1	2	38	Lithuania
0	0	0	0	0	0	0	0	0	10	Luxembourg
0	0	0	0	0	0	0	0	0	0	Malta
0	0	0	0	0	0	5	11	18	107	Netherlands
0	0	0	0	0	0	0	0	0	23	Norway
0	1	1	0	0	0	6	18	24	44	Poland
–	–	–	–	–	–	–	–	–	–	Portugal
0	0	0	0	0	0	3	3	6	191	Romania
0	0	0	0	0	0	0	0	0	3	Slovakia
0	0	0	0	0	0	0	1	1	5	Slovenia
0	0	0	0	0	0	11	43	54	185	Spain
–	–	–	–	–	–	–	–	–	–	Sweden
0	**1**	**1**	**1**	**2**	**3**	**62**	**211**	**281**	**1 895**	**Total EU/EEA**
0	0	0	0	0	0	0	2	2	44	Albania
–	–	–	–	–	–	–	–	–	–	Andorra
0	0	0	0	0	0	0	0	0	197	Armenia
0	0	0	0	0	0	0	0	0	109	Azerbaijan
0	0	0	0	0	0	2	5	7	286	Belarus
–	–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
0	0	0	0	1	1	3	0	3	217	Georgia
0	0	0	0	0	0	0	1	1	32	Israel
0	0	0	0	0	0	6	4	10	468	Kazakhstan
1	0	1	0	0	0	7	7	14	110	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	Monaco
0	0	0	0	0	0	0	3	3	8	Montenegro
–	–	–	–	–	–	–	–	–	–	North Macedonia
0	0	0	0	0	0	19	18	37	199	Republic of Moldova
–	–	–	–	–	–	–	–	–	–	Russian Federation
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	9	9	49	Serbia excluding Kosovo[c]
0	0	0	0	0	0	0	0	0	3	Kosovo[c]
0	0	0	1	0	1	2	5	7	34	Switzerland
0	1	1	0	0	0	1	5	6	127	Tajikistan
0	0	0	0	0	0	4	43	47	80	Türkiye
–	–	–	–	–	–	–	–	–	–	Turkmenistan
0	0	0	0	0	0	8	3	11	4 151	Ukraine
0	0	0	0	0	0	5	19	24	185	United Kingdom
–	–	–	–	–	–	–	–	–	–	Uzbekistan
1	**1**	**2**	**1**	**1**	**2**	**57**	**124**	**181**	**6 299**	**Total non-EU/EEA**
0	0	0	2	2	4	55	198	261	1 615	West
0	1	1	0	0	0	15	85	100	626	Centre
1	1	2	0	1	1	49	52	101	5 953	East
1	**2**	**3**	**2**	**3**	**5**	**119**	**335**	**462**	**8 194**	**Total WHO European Region**

Table 22. The most common AIDS-indicative diseases diagnosed in 2021,[a] ordered by frequency

Diseases	Men		Women		Children		Total	
	N	%	N	%	N	%	N	%
EU/EEA								
Pneumocystis carinii pneumonia	423	23.5	125	20.9	3	14.3	551	22.8
Wasting syndrome due to HIV	266	14.8	63	10.5	5	23.8	334	13.8
Candidiasis; oesophageal	214	11.9	82	13.7	3	14.3	299	12.4
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	117	6.5	44	7.3	0	0.0	161	6.7
Kaposi's sarcoma	127	7.1	19	3.2	0	0.0	146	6.0
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	92	5.1	45	7.5	2	9.5	139	5.7
Toxoplasmosis of brain in a patient over one month of age	81	4.5	41	6.8	1	4.8	123	5.1
Encephalopathy; HIV-related	85	4.7	33	5.5	4	19.0	122	5.0
Mycobacterium tuberculosis; extrapulmonary	68	3.8	26	4.3	0	0.0	94	3.9
Progressive multifocal leukoencephalopathy	42	2.3	19	3.2	1	4.8	62	2.6
Non-EU/EEA								
Candidiasis; oesophageal	152	13.4	50	11.7	0	0.0	202	12.8
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	104	9.1	31	7.3	2	15.4	137	8.7
Wasting syndrome due to HIV	83	7.3	42	9.9	2	15.4	127	8.1
Pneumocystis carinii pneumonia	83	7.3	32	7.5	0	0.0	115	7.3
Kaposi's sarcoma	67	5.9	18	4.2	0	0.0	85	5.4
Encephalopathy; HIV-related	49	4.3	11	2.6	1	7.7	61	3.9
Mycobacterium tuberculosis; extrapulmonary	48	4.2	12	2.8	0	0.0	60	3.8
Candidiasis of bronchi; trachea; or lungs	39	3.4	20	4.7	0	0.0	59	3.7
Toxoplasmosis of brain in a patient over one month of age	33	2.9	18	4.2	1	7.7	52	3.3
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	23	2.0	11	2.6	0	0.0	34	2.2
West								
Pneumocystis carinii pneumonia	374	23.8	106	20.2	2	50.0	482	22.9
Candidiasis; oesophageal	181	11.5	56	10.7	1	25.0	238	11.3
Kaposi's sarcoma	157	10.0	34	6.5	0	0.0	191	9.1
Wasting syndrome due to HIV	155	9.9	31	5.9	1	25.0	187	8.9
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	109	6.9	44	8.4	0	0.0	153	7.3
Toxoplasmosis of brain in a patient over one month of age	76	4.8	39	7.4	0	0.0	115	5.5
Mycobacterium tuberculosis; extrapulmonary	88	5.6	27	5.2	0	0.0	115	5.5
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	56	3.6	35	6.7	0	0.0	91	4.3
Encephalopathy; HIV-related	60	3.8	22	4.2	0	0.0	82	3.9
Cryptococcosis; extrapulmonary	29	1.8	17	3.2	0	0.0	46	2.2
Centre								
Wasting syndrome due to HIV	140	23.1	38	24.5	4	19.0	182	23.3
Pneumocystis carinii pneumonia	87	14.4	19	12.3	1	4.8	107	13.7
Candidiasis; oesophageal	57	9.4	26	16.8	2	9.5	85	10.9
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	47	7.8	14	9.0	3	14.3	64	8.2
Encephalopathy; HIV-related	35	5.8	13	8.4	4	19.0	52	6.6
Kaposi's sarcoma	30	5.0	2	1.3	0	0.0	32	4.1
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	24	4.0	3	1.9	0	0.0	27	3.5
Toxoplasmosis of brain in a patient over one month of age	16	2.6	5	3.2	1	4.8	22	2.8
Lymphoma(s); not specified	15	2.5	5	3.2	1	4.8	21	2.7
Progressive multifocal leukoencephalopathy	16	2.6	4	2.6	1	4.8	21	2.7
East								
Candidiasis; oesophageal	128	16.9	50	14.5	0	0.0	178	16.0
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	93	12.3	27	7.8	1	11.1	121	10.9
Wasting syndrome due to HIV	54	7.1	36	10.4	2	22.2	92	8.3
Pneumocystis carinii pneumonia	45	5.9	32	9.2	0	0.0	77	6.9
Encephalopathy; HIV-related	39	5.2	9	2.6	1	11.1	49	4.4
Toxoplasmosis of brain in a patient over one month of age	22	2.9	15	4.3	1	11.1	38	3.4
Mycobacterium tuberculosis; extrapulmonary	17	2.2	10	2.9	0	0.0	27	2.4
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	16	2.1	8	2.3	0	0.0	24	2.2
Candidiasis of bronchi; trachea; or lungs	12	1.6	10	2.9	0	0.0	22	2.0
Lymphoma; primary; of brain	9	1.2	4	1.2	0	0.0	13	1.2

[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 (2012-2021) 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]
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	34	41	42	37	32	43	40	42	26	27	1 733
West	Belgium	30	37	35	22	31	28	17	30	31	24	2 236
Centre	Bulgaria	16	14	13	8	9	10	9	17	6	13	228
Centre	Croatia	9	6	5	8	3	2	2	4	4	9	200
Centre	Cyprus	5	5	4	4	5	3	3	2	3	1	136
Centre	Czechia	15	12	14	12	17	14	16	4	20	20	323
West	Denmark	2	4	0	1	2	1	2	1	2	4	1 808
East	Estonia	5	2	2	2	2	4	4	1	6	5	132
West	Finland	13	8	5	6	5	9	6	1	0	2	240
West	France	158	134	127	103	129	127	188	194	183	142	37 469
West	Germany	87	111	101	76	77	71	71	34	–	–	14 970
West	Greece	52	43	48	51	42	44	42	37	44	31	2 020
Centre	Hungary	11	11	19	11	11	9	18	19	10	15	484
West	Iceland	1	0	0	0	1	0	0	0	1	0	41
West	Ireland	1	0	0	1	1	1	0	2	2	0	421
West	Italy	636	653	573	561	533	511	505	509	–	–	46 875
East	Latvia	88	107	75	45	41	37	29	30	13	11	922
–	Liechtenstein	0	0	0	0	0	0	0	0	0	0	6
East	Lithuania	8	13	10	7	23	15	14	5	12	1	209
West	Luxembourg	7	3	2	4	4	1	1	4	4	2	158
West	Malta	2	0	1	1	3	0	0	0	0	0	65
West	Netherlands	89	85	89	90	100	90	82	85	84	83	2 265
West	Norway	1	2	3	2	0	2	1	1	0	0	634
Centre	Poland	57	48	42	41	27	20	23	15	14	7	1 449
West	Portugal	259	273	207	176	189	167	157	94	–	–	10 789
Centre	Romania	189	200	240	199	199	201	179	177	146	137	5 253
Centre	Slovakia	3	0	0	4	2	1	3	2	1	0	52
Centre	Slovenia	1	0	4	3	2	1	0	1	0	0	60
West	Spain	375	311	234	185	179	110	76	24	42	24	49 057
West	Sweden	–	–	–	–	–	–	–	–	–	–	1 323
	Total EU/EEA	**2 154**	**2 123**	**1 895**	**1 660**	**1 669**	**1 522**	**1 488**	**1 335**	**654**	**558**	**181 558**
Non-EU/EEA												
Centre	Albania	13	10	13	13	12	4	11	8	3	8	195
West	Andorra	0	0	0	3	0	0	0	–	–	–	4
East	Armenia	36	45	50	62	53	74	61	57	51	65	755
East	Azerbaijan	31	26	35	28	19	17	22	17	8	8	641
East	Belarus	189	130	170	127	127	88	120	117	63	33	2 291
Centre	Bosnia and Herzegovina	0	2	1	4	2	0	2	2	–	–	68
East	Georgia	83	82	68	70	132	96	100	77	106	78	1 487
West	Israel	31	31	33	26	31	16	17	12	14	11	1 071
East	Kazakhstan	190	189	161	208	235	255	281	306	316	302	3 665
East	Kyrgyzstan	71	71	74	76	74	86	87	51	52	70	909
West	Monaco	0	0	0	0	0	0	0	–	–	–	18
Centre	Montenegro	1	1	2	6	2	4	2	4	1	4	65
Centre	North Macedonia	0	3	0	0	0	2	1	–	–	–	67
East	Republic of Moldova	114	141	150	130	124	103	83	99	138	101	1 935
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	8
Centre	Serbia	21	18	10	16	13	14	26	23	16	14	1 234
Centre	Serbia excluding Kosovo[d]	17	17	10	15	10	14	25	21	16	14	1 186
Centre	Kosovo[d]	4	1	–	1	3	–	1	2	–	–	48
West	Switzerland	0	0	0	0	0	0	0	0	0	0	0
East	Tajikistan	103	113	105	128	133	186	147	116	102	77	1 433
Centre	Türkiye	0	10	11	4	4	5	8	4	1	1	122
East	Turkmenistan	0	–	–	–	–	–	–	–	–	–	1
East	Ukraine	3 870	3 514	3 426	3 032	3 253	3 298	3 448	2 977	2 114	1 928	55 475
West	United Kingdom	156	161	150	116	106	109	90	102	109	96	16 942
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	323
	Total non-EU/EEA	**4 931**	**4 564**	**4 478**	**4 061**	**4 334**	**4 368**	**4 517**	**3 985**	**3 104**	**2 796**	**88 822**
WHO European Region												
West		1 934	1 897	1 650	1 461	1 465	1 330	1 295	1 172	542	446	190 147
Centre		341	340	378	333	308	290	303	282	225	229	9 936
East		4 810	4 450	4 345	3 927	4 230	4 270	4 407	3 866	2 991	2 679	70 291
Total WHO European Region		**7 085**	**6 687**	**6 373**	**5 721**	**6 003**	**5 890**	**6 005**	**5 320**	**3 758**	**3 354**	**270 374**

[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. Spain has changing national coverage of AIDS reporting during the period (see Annex 5) and trends should be interpreted with caution.

[b] Country-specific comments are in Annex 5.

[c] Cumulative total is the total number of deaths reported by country since the start of reporting.

[d] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 24. Number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by country and year (2012–2021) and number of tests per 1000 population in 2020, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Number of HIV test by year										Tests/1000 population
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
EU/EEA												
West	Austria	–	–	–	–	–	–	–	–	–	–	–
West	Belgium	703 486	695 433	697 684	692 679	726 457	715 536	734 506	763 413	629 063	694 792	60.1
Centre	Bulgaria	190 000	–	230 000	290 000	–	–	360 000	360 000	340 000	–	–
Centre	Croatia	–	–	–	–	–	–	–	–	–	–	–
Centre	Cyprus	54 120	50 235	–	–	52 385	–	–	–	37 326	41 900	46.8
Centre	Czechia	349 205	341 583	349 448	345 274	350 234	351 650	353 425	359 327	329 433	386 943	36.2
West	Denmark	134 709	–	–	–	–	–	–	–	–	–	–
East	Estonia	73 367	82 279	82 266	87 587	90 136	102 863	112 487	125 273	105 285	106 051	79.7
West	Finland	–	–	–	–	–	–	–	–	–	–	–
West	France	5 259 616	5 243 945	5 285 857	5 393 800	5 513 921	5 608 702	5 769 218	6 098 381	5 284 580	5 724 651	84.6
West	Germany	–	–	–	–	–	–	–	–	–	–	–
West	Greece[b]	34 622	32 241	240 116	192 150	196 257	176 966	187 627	305 433	250 450	263 046	24.6
Centre	Hungary	93 060	95 861	93 289	91 793	–	–	–	–	–	–	–
West	Iceland	–	–	–	–	–	–	–	–	–	–	–
West	Ireland[b]	175 488	150 597	168 028	178 267	192 956	223 609	239 571	–	–	–	–
West	Italy	–	–	–	–	–	–	–	–	–	–	–
East	Latvia	60 491	58 302	60 614	65 552	79 715	82 608	90 368	98 651	93 036	103 843	54.8
–	Liechtenstein	–	–	–	–	–	–	–	–	–	–	–
East	Lithuania	101 042	102 161	108 781	105 486	104 132	113 917	109 825	133 810	–	–	–
West	Luxembourg	–	–	–	–	71 200	100 529	–	–	–	–	–
West	Malta	–	–	–	–	–	–	–	–	–	–	–
West	Netherlands	–	–	–	–	–	–	–	–	–	–	–
West	Norway	–	–	–	–	–	–	–	–	–	–	–
Centre	Poland	358 953	313 341	272 102	318 458	440 365	430 662	385 173	432 929	432 074	460 882	12.2
West	Portugal[b]	256 263	248 890	260 437	282 800	281 992	291 305	308 328	352 926	272 202	327 841	31.8
Centre	Romania	293 204	302 898	332 422	346 032	360 893	338 898	323 468	334 410	234 520	243 178	12.7
Centre	Slovakia	110 506	114 574	126 187	127 109	104 876	111 340	177 498	126 952	102 865	29 438	18.7
Centre	Slovenia	33 602	33 457	35 498	34 366	35 788	37 315	38 570	40 462	23 798	40 147	19.0
West	Spain	–	–	–	–	–	–	–	–	–	–	–
West	Sweden	–	–	–	–	–	–	–	–	–	–	–
Non-EU/EEA												
Centre	Albania	3 140	3 063	4 156	5 442	5 582	7 149	11 219	13 261	11 864	10 776	3.8
West	Andorra	2 062	2 310	2 378	2 212	2 340	2 591	2 712	–	–	–	–
East	Armenia	71 957	83 431	94 122	117 012	99 270	119 628	132 509	164 933	159 281	156 175	53.8
East	Azerbaijan	514 434	482 282	612 860	714 621	500 469	657 704	753 568	–	–	–	–
East	Belarus	683 125	770 136	1 157 072	1 249 712	1 464 386	1 514 635	1 627 169	1 488 199	1 242 389	–	–
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	–
East	Georgia	15 562	18 091	86 290	78 261	119 868	207 175	188 142	441 119	–	422 900	112.5
West	Israel	233 516	–	–	–	–	–	–	–	–	–	–
East	Kazakhstan	2 026 174	2 127 136	2 190 757	2 388 347	2 587 065	2 742 741	2 760 324	2 877 706	2 857 483	3 315 560	172.7
East	Kyrgyzstan	470 355	370 160	410 331	376 284	331 609	376 431	356 765	424 087	–	546 133	83.7
West	Monaco	–	–	–	–	–	–	–	–	–	–	–
Centre	Montenegro	6 781	6 970	6 571	6 607	6 324	5 606	6 890	6 575	5 375	–	–
Centre	North Macedonia	18 105	24 562	27 430	28 601	30 211	36 248	34 634	40 596	34 439	40 879	19.4
East	Republic of Moldova	212 964	146 105	133 476	146 762	124 010	160 947	154 575	182 196	152 500	141 100	46.1
East	Russian Federation[b]	27 286 151	28 327 314	29 878 681	30 750 547	32 855 597	36 445 059	40 485 246	41 900 729	36 110 128	41 277 712	284.5
West	San Marino	3 845	4 004	3 427	1 548	3 600	3 685	3 411	2 200	1 550	630	18.7
Centre	Serbia	65 366	67 079	56 282	63 189	68 426	80 918	81 530	90 508	64 332	86 166	–
Centre	Serbia excluding Kosovo[c]	64 031	65 829	56 282	61 877	65 827	76 367	76 653	88 490	63 090	82 737	11.3
Centre	Kosovo[c]	1 335	1 250		1 312	2 599	4 551	4 877	2 018	1 242	3 429	1.9
West	Switzerland	–	–	–	–	–	–	–	–	–	–	–
East	Tajikistan	447 636	514 701	634 791	597 426	509 092	612 123	780 688	1 062 509	836 487	909 536	93.3
Centre	Türkiye	5 952 148	6 515 931	6 663 547	7 203 959	6 263 020	7 107 551	7 457 674	10 257 015	7 067 571	9 379 998	110.6
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	2 343 099	2 941 748	1 853 626	1 695 926	1 697 479	1 816 023	1 868 565	1 961 711	1 501 984	1 428 952	–
West	United Kingdom	–	–	–	–	–	–	–	–	–	–	–
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–

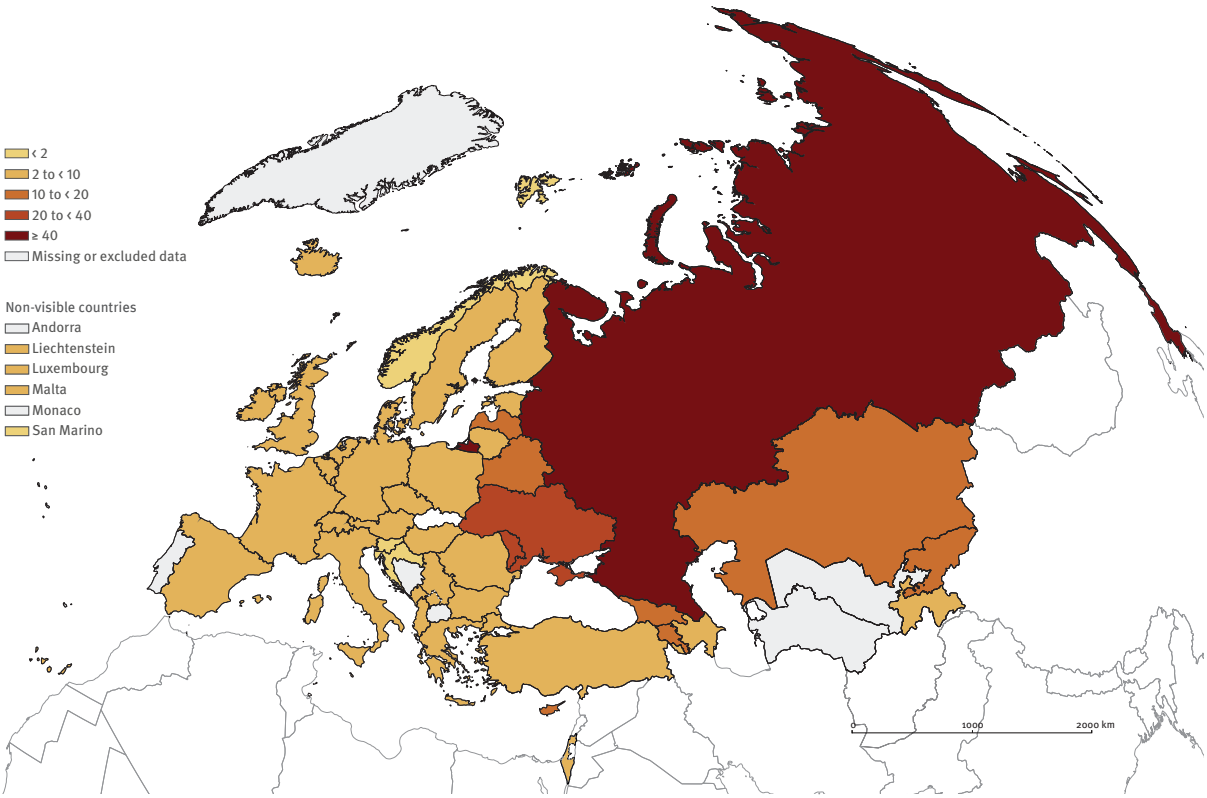
[a] Country-specific comments are in Annex 5.

[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. The number of tests in Portugal refer to those requested or perfomed at public primary health-care centres and voluntary counselling and testing (public and Nongovernmental organization) 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 the Russian Federation include blood donors.

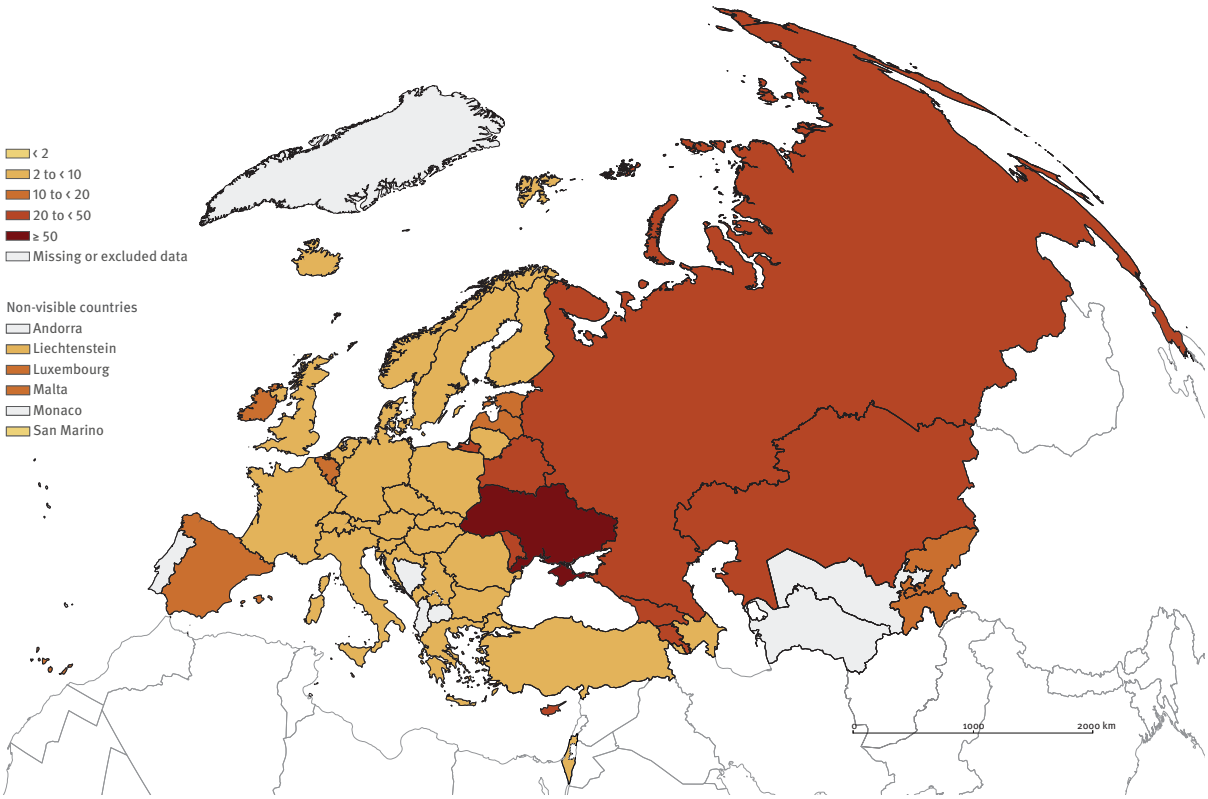
[c] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Maps

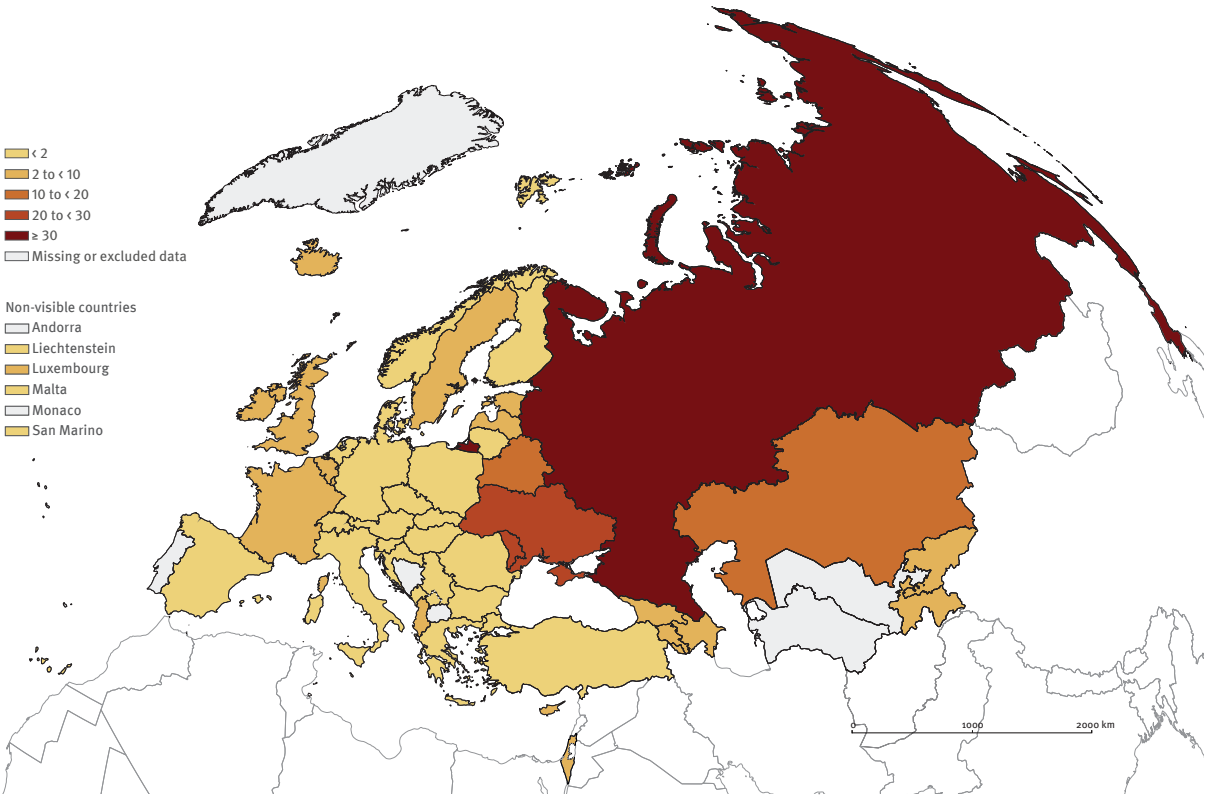
Map 1. New HIV diagnoses per 100 000 population, 2021



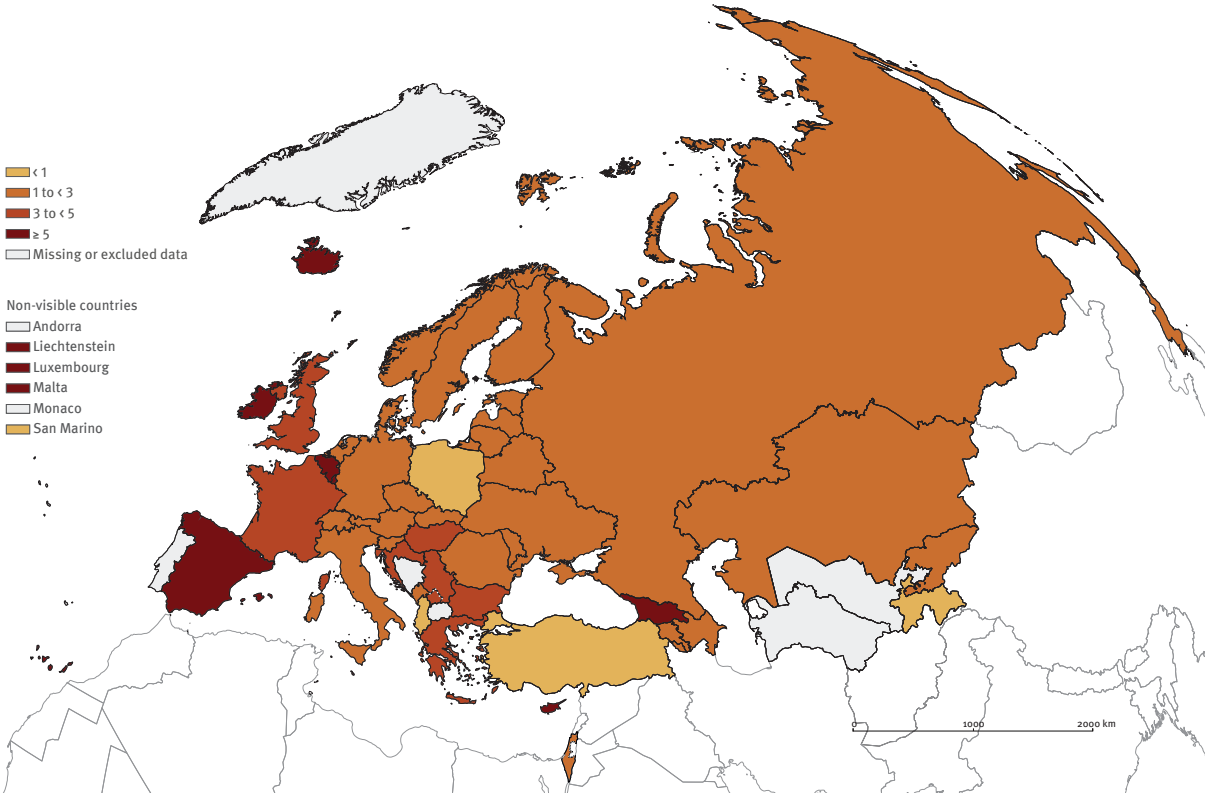
Map 2. New HIV diagnoses in men per 100 000 male population, 2021



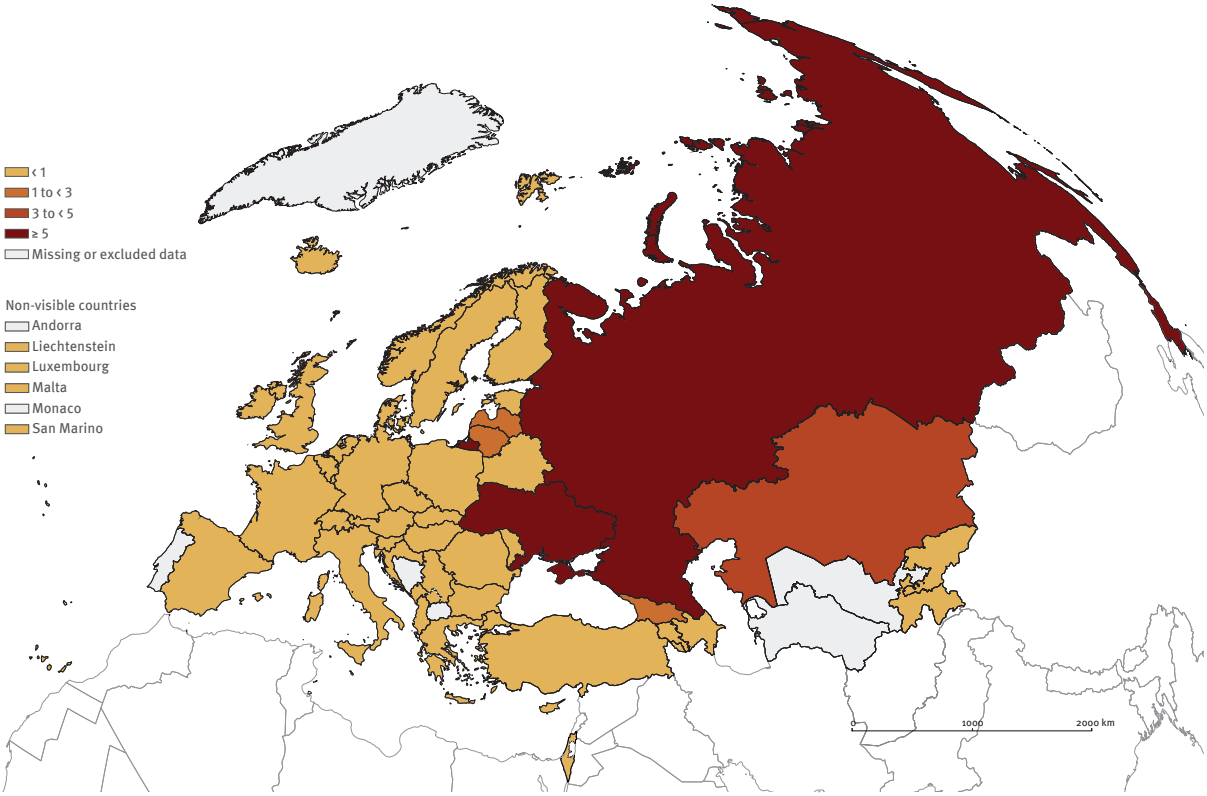
Map 3. New HIV diagnoses in women per 100 000 female population, 2021



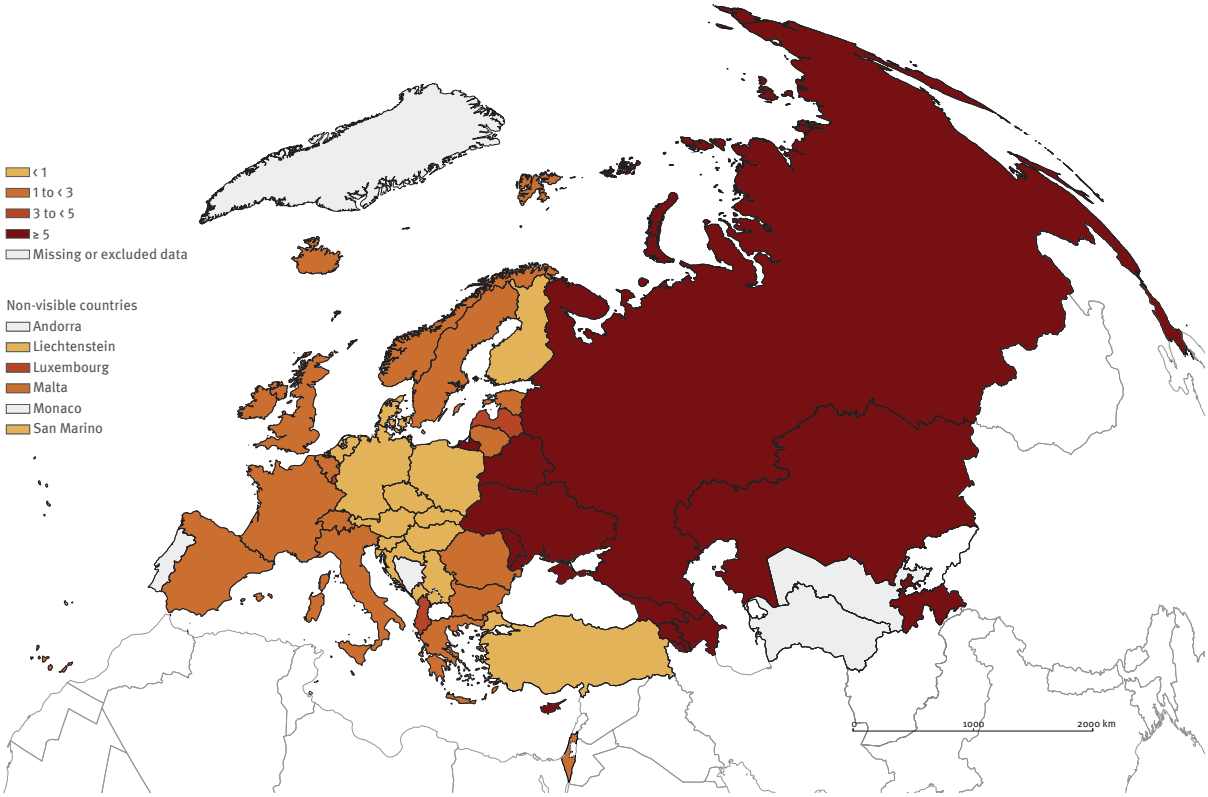
Map 4. New HIV diagnoses in men who have sex with men per 100 000 male population, 2021



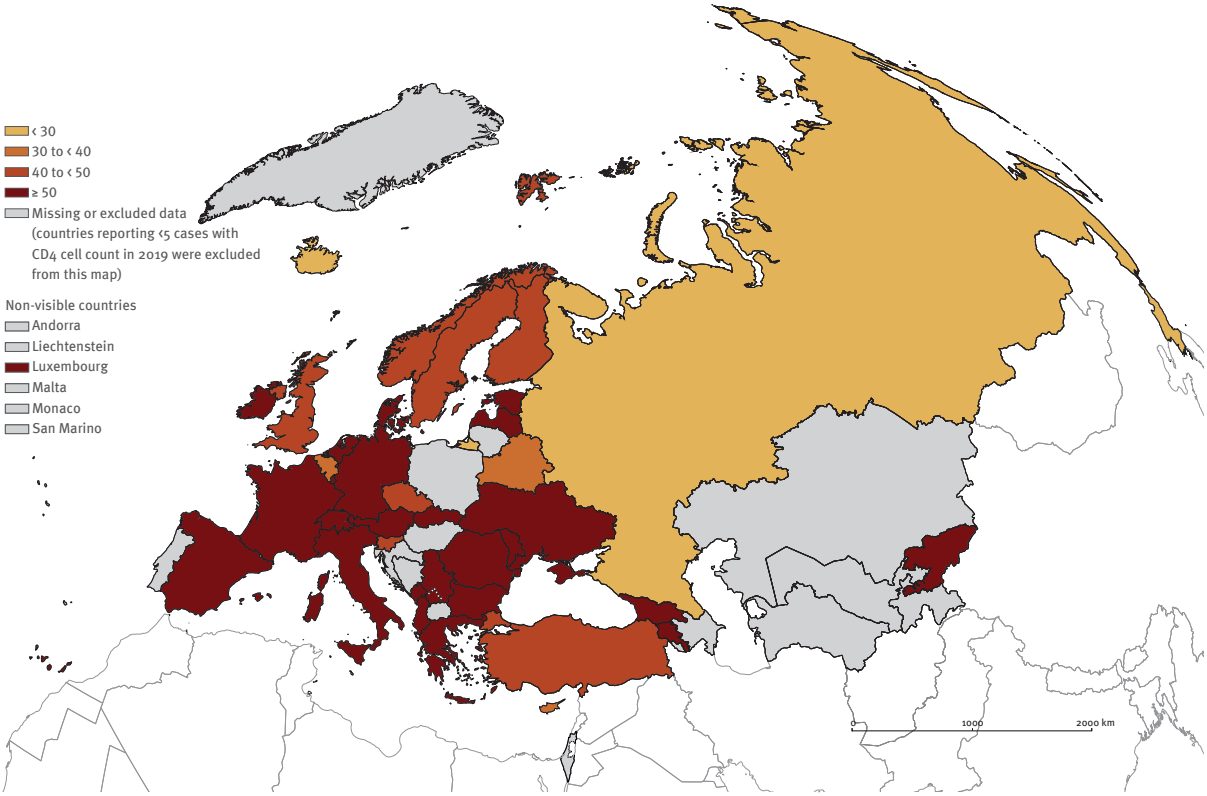
Map 5. New HIV diagnoses acquired through injecting drug use per 100 000 population, 2021



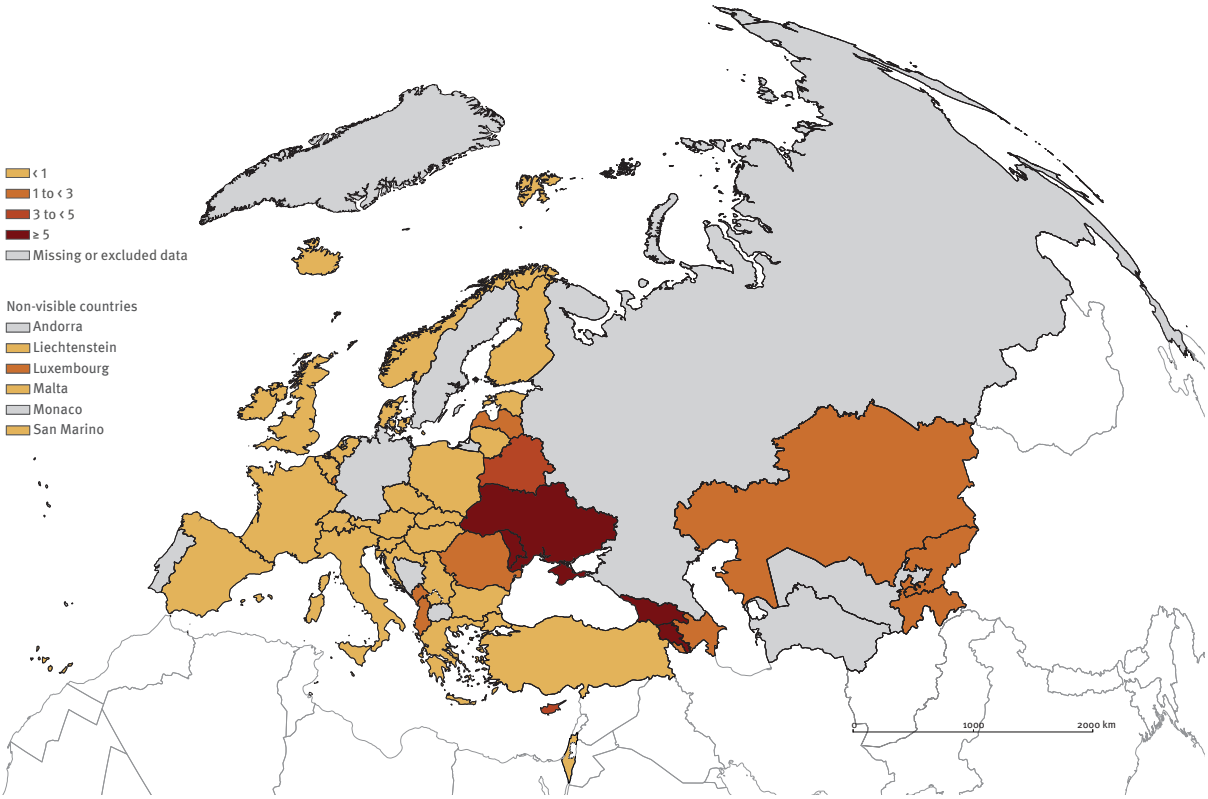
Map 6. New HIV diagnoses acquired through heterosexual transmission per 100 000 population, 2021



Map 7. Percentage of adult (› 14 years) HIV diagnoses with CD4 ‹ 350 cells/mm³ at diagnosis, 2021



Map 8. AIDS diagnoses reported per 100 000 population, 2021



Annexes

Annex 1. Framework for data collection, validation and presentation

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 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 recognized 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 the Russian Federation. 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; 2009–2015 data therefore cannot be directly compared to 2016–2021 data. A built-in set of validation rules in TESSy 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 countries before the data are considered of sufficient quality to be used for analysis.

Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Turkmenistan and Uzbekistan did not report any HIV data through the TESSy system for 2021 (or previous years for some of the countries, see Table 1). Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, the Russian Federation, Sweden, Turkmenistan and Uzbekistan did not report any AIDS data for 2021 (or previous years for some of the countries, see Table 14). Due to difficulties with data linkage, Portugal reported partial HIV and AIDS data for 2020 and 2021 but elected not to have the data included in the report as it was not yet seen as representative of all HIV and AIDS diagnoses.

The 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.

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 well as by the quality and coverage of national surveillance. These issues are detailed in Annex 5 and should be taken into account when interpreting and comparing trends across countries.

Data collection and validation

Data collection 2021

The 2021 data submission for HIV and AIDS surveillance took place between 15 March and 15 October 2022. Data presented in this report were extracted from TESSy on 16 October 2022.

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 WHO's 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). The joined record type allows understanding of the relationship between the HIV and AIDS events and diagnosis dates. Additional details on record type used per country can be found in Annexes 4a and 4b.

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.

Data re-coding and adjustments

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: Armenia, Belarus, Türkiye and Ukraine.

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).

Origin of reported cases

Cases originating from countries outside of the reporting country are highlighted in some of 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 generalized 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.

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 year (2021) 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 used in previous reports, 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 2012 to 2020. Due to the unprecedented situation of the COVID-19 pandemic, which some European countries report has affected their surveillance capacity and systems from early 2020 the previous approach to adjusting for reporting delay may not fully address additional delays that have arisen as a result of the pandemic. Therefore numbers and rates presented in this report for 2021 are probably under-estimates of the true number of people diagnosed with HIV.

Countries were excluded from reporting delay adjustment when:

- they showed an inconsistent and non-stationary pattern in their reporting delay distribution during the period 2012–2021; or
- they reported aggregated data during the period 2012–2021.

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 adjustment coefficients for the current report are presented in Table A1.1.

Table A1.1. Adjustment coefficients for reporting delay, 2018–2021

	2018	2019	2020	2021
EU/EEA	1.02	1.03	1.04	1.12
non-EU/EEA	1	1	1	1
West	1.02	1.03	1.04	1.12
Centre	1	1	1	1.01
East	1	1	1	1
WHO European Region	1	1	1.01	1.03

Data presentation

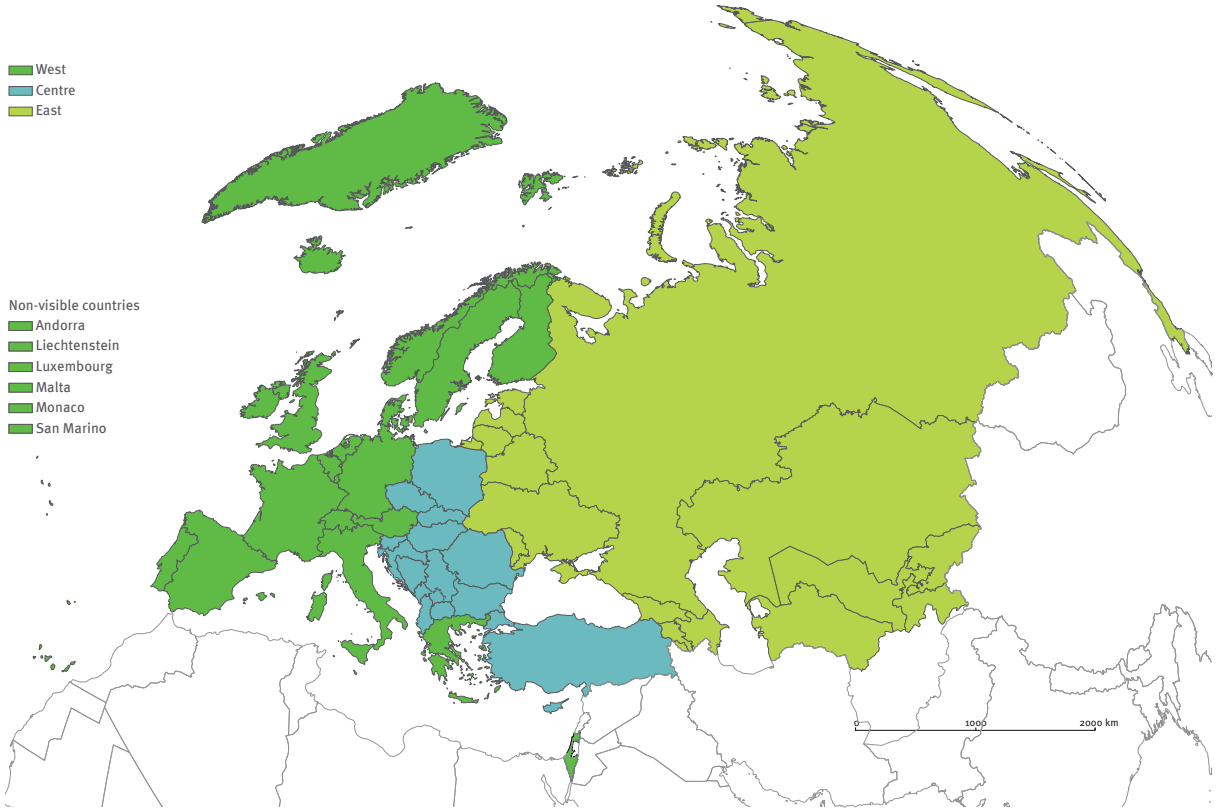
Geographical presentation

Data are presented for the WHO European Region and the EU/EEA. The EU comprises 27 Member States and the EEA an additional three countries (Iceland, Liechtenstein and Norway) which are included in the overview of the EU/EEA. As of this year's report, data from the United Kingdom are not presented at part of the EU/EEA and are removed from trends presented to promote comparability.

The tables are presented for EU/EEA countries, non-EU/EEA countries and as totals. The 53 countries of the WHO European Region are also subdivided into three subregions, 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) (Fig. A1.1). The division reflects similarities in epidemiological dynamics such as epidemic levels, trends over time and transmission patterns. Of the EU/EEA countries, 18 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.

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*, North Macedonia, Montenegro, Poland*, Romania*, Serbia, Slovakia*, Slovenia*, Türkiye.
- East, 15 countries: Armenia, Azerbaijan, Belarus, Estonia*, Georgia, Kazakhstan, Kyrgyzstan, Latvia*, Lithuania*, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

* Countries constituting the European Union as of 2021.

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[27] in all figures although these are stratified in tables to allow separate epidemiological presentation of the reported data.

Population data and rates

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

The population estimates up to 2022 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 May 2021 [7] and the United Nations Population Division statistics are from the 2021 round of estimates [8].

The population data used for HIV and AIDS in Spain were adjusted according to the extent of subnational coverage for the relevant years historically (see Annex 5 for details).

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 in that given table.

Trend data

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

[27] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

When presenting HIV trends for 2012–2021, countries reporting data inconsistently (Andorra, Bosnia and Herzegovina, Monaco, North Macedonia, Portugal, Turkmenistan and Uzbekistan) and those reporting on transmission mode inconsistently or incompletely (such as Iceland, Ireland, Lithuania, Malta, Poland, the Russian Federation and Türkiye) were excluded from relevant figures reporting trends by transmission mode. Countries with varying geographical coverage of the national surveillance system over time (Spain and Italy) were also excluded from graphs showing HIV trends, but are included in graphs presenting rates per population.

AIDS trends for 2012–2021 excluded countries not reporting consistently over the period (Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, Portugal, the Russian Federation, Sweden, Turkmenistan, Uzbekistan).

When analysing trends for AIDS deaths, only countries reporting consistently were included (i.e. Andorra, Denmark, Germany, Italy, Monaco, North Macedonia, Portugal, the Russian Federation, Sweden, Turkmenistan, and Uzbekistan were not included).

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 underreporting 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. However, due to under-detection associated with reduced testing for parts of 2020 and 2021, combined with a probable longer reporting delay than usual, numbers and rates presented in this report for 2021 are likely to be under-estimates of the true number of people diagnosed with HIV.

Although the table in Annex 6 adjusts for reporting delay for those countries where this is possible, no overall Regional adjustments are made for underreporting or under-ascertainment bias. Few European countries have evaluated their surveillance systems for underreporting and published the results *(9)*. Previous estimates of underreporting range from 0% to 41% for AIDS cases (F. Cazein, Sante Publique France, personal communication, 2021), while national estimates of underreporting for HIV can range from 10% (Iceland and Italy) to around 40% (Germany and the United Kingdom) *(10)*. Estimates on the underreporting of AIDS-related deaths are not available, but according to a country survey from 2006, only around one third of countries were able to comprehensively link HIV and AIDS surveillance death registries with national statistics or death certificate information, which results in underreporting of AIDS-related deaths (F. Cazein, Sante Publique France personal communication, 2021). Careful surveillance in the years ahead will provide indication of the true extent to which reporting delay has impacted the 2021 data presented here and whether reduced case detection has impacted time from infection to HIV diagnoses overall or within specific subgroups in Europe.

References[28]

1. WHO case definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV-related disease in adults and children. Geneva: World Health Organization; 2007 (https://apps.who.int/iris/handle/10665/43699).

2. European Commission decision 2002/253/EC laying down case definitions for reporting communicable diseases to the Community network under Decision No 2119/98/EC of the European Parliament and of the Council. OJ L 27.09.12:6–7 (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2002D0253:20120927:EN:PDF).

3. Heisterkmap SH, Jager JC, Ruitenberg EJ, van Druten JAM, Downs AM. Correcting reported Aids incidence: a statistical approach. Stat Med. 1989;8:963–76.

4. Rosinska M, Pantazis N, Janiec J, Pharris A, Amato-Gauci AJ, Quinten C et al. Potential adjustment methodology for missing data and reporting delay in the HIV Surveillance System, European Union/European Economic Area, 2015. Euro Surveill. 2018;23(23). doi.org/10.2807/1560-7917.ES.2018.23.23.1700359.

5. HIV Platform Tool. In: European Centre for Disease Prevention and Control [website]. Stockholm: ECDC; 2021 (www.ecdc.europa.eu/en/publications-data/hiv-platform-tool).

6. World population prospects: the 2017 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017.

7. Eurostat [online database]. Brussels: Eurostat; 2022 (http://ec.europa.eu/eurostat/data/database).

8. World population prospects: the 2022 revision, medium variant. In: United Nations Department of Economic and Social Affairs, Population Division. New York (NY): United Nations Department of Economic and Social Affairs, Population Division; 2022 (https://population.un.org/wpp/).

9. Total resident population. In: State Statistics Service of Ukraine document publishing [online database]. Kyiv: State Statistics Service of Ukraine; 2022 (ukrstat.gov.ua).

10. EuroHIV. EuroHIV 2006 survey on HIV and AIDS surveillance in the WHO European Region. Saint-Maurice: Institut de veille sanitaire (French National Institute of Health Surveillance); 2007 (https://www.santepubliquefrance.fr/maladies-et-traumatismes/infections-sexuellement-transmissibles/vih-sida/documents/rapport-synthese/eurohiv-2006-survey-on-hiv-and-aids-surveillance-in-the-who-european-region).

[28] All online references were accessed on 04 November 2022.

Annex 2

Table A2.1. Completeness of variables for data reported in 2020 and 2021

Variables	2020				2021			
	Number of countries	Completeness %	Minimal	Maximal	Number of countries	Completeness %	Minimal	Maximal
EU/EEA Countries								
Age	28	99.0	90.5	100	30	99.4	89.7	100
Gender	29	99.3	90.0	100	30	99.1	88.8	100
Date of diagnosis	29	100	100	100	30	100	100	100
Transmission	28	75.8	28.4	100	30	73.8	22.9	100
Country of birth or region of origin	25	88.1	28.2	100	25	87.6	35.4	100
CD_4 cell count	24	61.9	20.0	98.3	26	70.8	2.6	100
WHO European Region								
Age	47	99.8	90.5	100	49	99.9	89.7	100
Gender	48	99.9	90.0	100	49	99.9	88.8	100
Date of diagnosis	48	100	100	100	49	100	100	100
Transmission	47	90.2	28.4	100	49	91.1	22.9	100
Country of birth or region of origin	41	94.4	28.2	100	41	94.1	35.4	100
CD_4 cell count	42	74.4	20.0	98.3	44	74.9	2.6	100

Note: CD_4 cell count completeness is on the proportion of cases › 15 years that are not reported as acute infections or previously diagnosed positive abroad.

Annex 3

Table A3.1. Completeness by country and variable, 2021

Area	Country, territory or area[a]	Date of diagnosis	Age	Gender	Transmission	CD4 cell count[b]	Country of birth/ region of origin[c]
EU/EEA							
West	Austria	100.0	100.0	100.0	89.1	98.9	99.4
West	Belgium	100.0	99.7	99.9	74.5	72.0	79.9
Centre	Bulgaria	100.0	100.0	100.0	100.0	83.4	100.0
Centre	Croatia	100.0	100.0	100.0	97.4	2.6	100.0
Centre	Cyprus	100.0	100.0	100.0	98.6	69.4	100.0
Centre	Czech Republic	100.0	100.0	100.0	93.6	73.4	100.0
West	Denmark	100.0	100.0	100.0	86.9	79.8	98.5
East	Estonia	100.0	100.0	100.0	41.6	15.7	40.8
West	Finland	100.0	100.0	100.0	49.7	63.0	89.6
West	France	100.0	100.0	100.0	65.9	56.7	74.8
West	Germany	100.0	99.1	100.0	69.5	30.1	88.1
West	Greece	100.0	100.0	100.0	80.4	69.9	99.8
Centre	Hungary	100.0	89.7	88.8	74.9	–	–
West	Iceland	100.0	100.0	95.0	90.0	25.0	100.0
West	Ireland	100.0	100.0	98.0	66.5	35.3	68.2
West	Italy	100.0	100.0	100.0	88.0	95.1	99.7
East	Latvia	100.0	100.0	100.0	48.6	24.9	–
–	Liechtenstein	–	100.0	100.0	100.0	100.0	–
East	Lithuania	100.0	100.0	100.0	89.1	–	–
West	Luxembourg	100.0	98.1	100.0	98.1	67.3	100.0
West	Malta	100.0	95.6	100.0	60.0	–	80.0
West	Netherlands	100.0	100.0	97.7	87.4	88.4	98.7
West	Norway	100.0	100.0	100.0	100.0	60.6	100.0
Centre	Poland	100.0	94.8	98.4	22.9	–	70.3
West	Portugal	–	–	–	–	–	–
Centre	Romania	100.0	100.0	100.0	99.6	96.4	99.5
Centre	Slovakia	100.0	99.1	99.1	62.8	10.7	35.4
Centre	Slovenia	100.0	100.0	96.9	96.9	96.9	93.7
West	Spain	100.0	100.0	100.0	83.6	85.6	99.6
West	Sweden	100.0	100.0	99.7	76.7	37.0	90.6
Non-EU/EEA							
Centre	Albania	100.0	99.0	100.0	97.1	63.0	98.1
West	Andorra	–	–	–	–	–	–
East	Armenia	100.0	100.0	100.0	98.4	83.6	100.0
East	Azerbaijan	100.0	100.0	100.0	98.7	–	100.0
East	Belarus	100.0	100.0	100.0	98.1	81.0	100.0
Centre	Bosnia and Herzegovina	–	–	–	–	–	–
East	Georgia	100.0	100.0	100.0	98.9	86.3	100.0
West	Israel	100.0	99.8	100.0	75.7	–	99.8
East	Kazakhstan	100.0	100.0	100.0	95.4	–	100.0
East	Kyrgyzstan	100.0	100.0	100.0	88.9	76.5	99.2
West	Monaco	–	–	–	–	–	–
Centre	Montenegro	100.0	100.0	100.0	61.5	53.8	100.0
Centre	North Macedonia	–	–	–	–	–	–
East	Republic of Moldova	100.0	100.0	100.0	65.5	84.4	100.0
East	Russian Federation	100.0	100.0	100.0	97.1	95.2	–
West	San Marino	–	–	–	–	–	–
Centre	Serbia	100.0	100.0	100.0	87.9	92.2	100.0
Centre	Serbia excluding Kosovo[d]	100.0	100.0	100.0	87.8	93.0	100.0
Centre	Kosovo[d]	100.0	100.0	100.0	88.9	75.0	100.0
West	Switzerland	100.0	100.0	98.4	60.9	53.0	66.0
East	Tajikistan	100.0	100.0	100.0	97.5	–	100.0
Centre	Türkiye	100.0	100.0	100.0	35.7	13.0	96.0
East	Turkmenistan	–	–	–	–	–	–
East	Ukraine	100.0	100.0	100.0	99.9	86.5	100.0
West	United Kingdom	100.0	100.0	99.8	80.7	85.3	80.7
East	Uzbekistan	–	–	–	–	–	–

[a] Completeness not computed on countries, territories or areas with fewer than five diagnoses reported in 2021 or countries that reported in the aggregated record type which did not allow reporting of all variables (Russian Federation).

[b] CD4 cell count completeness is on the proportion of cases › 15 years that are not reported as acute infections or previously diagnosed positive abroad.

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

[d] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Annex 4a

Table A4a.1. HIV surveillance system overview: data source information

Country, territory or area	HIV data source	Record type[a] for 2021 reporting	Period	Legal[b]	Coverage[c]	Comments
EU/EEA						
Austria	AT-HIV	HIVAIDS	1980–2021	V	Co	–
Belgium	BE-HIV/AIDS	HIVAIDS	1985–2021	C	Co	–
Bulgaria	BG-HIV	HIVAIDS	1986–2021	C	Co	HIV aggregate record type used through 2006; HIV record type 2007–2013
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2021	C	Co	–
Croatia	HR-CNIPH	HIVAIDS	1985–2021	C	Co	HIV record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1985–2021	C	Co	–
Denmark	DK-HIV	HIVAIDS	1990–2021	C	Co	HIV record type used 1990–2013
Estonia	EE-NAKIS	HIVAIDS	1988–2021	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	1980–2021	C	Co	HIV record type used prior to 2016
France	FR-HIVAIDS	HIVAIDS	2003–2021	C	Co	Although compulsory, HIV diagnoses are not exhaustively reported; underreporting was estimated at around 30% until 2018, then increased (40% in 2020 & 2021)
Germany	DE-SURVNET@RKI7.3-HIV		1993–2021	C	Co	Data source DE-HIV-Pre-IfSG used 1993–2001; HIV recordtype used to report data up to 2016
Greece	EL-HIV/AIDS	HIVAIDS	1984–2021	C	Co	–
Hungary	HU-HIV/AIDS	HIVAIDS	1985–2021	C	Co	–
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1983–2021	C	Co	HIV record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1985–2021	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	1985–2021	C	Co	See country comments about historical coverage; HIV aggregate record type used through 2009; Since 2012, data on new HIV diagnoses are available for all the 21 Regions of Italy
Latvia	LV-HIV/AIDS	HIVAIDS	1987–2021	C	Co	HIV record type used 1987–2013; HIVAIDS record type used from 2014
Liechtenstein	LI-HIVAIDS	HIVAIDS	2021	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988–2021	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2021	V	Co	–
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	2001–2021	C	Co	HIV record type used in years 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1980–2021	V	Co	–
Norway	NO-MSIS_B	HIVAIDS	1984–2021	C	Co	HIV record type used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1985–2021	C	Co	–
Portugal	PT-HIVAIDS	HIVAIDS	1985–2021	C	Co	Data reported for 2020 and 2021 was censored from the report at the request of Portugal
Romania	RO-RSS	HIVAIDS	1987–2021	C	Co	–
Slovakia	SK-EPIS	HIVAIDS	1985–2021	C	Co	HIV record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1985–2021	C	Co	–
Spain	ES-HIV	HIV	2003–2021	C	Co	See country comments about historical coverage
Sweden	SE-SmiNet	HIVAIDS	1983–2021	C	Co	Data source SE-SweHIVReg used 1983–2009; HIV record type used prior to 2014
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2021	C	Co	–
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	–
Armenia	AM-NAC	HIVAIDS	1988–2021	V	Co	–
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1987–2021	V	Se	–
Belarus	BY-NAC	HIVAIDS	1981–2021	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	1986–2019	C	Co	HIV record type used in years 1993–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2021	C	Co	–
Israel	IL-MOH	HIVAIDS	1981–2021	C	Co	–
Kazakhstan	KZ-RCfAPC	HIVAIDS	1987–2021	NS/unk	NS/unk	–
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1987–2021	V	Co	HIV record type used in years 1987–2000
Montenegro	ME-IOPH	HIVAIDS	1989–2021	C	Co	–
Monaco	MC-MoSH-GEN	HIV	1987–2018	C	Co	–
North Macedonia	MK-NHASS	HIVAIDS	1993–2018	C	Co	HIV record type used in years 1993–2016
Republic of Moldova	MD-NAC	HIVAIDS	1987–2021	V	Other	–
Russian Federation	RU-MOH	HIVAGGR	2009-2021	C	Co	–
San Marino	SM-AIDS/HIV	HIVAGGR	1985–2021	C	Co	–
Serbia[d]	RS-NAC	HIVAIDS	1984–2021	C	Co	HIV aggregate record type used in years 1984–2001
Switzerland	CH-FOPH	HIV	1985–2021	C	Co	–
Tajikistan	TJ-RHAC	HIVAIDS	1991–2021	C	Co	–
Türkiye	TR-MOH	HIV	1985–2021	C	Co	–
Turkmenistan	TM-NAC	-	1990–2012	V	Co	–
Ukraine	UA-NAC	HIVAIDS	1987–2021	V	Other	HIVAIDS record type used only for HIV reporting (no linked HIV and AIDS reporting); HIVAGGR record type used in years 1987–2015.
United Kingdom	UK-HIVAIDS	HIVAIDS	1981–2021	V	Co	–
Uzbekistan	UZ-RAC	-	1981–2010	V	Co	Did not report data 2011–2020; 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: V: voluntary reporting; C: compulsory reporting; NS/unk: not-specified/unknown.

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

[d] Data from Kosovo, in accordance with Security Council resolution 1244 (1999), were reported through data source XK-HIVAIDS for 1986–2021; HIVAIDS record type used for all years.

Annex 4b

Table A4b.1. AIDS surveillance system overview: data source information

Country, territory or area	AIDS Data source	Record type[a] for 2021 reporting	Period	Legal[b]	Coverage[c]	Comments
EU/EEA						
Austria	AT-AIDS	HIVAIDS	1982–2021	V	Co	–
Belgium	BE-HIV/AIDS	HIVAIDS	1983–2021	V	Co	Did not report 2019 data
Bulgaria	BG-AIDS	HIVAIDS	1987–2021	C	Co	AIDS record type was used for cases prior to 2014
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2021	C	Co	–
Croatia	HR-CNIPH	HIVAIDS	1986–2021	C	Co	AIDS record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1986–2021	C	Co	–
Denmark	DK-HIV	HIVAIDS	1980–2021	C	Co	AIDS record type from data source DK-MIS used 1980–2013
Estonia	EE-NAKIS	HIVAIDS	1992–2021	C	Co	AIDS record type used prior to 2015
Finland	FI-NIDR	HIVAIDS	1983–2021	C	Co	AIDS record type used prior to 2016
France	FR-HIVAIDS; FR-AIDS	HIVAIDS	1982–2021	C	Co	Additional data from record type AIDS used for the years 1978–2021. Although compulsory, AIDS diagnoses are not exhaustively reported. Underreporting was estimated at 41% in 2007–2009. Over the 2010–2021 period, it was estimated around 51%
Germany	DE-AIDS	–	1981–2019	V	Co	Did not report 2020 or 2021 data, AIDS record type used through 2016. AIDS deaths not reported since 2019 due to incomplete data
Greece	EL-HIV/AIDS	HIVAIDS	1981–2021	C	Co	–
Hungary	HU-HIV/AIDS	HIVAIDS	1986–2021	C	Co	–
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1985–2021	C	Co	AIDS record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1983–2021	V	Co	Data source IE-HIV/AIDS and AIDS record type used for years 1981–2011
Italy	IT-COA-ISS	AIDS	1982–2021	C	Co	AIDS deaths are not reported after 2019 due to lack of updated data from the national mortality register
Latvia	LV-AIDS	HIVAIDS	1990–2021	C	Co	Same data source in AIDS record type used for 1990–2013
Liechtenstein	LI-HIVAIDS	HIVAIDS	2021	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988–2021	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2021	V	Co	–
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	1986–2021	C	Co	Same data source and AIDS record type used 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1999–2021	V	Co	–
Norway	NO-MSIS_B	HIVAIDS	1983–2021	C	Co	Data source NO-MSIS-A and record type AIDS used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1986–2021	C	Co	–
Portugal	PT-HIVAIDS	HIVAIDS	1985–2021	C	Co	Data reported for 2020 and 2021 was censored from the report at the request of Portugal
Romania	RO-RSS	HIVAIDS	1985–2021	C	Co	–
Slovakia	SK-EPIS	HIVAIDS	1985–2021	C	Co	AIDS record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1986–2021	C	Co	–
Spain	ES-AIDS	AIDS	1981–2021	C	Co	See country comments about coverage
Sweden	–	–	1982–2007	V	Co	AIDS surveillance discontinued in 2008
Non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2021	C	Co	–
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	–
Armenia	AM-NAC	HIVAIDS	1988–2021	V	Se	–
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1995–2021	V	Co	–
Belarus	BY-NAC	AIDS	1991–2021	C	Co	–
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986–2019	C	Co	AIDS record type used in years 1986–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2021	C	Co	–
Israel	IL-MOH	HIVAIDS	1981–2021	C	Co	–
Kazakhstan	KZ-RCfAPC	HIVAIDS	1993–2021	NS	NS	–
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1999–2021	V	Co	AIDS record type used in years 1987–2000
Montenegro	ME-IOPH	HIVAIDS	1990–2021	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
Republic of Moldova	MD-NAC	HIVAIDS	1989–2021	V	Co	–
Russian Federation	–	–	–	–	–	–
San Marino	SM-AIDS/HIV	AIDS	1986–2021	C	Co	–
Serbia[d]	RS-NAC	HIVAIDS	1985–2021	C	Co	AIDS record type used in years 1985–2001
Switzerland	CH-FOPH	AIDS	1980–2021	C	Co	–
Tajikistan	TJ-RHAC	HIVAIDS	1998–2021	C	Co	–
Türkiye	TR-MOH	AIDS	1985–2021	C	Co	–
Turkmenistan	TM-NAC	–	2002–2012	V	Co	–
Ukraine	UA-NAC	AIDSAGGR	1988–2021	V	Co	HIVAIDS record type used only for HIV reporting (i.e. no linked HIV and AIDS reporting).
United Kingdom	UK-HIVAIDS	HIVAIDS	1981–2021	V	Co	–
Uzbekistan	UZ-RAC	–	1992–2010	V	Co	Did not report data 2011–2020; 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: V: voluntary reporting; C: compulsory reporting; NS/unk: not-specified/unknown.

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

[d] Data from Kosovo, in accordance with Security Council resolution 1244 (1999), were reported through data source XK-HIVAIDS for 1986–2018; HIVAIDS record type used for all years.

Annex 5a

Table A5a.1. Country-specific comments regarding national HIV and AIDS reporting EU/EEA

Country, territory or area	Comments
EU/EEA	
Austria	–
Belgium	–
Bulgaria	Case-based reporting of HIV is available from 2007 onwards.
Croatia	–
Cyprus	–
Czechia	Foreigners with short-term stays in Czechia are not included in cases notified.
Denmark	–
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).
Finland	–
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 51% in 2010–2021 for AIDS, around 30% until 2018 and 40% in 2020-2021 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). However, the COVID-19 pandemic has affected the French HIV surveillance. The reduced HIV reporting affects the reliability of adjusted number of HIV and AIDS diagnoses in 2020 and 2021. Since 2016, HIV and AIDS diagnoses should be reported online, biologists and physicians should report HIV diagnoses separately. Probable country of infection is collected as "France/Abroad/Unknown". In Table 12, the number 2 539 in the "Unknown" column includes 551 cases probably infected abroad, and 1 988 cases with unknown country of infection.
Germany	Germany has not transmitted data on AIDS deaths since 2019 given that available data does not provide a comprehensive picture of AIDS deaths.
Greece	–
Hungary	–
Iceland	–
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 so-called previous-positive people, who are transferring their HIV care when moving to Ireland and tested positive and were 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	The coverage of the national HIV surveillance system increased gradually over time in the 21 regions of Italy: data on new HIV diagnoses are available for only 1 region since 1985, 10 regions since 2008, 15 regions since 2009, 20 regions since 2010. Since 2012 data on new HIV diagnoses are available for all the 21 regions of Italy. AIDS deaths are not reported after 2019 due to lack of updated data from the national mortality register.
Latvia	–
Liechtenstein	Liechtenstein is a small country with about 39 000 inhabitants. Due to a customs treaty with Switzerland, Liechtenstein adopted the Swiss Law of Epidemiology in 1970. Since then, all communicable diseases collected in Liechtenstein are reported to a Swiss database. Up to 2020 the Liechtenstein data were reported through Switzerland to WHO and ECDC.
Lithuania	Due to the change of data provider and data adjustment at a later stage, the official number of new HIV/ AIDS cases in national communicable surveillance system in Lithuania for 2020 is 102.
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. The national Dutch HIV monitoring report publishes slightly different figures than those displayed in the European report because migrants with a documented HIV diagnosis before arrival in Netherlands are excluded in the national report.
Norway	–
Poland	–
Portugal	The PT-HIV database is fully case-based, containing details of HIV and AIDS cases diagnosed from 1983. Strategies to address underreporting and reporting delay implemented in 2013 and 2017, by the Portuguese HIV/AIDS Programme, resulted in a significant increase in the number of reported cases and deaths for all previous years. Because of malfunction of the national software system for HIV continuum of care monitoring and case reporting in a considerable number of hospitals, HIV and AIDS notification was highly affected between 2020 and 2022. Therefore, due to misrepresentation of national new HIV and AIDS cases, data regarding 2020 and 2021 are not disclosed in this report.
Romania	–
Slovakia	–
Slovenia	–
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); since 2012 data are available for 18 Regions (+Valencia); and since 2013 data are available for all the 19 Regions of Spain (+Andalucía). In 2018, data from Catalonia are not available. AIDS data: For technical reasons, it has not been possible to include AIDS data from one region in 2014 and from two regions from 2015 to 2018. Due to the COVID-19 pandemic, in 2019 and 2020 some regions have reported provisional data and others have not reported HIV and/or AIDS data. Rates are based on the corresponding population for each year.
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.

Annex 5b

Table A5b.1. Country-specific comments regarding national HIV and AIDS reporting non-EU/EEA

Country, territory or area	Comments
Non-EU/EEA	
Albania	–
Andorra	–
Armenia	–
Azerbaijan	All newly diagnosed cases were denoted as acute infections, that is why they were excluded from Table 13. This is most likely due to erronous coding of the variables.
Belarus	All data are presented by "date of statistics" (instead of "date of diagnosis").
Bosnia and Herzegovina	–
Georgia	Data are presented by "date of statistics" (instead of "date of diagnosis").
Israel	All newly diagnosed cases were denoted as acute infections, that is why they were excluded from Table 13. This is most likely due to erronous coding of the variables.
Kazakhstan	All newly diagnosed cases were denoted as acute infections, that is why they were excluded from Table 13. This is most likely due to erronous coding of the variables.
Kyrgyzstan	–
Monaco	–
Montenegro	–
North Macedonia	AIDS cases include only people diagnosed with AIDS at the time of HIV diagnosis.
Republic of Moldova	–
Russian Federation	The Russian Federation reported data in aggregated format by sex, age group, modes of transmission for 2020–2021 and data on testing for 2009–2021, whereas data reported for 2009–2019 was limited to new HIV diagnoses by sex only. This enabled the inclusion of the country's data in Tables 1–12 and 25 and in the figures showing the trend of HIV diagnosis but not in the rest of the trend figures due to inconsistent reporting. The country also reported separately information about CD4 cell count at the time of diagnosis. These data were manually entered into Table 13. Since 2016, case definitions have been changed in the Russian Federation. 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. Data for 2009–2015 cannot therefore be compared directly with those for 2016–2021.
San Marino	–
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.
Switzerland	–
Tajikistan	All newly diagnosed cases were denoted as acute infections, that is why they were excluded from Table 13. This is most likely due to erronous coding of the variables.
Türkiye	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. In Table 14, 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").
Turkmenistan	–
Ukraine	All data are presented by “date of statistics” (instead of “date of diagnosis”).
United Kingdom	The data provided for the UK in 2021 are preliminary and may not match official published statistics. Data for Scotland have been included but are preliminary due to reporting delays as a consequence of COVID-19. Paediatric data for 2021 have not been included due to an update to the paediatric HIV surveillance system and organisational changes. Death data are underreported for the period 2019-2021 as results from a national HIV mortality review has seen further increases in deaths which was not available at the point of publication.
Uzbekistan	–

Annex 6

Table A6.1. HIV/AIDS surveillance in Europe: participating countries and national institutions

Country, territory or area	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
Czechia	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	National Public Health Center under the Ministry of Health
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 Epidemiologia
Sweden	Public Health Agency of Sweden
Non-EU/EEA	
Albania	National Center for Infectious Diseases
Andorra	Ministry of Health, Social Welfare and Family
Armenia	National Center for Infectious Diseases
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
Monaco	Ministry of Social Health
Montenegro	Institute of Public Health of Montenegro
North Macedonia	Public Health Institute
Republic of Moldova	National AIDS Center; National Center for Preventative Care
Russian Federation	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
Türkiye	General Directorate of Public Health, Ministry of Health
Turkmenistan	National AIDS Prevention Center
Ukraine	State Institution "Public Health Center of the Ministry of Health of Ukraine"
United Kingdom	United Kingdom Health Security Agency
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 Kosova.

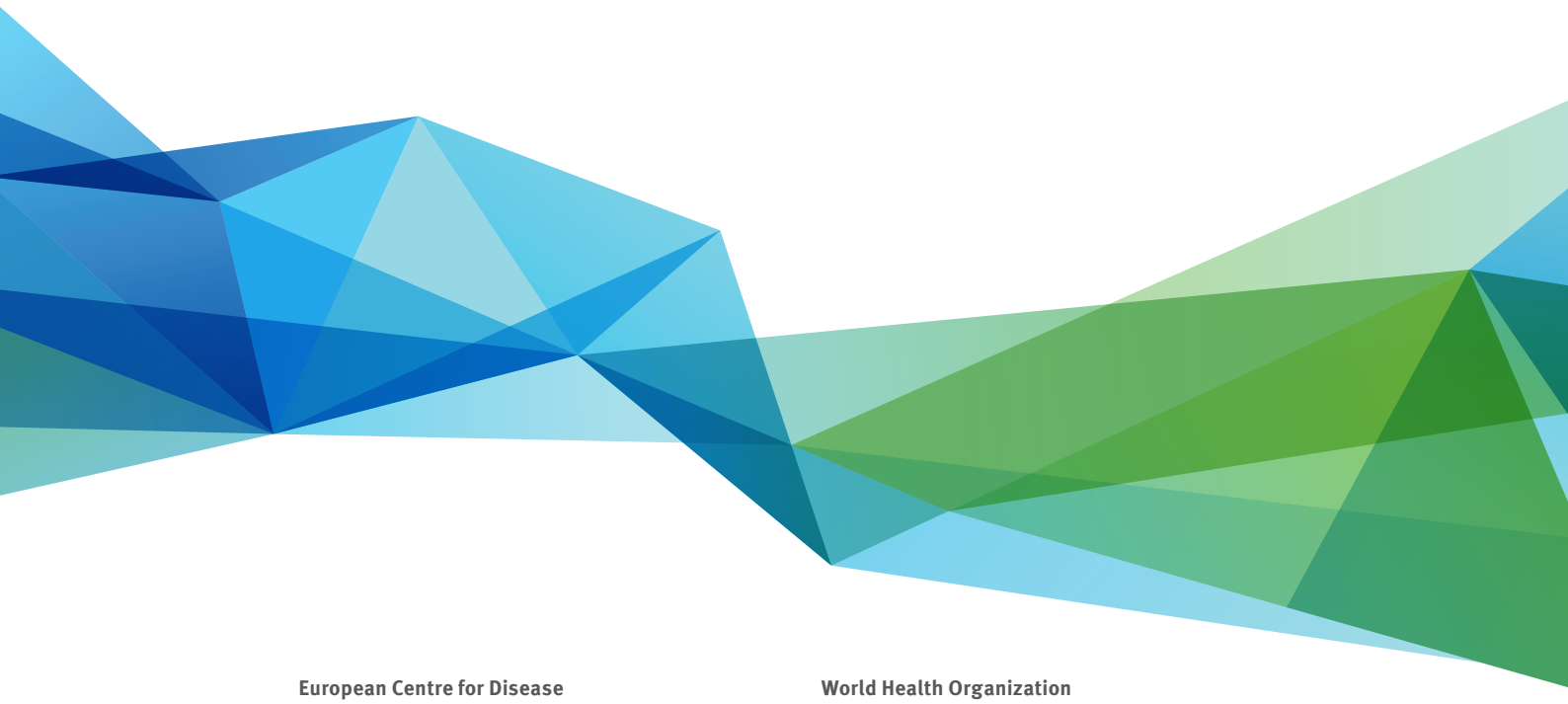
EU publications

You can download or order free and priced EU publications from EU Bookshop at: http://publications.europa.eu/eubookshop. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see http://europa.eu/contact).

European Region

Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (http://www./euro.who.int/pubrequest).



European Centre for Disease Prevention and Control (ECDC)

Gustav III:s Boulevard 40
SE-169 73 Solna, Sweden

Tel. +46 858 60 10 00
Fax +46 858 60 10 01
www.ecdc.europa.eu

Contact us
publications@ecdc.europa.eu

Follow us on Twitter
@ECDC_EU

Like our Facebook page
www.facebook.com/ECDC.EU

World Health Organization Regional Office for Europe

UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Tel. +45 45 33 70 00
Fax +45 45 33 70 01
www.who.int/europe

Contact us
eucontact@who.int

Follow us on Twitter
@WHO_EUROPE

Like our Facebook page
www.facebook.com/WHOEurope

ECDC PDF ISBN 978-92-9498-604-7

WHO ISBN 978-92-8905-863-6