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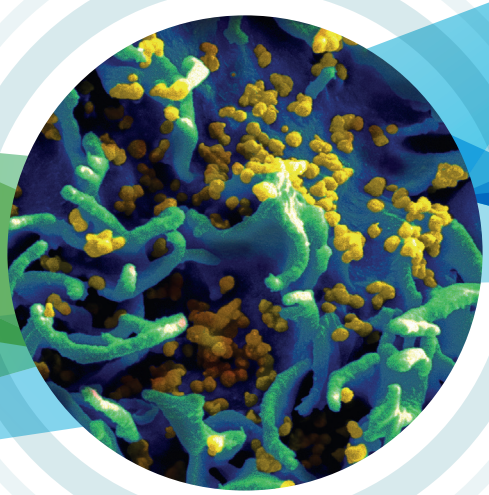

HIV/AIDS surveillance in Europe

2025

2024 data

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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
MTCT	mother-to-child transmission
LA-PrEP	long-acting injectable pre-exposure prophylaxis
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
SDG	Sustainable Development Goal
TESSY	The European Surveillance System
TB	tuberculosis
U=U	undetectable = untransmittable
UNAIDS	Joint United Nations Programme on HIV/AIDS

Overview of HIV and AIDS in Europe

This report presents HIV/AIDS surveillance data for 2024, which shows significant variation in epidemic patterns and trends across the World Health Organization (WHO) European Region. In 2024, 105 922 HIV diagnoses were reported in 49 of the 53 countries in the Region, including 24 164 from the countries of the European Union/European Economic Area (EU/EEA). This corresponds to a crude rate of 11.8 HIV diagnoses per 100 000 population overall, a slight (7.8%) decrease compared with the 2023 rate (12.8 per 100 000 population) (Table A; Figure A). However, 11 out of 49 countries still reported an increase in HIV diagnoses in 2024 compared to 2023.

For the EU/EEA countries, the rate in 2024 was 5.3 per 100 000, marking a 14.5% decrease from the 6.2 per 100 000 rate observed in 2015.

When comparing the number of HIV diagnoses made to the estimated number of new HIV infections acquired over the past decade, it is evident that an increasingly larger number of people are living with undiagnosed HIV in the Region (Figure A). In the EU/EEA, the trend differs from that for the wider Region, with slightly more diagnoses reported than the number of new infections estimated.

Continuing a trend that has persisted over the last two decades, rates and overall numbers of people diagnosed with HIV were highest in the East of the Region (27.2 per 100 000 population), lower in the West and the EU/EEA (5.9 and 5.3 per 100 000, respectively) and in the Centre (5.3 per 100 000) (Table A, Figure A). The rate of diagnoses in the Region was higher among men than women in all age groups.

The mode of transmission varies across subregions, highlighting the diversity in HIV epidemiology across the Region. Overall, most HIV diagnoses in the European Region are attributed to heterosexual transmission (70.3% of all people with known mode of transmission). Heterosexual transmission is still the main mode of transmission in the east of the Region and has even been increasing over the years. Similarly, in the EU/EEA, and the West and Centre of the Region, heterosexual transmission has remained one of the most prevalent modes of transmission reported in 2024, particularly among migrants or those with a previous positive diagnosis[1]. Among those reporting heterosexual transmission in the West, 31% had been previously diagnosed, and 73% were migrants born abroad. Sex between men is still the most prevalent mode of transmission in EU/EEA countries, accounting for 48% of reported diagnoses with known transmission mode. Sex between men was also a predominant transmission mode for eight of the fifteen countries in the Centre. The proportion of injecting drug use as a reported mode of transmission continues to decline, with around one in five (18%) of HIV diagnoses with known mode of transmission in the East being due to injecting drug use.

1 A previous positive diagnosis is defined as an HIV diagnosis made either abroad or in another setting within the reporting country on any occasion before the current year of reporting. Some countries report previous positive HIV cases as they enter, re-enter or re-engage with the care system in the reporting country.

Table A: Characteristics of new HIV and AIDS diagnoses reported in the WHO European Region, the EU/EEA, and West, Centre and East of the WHO European Region, 2024

	WHO European Region	West	Centre	East	EU/EEA
Reporting countries/number of countries[a]	49/53	21/23	15/15	13/15	30/30
Number of HIV diagnoses	105 922	26 124	10 506	69 292	24 164
Rate of HIV diagnoses per 100 000 population	11.8	5.9	5.3	27.2	5.3
Percentage age 15–24 years	5.9%	8.6%	11.5%	4.1%	9.3%
Percentage age 50+ years	20.1%	21.5%	17.7%	20.0%	21.1%
Male-to-female ratio	1.9	2.3	4.6	1.6	2.8
Percentage of migrants[b]	29.6%	57.5%	15.4%	1.9%	47.2%
Transmission mode[c]					
Sex between men	14.7%	43.9%	37.9%	4.2%	48.3%
Heterosexual transmission (men)	36.9%	22.4%	40.4%	41.2%	21.8%
Heterosexual transmission (women)	33.4%	27.9%	16.8%	36.2%	23.8%
Injecting drug use	14.2%	3.7%	3.6%	18.1%	4.7%
Mother-to-child transmission	0.7%	1.6%	1.2%	0.3%	1.1%
AIDS and late HIV diagnosis					
Percentage HIV diagnoses CD4 <350 cells/mm³[d]	54.2%	47.0%	56.5%	62.4%	48%
Number of AIDS diagnoses[e]	7 161	1 718	938	4 505	2 215
Rate of AIDS diagnoses per 100 000 population	1.2	0.6	0.5	4.4	0.7

[a] No data received from Andorra, Liechtenstein, Monaco, Turkmenistan or Uzbekistan.
[b] Migrants are defined as people whose country of origin is outside the reporting country.
[c] Among those with known HIV transmission mode.
[d] Children under 15 years and previously positive diagnoses are excluded from both the numerator and the denominator. Cases classified as recent infection are excluded from the numerator of the late-diagnosis indicator if CD4 < 350 cells/mm³, but remain in the denominator.
[e] No data reported by Andorra, Belarus, Cyprus, Liechtenstein, Germany, Monaco, Russian Federation, Spain, Sweden, Turkmenistan or Uzbekistan.

Over half (54%) of those diagnosed with HIV in 2024 in the European Region were diagnosed at a late stage of infection (CD4 cell count < 350 cells/mm³ at diagnosis). This percentage was highest in the East (62%), lower in the Centre (57%) and lowest in the West (47%), while 48% were diagnosed late in the EU/EEA (Table A).

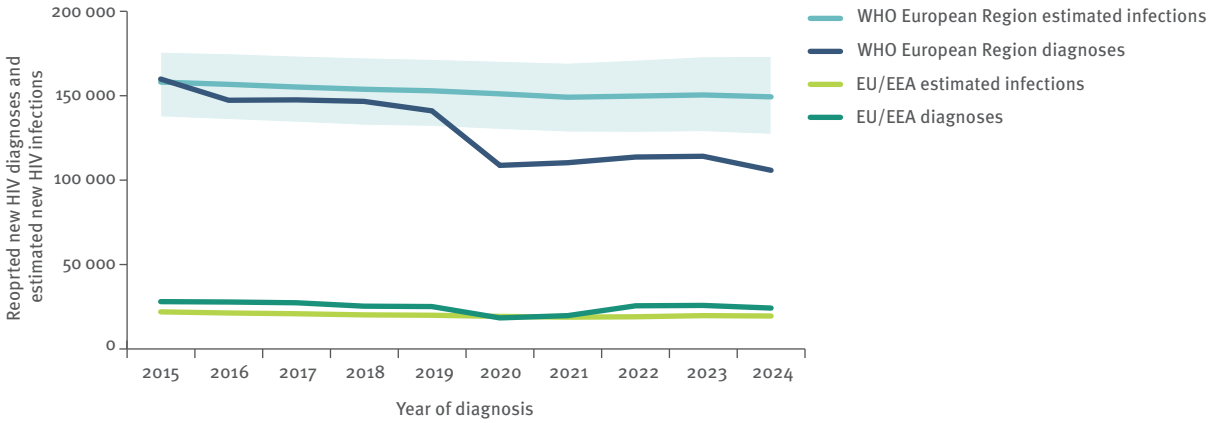
The percentage of people diagnosed late varied across transmission modes and age groups, with the highest rates among people infected through heterosexual contact (especially men), people who inject drugs, and people in older age groups (Figure B).

In 2024, 7161 people were diagnosed with AIDS in 43 countries of the WHO European Region (Table A). The overall rate of AIDS diagnoses in the Region decreased by 53% between 2015 and 2024: from 2.5 per 100 000 population (14 756 cases) to 1.2 per 100 000. This declining trend is evident across all the subregions of the Region, including the EU/EEA.

European Union and European Economic Area

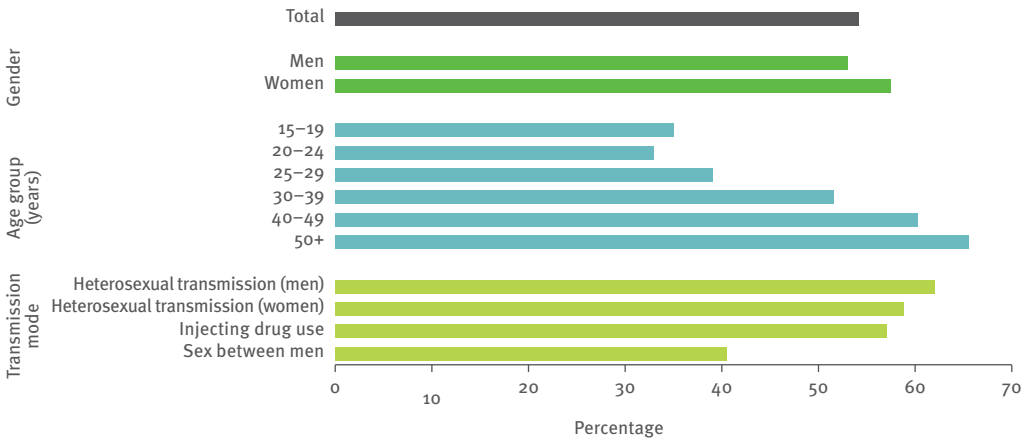
In 2024, a total of 24 164 HIV diagnoses were reported across 30 EU/EEA countries, resulting in a rate of 5.3 per 100 000 population. This rate has decreased by 14.5% since 2015 when it was 6.2 per 100 000 (Table 1). Some of the decline may be due to delayed reporting of cases, given that 48.0% of reported diagnoses were late diagnoses. (Table 12).

Figure A: Estimated new HIV infections and reported HIV diagnoses in the EU/EEA and WHO European Region, 2015–2024



Note: the shaded area represents uncertainty intervals around the best estimate. Data from Andorra, Monaco, San Marino, Turkmenistan, and Uzbekistan were excluded due to inconsistent reporting or unavailability of estimates during the period.
Data on estimated new HIV infections come from UNAIDS/WHO estimates, 2025.

Figure B: Proportion of people diagnosed late (CD4 cell count < 350 per mm³) by gender, age and transmission mode, WHO European Region, 2024 (n = 27 871)



Note: Children under 15 years of age and individuals with previously positive diagnoses are excluded from both the numerator and denominator. Cases classified as recent infections are excluded from the numerator of the late-diagnosis indicator if CD4 < 350 cells/mm³ but remain included in the denominator. Data on CD4 cell counts reported from the Russian Federation do not include information on previous or recent infection, nor disaggregation by mode of transmission, and are therefore excluded from subregional and regional totals. No data were reported from Andorra, Monaco, Turkmenistan, or Uzbekistan. San Marino and Liechtenstein reported zero cases.

As in previous years, more men than women were diagnosed with HIV in 2024, with 17 606 cases among men and 6 260 among women, resulting in an overall male-to-female ratio of 2.8 (Figure 1.1; Table 2; Table 3). In addition, eight countries reported a total of 218 people (0.9%) identifying as transgender, while for 80 people (0.3%), information on gender was unknown.

The highest age-specific rate was observed in the age group 25–29 years (13.2 per 100 000 population). Among men, the highest rate was in the age group 25–29 years (20.5 per 100 000), while among women, it was in the age group 30–39 years (6.6 per 100 000) (Figure 1.2).

Sex between men was the most reported mode of HIV transmission in the EU/EEA in 2024, accounting for 48.3% (8 614) of diagnoses. This proportion declined by 7.5% from 52.9% (11 812) in 2015 (Table 4, Figure 1.16b). After excluding cases with unknown region of origin and countries that did not report this information, 53.2% (4 312) of men who have sex with men (MSM) diagnosed with HIV were born in the reporting country, and 46.8% (3 788) were migrants (defined as people born outside the reporting country) (Figure 1.17)). From 2015 to 2024, HIV diagnoses among migrant MSM increased by 25.4%, whereas diagnoses among MSM born in the reporting country decreased by 45.7% (Figure 1.17).

Heterosexual transmission was the second most common mode of HIV transmission in the EU/EEA, accounting for 45.7% (8 115) of diagnoses where mode of transmission was known (Figure 1.5; Table 6; Table 8). Between 2015 and 2024, the proportion of HIV diagnoses due to heterosexual transmission rose from 40.9% to 45.6% (Figure 1.16b). This increase was moderate among men (rising from 20.4% to 21.8%), but higher among women, rising from 20.5% to 23.8%. Overall, 35.3% (2 863) of diagnoses due to heterosexual contact were among people born in the reporting country, while the majority (61.4%, 4 985) were among migrants (Table 11). Between 2015 and 2024, diagnoses among heterosexual migrants rose by 4.5%, while the decrease among those born in the reporting country was 2.9% (Figure 1.17).

Transmission due to injecting drug use accounted for 4.7% (846) of diagnoses with a known mode of transmission (Figure 1.5, Table 5) in 2024. This proportion has decreased slightly over time, from 5.1% in 2015 to 4.7% in 2024 (Figure 1.16b). About half of the people diagnosed in 2024 who acquired HIV through injecting drug use were from the reporting country (431, 50.9%) (Table 11).

Mother-to-child transmission (MTCT) during pregnancy, childbirth, or breastfeeding accounted for 1.1% (196) of diagnoses with a known mode of transmission (Table 7; Table 8). Of the total diagnoses where mode of transmission was attributed to MTCT, 75% (147) were among migrants, with 41.8% (82) of those originating from Sub-Saharan Africa (Table 11).

In 2024, 55.7% (11 401) of the people diagnosed with HIV in the EU/EEA where region of origin was known were migrants (Figure 1.6). Of these, 32.2% were from Sub-Saharan Africa, 26.4% were from Central or Eastern Europe, 24.4% were from Latin America and the Caribbean, 5.3% were from South and South-East Asia, 5.2% were from Western Europe, and 6.5% were from other regions (Table 10). In the EU/EEA countries, the proportion of migrants with known region of origin among reported HIV diagnoses rose from 38.3% in 2015 to 55.7% in 2024.

Data on CD4 cell count at the time of HIV diagnosis were available for 11 796 (63.9%) people aged ≥15 years diagnosed across 27 countries (Table 12). Almost half of these people (48.0%) were considered to have been diagnosed several years post-infection, suggested by a CD4 count below 350 cells/mm³. This included 30.6% of people with advanced HIV infection (CD4 count below 200 cells/mm³) (Table 8). Late diagnosis (CD4 count below 350 cells/mm³) was most frequently observed among women (51.6%), older adults (up to 61.3%), people who acquired the infection through heterosexual contact (59.9% of men and 52.6% of women), people who inject drugs (PWID) (52.4%), and people from South and South-East Asia (52.7%) and Sub-Saharan Africa (53.8%) (Figure 1.8).

Of the 218 transgender people diagnosed with HIV in 2024 across seven EU/EEA countries, 85.4% were migrants, primarily from Latin America and the Caribbean. Among those with CD4 count data available, 31.8% were diagnosed following recent infection, while 33.0% were diagnosed at a late stage (CD4 count ‹350 cells/mm³) (Figure 1.8).

In 2024, 2 215 AIDS diagnoses were reported across 25 EU/EEA countries, yielding a crude notification rate of 0.7 per 100 000 population (Table 13). Over the past decade, the reported AIDS rate has declined by 30.0%. In 2024, *Pneumocystis jirovecii* pneumonia represented the most frequent AIDS-defining illness (22.4% of cases), while tuberculosis (pulmonary and extrapulmonary) accounted for 11.7% (Table 16). In 2024, a total of 579 AIDS-related deaths were reported by 25 countries, although this figure is probably an underestimate (Table 17).

Overall, 13 countries consistently reported data on HIV tests performed during the period 2015–2024, excluding unlinked anonymous testing and the testing of blood donors. The number of tests performed in the countries consistently reporting testing activity has increased by 16.9% compared to 2022, and 9.6% compared to 2023, representing a total increase of 31.6% over the entire period.

WHO European Region

In 2024, 105 922 people were diagnosed with HIV in the WHO European Region, corresponding to a rate of 11.8 per 100 000 population. Since the 1980s, over 2.68 million HIV diagnoses have been reported. The east of the Region accounted for most of these (66%), followed by the West (25%) and the Centre (10%). The rate of HIV

diagnoses was highest in the East (27.2 per 100 000), five times that of the West or Centre (see Table A).

Men were diagnosed nearly twice as often as women (male-to-female ratio = 1.9), lowest in the East (1.6), higher in the West (2.3), and highest in the Centre (4.6). The age groups with the largest number of diagnoses were 30–39 years and 40–49 years (32% each).

Rates per 100 000 population varied widely across countries in 2024. The highest rates (› 15.0 per 100 000) were reported in the Russian Federation, Ukraine, Moldova, Malta, Kazakhstan, Armenia, Ireland, Georgia, and Kyrgyzstan, while the lowest (≤ 3.0 per 100 000) were in Sweden, Slovenia, North Macedonia, Croatia, Austria, Hungary, Serbia, Slovakia, and Bosnia and Herzegovina.

Between 2015 and 2024, the rate of HIV diagnoses in the WHO European Region declined from 18.3 to 11.8 per 100 000, with a sharp drop in 2020 linked to COVID-19 pandemic-related disruptions. After a temporary rebound during the period 2021–2023, the rate fell again in 2024. Diagnoses among both men and women has declined by about one third since 2015.

Year-on-year decline was observed across all subregions except in the Centre, where the rate increased from 4.3 to 5.3 per 100 000 population. This increase was driven primarily by Türkiye, which reported a 67% rise in HIV diagnoses in 2024 compared to 2023. According to the national focal point, this sharp rise was largely due to strengthened surveillance and expanded testing capacity rather than a true increase in transmission. Overall, 11 of 49 countries reported an increase in HIV diagnoses in 2024 compared with 2023.

Heterosexual transmission remained the predominant mode of HIV infection in 2024, accounting for 70% of those diagnosed with a known transmission mode. Sex between men represented 15%, while injecting drug use accounted for 14% overall. Transmission from mother to child (0.7%) and other routes, such as blood transfusion (0.1%), remained low.

In the East, heterosexual contact accounted for three-quarters of cases, while injecting drug use contributed 18%. In the Centre, heterosexual transmission represented 57% of cases with known mode, and sex between men accounted for 38%. In the West, heterosexual transmission (50%) and sex between men (44%) were the leading routes of infection among cases with known transmission mode. Across the Region, the predominant age group for those infected through injecting drug use and heterosexual transmission was 40–49 years, while men who have sex with men (MSM) were mostly aged 30–39 years.

Trends by transmission mode showed a continued shift toward heterosexual transmission[2]. Between 2015 and 2024, the share for this type of transmission rose from 52% to 64%, while the share for MSM transmission declined from 32% to 26%, and for injecting drug use from 15% to 9%. Regional differences persisted: in the East, injecting drug use halved; in the Centre, heterosexual transmission surpassed transmission among MSM in 2021; and in the West, transmission among MSM has declined by 38% since 2015. Nevertheless, MSM transmission was still the leading mode of transmission in eight of 15 countries in the Centre. At the same time, heterosexual transmission was prevalent in people born outside of the reporting countries in the West.

Nearly one-third (29.6%) of all HIV diagnoses in 2024 were reported among people born outside of the reporting country, representing a slight decline from 2023. Most foreign-born diagnoses originated in sub-Saharan Africa (40%), followed by Central and Eastern Europe (23%), Latin America and the Caribbean (19%), and other regions (17%), with the majority concentrated in EU/EEA countries and the United Kingdom.

Data on CD4 cell counts at diagnosis showed that 54% of people were diagnosed late (CD4 ‹ 350 cells/mm³), including 33% with advanced HIV infection (CD4 ‹ 200 cells/mm³). Late diagnosis was most common among those infected through heterosexual transmission (61%) and least common among MSM (41%). Late diagnosis rates were higher in the East (62%) than in the Centre (57%) and West (47%), and increased with age, reaching 66% among those aged ≥ 50 years.

In 2024, 7161 people were diagnosed with AIDS (1.2 per 100 000), with most cases from the East (63%). The AIDS rate was highest in the East (4.4 per 100 000), seven to nine times higher than in other subregions. Tuberculosis accounted for 16% of AIDS-defining illnesses. Although AIDS rates in the Region decreased by 53%, from 2.5 to 1.2 per 100 000, between 2015 and 2024, this decline varied by subregion.

Conclusions

The 2024 HIV surveillance data highlight continued heterogeneity in epidemic patterns and trends across the WHO European Region. After three consecutive years of increase (2021–2023), the rate of reported HIV diagnoses decreased in 2024 to 11.8 per 100 000 population, representing a 7.8% decline compared with 2023. However, this overall trend conceals considerable subregional variation. The overall decrease is largely driven by the Russian Federation, which accounted for most HIV diagnoses in the Region and has reported a 40% decline since 2019. Reporting-delay adjustments were not applied in the West, and better reporting after COVID-19 may have temporarily inflated case numbers in the previous years. Part of the decline may therefore reflect a reporting artefact rather than a true epidemiological reduction. Therefore, this overall decrease should be interpreted with caution. In contrast, 11 of 49 countries recorded an increase in HIV diagnoses in 2024 compared with 2023.

The gap between reported diagnoses and estimated new infections suggests that more people are acquiring

2 Analysis only includes countries that constantly reported data on transmission mode over the previous decade.

HIV than being diagnosed, indicating an increasing number of undiagnosed people living with HIV in the Region. In contrast, the EU/EEA shows slightly more reported diagnoses than estimated new infections. This widening gap reflects ongoing challenges in case detection and linkage to care, particularly in the eastern part of the Region [1].

At the regional level, heterosexual transmission has shown an overall increasing trend, while declines have been observed in transmission through sex between men and injecting drug use. However, these trends are highly heterogeneous across subregions and are influenced by variations in surveillance practices and the underlying epidemiological context.

Heterosexual transmission remains the main transmission route in the East, showing an increasing trend over time, while reported transmission through sex between men remains low in absolute terms. This pattern does not explain the rising male-to-female ratio observed over time [2,3]. Evidence suggests that a proportion of men reported as heterosexually infected may, in fact, be men who have sex with men (MSM) or people with a history of injecting drug use, misclassified as heterosexually infected [4-6].

In the Centre, despite a growing share of heterosexual transmission, eight of 15 countries reported sex between men as the predominant transmission mode. Transmission associated with injecting drug use remains low overall, but past outbreaks underscore the need for continued vigilance [7-11]. The proportion of young people among new diagnoses remains relatively high, with nearly one in three newly-diagnosed individuals under 30 years old.

In the West, HIV transmission patterns are strongly influenced by diagnoses among migrants and individuals previously diagnosed with HIV. Migration-related barriers, including differences in antiretroviral treatment regimens, interruptions in care during migration, language barriers, uncertain residency status, and stigma, may hinder timely access to HIV care and continuity of treatment.

Across the Region, more than half of newly diagnosed people had a CD4 count below 350 cells/mm³, including one-third with advanced HIV infection (< 200 cells/mm³). Late diagnosis remains most frequent among heterosexual men, people who inject drugs, and older adults, with significant geographical variation. These patterns highlight ongoing challenges in achieving timely diagnosis and early treatment initiation.

Data completeness continues to limit the interpretation of regional trends. In 2024, 16 countries did not provide information distinguishing new diagnoses from previously positive cases, and 13 of 49 countries reported less than 50% coverage for CD4 counts at diagnosis. Reaching consensus among Member States on standard approaches to recording and reporting previously positive cases remains essential for accurate surveillance and interpretation.

It is estimated that 3.2 million people (95% CI: 2.8–3.4 million) are living with HIV in the WHO European Region, around 63% of whom are on antiretroviral therapy (ART). In 2024, no data was available on the number of people diagnosed and the number of people who are virally suppressed due to lack of up-to-date modelled estimates from a number of countries [12].

Since the adoption of the Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030, WHO's Regional Office for Europe, ECDC, and partners have supported Member States in strengthening national implementation of evidence-based policies to scale-up HIV prevention, testing, treatment and care, as well as activities to strengthen surveillance and data analysis.

Interventions to control the epidemic should be based on evidence and adapted to national and local epidemiology. This report provides an extensive overview of the epidemiology of HIV, indicating that the following response efforts should be prioritised:

- **In all countries in the WHO European Region:** accelerate the scale-up of HIV testing to close the gap in undiagnosed infections and progress towards the 95–95–95 targets. HIV testing strategies should include self-testing, community-based testing, and testing by trained lay providers, with rapid linkage to care [13-15]. HIV testing services and strategies should be based on available data describing the local epidemiology and identifying key populations to target. The strategies should be tailored to meet the specific needs of these populations, supporting 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 [16–18]. A robust body of evidence shows that early initiation of antiretroviral treatment (ART) is beneficial to the health of the person receiving the treatment and for the prevention of onward HIV transmission [19–22]. Nearly 90% of countries in the WHO European Region have a policy to initiate ART upon HIV diagnosis, irrespective of CD4 cell count [23]. To improve testing uptake and retention in care, ensure universal access to HIV care and address stigma and discrimination within health services. Enhance surveillance quality, with improved recording of previous positive diagnoses, CD4 counts at the time of diagnosis, and country of birth/origin to inform prevention planning.
- **In the EU/EEA and countries in the west of the Region:** expand primary prevention for key populations, including condom distribution, comprehensive sexuality education, and pre-exposure prophylaxis (PrEP) access, integrating PrEP into routine testing and linkage to care. The evidence shows that these interventions can reduce HIV incidence among those

populations at highest risk of acquiring HIV [24-25]. Address the growing proportion of HIV diagnoses among migrants by ensuring testing, prevention and treatment services are universally accessible, irrespective of residency or migration status. Strengthen community-based and culturally-tailored interventions to increase testing uptake among migrant MSM and other key groups. Normalise and scale up testing through routine opt-out offers in primary care, emergency departments and antenatal care; expand community-based, outreach, and mobile services; and make self-testing and home-sampling widely available and affordable. Provide additional services for under-tested groups (e.g. migrants, heterosexual men and women, older adults) with culturally and linguistically-tailored approaches, migrant-inclusive entry to healthcare and community testing, and indicator-condition testing, which refers to offering an HIV test to people presenting with HIV indicator conditions, irrespective of reported risk factors. Reduce structural barriers to testing by removing user fees, simplifying eligibility and protecting confidentiality, and addressing stigma through healthcare training and public campaigns.

- **In countries in the centre of the Region:** sustain efforts to address increasing heterosexual transmission, while recognising that sex between men remains the main route of transmission in over half the countries. Expand differentiated HIV testing services and ensure timely initiation of PrEP and ART. Maintain harm-reduction services for people who inject drugs to prevent future outbreaks [26-30]. Ensure youth-friendly HIV prevention and testing programmes, as young people represent nearly one-third of new diagnoses. Foster civil-society involvement throughout the HIV continuum, from prevention to treatment adherence, and address sustainability challenges following transitions from external to domestic HIV funding. Strengthen cross-border collaboration and data sharing, and ensure refugees and migrants have universal access to HIV services, irrespective of their residence status.
- **In countries in the east of the Region:** continue the scale-up of evidence-based interventions for key populations and deliver more effective, people-centred, integrated services that better address the social determinants of health and reduce stigma and discrimination. Scale up HIV testing and case detection, integrating community-based and lay-provider testing, self-testing, and assisted partner notification into national programmes and linkage to care. Comprehensive combination-prevention strategies are needed, targeting key populations, including people who inject drugs, men who have sex with men, and heterosexual couples where one partner engages in higher-risk behaviour. Strengthen harm-reduction and opioid agonist treatment programmes to achieve high coverage among people who inject drugs. Scale up PrEP, diversify PrEP options and ensure de-medicalised models of service delivery. Maintain community involvement in service design and delivery to improve linkage to and retention in care, reduce HIV incidence, and decrease AIDS-related deaths.

WHO and ECDC, together with partners, will continue to support Member States in their efforts to accelerate progress towards achieving the Sustainable Development Goals for HIV through dedicated guidance, workshops, training, webinars and other technical support focused on high-impact surveillance, monitoring, treatment and prevention activities.

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Обзор эпидемиологической ситуации по ВИЧ/СПИДу в Европе

В настоящем отчете представлены данные эпиднадзора за ВИЧ-инфекцией/СПИДом в Европейском регионе Всемирной организации здравоохранения (ВОЗ) за 2024 г., которые демонстрируют значительные различия в эпидемиологической ситуации и соответствующих тенденциях в пределах Региона. В 2024 г. в 49 из 53 стран Региона было зарегистрировано 105 922 новых случая ВИЧ-инфекции, в том числе 24 164 случая в странах Европейского союза/Европейской экономической зоны (ЕС/ЕЭЗ). Это соответствует общему показателю в 11,8 случаев ВИЧ-инфекции на 100 000 населения, что незначительно (на 7,8%) ниже показателя 2023 г. (12,8 на 100 000 населения) (таблица А; рис. А). Тем не менее, 11 из 49 стран все же сообщили о росте числа случаев ВИЧ-инфекции в 2024 г. по сравнению с 2023 г.

В странах ЕС/ЕЭЗ этот показатель в 2024 г. составил 5,3 на 100 000 населения, что на 14,5% меньше показателя 6,2 на 100 000 населения, который был отмечен в 2015 г.

При сравнении числа диагностированных случаев ВИЧ-инфекции с оценочным числом новых случаев ВИЧ-инфекции за последнее десятилетие становится очевидным, что в Регионе все больше людей живет с недиагностированной ВИЧ-инфекцией (рис. А). В странах ЕС/ЕЭЗ тенденция отличается от тенденции в Регионе в целом: число зарегистрированных диагностированных случаев несколько превышает оценочное число новых случаев инфекции.

В продолжение тенденции, которая сохраняется на протяжении последних двух десятилетий, показатели заболеваемости и общее число людей с впервые диагностированной ВИЧ-инфекцией были самыми высокими на востоке Региона (27,2 на 100 000 населения) и более низкими на западе и в странах ЕС/ЕЭЗ (5,9 и 5,3 на 100 000 соответственно) и в центральной части Региона (5,3 на 100 000) (таблица А, рис. А). Во всех возрастных группах показатель новых случаев в Регионе был выше среди мужчин, чем среди женщин.

Пути передачи различаются в разных субрегионах, что свидетельствует о разнообразии эпидемиологической ситуации по ВИЧ-инфекции в Регионе. В целом, большинство новых случаев ВИЧ-инфекции в Европейском регионе связаны с гетеросексуальным путем передачи (70,3% всех случаев с известным путем передачи). Он по-прежнему остается основным путем передачи вируса на востоке Региона, и с годами его показатели растут. Аналогичным образом, в странах ЕС/ЕЭЗ, а также в западной и центральной частях Региона гетеросексуальный путь передачи оставался одним из наиболее распространенных путей в 2024 г., особенно среди

Таблица А. Характеристики случаев ВИЧ-инфекции и СПИДа, зарегистрированных в Европейском регионе ВОЗ, в странах в западной, центральной и восточной частях Европейского региона ВОЗ и в странах ЕС/ЕЭЗ, 2024 г.

	Европейский регион ВОЗ	Западная часть	Центральная часть	Восточная часть	ЕС/ЕЭЗ
Количество стран, предоставивших данные/общее количество стран[a]	49/53	21/23	15/15	13/15	30/30
Число случаев ВИЧ-инфекции	105 922	26 124	10 506	69 292	24 164
Число случаев ВИЧ-инфекции на 100 000 населения	11,8	5,9	5,3	27,2	5,3
Доля (%) лиц в возрасте 15–24 лет	5,9%	8,6%	11,5%	4,1%	9,3%
Доля (%) лиц в возрасте 50+ лет	20,1%	21,5%	17,7%	20,0%	21,1%
Соотношение мужчин и женщин	1,9	2,3	4,6	1,6	2,8
Доля (%) мигрантов[b]	29,6%	57,5%	15,4%	1,9%	47,2%
Путь передачи[c]					
Половые контакты между мужчинами	14,7%	43,9%	37,9%	4,2%	48,3%
Гетеросексуальная передача (мужчины)	36,9%	22,4%	40,4%	41,2%	21,8%
Гетеросексуальная передача (женщины)	33,4%	27,9%	16,8%	36,2%	23,8%
Употребление инъекционных наркотиков	14,2%	3,7%	3,6%	18,1%	4,7%
Передача от матери ребенку	0,7%	1,6%	1,2%	0,3%	1,1%
Неизвестен	10,8%	23,6%	52,8%	2,4%	27,3%
Случаи СПИДа и поздней стадии ВИЧ-инфекции					
Доля (%) случаев ВИЧ-инфекция, CD4 < 350 кл/мм³[d]	54,2%	47,0%	56,5%	62,4%	48%
Число случав СПИДа[e]	7 161	1 718	938	4 505	2 215
Число случаев СПИДа на 100 000 населения	1,2	0,6	0,5	4,4	0,7

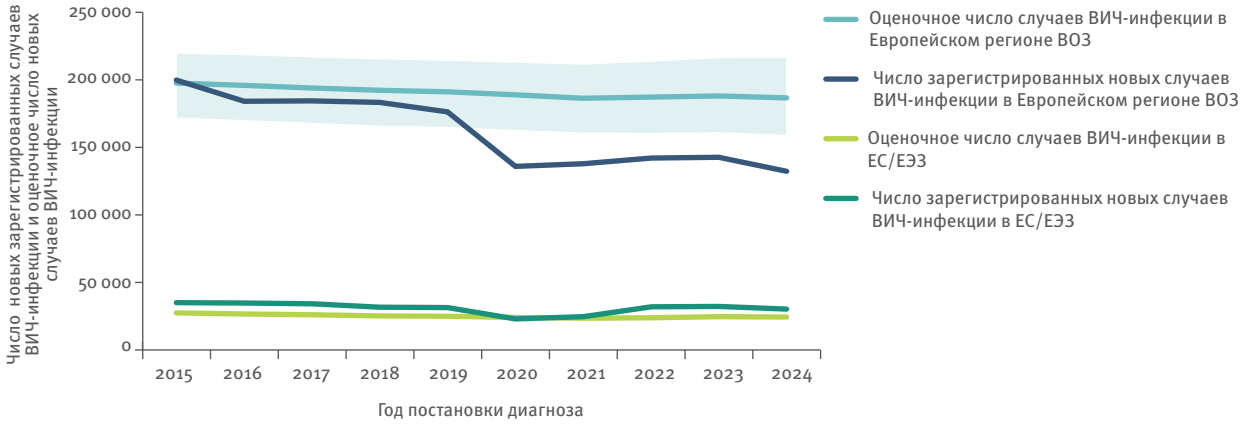
[a] Отсутствуют данные из следующих стран: Андорра, Монако, Туркменистан и Узбекистан.
[b] Согласно используемому определению, мигранты – это лица, родившиеся за пределами страны, в которой им был поставлен диагноз.
[c] Среди тех, у кого известен путь передачи ВИЧ-инфекции.
[d] Дети в возрасте до 15 лет и лица с ранее известным положительным ВИЧ-статусом исключаются как из числителя, так и из знаменателя. Случаи, классифицированные как недавнее инфицирование, исключаются из числителя показателя поздней диагностики, если уровень CD4 <350 клеток/мм³, но остаются в знаменателе.
[e] Отсутствуют данные отчетности из следующих стран: Андорра, Беларусь, Германия, Испания, Кипр, Лихтенштейн, Монако, Российская Федерация, Туркменистан, Узбекистан и Швеция.

мигрантов или лиц с ранее известным положительным ВИЧ-статусом[4]. На западе Региона среди тех, кто сообщил о гетеросексуальной передаче вируса, 31% уже были диагностированы ранее, а 73% являлись мигрантами, родившимися за рубежом. Секс между мужчинами по-прежнему является наиболее распространенным путем передачи вируса в странах ЕС/ЕЭЗ: на его долю приходится 48% зарегистрированных случаев с известным путем передачи. Секс между мужчинами также был преобладающим путем передачи инфекции в восьми из пятнадцати стран центральной части Региона. Доля инфицирования при приеме инъекционных наркотиков в качестве указанного пути передачи продолжает снижаться: в восточной части Региона примерно каждый пятый (18%) случай ВИЧ-инфицирования с известным путем передачи был связан с инъекционным употреблением наркотиков.

В 2024 г. более половины (54%) случаев ВИЧ-инфекции в Европейском регионе было выявлено на поздней стадии инфекции (CD4 <350 клеток/мм³ на момент постановки диагноза). Этот процент был самым высоким в восточной части Региона (62%), ниже в центральной (57%) и самым низким в западной части (47%), тогда как в ЕС/ЕЭЗ 48% случаев было диагностировано на поздней стадии (таблица A).

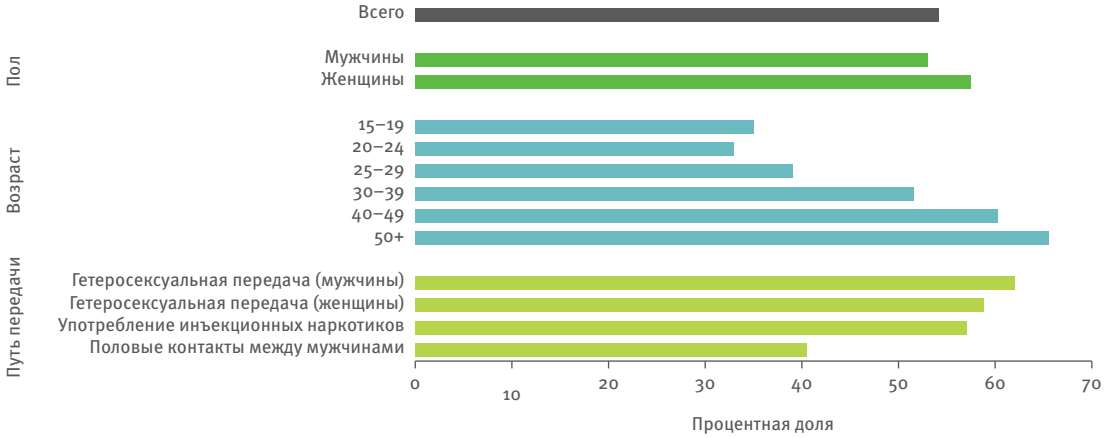
4 Случай с ранее известным положительным ВИЧ-статусом – это случай ВИЧ-инфекции, выявленный за рубежом или в другом учреждении в стране, предоставляющей данные отчетности, в любое время до текущего отчетного года. Некоторые страны предоставляют данные о ранее известном положительном ВИЧ-статусе на момент появления или повторного появления пациента в системе здравоохранения страны, предоставляющей данные отчетности.

Рисунок A. Оценочное число новых случаев и число зарегистрированных случаев ВИЧ-инфекции в ЕС/ЕЭЗ и Европейском регионе ВОЗ, 2015–2024 гг.



Примечание: затененная область представляет интервалы неопределенности вокруг лучшей оценки. По причине нерегулярного предоставления данных или отсутствия данных в отчетном периоде были исключены данные следующих стран: Андорра, Монако, Сан-Марино, Туркменистан и Узбекистан.
Данные об оценочном числе новых случаев ВИЧ-инфекции взяты из оценок ЮНЭЙДС/ВОЗ за 2025 г.

Рисунок B. Доля лиц с поздним диагнозом (CD4 < 350 кл/мм³) с разбивкой по полу, возрасту и пути передачи, Европейский регион ВОЗ, 2024 г. (n = 27 871)



Примечание: Дети до 15 лет и лица с ранее известным положительным ВИЧ-статусом исключаются как из числителя, так и из знаменателя. Случаи, классифицированные как недавнее инфицирование, исключаются из числителя показателя поздней диагностики, если CD4 <350/мм³, но включаются в знаменатель. Данные о числе клеток CD4, представленные Российской Федерацией, не включают информацию о предыдущем или недавнем инфицировании, а также разбивку по путям передачи и, следовательно, исключаются из субрегиональных и региональных итогов. Отсутствуют данные из следующих стран: Андорра, Монако, Туркменистан и Узбекистан. Ни одного случая не было зарегистрировано в Лихтенштейне и Сан-Марино .

Процент людей, диагностированных на поздней стадии ВИЧ-инфекции, варьируется в зависимости от путей передачи инфекции и возрастных групп, при этом самые высокие показатели наблюдаются среди людей, инфицированных при гетеросексуальных контактах (особенно среди мужчин), людей, употребляющих инъекционные наркотики, и в старших возрастных группах (рис. B).

В 2024 г. в 43 странах Европейского региона ВОЗ СПИД был диагностирован у 7161 человека (таблица A). Общий уровень заболеваемости СПИДом в Регионе снизился на 53% в период с 2015 по 2024 г.: с 2,5 на 100 000 населения (14 756 случаев) до 1,2 на 100 000. Эта тенденция к снижению наблюдается во всех субрегионах Европейского региона ВОЗ, включая страны ЕС/ЕЭЗ.

Европейский союз и Европейская экономическая зона

В 2024 г. в 30 странах ЕС/ЕЭЗ было зарегистрировано в общей сложности 24 164 новых случая ВИЧ-инфекции, что соответствует показателю 5,3 на 100 000 населения. Этот показатель снизился на 14,5% по сравнению с 2015 г., когда он составлял 6,2 на 100 000 населения (таблица 1). Отчасти это снижение может быть связано с задержкой регистрации случаев, поскольку 48% новых зарегистрированных случаев были случаями поздней диагностики (таблица 12).

Как и в предыдущие годы, заболеваемость ВИЧ-инфекцией в 2024 г. была выше у мужчин, чем у женщин: 17 606 случаев среди мужчин и 6 260 среди женщин, и соотношение заболеваемости у мужчин и у женщин составило 2,8 (рис. 1.1; таблица 2; таблица 3). Кроме того, восемь стран сообщили о 218 случаях ВИЧ-инфекции у людей, которые самоидентифицировали себя как трансгендеры (0,9%), а в отношении 80 человек (0,3%) гендерный статус был неизвестен.

Самый высокий повозрастной показатель заболеваемости был отмечен в возрастной группе 25–29 лет (13,2 на 100 000 населения). Среди мужчин наивысший показатель был в возрастной группе 25–29 лет (20,5 на 100 000 населения), а среди женщин – в возрастной группе 30–39 лет (6,6 на 100 000 населения) (рис. 1.2).

В 2024 г. секс между мужчинами был наиболее распространенным путем передачи ВИЧ в ЕС/ЕЭЗ: на его долю пришлось 48,3% (8 614) новых случаев ВИЧ-инфекции. По сравнению с 52,9% (11 812) в 2015 г. эта доля снизилась на 7,5% (таблица 4, рис. 1.16b). После исключения случаев с неизвестным регионом происхождения и стран, не предоставивших соответствующую информацию для отчетности, было отмечено, что 53,2% (4 312) мужчин, практикующих секс с мужчинами (МСМ), у которых была диагностирована ВИЧ-инфекция, родились в стране, предоставившей отчетность, а 46,8% (3 788) были мигрантами (согласно определению, это люди, родившиеся за пределами страны, предоставившей отчетность) (рис. 1.17). С 2015 по 2024 г. число новых случаев ВИЧ-инфекции среди МСМ-мигрантов увеличилось на 25,4%, тогда как число новых случаев ВИЧ-инфекции среди МСМ, родившихся в странах, предоставляющих отчетные данные, снизилось на 45,7% (рис. 1.17).

Гетеросексуальный путь был вторым по распространенности путем передачи ВИЧ-инфекции в ЕС/ЕЭЗ: на его долю пришлось 45,7% (8 115) новых случаев с известным путем инфицирования (рис. 1.5; таблица 6; таблица 8). В период с 2015 по 2024 г. доля новых случаев ВИЧ-инфекции, обусловленных гетеросексуальной передачей, выросла с 40,9% до 45,6% (рис. 1.16b). Этот рост был умеренным среди мужчин (с 20,4% до 21,8%) и более значительным среди женщин – с 20,5% до 23,8%. В целом, 35,3% (2863) новых случаев, связанных с гетеросексуальными контактами, было выявлено среди уроженцев стран, предоставивших отчетные данные, а большая часть случаев (61,4%, 4985) – среди мигрантов (таблица 11). В период с 2015 по 2024 г. число новых случаев среди гетеросексуальных мигрантов увеличилось на 4,5%, тогда как среди уроженцев стран, предоставивших отчетные данные, снижение составило 2,9% (рис. 1.17).

В 2024 г. передача ВИЧ-инфекции через инъекционное употребление наркотиков обусловила появление 4,7% (846) случаев от общего числа случаев заражения с известным путем передачи (рис. 1.5, таблица 5). Со временем эта доля несколько сократилась: с 5,1% в 2015 г. до 4,7% в 2024 г. (рис. 1.16b). Около половины людей, которым в 2024 г. был поставлен диагноз ВИЧ-инфекции, приобретенной вследствие инъекционного употребления наркотиков, были уроженцами стран, предоставивших отчетные данные (431, 50,9%) (таблица 11).

Передача ВИЧ-инфекции от матери ребенку (ПМР) во время беременности, при родах или лактации привела к появлению 1,1% (196) случаев от всех новых случаев ВИЧ-инфекции с известным путем передачи (таблица 7; таблица 8). Из общего числа новых случаев, где путь передачи был связан с ПМР, 75% (147) было выявлено среди мигрантов, из них 41,8% (82) – среди выходцев из стран Африки к югу от Сахары (таблица 11).

В 2024 г. в ЕС/ЕЭЗ 55,7% (11 401) людей с диагностированной ВИЧ-инфекцией и известным регионом происхождения были мигрантами (рис. 1.6). Из них 32,2% были выходцами из стран Африки к югу от Сахары, 26,4% – из Центральной или Восточной Европы, 24,4% – из стран Латинской Америки и Карибского бассейна, 5,3% – из Южной и Юго-Восточной Азии, 5,2% – из Западной Европы и 6,5% – из других регионов (таблица 10). В странах ЕС/ЕЭЗ доля мигрантов с известным регионом

происхождения среди зарегистрированных случаев ВИЧ-инфекции выросла с 38,3% в 2015 г. до 55,7% в 2024 г.

Данные о количестве CD4-клеток на момент диагностирования ВИЧ-инфекции были доступны в отношении 11796 (63,9%) человек в возрасте ≥15 лет, диагноз которым был поставлен в 27 странах (таблица 12). Почти у половины из этих людей (48,0%) диагноз был поставлен спустя несколько лет после заражения, о чем свидетельствовало количество CD4-клеток ниже 350 клеток/мм³. Данная популяция включала в себя 30,6% лиц с ВИЧ-инфекцией продвинутой стадии (число CD4 менее 200 клеток/мм³) (таблица 8). Поздняя диагностика (число CD4 менее 350 клеток/мм³) чаще всего наблюдалась среди женщин (51,6%), пожилых людей (до 61,3%), лиц, инфицированных гетеросексуальным путем (59,9% мужчин и 52,6% женщин) и лиц, употребляющих инъекционные наркотики (ЛУИН) (52,4%), а также выходцев из Южной и Юго-Восточной Азии (52,7%) и стран Африки к югу от Сахары (53,8%) (рис. 1.8).

Из 218 трансгендерных людей с ВИЧ-инфекцией, диагностированной в 2024 г. в семи странах ЕС/ЕЭЗ, 85,4% были мигрантами, в основном из стран Латинской Америки и Карибского бассейна. Среди тех, в отношении кого были получены данные о количестве CD4-клеток, 31,8% случаев были диагностированы после недавнего заражения, а 33,0% диагностированы на поздней стадии (число CD4 <350 клеток/мм³) (рис. 1.8).

В 2024 г. в 25 странах ЕС/ЕЭЗ было зарегистрировано 2215 случаев СПИДа, что соответствует общему показателю заболеваемости 0,7 на 100 000 населения (таблица 13). За последнее десятилетие уровень заболеваемости СПИДом снизился на 30,0%. В 2024 г. пневмоцистная пневмония (*Pneumocystis jirovecii*) была наиболее частым СПИД-индикаторным заболеванием (22,4% случаев), а туберкулез (легочный и внелегочный) был зарегистрирован у 11,7% случаев (таблица 16). В 2024 г. в 25 странах было зафиксировано в общей сложности 579 случаев смерти от СПИДа, хотя эта цифра, вероятно, занижена (таблица 17).

В целом, 13 стран систематически предоставляли данные о тестировании на ВИЧ, проведенном в период с 2015 по 2024 г., за исключением несвязанного анонимного тестирования и тестирования доноров крови. Количество тестов, проведенных в странах, систематически предоставляющих данные о тестировании, увеличилось на 16,9% по сравнению с 2022 г. и на 9,6% по сравнению с 2023 г., что отражает общее увеличение показателей тестирования на 31,6% за весь период.

Европейский регион ВОЗ

В 2024 г. в Европейском регионе ВОЗ ВИЧ-инфекция была диагностирована у 105 922 человек, что соответствует показателю 11,8 на 100 000 населения. С 1980-х годов было зарегистрировано более 2,68 миллиона новых случаев ВИЧ-инфекции. Большая часть из них приходится на восточную часть Региона (66%), за ней следуют западная (25%) и центральная части (10%). Самый высокий показатель новых случаев ВИЧ-инфекции был зафиксирован в восточной части Региона (27,2 на 100 000), что в пять раз превышает показатели западной или центральной части (см. таблицу A).

ВИЧ-инфекция диагностировалась у мужчин почти вдвое чаще, чем у женщин (соотношение этого показателя у мужчин и женщин = 1,9), при этом наименьшие показатели регистрировались в восточной части Региона (1,6), за которой следовала западная (2,3) и далее – центральная часть с наивысшими показателями (4,6). Наибольшее число новых случаев было выявлено в возрастных группах 30–39 и 40–49 лет (по 32% в каждой).

Показатели на 100 000 населения в 2024 г. значительно различались по странам. Самые высокие показатели (› 15,0 на 100 000 населения) были зарегистрированы в Армении, Грузии, Ирландии, Казахстане, Кыргызстане, Мальте, Республике Молдова, Российской Федерации и Украине, а самые низкие (≤ 3,0 на 100 000 населения) – в Австрии, Боснии и Герцеговине, Венгрии, Северной Македонии, Сербии, Словакии, Словении, Хорватии и Швеции.

В период с 2015 по 2024 г. показатель новых случаев ВИЧ-инфекции в Европейском регионе ВОЗ снизился с 18,3 до 11,8 на 100 000 населения, причем резкое падение произошло в 2020 г., что было связано с пандемией COVID-19. После временного восстановления в период с 2021 по 2023 г. этот показатель вновь снизился в 2024 г. С 2015 г. число новых случаев ВИЧ-инфекции как среди мужчин, так и среди женщин сократилось примерно на треть.

Снижение в годовом исчислении наблюдалось во всех субрегионах, за исключением центрального, где этот показатель увеличился с 4,3 до 5,3 на 100 000 населения. Этот рост был обусловлен, главным образом, за счет показателей Турции, где в 2024 г. число новых случаев ВИЧ-инфекции увеличилось на 67% по сравнению с 2023 г. По данным, предоставленным национальным координатором, такой резкий прирост был обусловлен в основном усилением эпиднадзора и расширением возможностей тестирования, а не реальным ростом числа случаев передачи инфекции. В целом, 11 из 49 стран сообщили о росте числа новых случаев ВИЧ-инфекции в 2024 г. по сравнению с 2023 г.

В 2024 г. гетеросексуальный путь передачи ВИЧ-инфекции оставался преобладающим: на его долю пришлось 70% от числа диагностированных случаев с известным путем передачи. Секс между мужчинами обусловил появление 15% случаев, а употребление инъекционных наркотиков – 14%. Распространенность передачи ВИЧ-инфекции от

матери ребенку (0,7%) и другими путями, такими как переливание крови (0,1%), оставалась низкой.

На востоке Региона гетеросексуальные контакты составили три четверти случаев, а инъекционное употребление наркотиков – 18%. В центральной части Региона гетеросексуальный путь передачи стал причиной появления 57% случаев с известным путем передачи, а секс между мужчинами – 38%. На западе Региона основными путями заражения среди случаев с известным путем передачи были гетеросексуальный путь (50%) и секс между мужчинами (44%). В целом в Регионе преобладающей возрастной группой среди лиц, инфицированных в результате употребления инъекционных наркотиков и гетеросексуальной передачи, была группа 40–49 лет, в то время как мужчины, практикующие секс с мужчинами (МСМ), в основном были в возрасте 30–39 лет.

Тенденции в путях передачи показали продолжающийся сдвиг в сторону гетеросексуального пути[5]. В период с 2015 по 2024 г. доля случаев этого типа передачи выросла с 52% до 64%, в то время как доля случаев передачи ВИЧ-инфекции среди МСМ снизилась с 32% до 26%, а среди лиц, употребляющие инъекционные наркотики – с 15% до 9%. Сохранились региональные различия: на востоке Региона употребление инъекционных наркотиков сократилось вдвое; в центральной части в 2021 г. передача вируса гетеросексуальным путем превысила показатели передачи среди МСМ, а на западе Региона передача вируса среди МСМ снизилась на 38% с 2015 г. Тем не менее, передача вируса среди МСМ по-прежнему оставалась основным путем передачи ВИЧ-инфекции в восьми из пятнадцати стран Центральной Азии. В то же время гетеросексуальный путь передачи был преобладающим у людей, родившихся за пределами стран западной части Региона, которые предоставили данные отчетности.

Почти треть (29,6%) всех новых случаев ВИЧ-инфекции в 2024 г. были зарегистрированы среди людей, родившихся за пределами стран, предоставляющих отчетность, – это небольшое снижение по сравнению с 2023 г. Большая часть новых случаев ВИЧ-инфекции среди людей иностранного происхождения была зарегистрирована среди выходцев из стран Африки к югу от Сахары (40%), Центральной и Восточной Европы (23%), Латинской Америки и Карибского бассейна (19%), а также других регионов (17%), при этом большинство случаев сосредоточено в странах ЕС/ЕЭЗ и Соединенном Королевстве.

Данные о количестве CD4-клеток на момент постановки диагноза показали, что у 54% пациентов диагноз был поставлен с запозданием (CD4 <350 клеток/мм³), в том числе у 33% пациентов с продвинутой ВИЧ-инфекцией (CD4 <200 клеток/мм³). Поздняя диагностика чаще всего встречалась среди инфицированных гетеросексуальным путем (61%) и реже всего среди мужчин, практикующих секс с мужчинами (МСМ) (41%). Показатели поздней диагностики были выше в странах в восточной части Региона (62%), чем в центральной (57%) и западной (47%) частях, и увеличивались с возрастом, достигая 66% среди лиц в возрасте ≥50 лет.

В 2024 г. СПИД был диагностирован у 7161 человека (1,2 на 100 000 населения), причем большинство случаев выявлено в восточной части Региона (63%). Самый высокий показатель заболеваемости СПИДом был отмечен в восточной части Региона (4,4 на 100 000 населения), что в семь-девять раз выше, чем в других субрегионах. На долю туберкулеза приходилось 16% от общего числа СПИД-индикаторных заболеваний. Хотя уровень заболеваемости СПИДом в Регионе снизился на 53% – с 2,5 до 1,2 на 100 000 населения – в период с 2015 по 2024 г. это снижение различалось в зависимости от субрегиона.

Выводы

Данные эпиднадзора за ВИЧ-инфекцией за 2024 г. свидетельствуют о сохраняющейся неоднородности эпидемических моделей и тенденций в Европейском регионе ВОЗ. После трех лет непрерывного роста (2021–2023 гг.) показатель зарегистрированных новых случаев ВИЧ-инфекции в 2024 г. снизился до 11,8 на 100 000 населения, что на 7,8% меньше, чем в 2023 г. Однако эта общая тенденция скрывает значительные субрегиональные различия. В целом снижение обусловлено преимущественно Российской Федерацией, на долю которой приходится большинство случаев ВИЧ-инфекции в Регионе, и где с 2019 г. число случаев сократилось на 40%. В западной части Региона корректировки с учетом задержки в отчетности не применялись, и улучшение отчетности после пандемии COVID-19, возможно, временно завысило число случаев в предыдущие годы. Отчасти это снижение может быть отражением артефактов отчетности, а не истинного снижения эпидемиологических показателей. Поэтому такое общее снижение следует интерпретировать с осторожностью. В то же время, в 11 из 49 стран в 2024 г. зафиксирован рост числа новых случаев ВИЧ-инфекции по сравнению с 2023 г.

Разрыв между числом зарегистрированных новых случаев ВИЧ-инфекции и оценочным числом новых случаев свидетельствует о том, что число людей, инфицированных ВИЧ, превышает число диагностированных случаев, и это указывает на рост числа недиагностированных людей, живущих с ВИЧ, в Регионе. В ЕС/ЕЭЗ, напротив, число зарегистрированных новых случаев ВИЧ-инфекции несколько превышает оценочное число новых случаев инфицирования. Этот увеличивающийся разрыв отражает сохраняющиеся трудности с выявлением случаев и направлением их в систему оказания медицинской помощи, особенно в восточной части Региона [1].

На региональном уровне наблюдается общая тенденция к росту показателей гетеросексуальной передачи и при этом отмечается снижение показателей передачи

5 В анализ включены только те страны, которые на протяжении последнего десятилетия постоянно предоставляли данные о путях передачи ВИЧ-инфекции.

инфекции через половые контакты между мужчинами и инъекционное употребление наркотиков. Однако эти тенденции крайне неоднородны в разных субрегионах и зависят от различий в практиках эпиднадзора и эпидемиологической ситуации.

Основным путем передачи инфекции в восточной части Региона остается гетеросексуальный путь, демонстрирующий в динамике тенденцию к росту, при этом зарегистрированный уровень передачи инфекции половым путем между мужчинами в абсолютном выражении остается низким. Эта закономерность не объясняет наблюдаемый с течением времени рост соотношения показателей у мужчин и женщин [2,3]. Имеющиеся данные свидетельствуют о том, что часть мужчин, зарегистрированных как инфицированные гетеросексуальным путем, на самом деле могут быть мужчинами, практикующими секс с мужчинами (МСМ), или людьми с историей употребления инъекционных наркотиков, которые были ошибочно классифицированы как инфицированные гетеросексуальным путем [4-6].

В центральной части Региона, несмотря на растущую долю гетеросексуальной передачи ВИЧ-инфекции, восемь из пятнадцати стран сообщили, что секс между мужчинами является преобладающим путем передачи. Уровень передачи инфекции, связанной с инъекционным употреблением наркотиков, в целом остается низким, но прошлые вспышки подчеркивают необходимость постоянной бдительности [7–11]. Доля молодых людей среди новых случаев ВИЧ-инфекции остается относительно высокой: почти каждый третий из впервые выявленных моложе 30 лет.

В западной части Региона модели передачи ВИЧ-инфекции во многом зависят от случаев инфицирования среди мигрантов и лиц с ранее диагностированной ВИЧ-инфекцией. Барьеры, связанные с миграцией, в том числе различия в схемах антиретровирусной терапии, перерывы в оказании медицинской помощи во время миграции, языковые барьеры, неопределенный статус проживания и стигматизация, могут препятствовать своевременному доступу к лечению ВИЧ-инфекции и непрерывности терапии.

В Регионе более чем у половины впервые диагностированных людей уровень CD4-клеток был ниже 350 клеток/мм³, включая треть случаев с продвинутой стадией ВИЧ-инфекции (‹200 клеток/мм³). Поздняя диагностика по-прежнему наиболее распространена среди гетеросексуальных мужчин, потребителей инъекционных наркотиков и пожилых людей, а ее показатели демонстрируют значительную географическую вариабельность. Эти тенденции указывают на сохраняющиеся трудности в обеспечении своевременной диагностики и раннего начала лечения.

Неполнота данных по-прежнему ограничивает интерпретацию региональных тенденций. В 2024 г. 16 стран не предоставили информацию, позволяющую отличить новые случаи от ранее выявленных случаев с положительным ВИЧ-статусом, а 13 из 49 стран сообщили о менее чем 50-процентном охвате тестированием с целью определения уровня CD4-клеток на момент постановки диагноза. Достижение консенсуса среди государств-членов относительно стандартных подходов к учету и отчетности по ранее выявленным случаям с положительным ВИЧ-статусом сохраняет свою актуальность для обеспечения точности данных эпиднадзора и их интерпретации.

По оценкам, в Европейском регионе ВОЗ 3,2 миллиона человек (95% ДИ: 2,8–3,4 миллиона) живут с ВИЧ, и около 63% из них получают антиретровирусную терапию (АРТ). В 2024 г. данные о числе людей с диагностированной ВИЧ-инфекцией и числе людей с подавленной вирусной нагрузкой не были получены из-за отсутствия в ряде стран актуальных смоделированных расчетных данных [12].

С момента принятия Региональных планов действий по ликвидации СПИДа и эпидемий вирусных гепатитов и заболеваний, предаваемых половым путем, на 2022–2030 гг. Европейское региональное бюро ВОЗ, ЕЦКЗ и партнеры оказывают поддержку государствам-членам в укреплении процессов реализации на уровне стран мер политики, основанных на фактических данных, для расширения масштабов профилактики, тестирования, лечения и помощи в связи с ВИЧ, а также мероприятий по усилению эпиднадзора и анализу данных.

Меры по борьбе с эпидемией должны быть основаны на фактических данных и адаптированы к национальной и местной эпидемиологической ситуации. В настоящем отчете представлен обширный обзор эпидемиологической ситуации по ВИЧ-инфекции, в котором указывается, что приоритетными должны стать нижеследующие меры реагирования.

- **Во всех странах Европейского региона ВОЗ** следует ускорить расширение масштабов тестирования на ВИЧ для сокращения разрыва в показателях недиагностированных случаев инфекции и достижения целевых ориентиров 95–95–95. Стратегии тестирования на ВИЧ должны включать самотестирование, тестирование на уровне местных сообществ и тестирование, проводимое обученными лицами без специального образования, с быстрой постановкой на диспансерный учет [13–15]. Услуги и стратегии по тестированию на ВИЧ должны основываться на имеющихся данных, описывающих местную эпидемиологическую ситуацию и определяющих целевые ключевые группы населения. Стратегии должны учитывать конкретные потребности этих групп населения и способствовать своевременному доступу к услугам по профилактике, лечению и помощи в связи с ВИЧ. Это обеспечит более раннюю диагностику и начало лечения, что приведет к улучшению результатов терапии и снижению заболеваемости, смертности и распространенности ВИЧ в поддержку достижения целевых ориентиров 95–95–95 и других региональных и глобальных целей [16–18]. Убедительные данные свидетельствуют о том, что

раннее начало антиретровирусной терапии (АРТ) благоприятно влияет на здоровье человека и предотвращает дальнейшую передачу ВИЧ-инфекции [19–22]. Почти в 90% стран Европейского региона ВОЗ действует политика, согласно которой АРТ назначается сразу после постановки диагноза ВИЧ-инфекции, независимо от количества клеток CD4 [23]. Необходимо улучшать охват тестированием и удержание пациентов в системе оказания медицинской помощи, обеспечивать всеобщий доступ к лечению ВИЧ-инфекции и бороться со стигмой и дискриминацией в системе здравоохранения, повышать качество эпиднадзора при более качественном учете случаев с ранее установленным положительным ВИЧ-статусом и регистрации количества клеток CD4 на момент постановки диагноза и страны рождения/происхождения, чтобы эти сведения использовались в качестве основы для планировании мер профилактики.

- **В ЕС/ЕЭЗ и странах западной части Региона** следует расширять первичную профилактику для ключевых групп населения, включая раздачу презервативов, всестороннее сексуальное просвещение и доступ к доконтактной профилактике (ДКП), интеграцию ДКП с плановым тестированием и постановкой на диспансерный учет. Данные указывают на то, что эти меры способны снизить заболеваемость ВИЧ-инфекцией среди групп населения с наибольшим риском инфицирования [24–25]. Необходимо решать проблему растущей доли случаев ВИЧ-инфекции среди мигрантов, обеспечивая всеобщий доступ к услугам тестирования, профилактики и лечения независимо от места жительства или миграционного статуса. Важно усиливать меры, принимаемые на уровне местных сообществ с учетом культурных особенностей, для расширения масштабов тестирования среди мигрантов-МСМ и других ключевых групп; нормализовывать тестирование и расширять его масштабы посредством регулярных предложений тестирования всем тем, кто не выразил несогласия, в учреждениях первичной медико-санитарной помощи, неотложной и дородовой помощи; расширять услуги на уровне местных сообществ, социально-ориентированные и мобильные услуги, а также сделать самотестирование и взятие образцов на дому широкодоступными и недорогими. Также следует предоставлять дополнительные услуги группам населения, недостаточно охваченным тестированием (таких как мигранты, гетеросексуальные мужчины и женщины, пожилые люди), с использованием подходов, адаптированных к культурным и языковым особенностям, с доступом к медицинскому обслуживанию и тестированию в сообществах с учетом потребностей мигрантов, а также к тестированию по показателям состояния здоровья, которое заключается в предложении теста на ВИЧ людям с показателями состояния здоровья, характерными для ВИЧ-инфекции, независимо от заявленных факторов риска. Необходимо сокращать структурные барьеры для тестирования путем отмены платы за услуги, упрощения критериев отбора и защиты конфиденциальности, а также борьбы со стигматизацией посредством обучения медицинских работников и проведения общественных кампаний.
- **В странах центральной части Региона** следует поддерживать усилия по борьбе с ростом гетеросексуальной передачи инфекции, признавая при этом, что секс между мужчинами остается основным путем передачи инфекции в более чем половине стран. Важно расширять дифференцированные услуги по тестированию на ВИЧ и обеспечивать своевременное начало доконтактной профилактики (ДКП) и антиретровирусной терапии (АРТ); поддерживать услуги по снижению вреда для людей, употребляющих инъекционные наркотики, с целью предотвращения будущих вспышек [26–30]; обеспечивать проведение программ профилактики и тестирования на ВИЧ, ориентированных на молодежь, поскольку почти треть новых случаев ВИЧ-инфекции регистрируется среди молодых людей. Необходимо способствовать вовлечению гражданского общества на всех этапах борьбы с ВИЧ, от профилактики до соблюдения режима лечения, и решать задачи обеспечения устойчивости после перехода от внешнего к внутреннему финансированию мероприятий по борьбе с ВИЧ; укреплять трансграничное сотрудничество и обмен данными, а также обеспечивать всеобщую доступность услуг, предоставляемых в связи с ВИЧ, беженцам и мигрантам вне зависимости от их статуса проживания.
- **В странах восточной части Региона** следует продолжать расширение масштабов проведения обоснованных фактическими данными мероприятий для ключевых групп населения и предоставлять более эффективные, ориентированные на нужды людей и комплексные услуги, которые лучше учитывают социальные детерминанты здоровья и снижают стигматизацию и дискриминацию; расширять масштабы тестирования на ВИЧ и выявления случаев заболевания, интегрируя в национальные программы и систему оказания медицинской помощи помощь в уведомлении партнера о ВИЧ-статусе, самотестирование и тестирование на уровне местных сообществ, в том числе с привлечением работников без специального образования. Нужны комплексные стратегии комбинированной профилактики, ориентированные на ключевые группы населения, в том числе на потребителей инъекционных наркотиков, мужчин, практикующих секс с мужчинами, и гетеросексуальные пары, в которых один из партнеров характеризуется поведением, сопряженным с повышенным риском. Важно укреплять программы снижения вреда и лечения опиоидными агонистами для достижения широкого охвата потребителей инъекционных наркотиков, расширять доступ к доконтактной профилактике (ДКП), диверсифицировать варианты доконтактной профилактики (ДКП) и обеспечивать отход от чисто

медицинских моделей предоставления услуг, поддерживать участие сообществ в разработке и предоставлении услуг для расширения их доступности и удержания пациентов в системе оказания медицинской помощи, а также для снижения заболеваемости ВИЧ-инфекцией и смертности в связи со СПИДом.

ВОЗ и ЕЦКЗ совместно с партнерами продолжат оказывать поддержку государствам-членам в их усилиях по ускорению прогресса на пути к достижению Целей в области устойчивого развития в отношении ВИЧ посредством специальных рекомендаций, рабочих совещаний, обучения, вебинаров и другой технической поддержки, ориентированной на высокоэффективные мероприятия по эпиднадзору, мониторингу, лечению и профилактике.

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6 Все ссылки состоянию на 13 ноября 2024 г.

1. HIV and AIDS in the EU/EEA

1.1. HIV diagnoses

In 2024, 24 164 HIV diagnoses were reported in 30 countries of the European Union/European Economic Area (EU/EEA), resulting in a rate of 5.3 per 100 000 population (Table 1). The highest rates were reported by Malta (20.6; 116 cases) and Ireland (18.8; 1 008 cases), and the lowest by Slovakia (2.1; 113 cases) (Table 1; Map 1). Of the HIV diagnoses reported in 2024[7], 14.7% (3 549 diagnoses) were among people with a previous positive HIV diagnosis[8]. Section 1.2 describes previous positive diagnoses in more detail. Unless otherwise specified, data presented in this section includes all HIV diagnoses reported, including both people with a previous positive HIV diagnosis and those diagnosed for the first time.

As in previous years, more men than women were diagnosed with HIV in 2024, (17 606 and 6 260, respectively), resulting in an overall men-to-women ratio of 2.8 (Figure 1.1; Table 2; Table 3). This ratio was highest in Malta (11.8), Hungary (6.0) and Spain (5.9) (Figure 1.1).

The overall rate of diagnoses in men was 7.9 per 100 000 population (Table 2, Map 2) and in women 2.7 per 100 000 population (Table 3; Map 4). In addition to the 23 866 cases identified as either men or women, 218 people (0.9%) identifying as transgender and 80 people (0.3%) with an unknown gender were reported in 2024. In 2024, countries reporting HIV diagnoses among transgender people included Belgium (28 cases, 2.5%), France (107 cases, 2.3%), Germany (33 cases, 1%), Greece (four cases, 0.6%), Ireland (10 cases, 1%), Malta (one case, 0.9%), Netherlands (30 cases, 3.6%) and Portugal (five cases, 0.5%).

Age-specific rates were lowest among children under 15 years (0.2 per 100 000 population for both men and women) (Figure 1.2). In all age groups, men had higher age-specific HIV diagnosis rates than women. The highest overall age-specific rate was observed in the age group 25–29 years (13.2 per 100 000 population). Among men, the highest rate was in the age group 25–29 years (20.5 per 100 000), while for women, it was in the age group 30–39 years (6.6 per 100 000). (Figure 1.2).

The overall mean age at diagnosis was 39.4 years; the mean age at diagnosis was lower for men who have sex with men (36.7 years) than for cases attributed to injecting drug use (42.2 years overall, and similar in both women and men) or heterosexual transmission (41.7 years overall, 40.3 in women and 43.3 in men). For transgender people, the mean age at diagnosis was 33.5 years. The highest proportion of transgender people (41.7%) were diagnosed between the ages of 30–39 years, followed by 27.5% in the age group 25–29 years, 14.7% in the age group 40–49 years, 7.8% aged 20–24 years, 6.9% among those aged 50+ years, and 1.4% in the age group 15–19 years.

The age group 30–39 years accounted for the largest proportion of HIV diagnoses overall (31.3%), with 33.7% among men who have sex with men and 29.2% among those reporting heterosexual contact. In contrast, among people who inject drugs, most diagnoses (41.8%) were reported in the age group 40–49 years (Figure 1.3). One third (32.3%) of diagnoses attributed to sex between men were made before the age of 30, while over half of the HIV infections reported among men and women who had heterosexual contact (53.1%) and among those who acquired the infection through injecting drug use (62.9%) were diagnosed at 40 years or above.

The age distribution of HIV diagnoses varied across countries. In Romania (33.7%) and Cyprus (30.4%), approximately one-third of reported HIV diagnoses were among people aged under 30 years. By way of contrast, in Latvia (65.0%), Norway (54.9%), Italy (54.6%), Lithuania (54.1%), Luxembourg (53.5%), Slovakia (52.2%), Iceland (51.3%), Slovenia (50.9%), Croatia (50.6%) and Denmark (50.2%) over half of the HIV diagnoses were reported in people aged over 40 years (Figure 1.4; Table 9).

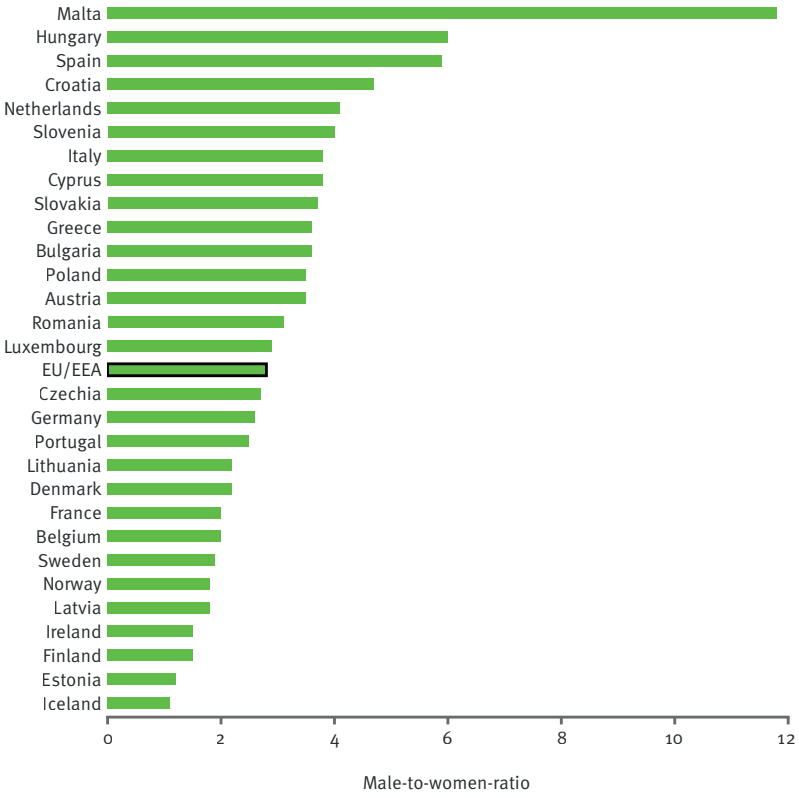
Data on transmission mode provide information on the groups most affected by HIV in the EU/EEA (Tables 4–8; Figure 1.5):

- Sex between men is the most reported transmission mode in the EU/EEA, accounting for 35.6% (8 614) of all HIV diagnoses in 2024. When cases with unknown transmission mode are excluded, this increases to 48.3% of diagnoses with a known mode (Figure 1.5; Table 4; Map 5) and accounts for more than 50% of the HIV diagnoses reported in six countries (Croatia, Hungary, Malta, Netherlands, Slovenia and Spain) (Figure 1.5). The majority (52.9%; 4 554) of people diagnosed with HIV attributed to sex between men were born in the reporting country. Among the 44.3% (3 816) of men who have sex with men diagnosed with HIV who were migrants, 48.3% (1 843) originated from Latin America and the Caribbean, 14.8% (565) originated from Central or Eastern Europe, 10.4% (395) originated from Sub-Saharan Africa, 9.6% (365) originated from Western Europe, 8.4% (320) originated from South and South-East Asia, 8.6% (328) originated from other regions and for 6.4% (244) the origin was unknown (Table 11).

7 Reported HIV diagnoses refer to all HIV diagnoses made and reported by a country within a specific year, encompassing both previous positive diagnoses and individuals who were diagnosed with HIV for the first time.

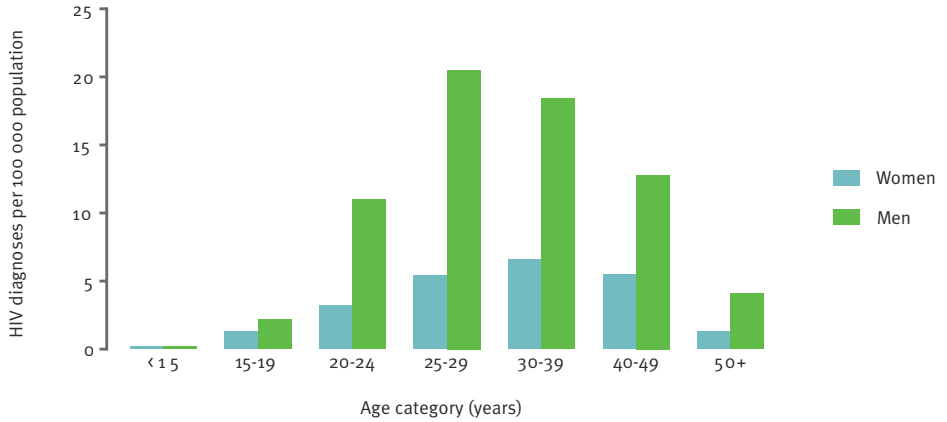
8 Previous positive diagnoses are defined as HIV diagnoses made either abroad or in another setting within the reporting country, on any occasion before the current year of reporting. Some countries report previous positive HIV cases as they enter, re-enter or re-engage with the care system in the reporting country.

Figure 1.1: Male-to-female ratio in HIV diagnoses, by country, EU/EEA, 2024 (n=23 866)



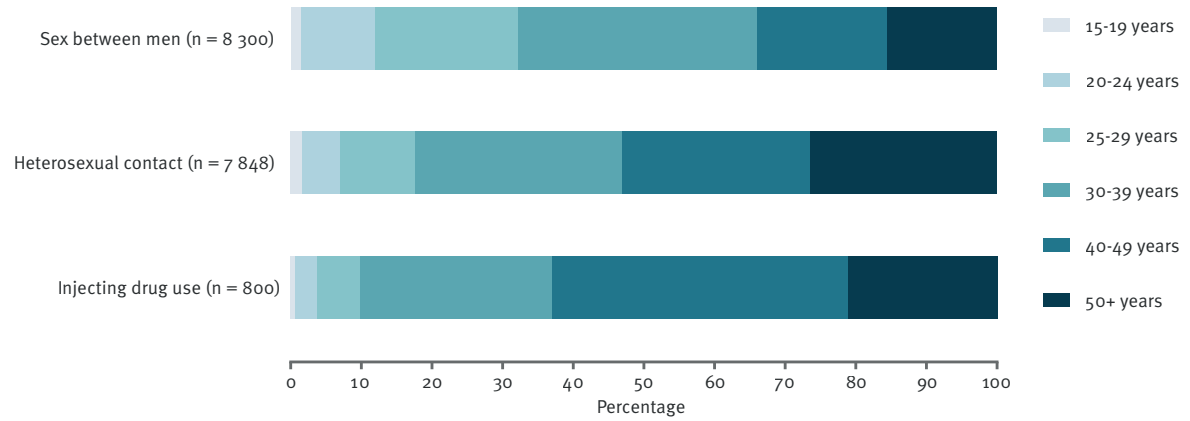
Note: Liechtenstein reported zero cases for 2024.

Figure 1.2: Age- and gender-specific rates of HIV diagnoses per 100 000 population, EU/EEA, 2024 (n=23 757)



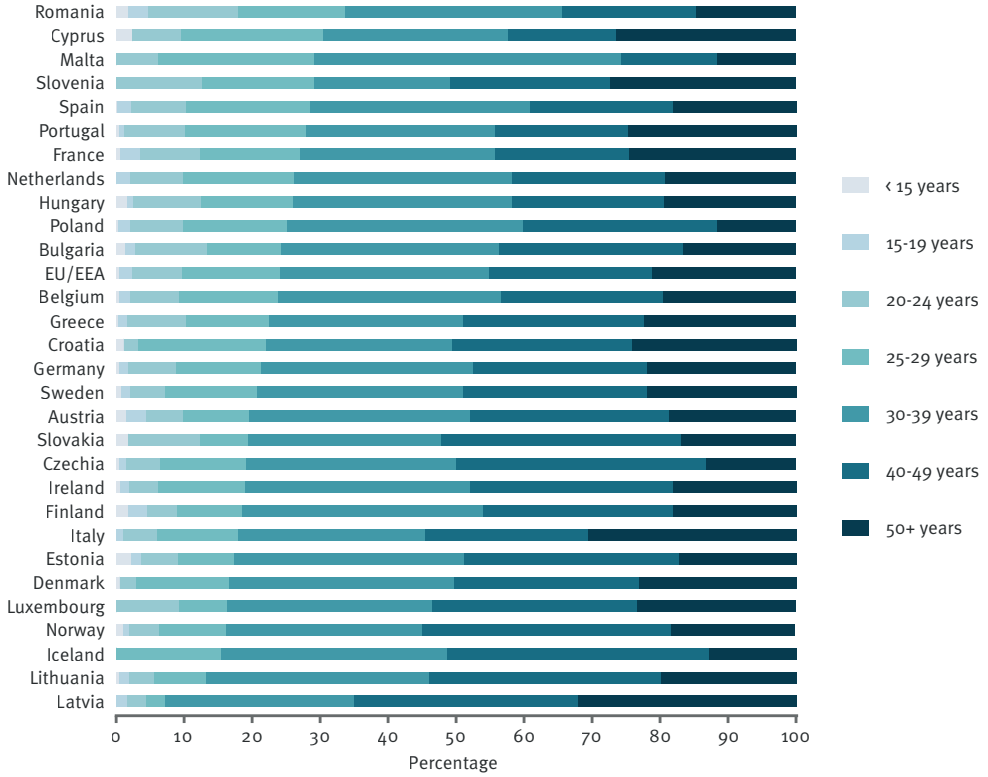
Note: a total of 218 transgender people and 80 people with an unknown gender category reported in 2024 have been excluded from the calculations. Liechtenstein reported zero cases for 2024.

Figure 1.3: HIV diagnoses, by age group (in years) and transmission mode, EU/EEA, 2024 (n=16 948)



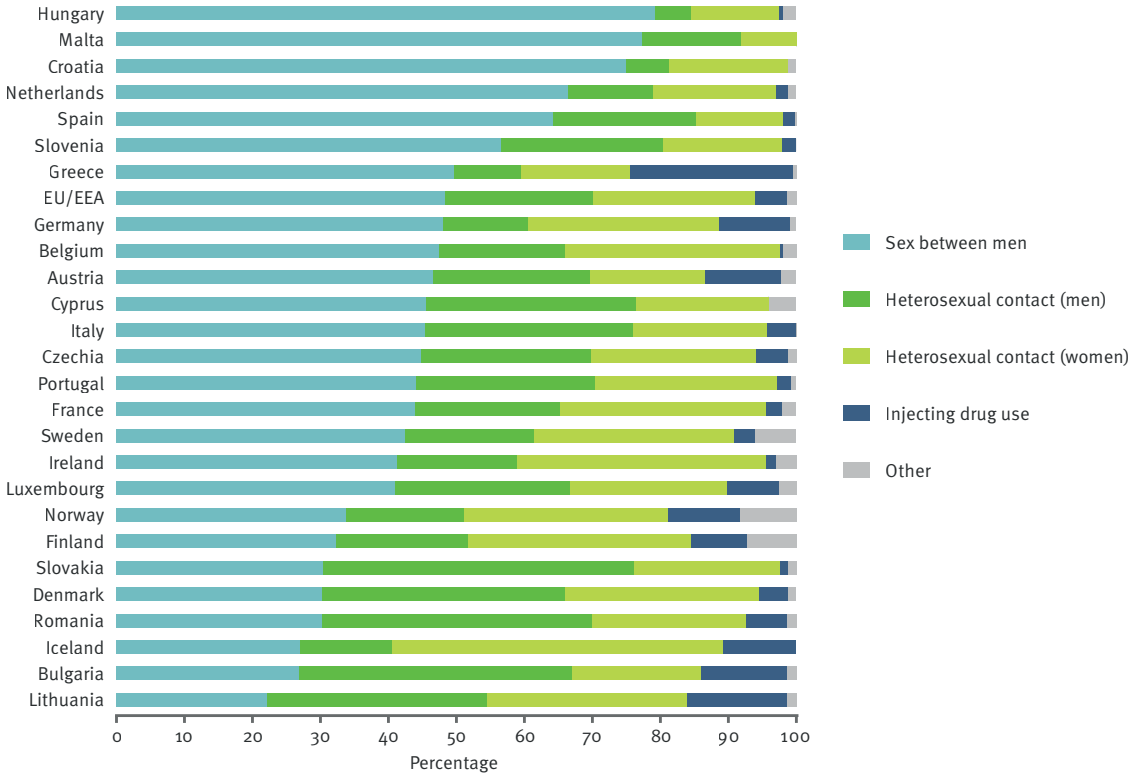
Note: Estonia, Latvia and Poland were excluded from the figure as more than 50% of their reported cases did not include information on the mode of transmission. Liechtenstein reported zero cases for 2024.

Figure 1.4: Percentage of HIV diagnoses, by country and age group, EU/EEA, 2024 (n=24 019)



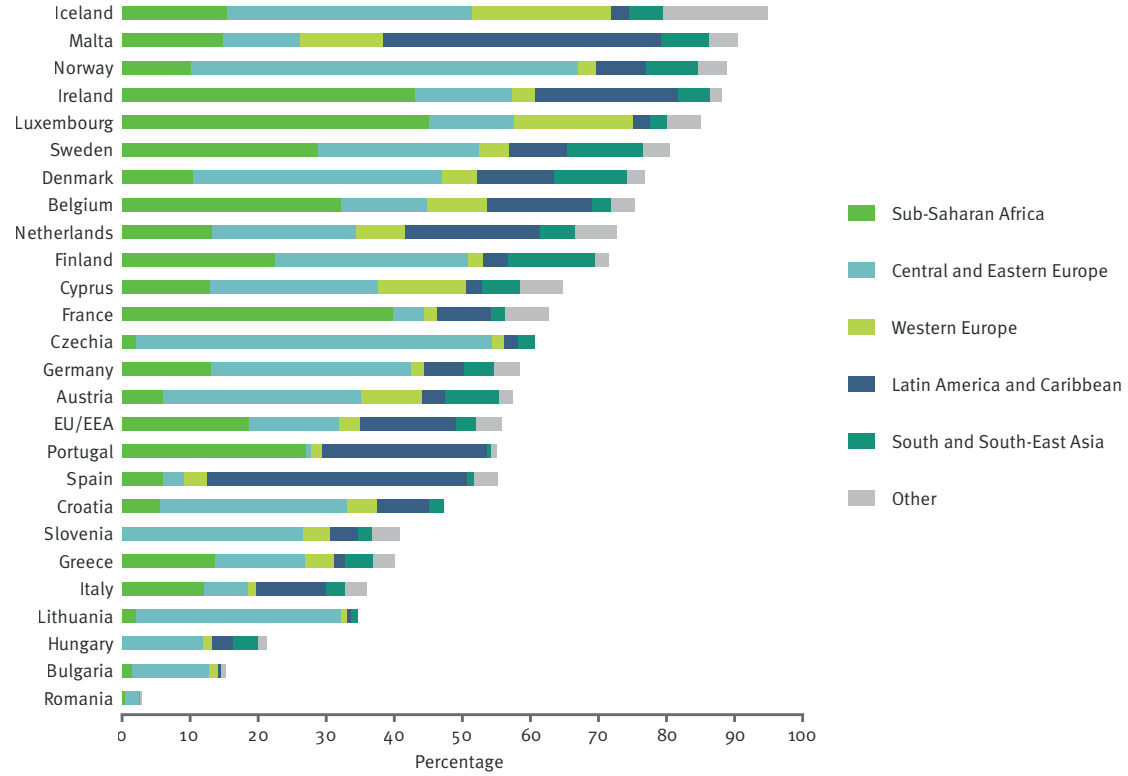
Note: unknown age is excluded from the proportions presented here. The figure is organised in descending order, from the lowest to highest percentage of diagnoses among people under 30 years. Liechtenstein reported zero cases for 2024.

Figure 1.5: Percentage of HIV diagnoses with known mode of transmission, by transmission route and country, EU/EEA, 2024 (n=17 194)



Note: Estonia, Latvia and Poland were excluded from the figure as more than 50% of their reported cases did not include information on the mode of transmission. A total of 4 642 people with an unknown mode of transmission have been excluded from the proportions presented for the countries included in the figure. This figure is organised by proportion of diagnoses resulting from sex between men in descending order. Liechtenstein reported zero cases for 2024.

Figure 1.6: Percentage of HIV diagnoses among migrants out of all reported cases with known information on region of origin, by country of report, EU/EEA, 2024 (n=19 595)



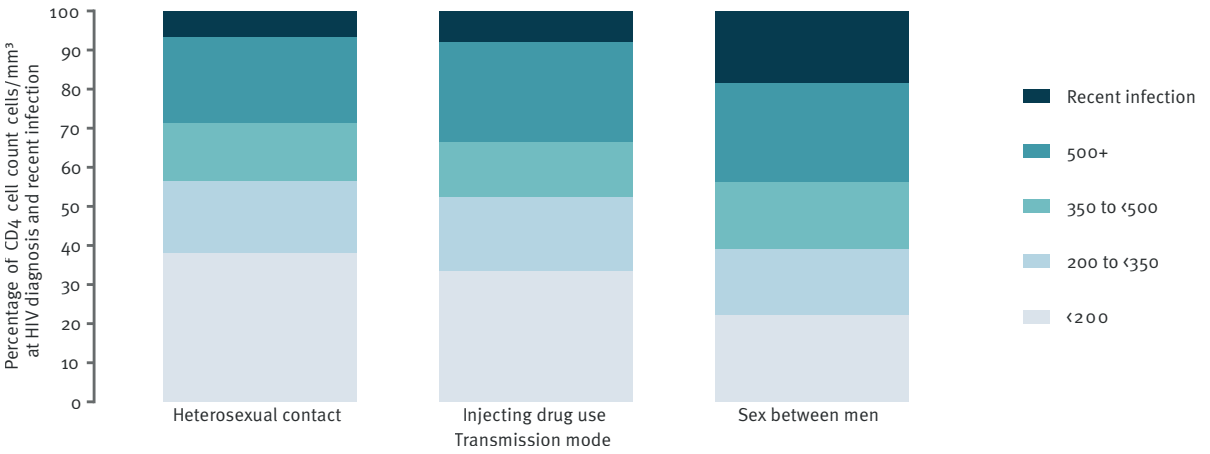
Note: Estonia, Latvia, Poland and Slovakia were excluded from the figure as more than 50% of their reported cases lacked information on the mode of transmission and/or region of origin. A total of 2 134 cases were reported with unknown region of origin, and 4 608 cases were reported with an unknown mode of transmission. The figure is organised from countries with the highest proportion of migrants to those with the lowest. Liechtenstein reported zero cases for 2024.

- Sex between men and women remains one of the most common modes of HIV transmission reported in the EU/EEA, accounting for 33.6% (8115) of all HIV diagnoses and 45.7% of diagnoses where the route of transmission was known (Figure 1.5; Table 6; Table 8; Map 6). Among those with reported heterosexual transmission, there are more women (4224; 52.1%) than men (3884; 47.9%). Heterosexual transmission accounts for more than 50% of all reported HIV cases in 13 EU/EEA countries where mode of transmission was known (Belgium, Bulgaria, Cyprus, Denmark, Finland, France, Iceland, Ireland, Italy, Lithuania, Portugal, Romania and Slovakia). One-third (35.3%; 2863) of reported diagnoses attributed to heterosexual transmission were among people born in the reporting country. More than half of the reported diagnoses (61.4%; 4985) were among migrants. Of these, 53.4% (2660) originated from Sub-Saharan Africa, 26% (1296) originated from Central or Eastern Europe, 10.8% (539) originated from Latin America and the Caribbean, 3% (149) originated from South and South-East Asia, 2.5% (127) originated from Western Europe, 4.3% (214) originated from other regions, and for 5.4% (267) the region of origin was unknown. (Table 11).
- Around 3.5% (846 cases) of all reported HIV diagnoses and 4.7% of those with a known mode of HIV transmission were attributed to injecting drug use (Figure 1.5; Table 5, Table 8). Where the mode of transmission was known, injecting drug use was the probable mode for 24.1% in Greece, 14.7% in Lithuania, 12.7% in Bulgaria, 11.2% in Austria, 10.8% in Iceland, 10.5% in Germany and 10.5% in Norway (Figure 1.5; Map 7). About half of the reported cases were from the reporting country (431, 50.9%), while 42.6% (360 cases) were migrants. Of these, 80.3% (289 cases) were from other countries in Central or Eastern Europe (Table 11).
- Mother-to-child transmission (MTCT) during pregnancy, childbirth, or breastfeeding accounted for 0.8% of all reported HIV diagnoses and 1.1% of cases with a known mode of HIV transmission (Table 7, Table 11). Most of the cases were reported by France (30.1%), Germany (11.2%), Ireland (10.7%) and Belgium (6.1%). Most of the people diagnosed with HIV due to MTCT were born outside of the reporting country (75.0%; 147 cases), with 55.8% (82 cases) coming from Sub-Saharan Africa.
- A total of 42 diagnoses (0.2%) were reported to be due to contaminated transfusion of blood and its products, and nine due to hospital-acquired infections (Table 8). Among transfusion-related cases, 40.5% (17) were reported in people from Sub-Saharan Africa. In contrast, 66.7% (6) of nosocomial infections were reported in people originating from Central and Eastern Europe (Table 11).
- Transmission mode was reported as unknown for 6283 diagnoses (26.1%), with a wide variation among countries: less than 5% of diagnoses were reported with unknown transmission mode in Bulgaria, Cyprus and Romania and over 50% in Estonia, Latvia and Poland (Table 8).

In 2024, 29 EU/EEA countries provided data on the country of birth, nationality, or region of origin for 21172 (87.6%) HIV diagnoses (Table 10). Among these, 11401 cases (47.2% of total HIV diagnoses and 55.7% of those with known origin information) were reported among migrants (Figure 1.6). In total, 3670 (32.2%) were from Sub-Saharan Africa, 3015 (26.4%) were from Central or Eastern Europe, 2782 (24.4%) were from Latin America and the Caribbean, 598 (5.2%) were from Western Europe, 600 (5.3%) were from South and South-East Asia, and 736 (6.5%) were from other regions (Figure 1.6; Table 10).

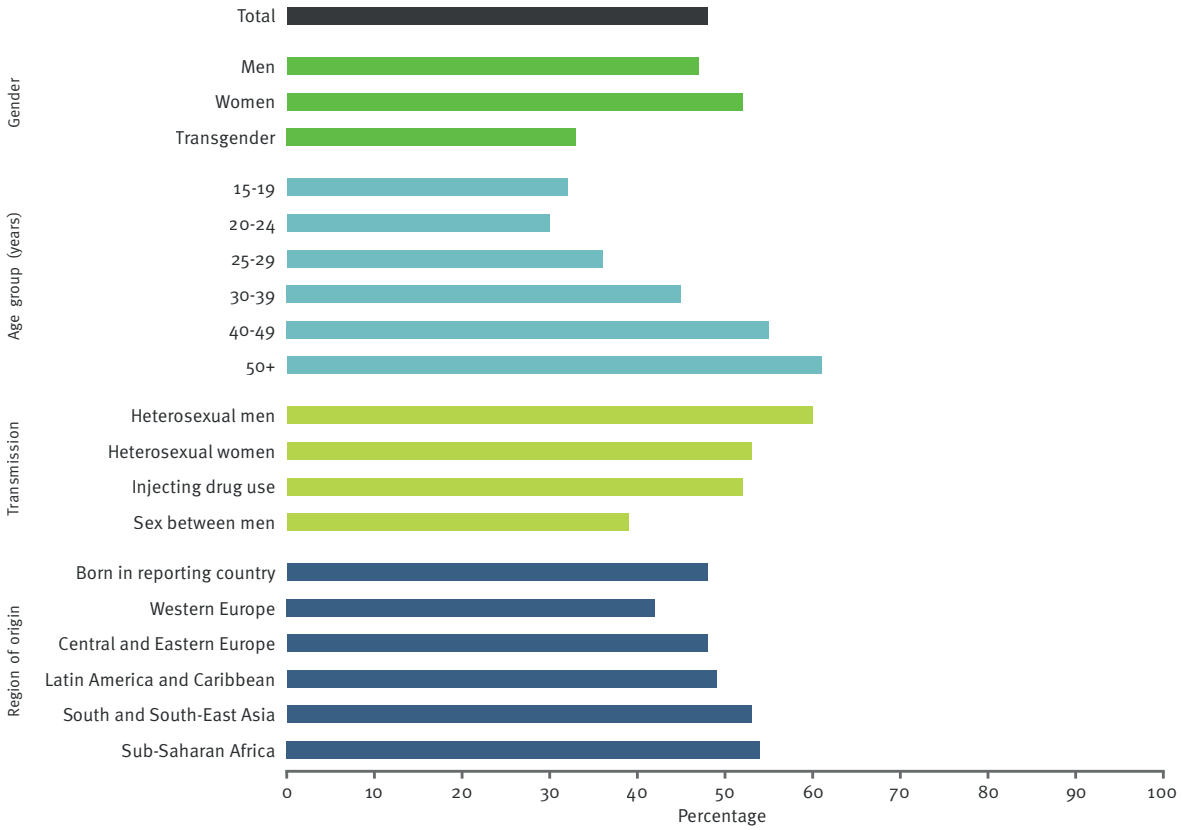
The countries with more than half of their HIV diagnoses among people originating from outside the reporting country were Austria, Belgium, Cyprus,

Figure 1.7: Acute infection or CD4 cell count per mm³ at HIV diagnosis, by transmission mode, EU/EEA, 2024 (n=10774)



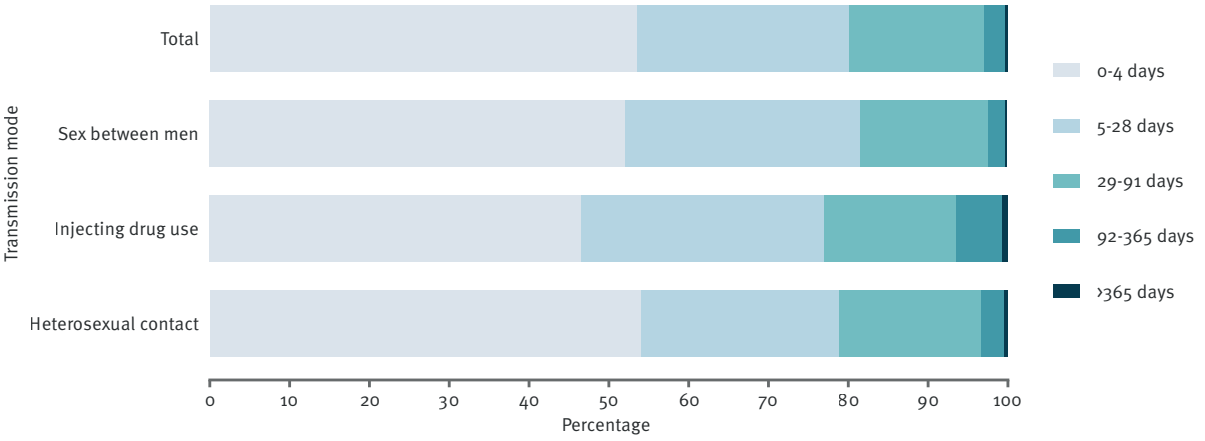
Notes: this graph excludes cases with unknown CD4 cell count per mm³ and those defined as previous positive diagnosis. Hungary, Malta and Poland did not provide CD4 cell count per mm³ for 2024 and are therefore not included in the figure. Liechtenstein reported zero cases for 2024.

Figure 1.8: Percentage of people diagnosed late (CD4 cell count < 350 per mm³) by demographic, EU/EEA, 2024 (n=11796)



Note: this figure excludes cases with an unknown CD4 cell count per mm³, children under 15 years, previously positive diagnoses and cases reported by countries that did not report CD4 cell counts per mm³. Cases classified as recent infections with CD4 < 350 cells/mm³ are excluded from the numerator of the late-diagnosis indicator, but remain in the denominator. Liechtenstein reported zero cases for 2024.

Figure 1.9: Linkage to care after HIV diagnosis in the EU/EEA, individuals diagnosed with HIV 2023–2024 (n=14 017).



Note: cases with no data or missing data on CD4 cell count or date of diagnosis, previous positive cases and those who died within 91 days of diagnosis are excluded from this figure. Liechtenstein reported zero cases for 2024.

Czechia, Denmark, Finland, France, Germany, Iceland, Ireland, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain and Sweden.

For HIV diagnoses reported among transgender people in 2024, 85.4% (186) originated from a country other than the reporting country, 12.8% (28) were born in the reporting country, and in 1.8% of cases (4), the region of origin was unknown. Among those whose regions of origin were known and who were born abroad, 73.7% (137) were from Latin America and the Caribbean, 8.6% (16) from Central and Eastern Europe, 8.6% (16) from Sub-Saharan Africa, 3.8% (7) from South and South-East Asia, 2.7% (5) from other, and 2.7% (5) from Western Europe.

Information on CD4 cell count at the time of HIV diagnosis was available for 11796 (63.9%) adults and children aged ≥15 years, diagnosed across 27 countries (Table 12). A total of 21 countries were able to provide CD4 cell counts for 50% or more of their reported cases, however Belgium, Germany, Greece, Ireland, Latvia, and Slovakia were unable to do so. Hungary and Poland did not provide CD4 cell counts for 2024.

To calculate late diagnoses, children under 15 years and previously positive diagnoses are excluded from both the numerator and the denominator. Cases classified as recent infection are excluded from the numerator of the late-diagnosis indicator of CD4 <350 cells/mm³, but remain in the denominator in Table 12, resulting in a final total of 11796 cases. Almost half of these cases (48.0%) were considered to have been diagnosed several years after being infected, with a CD4 cell count below 350 cells/mm³. This included 30.6% of cases considered to have advanced HIV infection (CD4 cell count below 200 cells/mm³) (Table 12). The proportion diagnosed late (CD4 cell count below 350 cells/mm³) was above 60% in Croatia (68.3%), Sweden (66.7%), Bulgaria (63.1%) and Romania (62.3%).

Among all cases diagnosed in 2024 with available information on CD4 cell count (11796) and excluding previous positive cases, 10.8% were diagnosed during recent infection[9] and 23.7% were diagnosed with CD4 cell count of 500 or over 500 cells/mm³. More specifically, among men who have sex with men diagnosed in 2024, 15.7% were reported as recent infections, and 26% had a CD4 cell count of 500 or over 500 cells/mm³ at diagnosis (Figure 1.7).

When analysing CD4 cell count, the highest proportions of people presenting at a later stage of HIV infection (CD4 less than 350 cells/mm³, excluding those previously diagnosed or with evidence of recent infection) were among women (51.6%), older adults (61.3% in those over 50 years, 55.1% in the 40–49 age group), men or women who acquired the infection through heterosexual sex (59.9% and 52.6% respectively), people who acquired HIV through injecting drug use (52.4%), and migrants originating from Sub-Saharan Africa (53.8%) and South and South-East Asia (52.7%) (Figure 1.8).

The lowest proportions of late diagnosis (CD4 cell count below 350 cells/mm³) were observed among younger age groups (39.8% of those aged 20–24 years), men who acquired HIV through sex with another man (39.0%) and people from countries in Western Europe (42.5%) (Figure 1.8).

Information regarding CD4 cell count was available for 40.4% (n=88) of all transgender people reported (218). Of these, 31.8% (n=28) had a recent infection, 25% (n=22) had CD4 cell count of 500 or more than 500 cells/mm³ at diagnosis and 34.1% (n=30) presented at a late stage of HIV infection (CD4 cells/mm³ <350), with 14 (15.9%) considered to have advanced HIV infection at diagnosis (CD4 cells/mm³ <200).

Among cases diagnosed in recent years (2023–2024) where CD4 data and date of diagnosis were reported, 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: 53.6% were linked to care within four days of HIV diagnosis and 97.0% were linked to care within three months (Figure 1.9).

1.2. Previous positive diagnoses

In 2024, previous positive diagnoses accounted for 14.7% (3549) of the 24164 HIV diagnoses reported, representing a 17.8% decrease compared with 2023, when the proportion was 16.9% (4317 of 25616). However, these figures are probably underestimated, as the variable identifying the HIV status as a previous positive or first-time diagnosis had a completeness of 66.2%. Bulgaria, Finland, Hungary, Italy, Lithuania, Malta, Poland, Romania and Spain were excluded from this analysis, as more than half of their HIV diagnoses reported in 2024 did not have data on this variable (Figure 1.10).

If only the data from the 20 countries with sufficient reporting on this variable is considered, the proportion of previous positive diagnoses increases to 21.2% (3192) of all HIV diagnoses reported by these countries in 2024 (Figure 1.10). In three countries, more than 50.0% of the HIV diagnoses reported in 2024 were previous positives: Iceland (61.5%), Norway (58.3%), Sweden (50.7%).

When comparing people with previous positive HIV diagnoses to those newly diagnosed, a higher proportion are women (36.3% versus 26.9%), and a higher proportion is over 30 years of age (79.9% versus 75.1%). In addition, a larger percentage of migrants is found among those with a previous positive diagnosis than among those newly diagnosed (86.5% versus 50.7%) and a higher proportion from Central and Eastern Europe (21.5% versus 14.7%) and Sub-Saharan Africa (33.1% versus 19.7%) (Figure 1.11).

9 Recent infection status was reported by countries using one or more criteria for recent infection, including HIV negative test in the last six months, evidence of seroconversion illness, p24 antigen or an indication based on any other clinical or laboratory criteria.

In terms of transmission routes, among people with previous positive diagnoses, heterosexual contact was the primary route (39.1%), with a higher prevalence in women (27.1%) than in men (12.0%). Transmission through sexual contact between men is less common among those with previous positive diagnoses 34.3%. In addition, MTCT was reported at a higher rate among those with previous positive diagnoses (3.0%) than in newly diagnosed people (0.6%).

1.3. Trends in HIV diagnoses

Between 2015 and 2024, the trend in reported HIV diagnoses showed a decline, with the rate for EU/EEA countries dropping from 6.2 to 5.3 per 100 000 population, which represents a 14.5% decrease. Compared with 2023, the rate fell by 5.4%, from 5.6 to 5.3 per 100 000 population (Table 1).

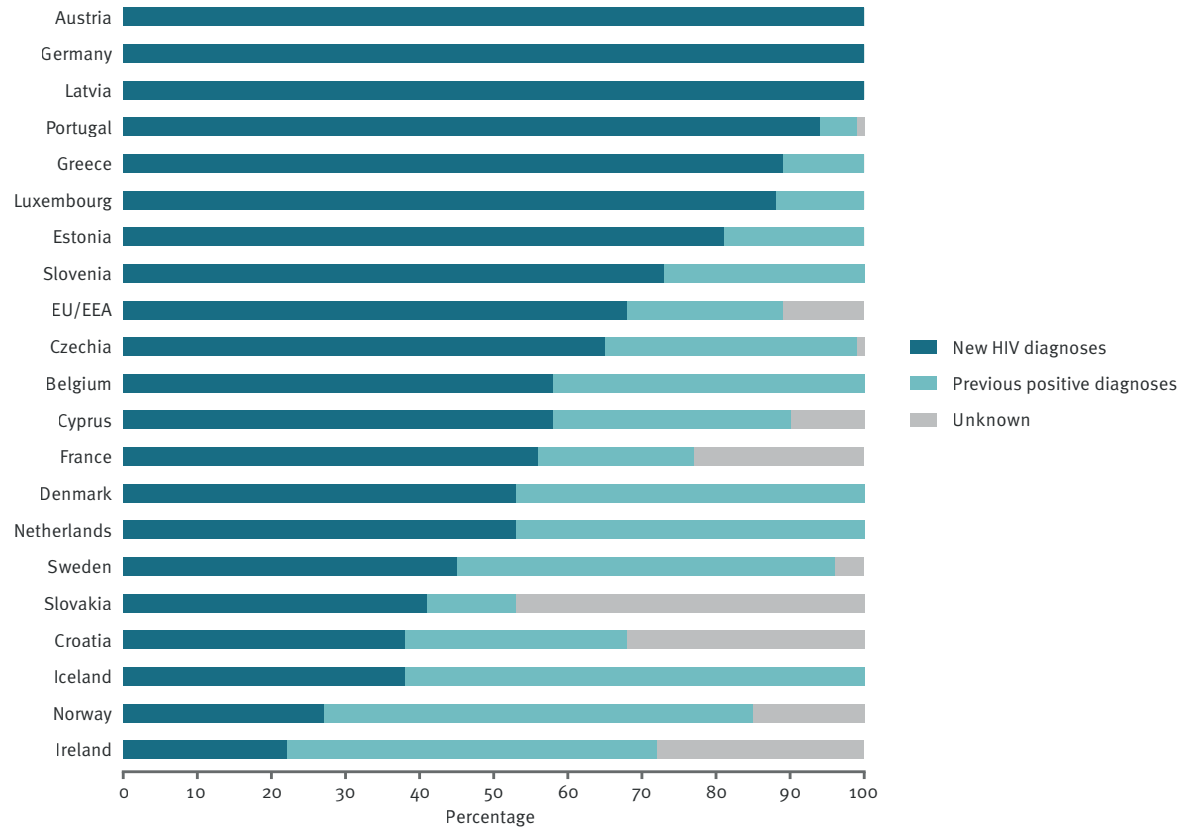
When only new HIV diagnoses reported between 2015 and 2024 are considered (excluding previously reported positive cases from countries with sufficient data), the rate for 2024 is 3.8 per 100 000. This represents a 5.0% decrease compared with the 2023 rate (4.0 per 100 000) and a 22.4% decrease on the 2015 rate (4.9 per 100 000) (see Figure 1.12 and 1.13).

From 2015 to 2020, age-specific rates declined, followed by a plateau during the period 2020–2021, a marked increase in 2022 in most age groups for both women and men, and a subsequent decline in 2023–2024 (Figure 1.14a, Figure 1.14b).

HIV diagnoses among people born outside of the reporting country, excluding Latvia and Slovakia (where more than 50% of reported cases have an unknown region of origin), accounted for 33.1% of all diagnoses in 2015. This proportion has increased over time to 49.8% in 2023, and declined to 47.2% in 2024. When analysing data excluding cases with an unknown region of origin, the proportion of migrants among HIV diagnoses increased from 38.3% in 2015 to 55.7% in 2024, representing a 45.4% rise over the period. However, compared to 2023, there was a decrease of 1.9%, down from 56.8%. In particular, there was a 9.2% decrease in diagnoses among people coming from Sub-Saharan Africa, declining from 4 041 reported diagnoses in 2023 to 3 670 in 2024. (Figure 1.15).

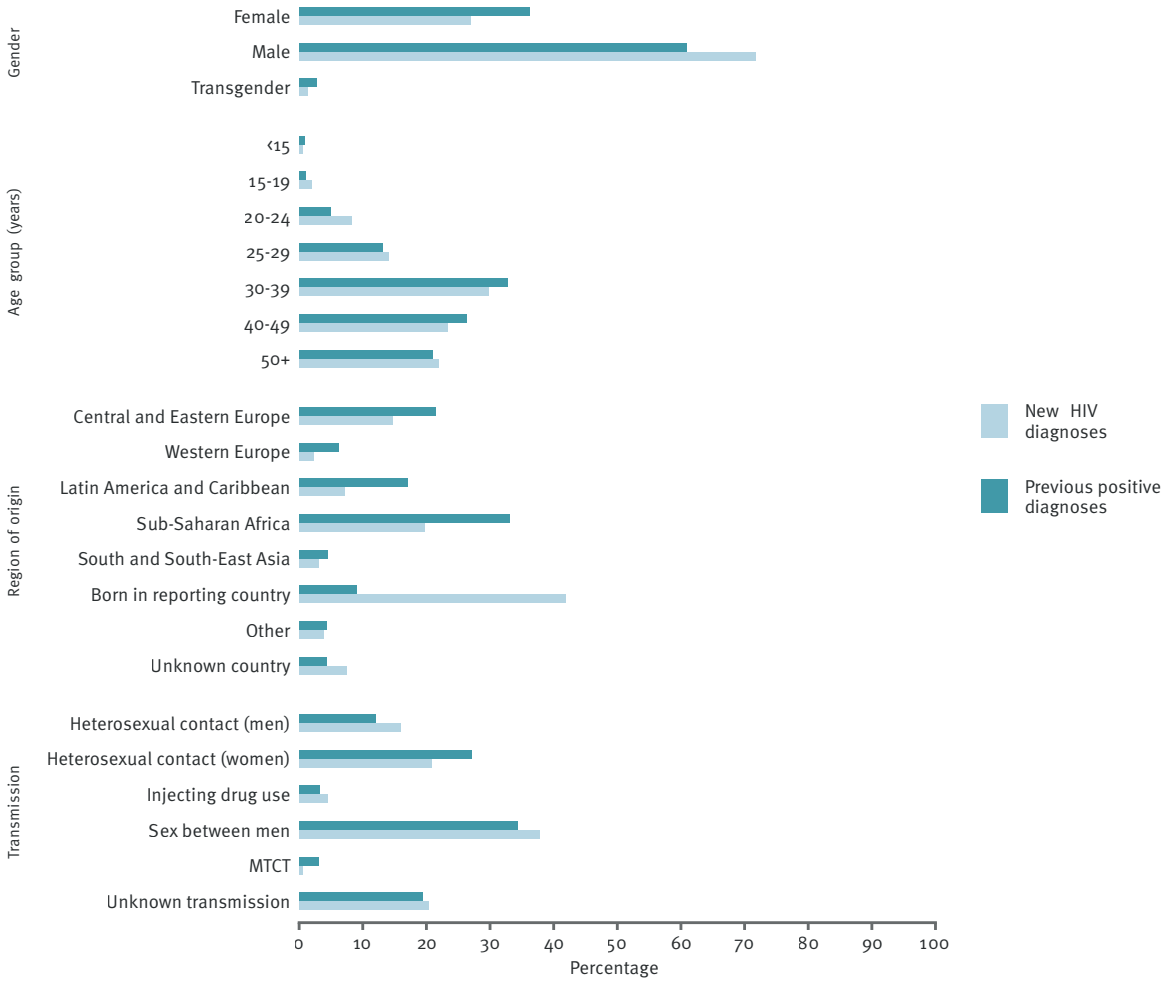
Since 2015, most of the EU/EEA countries have maintained consistent reporting on transmission routes. However, for the transmission mode analysis, HIV diagnoses reported by Estonia, Latvia and Poland were excluded due to incomplete reporting on transmission mode for some years of the previous decade. When

Figure 1.10: Percentage of previous positive diagnoses and newly HIV diagnoses by country of report, EU/EEA, 2024 (n = 14 745)



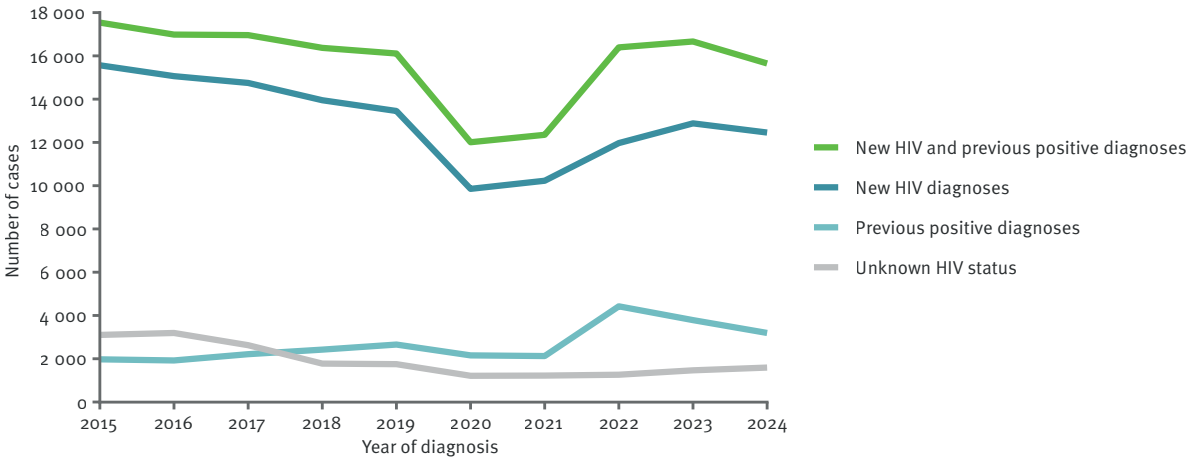
Note: countries with more than 50% unknown for the variable identifying the HIV status as a previous positive or new diagnosis are excluded from the figure.

Figure 1.11: Demographic and epidemiological characteristics of previous positive diagnoses and new HIV diagnoses by 20 EU/EEA countries, 2024 (n=14745)



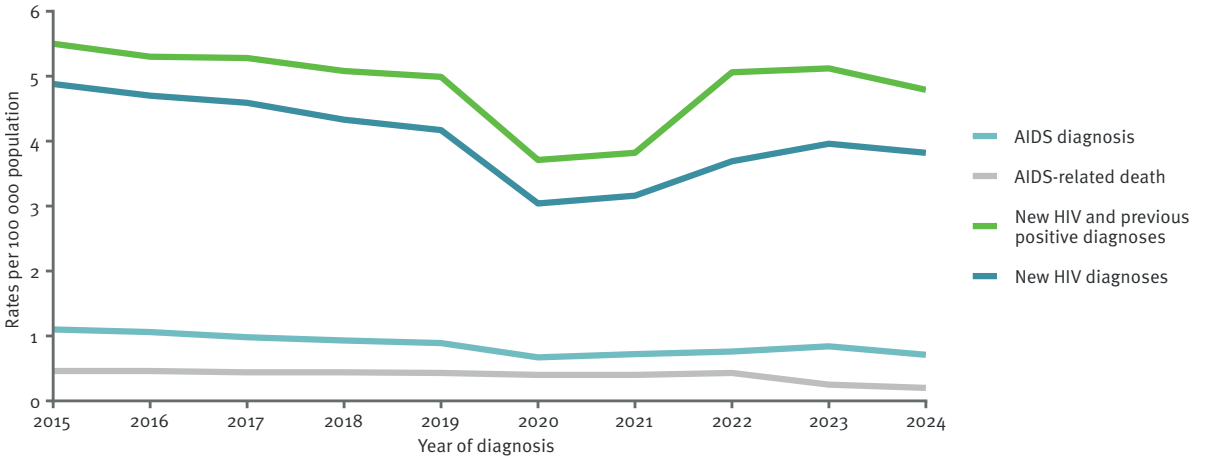
Notes: MTCT: mother-to-child transmission.
The data for HIV cases reported in 2024 from the following EU/EEA countries have been included in this figure: Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Iceland, Ireland, Latvia, Luxembourg, Netherlands, Norway, Portugal, Slovakia, Slovenia and Sweden.

Figure 1.12: Temporal trends in HIV diagnoses reported by 20 EU/EEA countries: comparison of trends including and excluding previous positive diagnoses, 2015–2024 (n=176 219).



Note: this figure includes data on HIV cases reported between 2015 and 2024 from the following EU/EEA countries: Austria, Belgium, Croatia, Czechia, Denmark, Estonia, France, Germany, Greece, Iceland, Ireland, Latvia, Luxembourg, Netherlands, Norway, Portugal, Slovakia, Slovenia and Sweden. Data from Bulgaria, Cyprus, Finland, Hungary, Italy, Liechtenstein, Lithuania, Malta, Poland, Romania and Spain were excluded as more than 50% of the HIV status variable data were classified as unknown.

Figure 1.13: People diagnosed with HIV, AIDS diagnosis and AIDS-related deaths reported per 100 000 population, EU/EEA, 2015–2024



Note: rates exclude countries not reporting consistently over the period: Germany, Liechtenstein and Sweden (AIDS diagnosis and AIDS deaths). The newly diagnosed cases rate was calculated by removing previous positive cases from the 20 EU/EEA countries with sufficient reporting on this variable to exclude these cases (see Chapter 1.2 for more details). AIDS diagnosis and AIDS-related death rates were not affected by previous positive cases and these rates are not adjusted.

Figure 1.14a: Age-specific trends in HIV diagnoses in women, 2015–2024

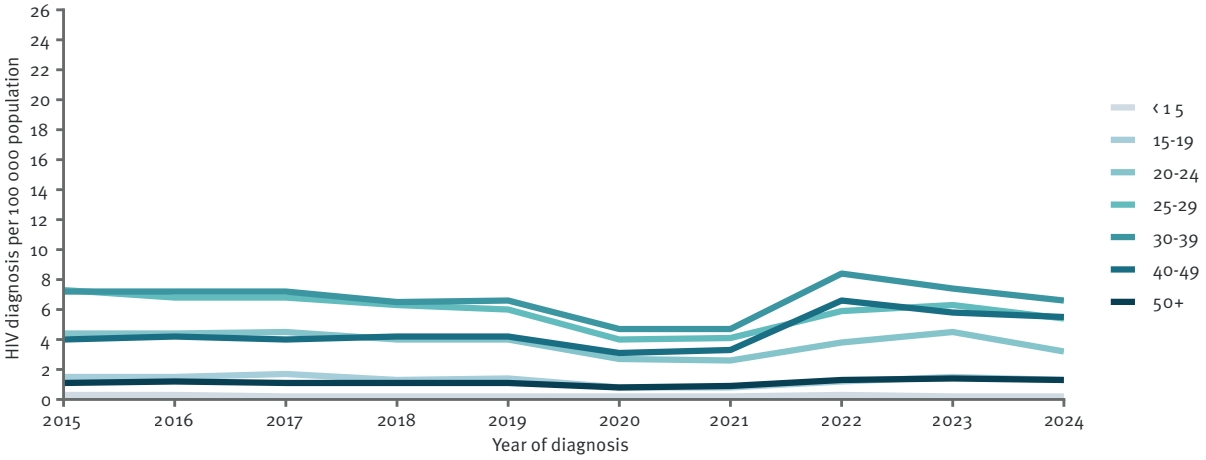


Figure 1.14b: Age-specific trends in HIV diagnoses in men, 2015–2024

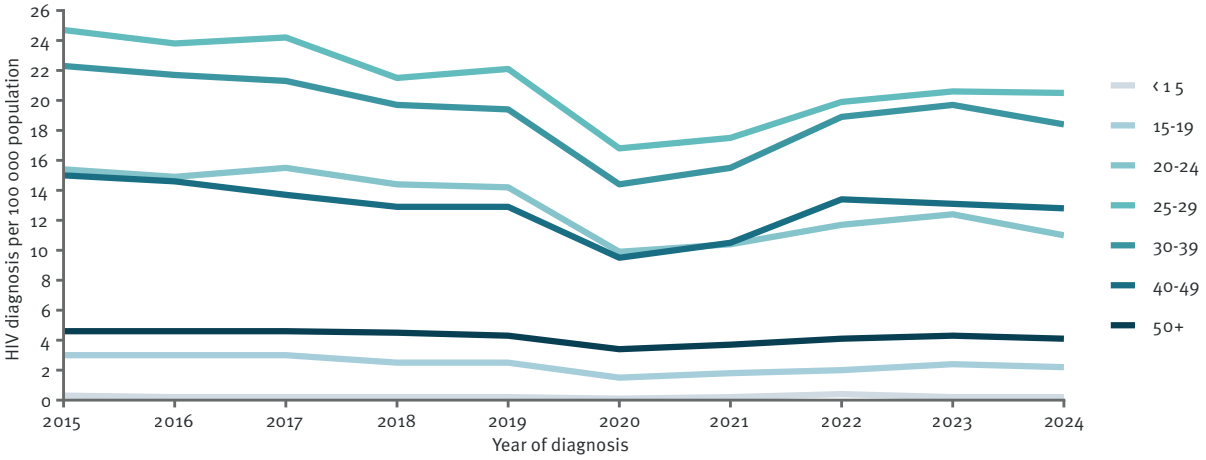
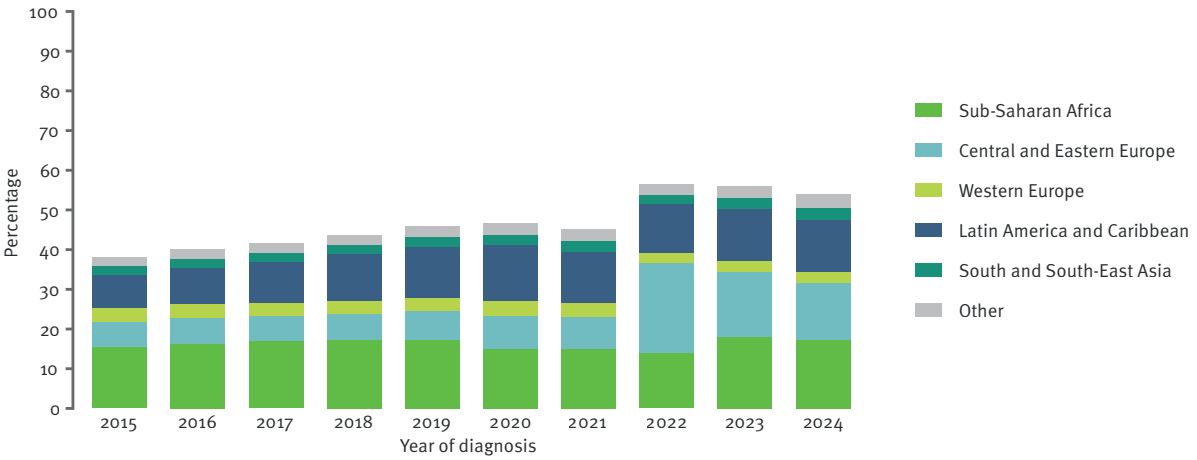
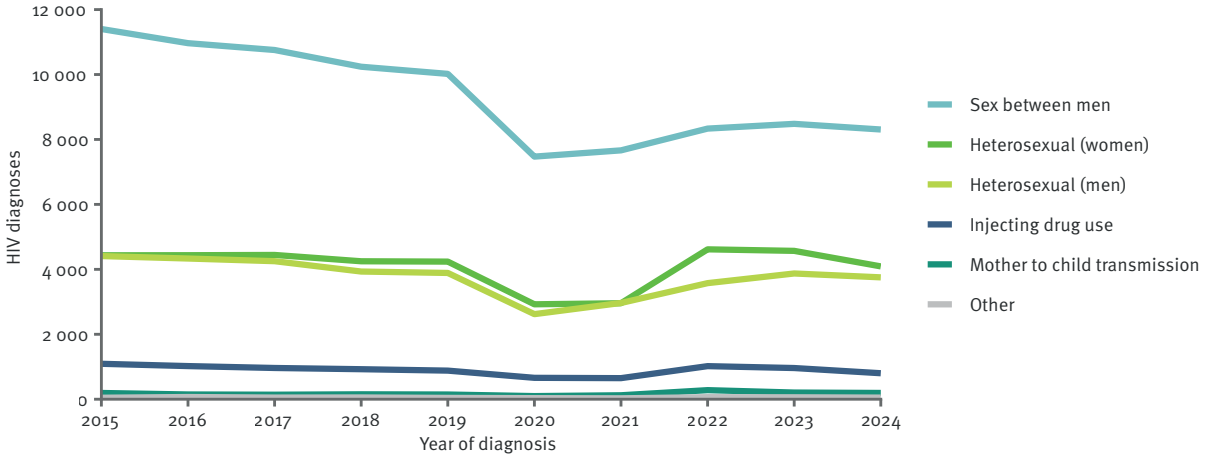


Figure 1.15: Percentage of diagnoses among migrants, by year of diagnosis and region of origin, EU/EEA, 2015–2024



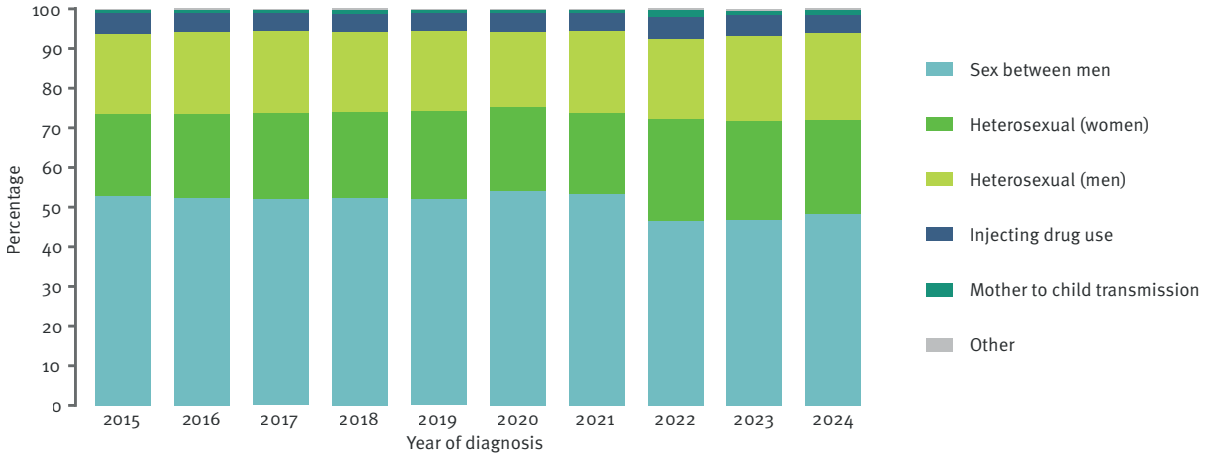
Note: HIV reported diagnoses from Latvia and Slovakia have been excluded from this figure as more than 50% of the cases reported in these countries have an unknown region of origin. From 2015 to 2024, a total of 28 403 reported HIV diagnoses were excluded from the countries included in the figure due to an unknown region of origin. The proportions are calculated based on the total number of cases reported with a known region of origin for the entire period (n=213 542).

Figure 1.16a: HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2015–2024



Note: diagnoses reported by Estonia, Latvia and Poland were excluded due to incomplete reporting on transmission mode during a portion of the previous decade.

Figure 1.16b: Percentage of HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2015–2024



Notes: cases where transmission route was 'Unknown' are not presented here. HIV diagnoses reported by Estonia, Latvia and Poland were excluded due to incomplete reporting on transmission mode during a portion of the previous decade.

focusing on data from those countries that have consistently reported over the past decade (2015–2024) and analysing data with known routes of transmission, the following trends become evident:

- The proportion of HIV diagnoses with a known route of transmission attributed to sex between men decreased from 52.3% in 2015 to 48.3% in 2024. A slight decrease in reported HIV diagnoses among men who have sex with men was observed in 2022 (8 335 diagnoses), followed by an increase in 2023 (8 481 diagnoses), with the number remaining relatively stable in 2024 (8 307 diagnoses) (Figure 1.16a, Figure 1.16b). Among migrant men who have sex with men, HIV diagnoses increased by 25.5% from 3 019 in 2015 to 3788 in 2024, but decreased 3.8% year on year from 3 936 in 2023 to 3788 in 2024. Among men who have sex with men born in the reporting country, diagnoses increased by 1.7%, from 4 239 in 2023 to 4 312 in 2024 (Figure 1.17).
- The proportion of HIV diagnoses with a known mode of transmission attributed to heterosexual transmission in both women and men increased from 40.9% in 2015 to 45.6% in 2024. Among men, this proportion showed a slight increase over the period, from 20.4% to 21.8%. In contrast, the increase among women was more pronounced, rising from 20.5% to 23.8% of HIV diagnoses with known transmission information (Figure 1.16b). A smaller increase (4.5%) was also observed among heterosexual migrants, with diagnoses rising from 4 670 in 2015 to 4 878 in 2024. It is also worth noting that there was a 2.5% decrease in the number of reported diagnoses among heterosexual people born in the reporting country from 2023 (5 349 cases) to 2024 (4 878 cases) (Figure 1.17).
- The overall number of HIV diagnoses reported among people who inject drugs slightly decreased, from 1 291 cases in 2015 to 846 cases in 2024 (Figure 1.16a, Figure 1.17, Table 5), although there was an increase in 2022 when the number was 1 092.
- The proportion of HIV diagnoses reported to be due to mother-to-child transmission of HIV increased from 0.9% to 1.1% between 2015 and 2024, although the number declined from 227 in 2023 to 196 in 2024 (Figure 1.16a, Table 7).

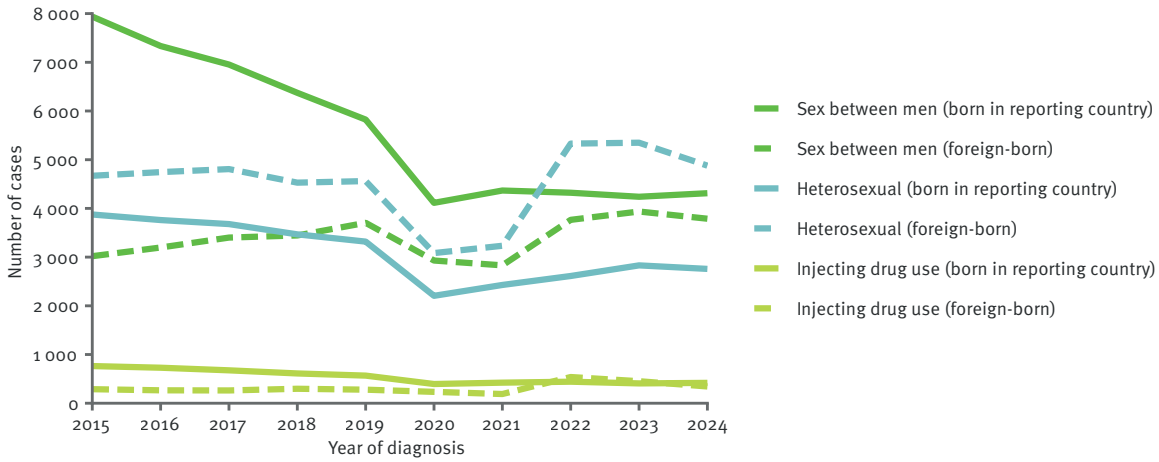
The trends for both late diagnoses and recent infections remained stable throughout the period (Figure 1.18). When analysing the trend in CD4 cell count data, a 14.7% decline was observed in the number of unknown CD4 cell count values, decreasing from 8 147 in 2015 to 6 934 in 2024.

1.4. AIDS cases, morbidity and mortality

Although there have been improvements in the early diagnosis of HIV, 2 215 diagnoses of AIDS were reported by 27 EU/EEA countries in 2024 – a crude rate of 0.7 AIDS diagnosis per 100 000 population (Table 13, Map 8). The highest rate was reported by Latvia (2.4 per 100 000 population, 46 cases) followed by Portugal (1.8 per 100 000 population, 194 cases). The rate of AIDS diagnoses decreased by 12.5%, from 0.8 to 0.7 per 100 000 population between 2023 and 2024. The death rate remained stable at 0.2 per 100 000 over the same period.

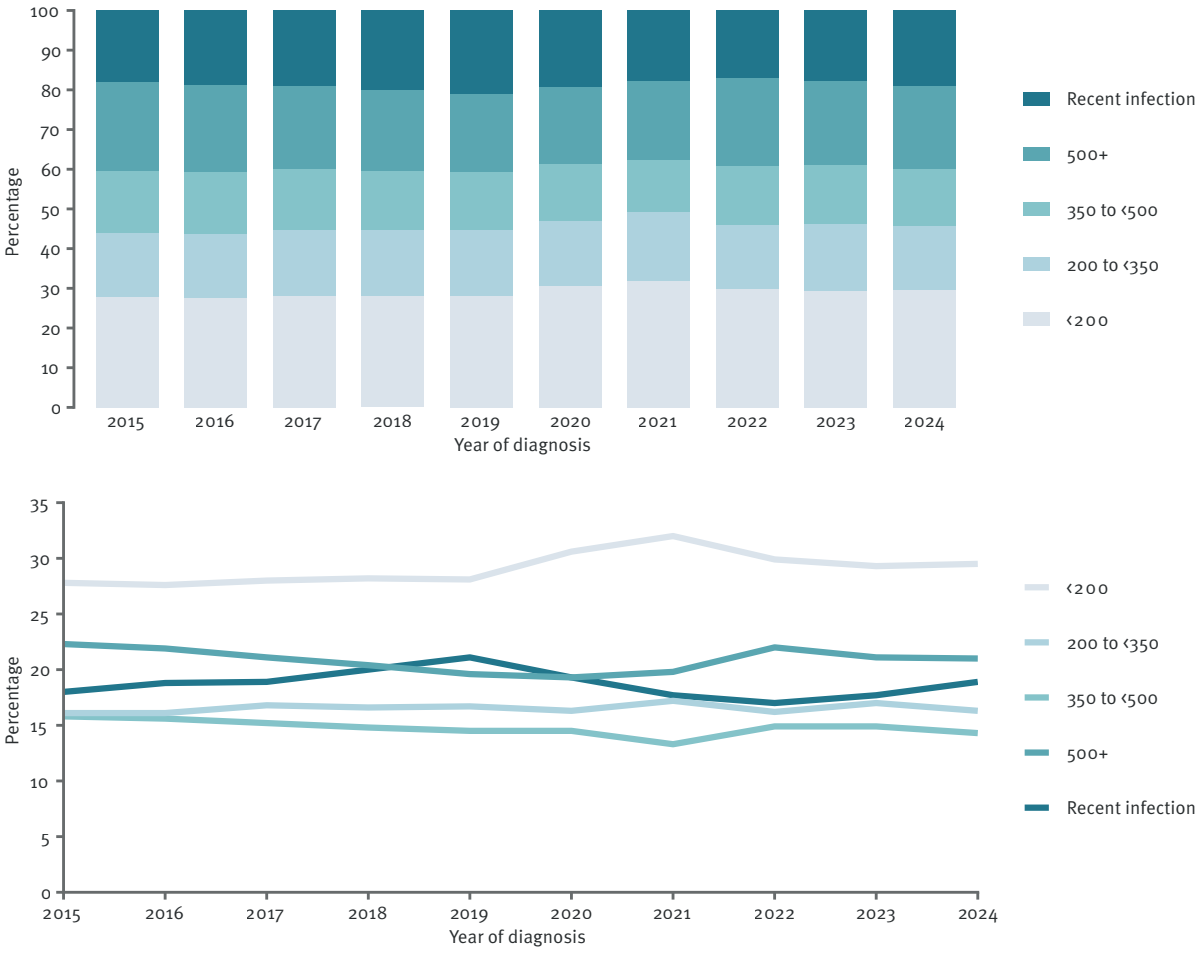
The rate of reported AIDS cases has decreased by 30.0% over the past decade (excluding Cyprus, Germany, Liechtenstein, Spain and Sweden who did not report consistently over the period), representing a reduction compared with the 1.0 per 100 000 reported in 2015 (Table 13). This decline has been noted in both men and women, however, it is more pronounced in men. Among men, the rate decreased from 1.6 per 100 000 population in 2015 to 1.0 per 100 000 population in 2024, while among women, the decline was from 0.5 per 100 000 population in 2015 to 0.4 per 100 000 in 2024

Figure 1.17: HIV diagnoses, by year of diagnosis, transmission mode and migration status, EU/EEA, 2015–2024



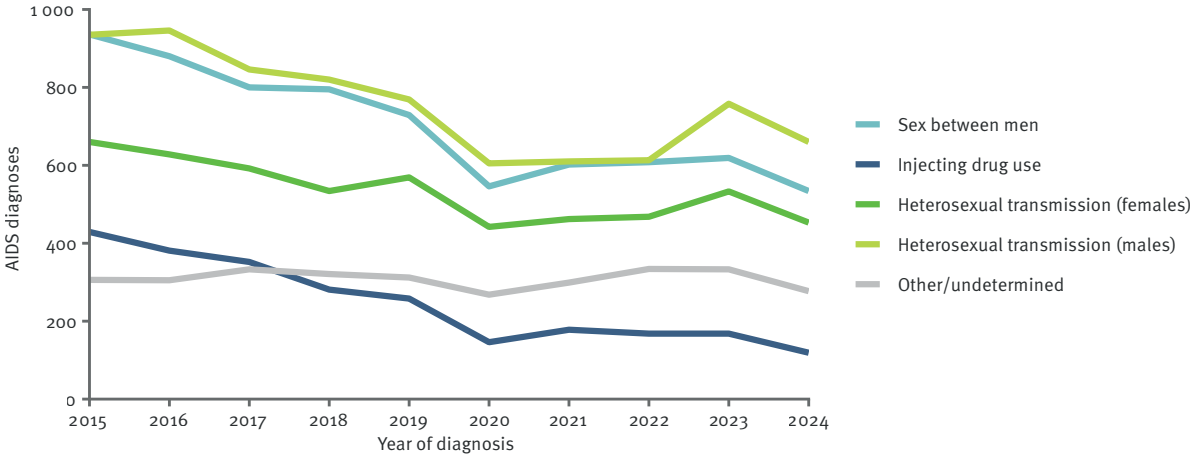
Note: Data from Estonia, Latvia, Poland and Slovakia were excluded from the figure due to over 50% of their reported cases having either an unknown region of origin or an unknown mode of transmission during a period of the previous decade.

Figure 1.18: Number of HIV diagnoses by acute infection or CD4 cell count at diagnosis, EU/EEA, 2015–2024



Note: Bulgaria, Finland, Hungary, Lithuania, Poland, Romania and Spain were excluded from this figure as more than 50% of their cases had unknown values in the HIV status variables. In addition, previously positive cases were excluded from the countries in the figure, along with children under 15 years. Only individuals with a CD4 cell count per mm³ recorded at the time of diagnosis were included.

Figure 1.19: AIDS diagnoses, by transmission mode, EU/EEA, 2015–2024



Note: Germany, Liechtenstein and Sweden are excluded due to inconsistent reporting during the previous decade. AIDS diagnoses reported by Cyprus, Estonia, Poland and Spain are excluded due to incomplete reporting on transmission mode during a period of the previous decade.

(Tables 14–15). Moreover, a decrease has been observed across all cases with a known mode of transmission (Figure 1.19).

The most common AIDS-indicative conditions diagnosed in 2024 in the EU/EEA were *Pneumocystis jirovecii* pneumonia (22.4% of all AIDS-indicative diseases), wasting syndrome due to HIV (12.9%) and oesophageal candidiasis (12.1%) (Table 16). Combined pulmonary and/or extrapulmonary tuberculosis (TB) made up 11.7% of AIDS-indicative diseases.

Twenty-seven EU/EEA countries (all but Germany, Liechtenstein and Sweden) reported data on deaths of those diagnosed with AIDS. Overall, 579 people were reported to have died due to AIDS-related causes during 2024 (Table 17), although these data are affected by under-reporting due to the challenges for many countries in linking to death registries. AIDS-related death reports have declined by 62.9% since 2015, when there were 1562 deaths. However, delays in reporting affect the latest figures and under-reporting also had an impact on the reporting of AIDS deaths throughout the previous decade. From the beginning of the HIV epidemic to the end of 2024, the cumulative total of people diagnosed with AIDS in the EU/EEA was 353 234 (Table 13). The cumulative total of cases reported as known to have died from AIDS-related causes by the end of 2024 was 180 757 (Table 17).

1.5. HIV testing

Thirteen countries — Belgium, Czechia, Denmark, Estonia, France, Greece, Ireland, Latvia, Lithuania, Poland, Portugal, Romania, Slovenia — consistently reported data on HIV tests performed from 2015 to 2024, excluding unlinked anonymous testing and blood donation testing. Poland also reported data but was unable to exclude unlinked anonymous testing from its figures. The number of tests performed in the countries consistently reporting testing activity has increased by 15.4% compared to 2022 and 8.5% compared to 2023 (Table 18). It is important to note that the numbers provided are collected in a heterogeneous manner and therefore 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.

1.6. Conclusions

In 2024, 30 EU/EEA countries reported a total of 24 164 HIV diagnoses, corresponding to a reporting rate of 5.3 per 100 000 population—14.1% lower than 2015 (6.2 per 100 000) and 5.4% lower than 2023 (5.6 per 100 000), indicating a sustained decline. If previously known positive cases are excluded to better capture recent infections, the 2024 rate was 3.8 per 100 000, a 22.4% decrease compared with 2015 (4.9 per 100 000) and a 5.0% decrease on 2023 (4.0 per 100 000). This suggests that the lack of classification between new and previously known HIV-positive diagnoses might lead to an overestimation of the number of reported HIV cases, while underestimating the magnitude of the long-term decline. However, this decrease should be interpreted with caution, as it may reflect a reporting artefact rather than a true epidemiological reduction. Standard reporting-delay adjustments were not applied, so residual delays and improved timeliness after COVID-19 may have led to an increase in reported cases immediately after the pandemic, which in turn affects the counts currently being observed. At the same time, the downward trajectory could be also compatible with a genuine reduction in transmission, plausibly driven by expanded antiretroviral therapy (ART) coverage, supporting 'undetectable = untransmittable' (U=U); wider implementation of test-and-treat initiatives; greater pre-exposure prophylaxis (PrEP) uptake and coverage; more frequent testing among key populations; harm-reduction services for people who inject drugs [1], and the post-COVID restoration of prevention and care services [2].

AIDS and AIDS-related death rates in the EU/EEA have declined substantially over the past decade. Reported AIDS cases fell by 30.0%, with the largest reductions observed among men and decreases evident across all transmission categories. Over the same period, AIDS-related deaths declined by 62.9%, indicating fewer progressions to AIDS and fewer fatalities — probably reflecting earlier diagnosis, faster initiation of ART, and improved long-term HIV care and viral suppression. However, these trends should be interpreted with caution, given the under-reporting of both AIDS and AIDS-related deaths.

In 2024, sex between men was the most frequently reported mode of transmission in the EU/EEA, comprising 48.3% of cases with a known transmission route. The high proportion of men who have sex with men among the reported diagnoses, underscores the importance of reinforcing and tailoring HIV prevention and testing programmes for this group. Tailored programmes should prioritise regular, accessible HIV testing with immediate linkage to care upon diagnosis, distribution of condoms, and access to PrEP for people at higher risk of acquiring HIV, as part of comprehensive sexual health services. These programmes have demonstrated success in achieving higher rates of viral suppression and reducing HIV transmission [3,4]. Expanding PrEP access remains critical, particularly in countries where its implementation is limited or absent, despite rising HIV rates among men who have sex with men [4,5]. For men who have sex with men with poor adherence to daily oral PrEP, long-acting injectable PrEP (LA-PrEP) may address key barriers such as reducing the stigma associated with pill-taking, simplifying dosing, and improving adherence through bi-monthly injections [6,7]. This underscores the need to first build robust, equitable oral PrEP programmes (access, counselling, monitoring, and linkage), and then consider LA-PrEP as an additional PrEP option to expand choice and support adherence among men who have sex with men [8].

In 2024, heterosexual transmission accounted for 45.7% of diagnoses with a known transmission route and was the predominant mode of transmission (≥50% of cases) in 13 EU/EEA countries. The share was higher among women (52.1%) than men (47.9%). With regard to origin, 35.3% of heterosexual diagnoses were among people born in the reporting country, whereas 61.4% were among migrants — primarily from Sub-Saharan Africa, Central and Eastern Europe, and Latin America and the Caribbean. For 3.3%, the region of origin was unknown. It is important to highlight that 59.9% of heterosexual men and 52.6% of women were diagnosed at a later stage of HIV infection than men who have sex with men (39.0%). This disparity may be shaped by the persistent misconception — often echoed by healthcare professionals — that heterosexual people are at lower risk of HIV [9]. In addition, implicit biases rooted in cultural stereotypes can shape clinicians' risk assessments and testing practices, leading to differential access. Gender is particularly susceptible to such bias, with documented effects on clinician–patient interactions and downstream care indicating that women are often less likely to be offered or receive HIV testing [10]. It is essential to improve the testing offered by healthcare workers by strengthening provider education and training, and making targeted efforts to address such inequities.

In 2024, migrants (people born outside the reporting country) accounted for 55.7% of cases with known origin. From 2015 to 2024, the proportion of diagnoses among migrants increased by 45.4%. Given this burden, countries should develop, implement, and scale up strategies to improve access to HIV testing and ensure rapid linkage to care for migrants. Evidence indicates that many migrants — including those from high-prevalence regions — acquire HIV after arrival in the EU/EEA [11-14]. This highlights the importance of targeted, non-stigmatising prevention and information campaigns at or soon after arrival; offering HIV testing as part of routine health assessments for new arrivals [13], and providing ongoing, culturally and linguistically-tailored sexual health services (including self-testing, community/outreach testing, and same-day or rapid ART initiation, irrespective of insurance or legal status). Futhermore, a systematic review and meta-analysis have shown that, even though their mortality risk is similar, compared with non-migrant populations in Europe, migrants are at higher risk of AIDS-defining conditions, treatment discontinuation, loss to follow-up, and virological failure. These disparities are most pronounced among migrants from the African region [15]. Persistent data gaps, especially for migrants in precarious circumstances [16, 17], highlight the urgent need for migrant-sensitive HIV care pathways and strengthened monitoring to mitigate these risks and improve outcomes. To effectively reach migrant men who have sex with men, community-based and culturally-tailored interventions – such as peer-to-peer involvement, cultural and language mediation and cultural sensitivity training – are essential for improving HIV testing uptake. The offering of self-testing kits, removal of healthcare access barriers, and the employment of targeted social marketing campaigns can all further enhance privacy, convenience and awareness which help to increase testing rates in this key population (18).

HIV transmission among people who inject drugs remains at consistently low levels in most EU/EEA countries, with a further decrease observed in 2024. This decline is probably attributable to the presence of well-established and effective harm-reduction programmes, as well as to changes in drug-use behaviour in many countries. However, a few countries still report a relatively high number of cases among injecting drug users. In these countries, harm reduction coverage should be reviewed and potentially strengthened. These findings underscore the critical importance of maintaining sufficient scale and coverage of harm-reduction services, as trends can rapidly reverse in the absence of robust prevention efforts delivered on a large scale [19,20]. In addition to HIV prevention, expanding access to testing for other bloodborne infections, such as hepatitis B and C, is an essential and integrated strategy for this population. Addressing these infections, which are highly prevalent among injecting drug users, is crucial to the achievement of the Sustainable Development Goals (SDG) for this key population by 2030 [21].

In 2024, 218 transgender people (0.9% of all diagnoses) were diagnosed and reported by eight EU/EEA countries. Of these, 85.4% were migrants, primarily originating from Latin America and the Caribbean. Among those with available CD4 cell count data, 31.8% had a recent infection and 34.1% were diagnosed at a late stage. Despite these insights, it remains difficult to draw comprehensive conclusions about HIV prevention and control for transgender populations due to limited data. Many EU/EEA countries still do not collect specific data on transgender people. Improving data collection is crucial to gaining a clearer understanding of this population's epidemiological profile and developing more targeted prevention strategies. Despite the scarcity of data, research indicates that engaging transgender communities through trans-led organisations and integrating HIV services with gender-affirming care has been effective in enhancing care engagement and retention [22]. Furthermore, gender-affirming programmes that also include the provision of PrEP along with integrated healthcare services have been shown to increase PrEP adherence and reduce HIV risk among transgender people [22,23].

In the 26 countries with data, it is estimated that about 625 368 people are living with HIV in the EU/EEA, of which around 576 550 (92%) have been diagnosed [1]. While a comparison of modelled data on HIV infections with the number of people diagnosed with HIV appears to indicate that, over time, fewer people are living with undiagnosed HIV in the EU/EEA, around one in nine people living with HIV in the EU/EEA are still unaware of their status [1]. In addition to the clinical and personal benefits for the person diagnosed, early diagnosis and effective antiretroviral treatment (ART) can also help sexual and injecting partners by preventing onward HIV transmission [24].

Among newly diagnosed individuals with no evidence of recent infection and no previously known HIV diagnosis, 48.0% had a CD4 count <350 cells/mm³, including 30.6% with advanced HIV infection (CD4 <200 cells/mm³). Although the number of people diagnosed late declined by 33.9% from 8 016 (2015) to 5 300 (2024), these figures should be interpreted cautiously. Three countries do not report CD4 cell counts, and among the reporting countries the completeness is 60.7%, which could underestimate the absolute number of late diagnoses. Conversely, limited identification of recent infections may overestimate the proportion of late diagnoses — an issue highlighted in recent methodological updates to late-diagnosis definitions [25,26]. Despite these nuances, the proportion of people diagnosed late remains high, indicating that people have been infected for many years. This suggests problems with access to, and uptake of HIV testing for some segments of the population, and indicates the need to improve testing programmes to diagnose people living with HIV at an earlier stage. To reduce the high proportion of people diagnosed late, it is essential to diversify HIV testing by increasing 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 [27]. 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 health benefits for HIV-positive people of introducing ART early [28] 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 towards people living with HIV and members of key population groups disproportionately affected by HIV is a documented contributing factor to delayed HIV test-seeking [29]. Stigma reduction efforts within healthcare 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 97.0% of those diagnosed who had evidence of linkage to care were linked to care within three months of HIV diagnosis. Timely linkage to care following HIV diagnosis is crucial, as delayed access can result in poor patient outcomes [21]. 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 [21].

The changing epidemiology of HIV infections observed in the EU/EEA in recent years indicates that it is crucial to sustain, and in some places strengthen, evidence-based HIV prevention measures tailored to the local epidemiological context and targeting those most at risk. The European Centre for Disease Prevention and Control (ECDC) will continue to support EU/EEA countries in their efforts to accelerate progress towards reaching the SDG for HIV through dedicated workshops, webinars, guidance and other technical support focused on high-impact surveillance, monitoring and prevention activities.

Tailored prevention for key populations in the EU/EEA remains essential. Priorities include women, migrants, transgender people, and men who have sex with men, supported by a core package of expanded ART (U=U), test-and-treat, condoms, and PrEP — with equitable access to oral PrEP as the mainstay and long-acting PrEP as a complementary option. Case-finding should combine indicator-condition testing, community outreach, self-testing/home sampling, assisted partner notification, and rapid linkage to care. Migrants require culturally and linguistically-tailored services, testing at or soon after arrival, removal of access barriers, and swift ART initiation; therefore migrant-sensitive pathways and strengthened monitoring are crucial. For transgender people, trans-led engagement and gender-affirming care (including PrEP) can improve uptake and retention. As heterosexual diagnoses rise, sexual-health services should expand with accessible, non-stigmatising models and prompt testing. For people who inject drugs and their partners, harm-reduction services (needle/syringe programmes and opioid agonist therapy) must be maintained and scaled, with integrated HBV/HCV testing and care. Across all groups, reducing stigma and improving adherence to European testing and care standards is critical to achieving equitable impact.

The 2024 HIV analysis of surveillance data is constrained by substantial data incompleteness — 26.2% missing transmission route, 40.0% missing CD4 cell count, and 33.8% missing HIV diagnosis status (newly diagnosed people versus previously known positive cases). However, surveillance data quality has improved over the last year as 26 countries now distinguish newly diagnosed from previously known positive cases, with 66.2% completeness for this variable. This enhancement reduces misclassification bias and overestimation of newly diagnosed cases. Among countries with sufficient reporting on this variable, previous positives accounted for 21.0% of all HIV diagnoses in 2024, and in three countries, more than half of the HIV diagnoses reported were previously known positive cases, underscoring the importance of capturing this information accurately. All countries should therefore implement this distinction within their surveillance systems, and those already reporting should improve completeness to strengthen internal validity, enhance cross-country comparability, and improve the interpretability of temporal trends.

Accurate transmission data are essential for targeting prevention and planning programmes, while CD4 cell count and prior-diagnosis status are critical for monitoring late diagnosis and interpreting trends. Improving collaboration with clinicians, establishing routine follow-up with data providers, and standardising the collection of previously known diagnosed cases across EU/EEA countries would significantly enhance data quality. Strengthening these practices will provide more robust epidemiological insights and support better-targeted prevention strategies.

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2. HIV and AIDS in the WHO European Region

2.1. HIV and AIDS diagnoses in the WHO European Region

2.1.1. HIV diagnoses

In 2024, 105 922 people in the WHO European Region were diagnosed with HIV, corresponding to a rate of 11.8 per 100 000 population (see Table A, Table 1). This number includes HIV diagnoses reported by 49 countries[11] to the joint ECDC and WHO Regional Office for Europe surveillance system. It brings the cumulative number of reported HIV diagnoses in the Region to 2 683 039 since reporting began in the 1980s. As in previous years, most (66%) of the people diagnosed with HIV in 2024 were from the East of the Region (69 292)[12], 25% (26 124) were from the West, and 10% (10 506) were from the Centre. The rate was also highest in the East (27.2 per 100 000 population), five times higher than in the West (5.9 per 100 000) and in the Centre (5.3 per 100 000) (see Table A, Table 1). For men, the average rate across the Region was 15.8 per 100 000 population (Table 2), and for women, 8.0 per 100 000 population (Table 3).

Rates of HIV diagnoses varied widely across countries in the WHO European Region in 2024. The highest rates per 100 000 population (more than 15.0) were observed in the Russian Federation (33.5), followed by Ukraine (26.5), Moldova (26.4), Malta (20.6), Kazakhstan (20.2), Malta (20.6), Armenia (19.6), Ireland (18.8), Georgia (16.5), and Kyrgyzstan (15.4). The lowest rates (3.0 and under) were reported by Sweden (2.8), Slovenia (2.6), North Macedonia (2.5), Croatia (2.4), Austria (2.2), Hungary (2.2), Serbia (2.2), Slovakia (2.1), and Bosnia and Herzegovina (1.3).

The largest age groups diagnosed in the 49 reporting countries were 30–39 years and 40–49 years (32% each), while 5.9% were young people aged 15–24 years, and 20.1% were 50 years or above at diagnosis (Fig 2.1; see Table A, Table 9).

The male-to-female ratio was 1.9, lowest in the East (1.6), higher in the West (2.3), and highest in the Centre (4.6). The highest male-to-female ratios (more than 10.0) at country level among countries with more than 10 cases were observed in North Macedonia (16.7) Serbia (15.0) and Malta (11.8), and the lowest in Iceland (1.1), Estonia (1.2) the United Kingdom and the Russian Federation (1.4 each), Finland, Moldova, and Ireland (1.5 each).

Data on transmission mode, which was available for 49 countries (Fig 2.2; see Table A, Tables 4–8) provide information on risk exposure among people diagnosed with HIV. The data for 2024 indicate the following:

WHO European Region

- Heterosexual contact was still the main reported mode of HIV transmission in the WHO European Region, accounting for 62% (65 275) of people diagnosed in 2024 and 70% of HIV diagnoses in 2024 with a known mode of transmission (Table 6). Among these diagnoses, 14% originated from countries with generalised epidemics (data not shown).
- Sex between men was the second most common transmission mode, accounting for 13% (13 633) of HIV diagnoses and 15% of HIV diagnoses with a known mode of transmission (Table 5).
- Injecting drug use accounted for 12% (13 194) of diagnoses overall and 14% of HIV diagnoses with a known mode of transmission (Table 4).
- Less than one percent (0.6%, 611) of cases were infected through MTCT (0.7% of those with a known mode of transmission) (Table 7) and 0.1% (114) through other transmission routes (nosocomial infection, transfusion or use of other blood products) (Table 8).
- Transmission mode was reported as unknown or missing for 12% (12 983 cases) (Table 8). Reporting completeness regarding transmission mode varies greatly across the Region, with information lacking for 2% of HIV diagnoses in the East, 57% in the Centre, and 20% in the West.

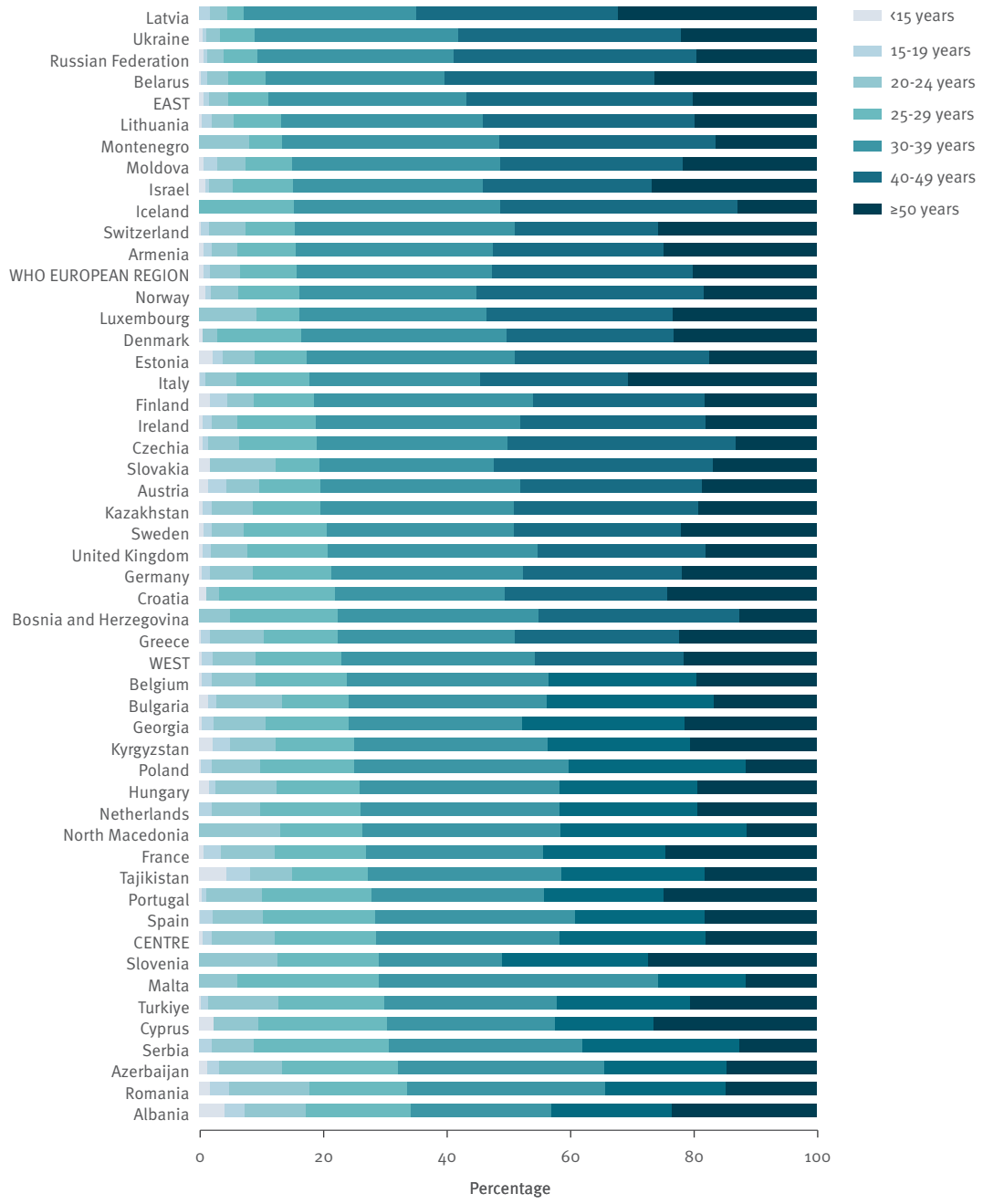
East

- In total, 75% of those diagnosed in 2024 and 77% of diagnoses with a known mode of transmission (52 279) were infected heterosexually, making this the main route of transmission reported in all countries in the East (Table 6).
- Overall, 18% of those diagnosed in 2024, as well as those with known route of transmission (12 266) were infected through injecting drug use (Table 5), with transmission through injecting drug use accounting for more than 18% of diagnoses with a known transmission mode in Ukraine (19%) and the Russian Federation (20%).
- In total, 4% (2 814) of those diagnosed were infected through sex between men (Table 4). However, Armenia, Azerbaijan, Estonia, Kazakhstan, Kyrgyzstan, Georgia, Latvia, and Lithuania reported that sex between men accounted for 10% or more of HIV diagnoses with a known transmission mode.

11 No data were received from Andorra, Monaco, San Marino, Turkmenistan or Uzbekistan. Liechtenstein is an EEA Member State but not a WHO Member State, so its data are included in the totals for the EU/EEA, but not for the WHO European Region.

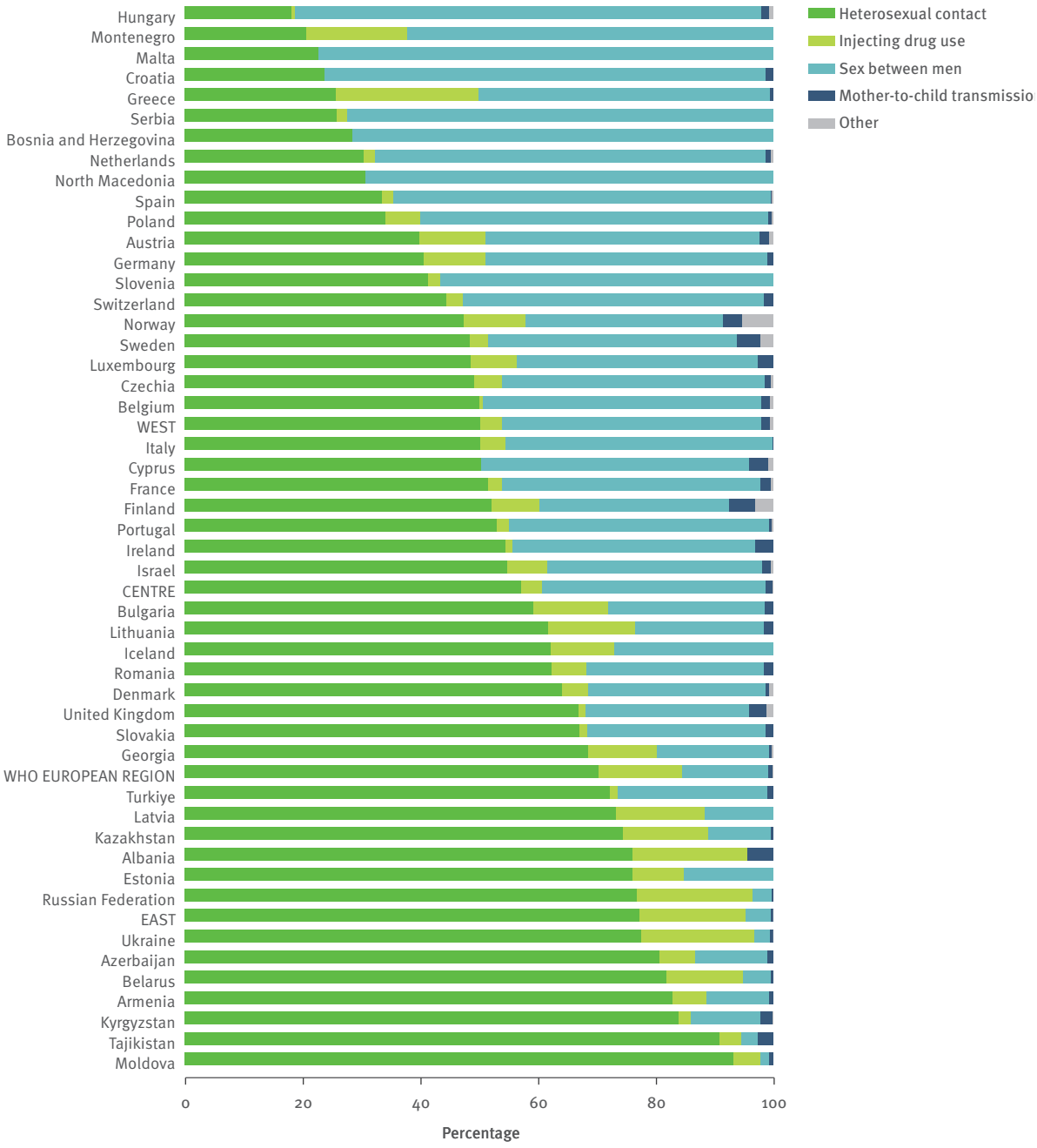
12 Figure A1.1 in Annex 1 illustrates the division of countries into West, Centre and East of the WHO European Region.

Figure 2.1: Percentage of HIV diagnoses, by country and age group, WHO European Region, 2024 (n=105 772)



Note: the graph organises countries in order of the proportion of the population <30 years. San Marino reported zero cases for 2024 and is not included in the graph. Unknown age is excluded from the proportions presented here.

Figure 2.2: Percentage of HIV diagnoses with known mode of transmission, by transmission route and country, WHO European Region 2024 (n=92 858)



Note: the graph organises countries in order of increasing proportion of heterosexual mode of transmission. No data from Andorra, Monaco, Turkmenistan, or Uzbekistan. San Marino reported zero cases.

- The percentage of cases diagnosed as infected through MTCT was 0.3% (233) (Table 7), and only four cases 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 2% (1696) of those diagnosed across the 13 countries in the East of the Region. Nevertheless, at the country level, transmission-mode information was lacking for 30% or more of cases in three countries: Estonia (65%), Latvia (52%) and Lithuania (31%).

Centre

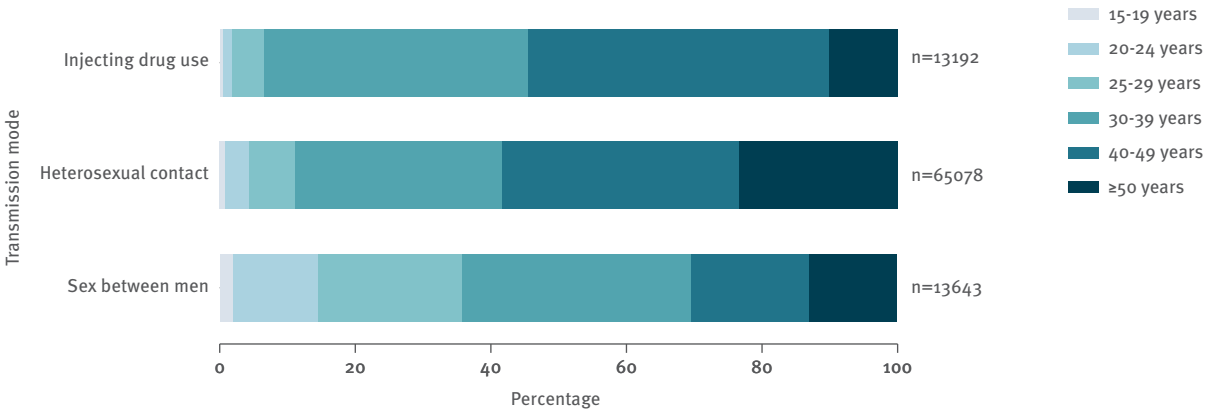
- Overall, 25% of those diagnosed in 2024 and 57% of diagnoses with a known route of transmission were infected through heterosexual transmission (2569) (Table 6), which was the main mode of transmission reported by seven countries (Albania, Bulgaria, Cyprus, Czechia, Romania, Slovakia and Türkiye) (Figure 2.2). Of these, 7.2% were previously diagnosed, 18% were born abroad and 1% originated from countries with generalised epidemics (Table 11).
- In total, 16% of those diagnosed with HIV in 2024 and 38% of HIV diagnoses with a known route of transmission (1703) were infected through sex between men (Table 4). In 2024, sex between men was the predominant mode of transmission reported by eight countries (Bosnia and Herzegovina, Croatia, Hungary, Montenegro, North Macedonia, Poland, Serbia, and Slovenia) (Figure 2.2).
- A total of 2% of those diagnosed and 4% of HIV diagnoses with a known route of transmission (162) were infected through injecting drug use (Table 5).
- Of those with a known mode of transmission, 1.2% (52) were infected through MTCT (Table 7).
- Transmission mode was unknown for 57% (5968) of those diagnosed in 2024 (Table 8). The two countries with the highest number of HIV diagnoses in 2024 (Poland and Türkiye) together accounted for 76% of all HIV diagnoses reported in the Centre and also had the highest percentage of HIV diagnoses with an unknown transmission mode (Poland 75% and Türkiye 72%).

West

- Overall, 40% of all people diagnosed in 2024 and 50% of those with a known mode of transmission (10435) were infected heterosexually (Table 6). Of these, 31% were previously diagnosed, 73% were born abroad, and 38% originated from countries with generalised epidemics (Table 11).
- In total, 35% of all people diagnosed in 2024 and 44% of those with a known mode of transmission (9116) were infected through sex between men (Table 4).
- Of all those diagnosed in 2024, 3% (766) were infected through injecting drug use (Table 5).
- MTCT accounted for 1.3% of all diagnoses and 1.6% of those with a known route of transmission (326) (Table 7). Of these, 61% were previously diagnosed, 87% were born abroad, and 60% originated from countries with a generalised epidemic (Table 11).
- Transmission mode was unknown for 20% (5319) of all diagnoses in 2024.

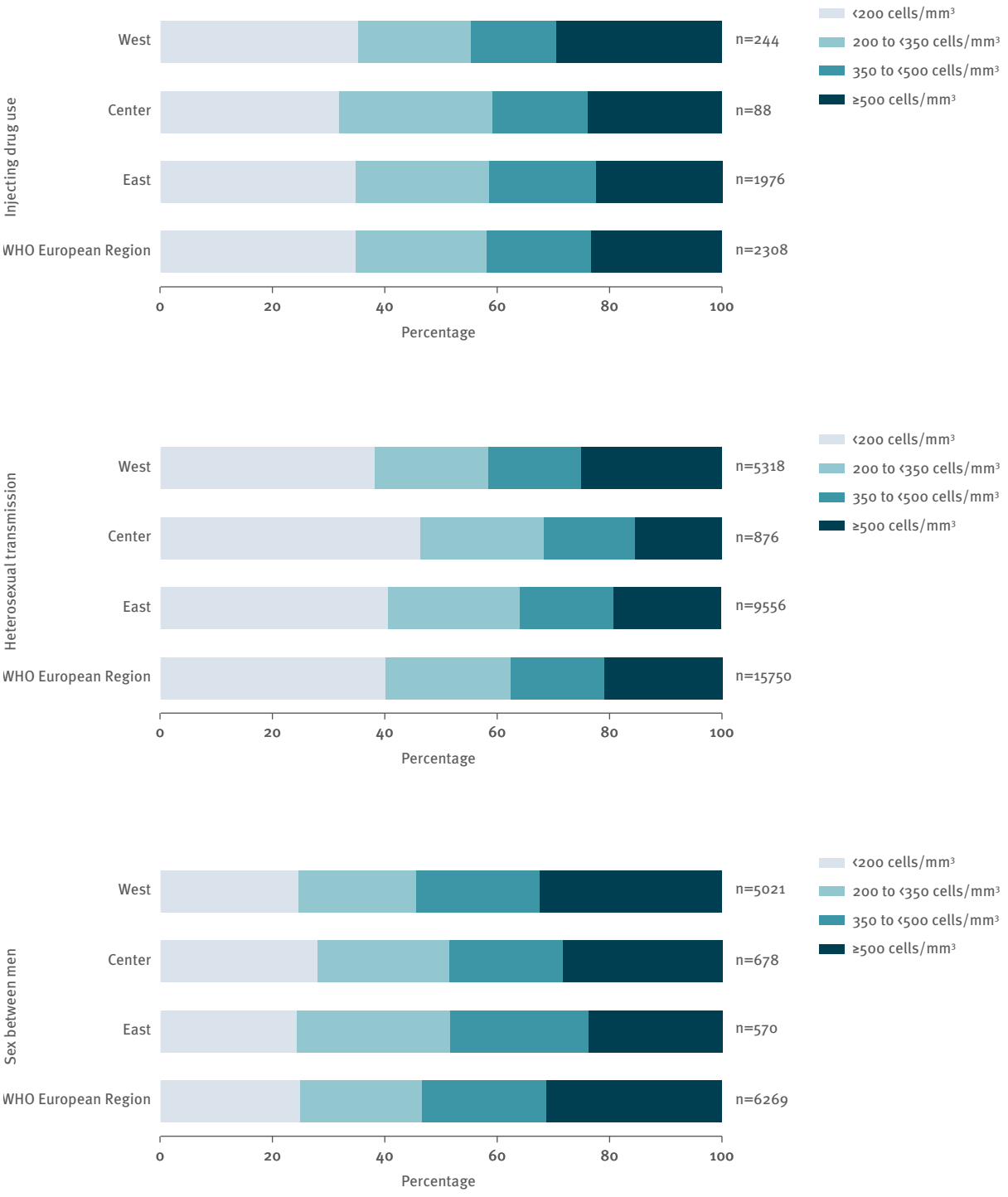
Analysis of the HIV diagnoses by age group and transmission mode for the 49 reporting countries in the WHO European Region (Figure 2.3) shows that those aged 40–49 years accounted for most HIV diagnoses among those infected through injecting drug use (44%) and reported heterosexual transmission (35%) and the majority of men who have sex with men (34%) were aged 30–39 years. Conversely, people aged over 50 years accounted for 23% of all heterosexual transmission, but only 13% of transmission among sex between men and 10% among injecting drug users (Figure 2.3).

Figure 2.3: HIV diagnoses, by age group and transmission mode, WHO European Region, 2022 (n=91913)



Note: no data from Andorra, Monaco, Turkmenistan, or Uzbekistan. San Marino reported zero cases.

Figure 2.4: HIV diagnoses, by CD_4 cell count per mm^3 at diagnosis and transmission mode, WHO European Region, 2024



Note: children under 15 years of age and individuals with previously positive diagnoses are excluded from both the numerator and denominator. Cases classified as recent infections are excluded from the numerator of the late-diagnosis indicator if CD_4 < 350 cells/mm^3 but remain included in the denominator. Data on CD_4 cell counts reported from the Russian Federation do not include information on previous or recent infection, or disaggregation by mode of transmission, and are therefore excluded from subregional and regional totals. No data were reported from Andorra, Monaco, Turkmenistan, or Uzbekistan. San Marino reported zero cases.

Forty-six countries provided information on the country of birth, country of nationality, or region of origin for 93.3% (53786) of HIV diagnoses in 2024 (Table 10)[13]. In the WHO European Region, 29.6% of the total HIV diagnoses and 31.7% of those with known information on region of origin (17073) were reported among people originating from outside the reporting country. This is slightly less than for 2023 (33.2%), driven by the decrease in diagnoses among people of foreign origin in the West and the Centre of the Region (from 66.1% to 64.5% and from 21.8% to 16.8%, respectively). There was no change observed in the East, which remains at 2.0%.

Most of the diagnoses (>80% of all diagnoses with known foreign origin) originated from three regions: Sub-Saharan Africa; Latin America and the Caribbean; and Central and Eastern Europe, with the share of diagnoses among those originating from Sub-Saharan Africa being the largest (40.3%). Of 6874 HIV diagnoses originating from this subregion in 2024, 97.0% (6666) were diagnosed in the EU/EEA countries and the United Kingdom.

Forty-one countries provided information on CD4 cell count at the time of HIV diagnosis in 2024[14]. Information was reported for 27871 people aged over 15 years at diagnosis (covering 66.2% of all HIV diagnoses in the reporting countries) (Table 12). More than half (54.2%) of all individuals diagnosed in 2024, where a CD4 cell count at diagnosis was reported, were considered to have been diagnosed late, with a CD4 cell count < 350 cells per mm^3, including 33.6% of cases considered to have advanced HIV infection (CD4 cell count < 200 cells per mm^3). This is comparable to the results from previous years, albeit with a slight increase. However, the regional average excludes data from the Russian Federation, where a CD4 cell count at diagnosis was reported for 98.2% of HIV diagnoses, which means that only 32.1% of cases are considered to be diagnosed late (CD4 cell count < 350 cells per mm^3) and 16.9% to have advanced HIV infection (CD4 cell count < 200 cells per mm^3). The percentage of those diagnosed late (CD4 cell count < 350 cells per mm^3) varied across the countries. Those countries with the highest percentages of late diagnoses (60% or more, in countries with more than five cases) were Bosnia and Herzegovina (80.6%), North Macedonia (74.5%), Croatia (68.3%), Sweden (66.7%), Albania (66.7%), Moldova (66.1%), Ukraine (64.7%), Bulgaria (63.1%), Romania (62.3%) and Serbia (62.1%). Those with the lowest percentages (40% or less) were Finland (26.9%) and Cyprus (40.7%).

The percentage of late diagnoses also varied across transmission categories and was highest for people with reported heterosexual transmission (61%; 62% for men and 59% for women) and as a result of injecting drug use (57%) and lowest for men infected through sex with men (41%) (see Figure B, Figure 2.4; Table 12). Late diagnosis was more common in the East (62%) than in the Centre (57%) and the West (47%). In the Centre and East, the high proportion of late diagnoses is mainly driven by the high proportion of people infected through heterosexual contact.

The percentage of people diagnosed with a CD4 cell count < 350 cells per mm^3 increased with age, ranging from 33% among people aged 20–24 years at diagnosis to 66% among people aged 50 years or above. Overall, the percentage of late diagnoses by gender was 58% among women and 53% among men, but this is confounded by transmission mode and, for men, it conceals the difference between men who have sex with men (who tend to be diagnosed earlier) and men with reported heterosexual transmission (who tend to be diagnosed later) (see Figure B).

2.1.2. Trends in HIV diagnoses

The rate of HIV diagnoses in the WHO European Region showed a slight downward trend between 2015 and 2019, decreasing from 18.3 to 15.9 per 100000 population. In 2020, the rate dropped sharply to 12.2 per 100000 (Figure 2.5). A modest annual increase was then observed, reaching 12.8 per 100000 in 2023, before declining again to 11.8 per 100000 in 2024. The marked decline in 2020 was probably due, in part, to reduced case detection resulting from the public health and social measures implemented by countries in response to the COVID-19 pandemic. The slight increase in the subsequent years may reflect a rebound in HIV testing and case detection as these measures were lifted, along with increased population movement within and into the Region. The year 2024 marked the first decrease in HIV diagnoses since the post-pandemic rise. Year-to-year declines were observed in all subregions except the Centre, where the rate increased from 4.3 to 5.3 per 100000 population. This increase was driven primarily by Türkiye, which reported a 67% rise in new HIV diagnoses in 2024. According to the national focal point, this sharp rise was largely due to strengthened surveillance and expanded testing capacity rather than a true increase in transmission. Overall, 11 of 49 countries reported an increase in HIV diagnoses in 2024 against 2023. However, as regional trends are strongly influenced by the largest countries, the findings presented in this chapter should be interpreted with caution.

In 2024, the number of diagnosed women and men decreased by 34% in the WHO European Region, from 55580 in 2015 to 36835 and from 104237 to 68639, respectively (Tables 2 and 3). The overall trend largely reflects the situation in the Russian Federation, which accounts for the vast majority of HIV diagnoses reported in 2024, where reported diagnoses have decreased by 40% since 2019. Other countries have seen significant variations, with 11 countries reporting an increase in HIV diagnoses in 2024 compared to 2023. For example, the number of women diagnosed in Czechia and Iceland was over six times higher in 2024 than in 2015. A large

13 Aggregated data reported from the Russian Federation did not include information on the country of birth, country of nationality or region of origin and is not included in the denominator.

14 Data on CD4 cell count reported from the Russian Federation did not include disaggregation by mode of transmission, and data from Armenia, Azerbaijan, Kazakhstan and Tajikistan labelled all HIV diagnoses as previously positive. Therefore data from these countries were excluded from subregional and regional analysis.

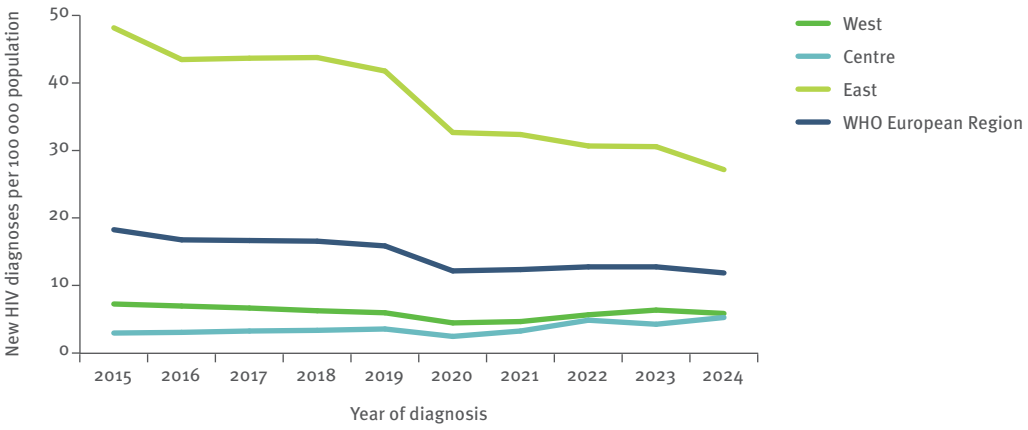
(over 100%) increase between 2015 and 2024 was also observed in Iceland, Ireland, Bosnia and Herzegovina, North Macedonia, and Türkiye in both males and females. Conversely, a large (over 40%) decrease among males was observed in Albania, Austria, Belarus, Estonia, Latvia, Portugal, and Switzerland. Among females, the largest decrease between 2015 and 2024 was observed in Belarus, Estonia, Latvia, Luxembourg, Malta, and Sweden.

Forty-three countries consistently reported data on transmission mode for the period 2015–2024 (Figure 2.6–2.9) and the HIV diagnoses with known mode of transmission indicate the following (Figure 2.6–2.9):

WHO European Region

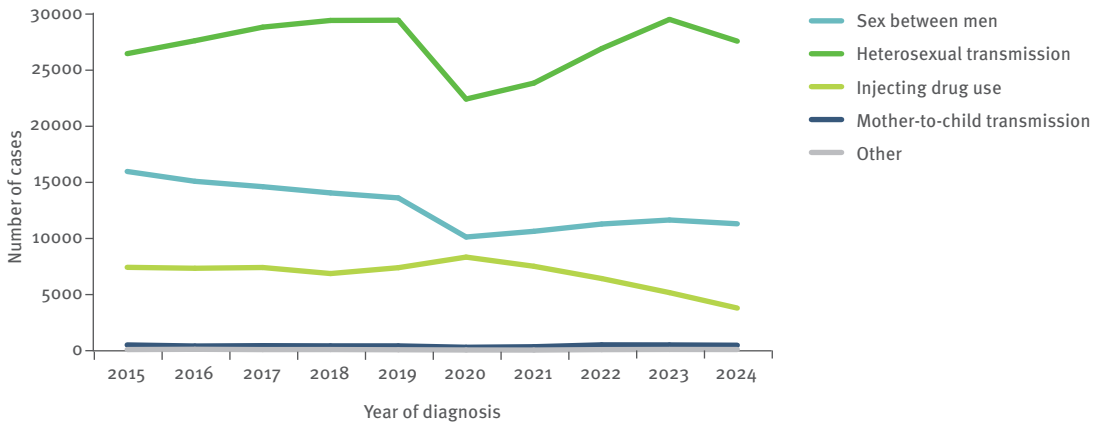
- The number of HIV diagnoses in people with reported heterosexual transmission increased from 26 403 in 2015 to 27 514 in 2024. The proportion of all HIV diagnoses attributed to heterosexual contact also increased from 52% of cases in 2015 to 64% in 2024.
- The number of all HIV diagnoses attributed to sex between men decreased by 29% from 15 935 in 2015 to 11 286 in 2024 and the proportion compared to other transmission modes also decreased from 32% to 26% over the same period. Overall, the number of HIV diagnoses reported among men who have sex with men in countries reporting consistently has remained stable at around 11 000 (26% of all known transmission modes) since 2019.
- While the number of diagnoses in people infected through injecting drug use has shown a stable decline since 2015, it increased by 13% in 2020 compared to 2019, with a reversal in 2021. The decreasing trend continued in 2023 and in 2024, reaching 3798 or 9% of all diagnoses with known modes of transmission versus 7 417 and 15% proportion in 2015.

Figure 2.5: HIV diagnoses per 100 000 population, by year of diagnosis, WHO European Region, 2015–2024



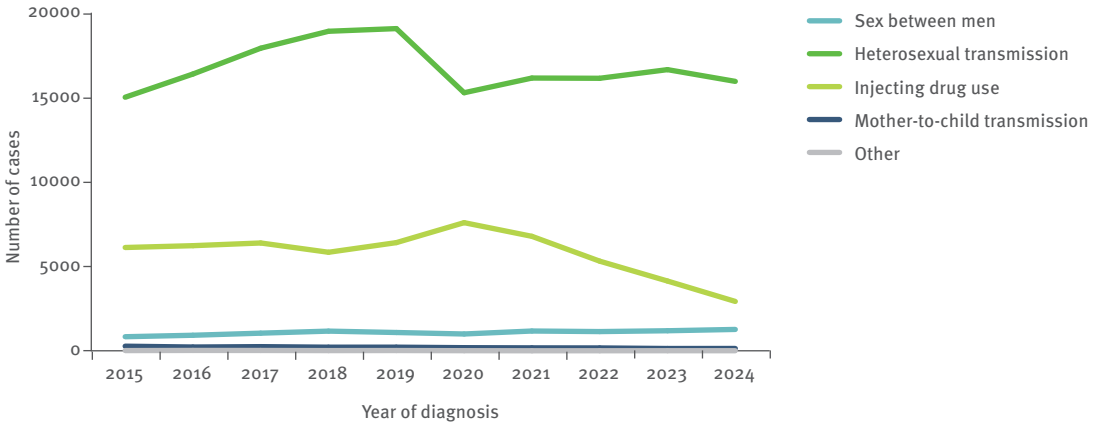
Note: includes data from 49 countries. Data from Andorra, Monaco, Turkmenistan and Uzbekistan are excluded due to inconsistent reporting during the period.

Figure 2.6: HIV diagnoses, by transmission mode and year of diagnosis, WHO European Region, 2015–2024



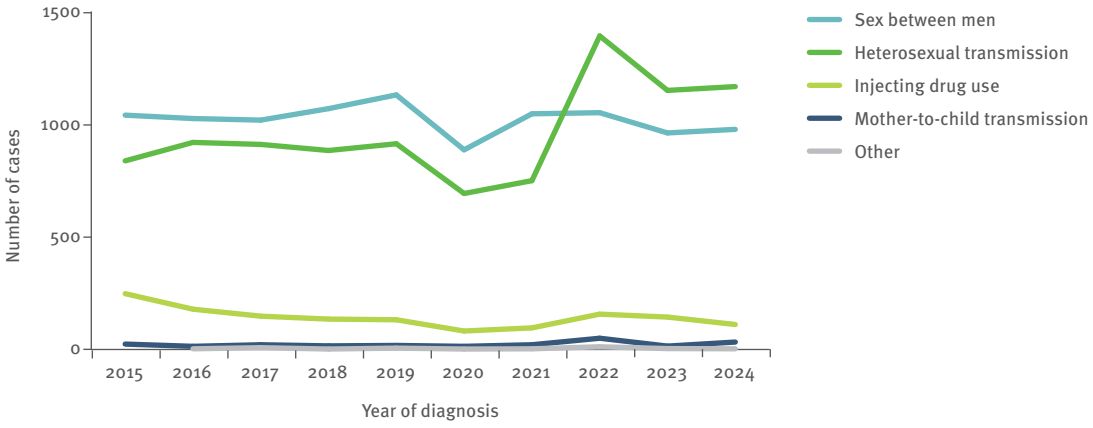
Note: Data from Andorra, Iceland, Malta, Monaco, the Russian Federation, San Marino, Turkmenistan and Uzbekistan are excluded due to inconsistent reporting during the period. HIV diagnoses reported by Poland and Türkiye were excluded due to incomplete reporting on transmission mode during a portion of the previous decade.

Figure 2.7: HIV diagnoses, by transmission mode and year of diagnosis, East, 2015–2024



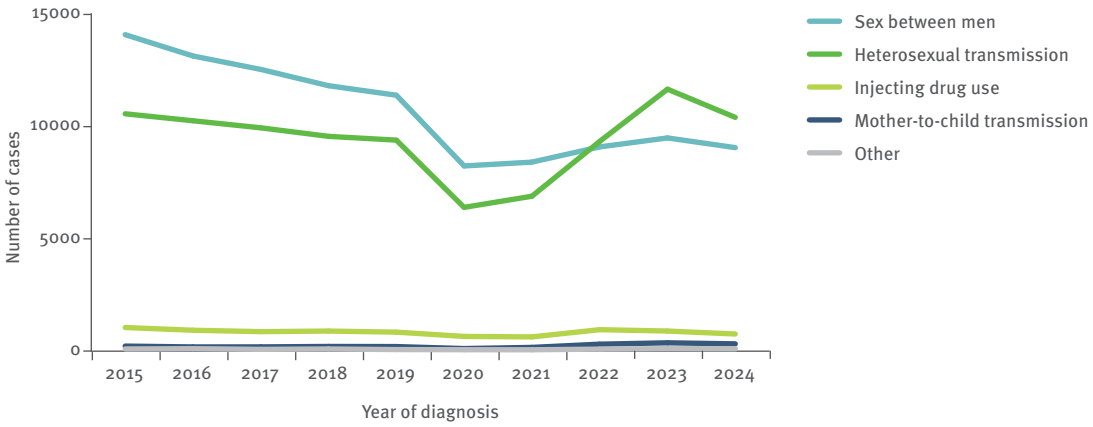
Note: data from the Russian Federation, Turkmenistan, and Uzbekistan are excluded due to inconsistent reporting during the period.

Figure 2.8: HIV diagnoses, by transmission mode and year of diagnosis, Centre, 2015–2024



HIV diagnoses reported by Poland and Turkiye were excluded due to incomplete reporting on transmission mode during a portion of the previous decade.

Figure 2.9: HIV diagnoses, by transmission mode and year of diagnosis, West, 2015–2024



Note: data from Andorra, Iceland, Malta, Monaco, and San Marino, are excluded due to inconsistent reporting during the period.

- The number HIV diagnoses among children infected through have remained relatively stable over the past decade, with approximately 500 cases reported annually. The proportion has been fluctuating between 0.8% and 1.2%, with no clear trend to indicate either an increase or decrease.
- The number of diagnoses in people infected by other means, such as through nosocomial infection or blood transfusion, remains stable, with around 100 diagnoses and a 0.3% share of all transmission modes. Most cases originate outside of the WHO European Region (65%).

East

- The number of HIV diagnoses in people with reported heterosexual transmission increased slightly (6%), from 15 019 in 2015 to 15 959 in 2024. At the same time, the percentage of all HIV diagnoses attributed to heterosexual contact increased from 68% of cases in 2015 to 79% in 2024.
- The number of diagnoses in people infected through injecting drug use decreased by 52%, from 6 118 in 2015 to 2 924 in 2024. The percentage of all HIV diagnoses attributed to injecting drug use decreased from 28% in 2015 to 14% in 2024.
- The number of diagnoses in people infected through sex between men increased from 833 in 2015 to 1 265 in 2024. Yet despite this increase, the percentage of all HIV diagnoses attributed to sex between men has remained low, at 4% in 2015 and 6% in 2024.
- The number of children infected through MTCT transmission decreased by 50%, from 272 in 2015 to 137 in 2024, representing 1.2% of HIV diagnoses in 2015 and 0.7% in 2024.
- The number of diagnoses in people infected by other means, such as nosocomial infection or blood transfusion, is very low, with only a few cases reported annually.

Centre

- Since the general decline in reported HIV cases in 2020, the number of HIV diagnoses in those infected through heterosexual transmission has increased. In 2024, it remained high, resulting in a 39% increase between 2015 and 2024 (from 838 to 1 164). The percentage of HIV diagnoses attributed to heterosexual transmission was 39% in 2015 and 47% in 2024.
- During the same reporting period, the number of diagnoses in those infected as a result of sex between men remained stable. However, the percentage of HIV diagnoses attributed to sex between men decreased from 48% in 2015 to 39% in 2024. This was the predominant mode of transmission in the Centre until 2021, when heterosexual transmission became more common. However, in eight out of fifteen countries it was still the predominant transmission mode for the Centre in 2024.
- The number of HIV diagnoses in those infected as a result of injecting drug use was 248 in 2015 and 111 in 2024. The percentage of HIV diagnoses attributed to injecting drug use was 12% in 2015 and 4% in 2024.
- The number of HIV diagnoses as a result of MTCT transmission was 24 in 2015 and 33 in 2024, representing 0.5% of all diagnoses in 2024 (a percentage which has ranged between 0.7 and 1.9% over the last decade).
- The number of diagnoses in people infected due to nosocomial infection or blood transfusion is very low, with under ten cases reported annually.

West

- HIV diagnoses of people with reported heterosexual transmission slightly decreased from 10 546 to 10 387. The percentage of HIV diagnoses attributed to heterosexual contact increased from 41% of cases in 2015 to 50% in 2024. The proportion of people infected through heterosexual transmission originating outside the reporting country remained high (73%) in 2024. The share of previously diagnosed individuals has slightly decreased, from 35% in 2023 to 31% in 2024.
- HIV diagnoses of people infected through sex between men decreased by 38%, from 14 061 in 2015 to 9 043 in 2024. The percentage of HIV diagnoses attributed to sex between men decreased from 54% in 2015 to 44% in 2024.
- HIV diagnoses of people infected through injecting drug use decreased by 27%, from 1 051 in 2015 to 763 in 2024, representing 4% of HIV diagnoses in both 2015 and 2024.
- Diagnoses of children infected through MTCT decreased consistently between 2015 and 2021 (from 226 to 168) before increasing dramatically in 2022 to reach 326 cases by 2024. This may be due to the increasing trend among previous positive individuals, which remained high in 2024 (61%).

The number of people infected due to nosocomial infection or blood transfusion remained stable over the decade, with 98 cases in 2015 and 106 in 2024. Of 106 cases with known origin in 2024, 88% originated from outside the reporting country.

2.1.3. AIDS cases, morbidity and mortality

In 2023, 7 161 people in 43 countries of the WHO European Region[15] were diagnosed with AIDS, corresponding to a rate of 1.2 per 100 000 population (Table 13). Of the 7 161 people who received a diagnosis of AIDS in 2024, 63% (4 505) were diagnosed in the East, 24% (1 718) in the West and 13% (938) in the Centre of the Region. The rate was also highest in the East (4.4 per 100 000 population), seven times higher than that in the West (0.6 per

15 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 the country's request.

100 000) and nine times higher than in the Centre (0.5 per 100 000 population).

The rate of AIDS diagnoses varied widely among the countries, with the highest rates (3.0 or above) reported in Moldova (8.9), Ukraine (8.2), Georgia (6.8) and Armenia (4.2), and the lowest rates (under 0.3) reported in Israel (0.2) and Slovakia (0.1).

Tuberculosis represented 16% of all reported AIDS-defining illness events in 2024, ranging from 9% of reports in the West, to 13% in the Centre, and 15% in the East.

In the 39 countries with consistent AIDS data[16], the overall rate of AIDS diagnoses in the Region decreased by 53% between 2015 and 2024, from 2.5 per 100 000 population (14 756 cases) to 1.2 per 100 000 (7 119 cases) (Figure 2.10).

AIDS trends varied across the three subregions. In the East, the rate fluctuated between 4.3 and 4.9 over the past three years, but still represented a 56% decrease in 2024 compared with 2015. In the Centre, no substantial change was observed, with the rate remaining around 0.5. In the West, the steady downward trend continued, with a 47% decline from 0.9 in 2015 to 0.6 in 2024 (Figure 2.10).

A total of 43 countries in the Region[17] provided information on AIDS-related deaths or deaths among people previously diagnosed with AIDS[18], with 2 503 people reported to have died during 2024. This represents a 47% decrease compared with the 4 759 deaths reported for the same countries in 2015. Of the 2 503 deaths in 2024, 72% were reported from the east of the Region, 19% from the West and 9% from the Centre (Table 17). It is important to note that delays in reporting and under-reporting have a significant impact on these numbers at the 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 burden of mortality due to AIDS in the European Region.

2.2. HIV testing

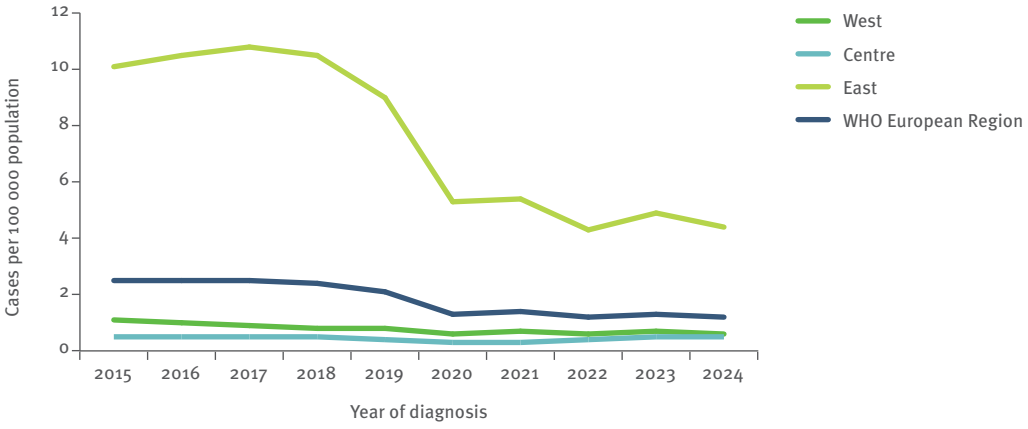
Data on the number of HIV tests can support the interpretation of trends in diagnosed HIV infections. However, it is worth noting that the numbers provided are collected in a heterogeneous manner, and comparisons between country testing rates should be made with caution. In 2024, a total of 89 971 809 HIV tests were reported by 29 countries (13 in the East, nine in the Centre, and seven 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 2024, the Russian Federation reported a total of 54 360 488 HIV tests, accounting for 63% of all HIV tests reported in the Region for that year. Countries in the East tended to report higher testing rates than those in the West and Centre, but rates varied greatly across countries from all parts of the Region, and more data were available from countries in the East than the Centre and the West (Table 18).

16 Data from Andorra, Belarus, Bosnia and Herzegovina, Cyprus, Germany, Malta, Monaco, North Macedonia, the Russian Federation, San Marino, Spain, Sweden, Turkmenistan and Uzbekistan are not reported, or excluded due to inconsistent reporting during the period.

17 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.

18 In countries and years for which cause of death (AIDS or non-AIDS related) was unknown or could not be reported, deaths among people (ever) diagnosed with AIDS were included.

Figure 2.10: New AIDS diagnoses per 100 000 population, by geographical area and year of diagnosis, WHO European Region, 2015–2024



Note: includes data from 39 countries. Data from Andorra, Belarus, Bosnia and Herzegovina, Cyprus, Germany, Malta, Monaco, North Macedonia, the Russian Federation, San Marino, Spain, Sweden, Turkmenistan, and Uzbekistan are excluded due to inconsistent reporting during the period.

The overall number of tests performed in the Region increased by 62%, from 53 681 202 in 2015 in the 29 countries with data available in 2015 and 2024 (Table 18). Increases in large countries with high numbers tested, such as Belarus, France, Kazakhstan, the Russian Federation and Türkiye, have had a considerable impact on the overall increase since 2015. The number of tests have 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.

2.3. Conclusions

The 2024 HIV surveillance data indicate a wide variation in epidemic patterns and trends across the WHO European Region. Overall, after three years of consecutive increase (2021–2023), HIV diagnoses decreased in the WHO European Region in 2024, with a rate of 11.8 per 100 000 population, a 7.8% decrease compared with the 2023 rate. Nevertheless, the overall trend masks very different movements across the Region. The trend largely reflects the situation in the Russian Federation, which accounts for the vast majority of HIV diagnoses reported in 2024, where diagnoses have decreased since 2019 by 40% (although 11 out of 49 countries did report an increase in HIV diagnoses in 2024 compared to 2023).

When comparing the number of HIV diagnoses with the estimated number of new HIV infections over the past decade, it becomes clear that more people are acquiring HIV than are being diagnosed. This suggests an increasing number of people living with undiagnosed HIV in the Region. The widening gap between estimated new infections and reported diagnoses highlights the need to further scale up targeted and differentiated testing efforts, particularly in the eastern part of the Region, where case detection remains lower.

Previously positive individuals have had a considerable impact on the epidemiological profile and the trends reported in 2024, specifically for the EU/EEA countries from the West and the Centre of the Region. A sub-analysis of the previous positive diagnoses shows that they include a higher proportion of women in older age groups, originating mainly from central and eastern Europe and Sub-Saharan Africa, who were primarily infected through heterosexual contact. Transmission through sexual contact between men is less common among those with previous positive diagnoses, while MTCT was reported at a higher rate among this group compared to newly diagnosed people. Consequently, trends in reported modes of transmission from EU/EEA countries and from the West should be interpreted with caution.

Heterosexual transmission remains the main transmission route in the East, with an increasing trend over time, and reported transmission through sex between men remains low in absolute terms in the East of the Region. This trend in reported mode of transmission does not explain a rising male-to-female ratio over time. In the regions where HIV infections are predominantly attributed to heterosexual transmission, such as sub-Saharan Africa [1], women outnumber men among people living with HIV, resulting in a male-to-female ratio lower than 1.0 [2]. There is also some evidence to suggest that a proportion of men reported as heterosexually infected may, in fact, be men who have sex with men or people with a history of injecting drugs, who may have been misclassified as heterosexually infected [3-5].

Despite the increasing trend in heterosexual transmission due to the factors described above, eight of the 15 countries in the Centre reported sex between men as the predominant mode of transmission. Drug-injection-related transmission remains low, but past outbreaks [6–10] suggest that HIV prevention services for people who inject drugs continue to be important, and must be maintained with sufficient coverage to prevent further outbreaks. The percentage of young people among the new diagnoses is also higher in this part of the Region than elsewhere, with almost every third person diagnosed with HIV under 30 years of age. HIV prevention, diagnostics and treatment interventions should accommodate the needs of key populations, particularly men who have sex with men, 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 co-infections (particularly sexually transmitted infections) and rapid HIV treatment initiation. Services should be patient-centred and provided in a friendly environment, preferably with the involvement of civil society along the entire HIV continuum of services, ranging from HIV prevention to adherence to ART.

In all, 23.3% of the diagnoses reported in the West in 2024 were previously positive. However, the number of previous positives is probably underestimated, as the variable identifying them had a completeness of 80.6% in 2024. This category includes individuals who had previously received an HIV diagnosis, either in another country or within a different setting in the reporting country, before the current reporting year. Most of these infections were probably acquired abroad and may not reflect a rise in transmission in the reporting countries. Almost two-thirds of HIV diagnoses in the West originated from outside the reporting country. In countries where migration is common and takes various forms, the public health challenge of ensuring access to health services for migrant populations, including HIV services and promoting cross-border collaboration and data sharing, remains essential to a robust and people-centred public health response. The influx of people living with HIV, particularly from Eastern Europe and Latin America and the Caribbean, has introduced new challenges to HIV care, as this population may have different needs for mental health and social support. For example, people from Ukraine require special consideration when transitioning to new ART regimens (many were on treatment regimens that are not available in EU/EEA countries) [11]. In addition, individuals who are aware of their HIV-positive status may hesitate to seek care in the health system due to challenges to access or concerns related to stigma and discrimination [12].

More than half of HIV diagnoses have a CD4 cell count ‹ 350 cells per mm³, including one third of cases with advanced HIV infection (CD4 cell count ‹ 200 cells per mm³). Once again, it is significant that the 2024 data provide information on variations in late diagnoses according to geography, transmission mode and age. The data also suggest problems with access to and uptake of HIV testing for some populations, indicating the need to improve testing programmes and address structural barriers to diagnose people living with HIV at an earlier stage. The data also confirm that the proportion diagnosed at a late stage of infection is highest among people infected heterosexually (particularly men), or as a result of injecting drug use, and among those in the older age groups.

Late diagnosis reflects insufficient access to and uptake of appropriate HIV testing and counselling by those at greater risk of acquiring HIV, as a result of a number of personal, system-related and structural factors. HIV testing strategies must be reconsidered and diversified to include innovative approaches involving community-based organisations and focusing 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, social-network based strategies, 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 and WHO 95–95–95 targets, improving treatment outcomes and reducing HIV transmission.

It is estimated that around 3 200 000 (95% confidence interval: 2 800 000–3 400 000) people are living with HIV in the WHO European Region, around 63% of whom are on ART [13].

Similar to the 2023 data, 2024 HIV data reveals a significant issue with data quality, completeness and lack of standardisation for the variable 'HIV status', differentiating new HIV diagnoses from previous positives. A total of 16 countries did not have any information on this variable at all. Achieving consensus among countries in the Region on the collection, recording and reporting of previous positive cases is critical, due to the different epidemiological profiles and healthcare needs of previously diagnosed individuals. Overall, 13 of 49 reporting countries had less than 50% coverage with CD4 cell count at the time of diagnosis. This complicates the 2024 data interpretation. Improving data recording and reporting standards within surveillance systems will ensure accuracy and help with the planning of tailored prevention strategies.

Since the adoption of the 'Regional action plans 2022–2030 for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections' [14], WHO and partners have been working with Member States on their national adoption and implementation of the action plans, with a particular focus on strengthening HIV surveillance; reporting and analytical capacity; alignment and uptake of HIV testing and treatment guidance; innovative combination HIV prevention approaches in key populations; efforts to eliminate MTCT of HIV, viral hepatitis B and syphilis, and other key priorities, as highlighted within the plans.

To support implementation of the 'Regional action plans 2022–2030 for ending AIDS and the epidemics of viral hepatitis and sexually-transmitted infections', in a year marked by significant funding reductions and evolving global health architecture, the WHO Regional Office for Europe has prioritised maintaining visibility of the communicable diseases agenda at policy level.

At the regional level, efforts focused on strengthening surveillance and global reporting, including the first-ever publication on sexually-transmitted infection (STI) surveillance in non-EU countries. A series of regional events was convened to disseminate WHO guidelines and foster political engagement across the European Region.

Despite substantial funding constraints, the WHO Regional Office for Europe has continued to provide technical support to Member States. This included programme reviews, assessments of Global Fund funding requests, and reviews of national clinical guidelines and strategic plans for HIV, viral hepatitis, and STIs. Technical support was also provided to modernise testing strategies, implement WHO guidance on PrEP, conduct studies on late diagnosis, and improve surveillance and cascade analysis for key populations. The Regional Validation Secretariat team supported countries in preparing and submitting validation and maintenance dossiers for the elimination of vertical transmission of HIV and syphilis.

WHO Regional Office of Europe, with ECDC and other partners, will continue to support Member States in their efforts to accelerate progress toward reaching the Sustainable Development Goals for HIV through dedicated guidance, workshops, webinars and other technical support focused on high-impact surveillance, monitoring, treatment and prevention activities.

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Tables

Table 1: HIV diagnoses and rates per 100 000 population, by country and year of diagnosis (2015–2024) 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	2015		2016		2017		2018		2019	
			N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA												
West	Austria[c]	1980	346	4.0	321	3.7	337	3.8	236	2.7	268	3.0
West	Belgium	1985	1109	9.9	1006	8.9	963	8.5	957	8.4	994	8.7
Centre	Bulgaria	1986	227	3.2	202	2.9	241	3.5	311	4.6	258	3.9
Centre	Croatia	1985	117	2.8	110	2.7	106	2.6	105	2.6	103	2.6
Centre	Cyprus	1986	80	9.3	80	9.3	85	9.8	78	8.9	101	11.3
Centre	Czechia	1985	266	2.5	286	2.7	254	2.4	208	2.0	222	2.1
West	Denmark	1990	277	4.9	244	4.3	242	4.2	219	3.8	190	3.3
East	Estonia	1988	270	20.5	229	17.4	219	16.6	190	14.4	178	13.4
West	Finland	1980	174	3.2	180	3.3	158	2.9	153	2.8	148	2.7
West	France	2003	5335	8.0	5448	8.2	5395	8.1	5116	7.6	5163	7.7
West	Germany[d]	1993	3656	4.5	3400	4.1	3180	3.9	2899	3.5	3134	3.8
West	Greece	1984	783	7.2	656	6.1	650	6.0	728	6.8	676	6.3
Centre	Hungary	1985	271	2.8	228	2.3	223	2.3	229	2.4	238	2.5
West	Iceland	1983	12	3.6	28	8.4	24	7.1	38	10.9	28	7.8
West	Ireland	1985	487	10.4	502	10.6	488	10.2	523	10.8	533	10.8
West	Italy	1985	3631	6.0	3730	6.2	3622	6.0	3043	5.1	2520	4.2
East	Latvia	1987	410	20.6	375	19.0	382	19.6	336	17.4	306	15.9
West	Liechtenstein	1985	0	0.0	2	5.3	2	5.3	0	0.0	0	0.0
East	Lithuania	1988	157	5.4	214	7.4	263	9.2	160	5.7	151	5.4
West	Luxembourg[e]	1983	162	28.8	169	29.3	140	23.7	120	19.9	111	18.1
West	Malta	2001	61	13.9	63	14.0	45	9.8	73	15.4	80	16.2
West	Netherlands	1980	1051	6.2	961	5.7	1012	5.9	960	5.6	976	5.6
West	Norway	1984	221	4.3	220	4.2	213	4.1	191	3.6	172	3.2
Centre	Poland	1985	1279	3.4	1318	3.5	1427	3.8	1216	3.2	1562	4.1
West	Portugal	1985	1784	17.2	1766	17.0	1678	16.2	1501	14.5	1508	14.6
Centre	Romania	1987	931	4.7	822	4.2	853	4.3	782	4.0	788	4.1
Centre	Slovakia	1985	86	1.6	88	1.6	72	1.3	102	1.9	104	1.9
Centre	Slovenia	1985	48	2.3	62	3.0	42	2.0	42	2.0	42	2.0
West	Spain	2003	4332	9.3	4421	9.5	4351	9.4	4114	8.8	3985	8.5
West	Sweden	1983	447	4.6	429	4.4	434	4.3	481	4.8	449	4.4
	Total EU/EEA		**28010**	**6.2**	**27560**	**6.1**	**27101**	**6.0**	**25111**	**5.6**	**24988**	**5.5**
Non-EU/EEA												
Centre	Albania	1993	96	3.3	127	4.4	94	3.3	102	3.5	101	3.5
West	Andorra	2004	3	4.2	3	4.1	6	8.1	12	16.0	-	-
East	Armenia	1988	294	10.2	303	10.6	358	12.6	429	15.1	448	15.9
East	Azerbaijan	1987	727	7.4	556	5.6	567	5.6	656	6.5	721	7.0
East	Belarus	1981	2305	23.8	2391	24.6	2468	25.4	2386	24.6	2137	22.1
Centre	Bosnia and Herzegovina	1986	15	0.4	24	0.7	15	0.4	24	0.7	32	1.0
East	Georgia	1989	717	19.0	718	19.0	631	16.7	672	17.8	668	17.7
West	Israel	1981	413	5.2	363	4.4	403	4.9	434	5.1	383	4.4
East	Kazakhstan	1987	2474	13.9	2898	16.0	3008	16.4	3212	17.3	3665	19.5
East	Kyrgyzstan	1987	619	10.5	748	12.4	836	13.7	866	13.9	843	13.3
East	Moldova	1987	818	25.0	832	25.8	835	26.3	905	28.8	922	29.7
West	Monaco	1987	1	2.7	0	0.0	3	8.1	0	0.0	-	-
Centre	Montenegro	1993	19	3.0	34	5.4	26	4.1	23	3.6	26	4.1
Centre	North Macedonia	1987	25	1.2	30	1.4	44	2.1	45	2.1	66	3.1
East	Russian Federation[f]	2009	100220	69.3	86855	59.9	85802	59.0	85995	59.0	80124	55.0
West	San Marino	1985	2	6.0	2	5.9	1	2.9	3	8.8	0	0.0
Centre	Serbia	1984	192	2.1	186	2.0	191	2.1	198	2.1	234	2.5
Centre	Serbia excluding Kosovo[g]	1984	188	2.5	176	2.3	188	2.5	190	2.6	227	3.1
Centre	Kosovo[g]	1999	4	0.2	10	0.6	3	0.2	8	0.4	7	0.4
West	Switzerland	1985	550	6.6	545	6.5	465	5.5	444	5.2	428	5.0
East	Tajikistan	1991	1149	13.5	1038	11.9	1205	13.5	1421	15.6	1321	14.1
Centre	Türkiye	1985	2107	2.6	2437	3.0	2844	3.5	3248	3.9	3229	3.9
East	Turkmenistan	1990	-	-	-	-	-	-	-	-	-	-
East	Ukraine	1987	13000	30.4	14229	33.4	15604	36.8	15648	37.1	16236	38.7
West	United Kingdom	1981	6253	9.6	5455	8.3	4896	7.4	4791	7.2	4398	6.6
East	Uzbekistan	1981	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA		**131999**	**30.8**	**119774**	**27.7**	**120302**	**27.7**	**121514**	**27.9**	**115982**	**26.5**
WHO European Region												
	West		31090	7.3	29914	7.0	28708	6.7	27036	6.3	26144	6.0
	Centre		5759	2.9	6034	3.1	6517	3.3	6713	3.4	7106	3.6
	East		123160	48.2	111386	43.5	112178	43.7	112876	43.8	107720	41.8
	Total WHO European Region		**160009**	**18.2**	**147334**	**16.7**	**147403**	**16.7**	**146625**	**16.5**	**140970**	**15.9**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] Due to discrepancies in the methodology used for calculating the population rates by the Russian Federal Statistics Service and the United Nations Population Division, rates on overall HIV diagnoses, as well as data disaggregated by sex, presented in Tables 1, 2 and 3 and elsewhere in the report may differ from the data presented in national statistics.
[g] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

2020		2021		2022		2023		2024		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
183	2.1	205	2.3	207	2.3	206	2.3	204	2.2	11618	Austria[c]
767	6.7	796	6.9	1061	9.1	1137	9.7	1136	9.6	39232	Belgium
199	3.0	237	3.6	328	5.1	253	3.9	284	4.4	4617	Bulgaria
75	1.9	78	2.0	113	2.9	97	2.5	91	2.4	2201	Croatia
106	11.7	149	16.6	218	24.1	163	17.2	125	12.9	2093	Cyprus
251	2.3	233	2.2	870	8.3	402	3.7	398	3.7	5744	Czechia
161	2.8	139	2.4	258	4.4	227	3.8	199	3.3	8984	Denmark
147	11.1	125	9.4	250	18.8	183	13.4	133	9.7	10917	Estonia
131	2.4	144	2.6	260	4.7	251	4.5	226	4.0	5224	Finland
3593	5.3	3688	5.4	4269	6.3	5050	7.4	4716	6.9	115599	France
2476	3.0	2267	2.7	3281	3.9	3332	4.0	3259	3.9	86177	Germany[d]
624	5.8	579	5.4	583	5.6	680	6.5	646	6.2	19055	Greece
201	2.1	226	2.3	224	2.3	228	2.4	210	2.2	5123	Hungary
34	9.3	20	5.4	40	10.6	44	11.3	39	10.2	628	Iceland
434	8.7	395	7.8	879	17.1	907	17.2	1008	18.8	13499	Ireland
1475	2.5	1928	3.3	2164	3.7	2507	4.2	2379	4.0	60573	Italy
257	13.5	212	11.2	229	12.2	188	10.0	180	9.6	9100	Latvia
1	2.6	1	2.6	1	2.5	1	2.5	0	0.0	73	Liechtenstein
139	4.9	121	4.3	252	9.0	267	9.3	196	6.8	4298	Lithuania
70	11.2	100	15.8	82	12.7	73	11.0	43	6.4	3777	Luxembourg[e]
82	15.9	45	8.7	60	11.5	105	19.4	116	20.6	993	Malta
710	4.1	726	4.2	1027	5.8	893	5.0	843	4.7	32587	Netherlands
137	2.6	102	1.9	245	4.5	332	6.0	264	4.8	7734	Norway
964	2.5	1466	4.0	2614	7.1	2402	6.5	2009	5.5	35168	Poland
1139	11.0	1279	12.3	1110	10.7	1111	10.6	997	9.4	70884	Portugal
535	2.8	660	3.4	708	3.7	735	3.9	771	4.0	28898	Romania
103	1.9	115	2.1	203	3.7	144	2.7	113	2.1	1755	Slovakia
35	1.7	39	1.8	57	2.7	44	2.1	55	2.6	1149	Slovenia
3016	6.4	3192	6.7	3337	7.0	3350	7.0	3228	6.6	75247	Spain
360	3.5	352	3.4	446	4.3	304	2.9	296	2.8	15257	Sweden
18405	**4.1**	**19619**	**4.3**	**25376**	**5.6**	**25616**	**5.6**	**24164**	**5.3**	**678204**	**Total EU/EEA**
											Non-EU/EEA
96	3.3	104	3.6	98	3.4	123	4.3	123	4.4	1848	Albania
-	-	-	-	-	-	-	-	-	-	96	Andorra
369	13.2	425	15.2	535	19.2	500	18.0	544	19.6	6158	Armenia
559	5.4	690	6.7	766	7.4	919	8.8	1171	11.2	12226	Azerbaijan
1427	14.8	1496	15.6	1644	17.2	1463	15.4	1228	13.0	36325	Belarus
17	0.5	36	1.1	57	1.8	29	0.9	40	1.3	515	Bosnia and Herzegovina
530	14.1	530	14.1	617	16.5	612	16.4	615	16.5	11006	Georgia
362	4.1	390	4.4	457	5.1	406	4.4	317	3.4	12320	Israel
3467	18.3	3586	18.7	4003	20.6	4039	20.6	3999	20.2	58443	Kazakhstan
674	10.5	841	12.9	1091	16.5	1054	15.6	1053	15.4	14342	Kyrgyzstan
680	22.0	792	25.9	929	28.4	928	27.0	880	26.4	17888	Moldova
-	-	-	-	-	-	-	-	-	-	40	Monaco
15	2.4	13	2.1	40	6.4	54	8.6	37	5.9	462	Montenegro
29	1.4	43	2.0	41	2.0	51	2.4	53	2.5	486	North Macedonia
59598	40.9	58340	40.2	55573	38.4	54689	37.9	48253	33.5	1157711	Russian Federation[f]
0	0.0	0	0.0	1	3.0	0	0.0	0	0.0	94	San Marino
139	1.5	190	2.1	196	2.2	205	2.3	192	2.2	5195	Serbia
137	1.9	181	2.5	175	2.4	185	2.6	158	2.2	4981	Serbia excluding Kosovo[g]
2	0.1	9	0.5	21	1.2	20	1.1	34	1.9	214	Kosovo[g]
295	3.4	327	3.8	358	4.1	357	4.1	317	3.6	38612	Switzerland
1083	11.3	922	9.5	1037	10.4	1100	10.8	1002	9.7	17131	Tajikistan
2076	2.5	2920	3.4	3824	4.5	3595	4.2	6005	7.0	40886	Türkiye
-	-	-	-	-	-	-	-	-	-	2	Turkmenistan
15478	37.1	15333	37.0	12183	29.7	11564	31.5	10038	26.5	358840	Ukraine
3445	5.1	3578	5.3	4716	7.0	6827	10.1	5891	8.7	190191	United Kingdom
-	-	-	-	-	-	-	-	-	-	24018	Uzbekistan
90339	**20.6**	**90556**	**20.6**	**88166**	**20.0**	**88515**	**20.3**	**81758**	**18.6**	**2004835**	**Total non-EU/EEA**
											WHO European Region
19495	4.5	20253	4.7	24842	5.7	28100	6.4	26124	5.9	808494	West
4841	2.4	6509	3.3	9591	4.8	8525	4.3	10506	5.3	136140	Centre
84408	32.7	83413	32.4	79109	30.7	77506	30.6	69292	27.2	1738405	East
108744	**12.2**	**110175**	**12.4**	**113542**	**12.7**	**114131**	**12.8**	**105922**	**11.8**	**2683039**	**Total WHO European Region**

Table 2: HIV diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2015–2024) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2015		2016		2017		2018		2019	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria[c]	296	7.0	264	6.2	278	6.4	192	4.4	225	5.2
West	Belgium	764	13.8	714	12.8	650	11.6	658	11.7	686	12.2
Centre	Bulgaria	194	5.7	169	5.0	218	6.6	276	8.5	217	6.8
Centre	Croatia	111	5.5	105	5.3	101	5.2	97	5.0	98	5.1
Centre	Cyprus	72	17.2	65	15.4	65	15.3	65	15.2	69	15.9
Centre	Czechia	248	4.8	262	5.1	230	4.4	186	3.6	192	3.7
West	Denmark	205	7.3	191	6.7	192	6.7	170	5.9	146	5.1
East	Estonia	167	27.2	139	22.5	146	23.6	131	21.1	113	18.1
West	Finland	131	4.9	121	4.5	101	3.7	104	3.8	111	4.1
West	France	3569	11.1	3587	11.1	3513	10.9	3272	10.1	3296	10.1
West	Germany[d]	2889	7.3	2668	6.6	2511	6.2	2248	5.5	2439	6.0
West	Greece	690	13.1	540	10.3	535	10.2	581	11.2	521	10.0
Centre	Hungary	196	4.2	171	3.7	149	3.2	195	4.2	208	4.5
West	Iceland	10	6.1	22	13.2	21	12.3	24	13.5	23	12.6
West	Ireland	373	16.1	390	16.7	371	15.6	411	17.1	397	16.2
West	Italy	2815	9.6	2868	9.8	2750	9.4	2386	8.2	2012	6.9
East	Latvia	274	30.1	236	26.1	248	27.7	228	25.6	187	21.1
West	Liechtenstein	0	0.0	2	10.7	2	10.7	0	0.0	0	0.0
East	Lithuania	115	8.5	165	12.4	220	16.7	117	9.0	110	8.5
West	Luxembourg[e]	123	43.6	131	45.3	105	35.4	86	28.4	80	25.9
West	Malta	53	24.0	51	22.5	35	15.1	62	25.8	55	21.8
West	Netherlands	853	10.2	806	9.6	846	10.0	776	9.1	764	8.9
West	Norway	145	5.6	157	6.0	155	5.9	122	4.6	112	4.2
Centre	Poland	1084	5.9	1150	6.3	1262	6.9	1052	5.7	1327	7.2
West	Portugal	1322	26.8	1284	26.1	1223	24.9	1087	22.2	1070	21.8
Centre	Romania	684	7.0	605	6.3	637	6.6	586	6.1	584	6.1
Centre	Slovakia	76	2.9	81	3.1	66	2.5	94	3.5	93	3.5
Centre	Slovenia	41	4.0	58	5.7	40	3.9	40	3.9	36	3.5
West	Spain	3701	16.2	3734	16.4	3688	16.2	3514	15.4	3430	14.9
West	Sweden	276	5.7	269	5.5	273	5.4	306	6.0	288	5.6
	Total EU/EEA	**21477**	**9.8**	**21005**	**9.6**	**20631**	**9.4**	**19066**	**8.7**	**18889**	**8.6**
Non-EU/EEA											
Centre	Albania	67	4.6	104	7.2	69	4.8	76	5.3	74	5.1
West	Andorra	3	8.3	3	8.2	3	8.0	8	21.0	-	-
East	Armenia	205	15.6	212	16.3	253	19.5	293	22.8	313	24.6
East	Azerbaijan	495	10.2	355	7.2	359	7.2	437	8.7	473	9.4
East	Belarus	1395	31.1	1490	33.2	1540	34.3	1499	33.5	1354	30.3
Centre	Bosnia and Herzegovina	14	0.8	22	1.3	15	0.9	22	1.3	29	1.8
East	Georgia	545	30.7	552	31.1	492	27.7	506	28.5	508	28.6
West	Israel	290	7.3	253	6.2	285	6.9	288	6.8	252	5.9
East	Kazakhstan	1442	16.9	1684	19.5	1815	20.7	2004	22.5	2410	26.8
East	Kyrgyzstan	342	11.8	434	14.7	490	16.3	535	17.5	491	15.8
East	Moldova	462	29.6	471	30.7	468	30.9	537	35.9	544	36.8
West	Monaco	1	5.5	0	0.0	3	16.5	0	0.0	-	-
Centre	Montenegro	17	5.5	32	10.4	24	7.8	21	6.8	24	7.8
Centre	North Macedonia	24	2.3	28	2.7	44	4.2	45	4.3	64	6.1
East	Russian Federation[f]	62118	92.6	53689	79.8	53209	78.8	52720	78.0	49177	72.6
West	San Marino	2	12.2	2	12.2	1	6.0	2	12.0	0	0.0
Centre	Serbia	186	4.1	170	3.8	180	4.0	183	4.1	213	4.8
Centre	Serbia excluding Kosovo[g]	183	5.1	160	4.5	177	4.9	176	4.9	208	5.9
Centre	Kosovo[g]	3	0.3	10	1.1	3	0.3	7	0.8	5	0.6
West	Switzerland	423	10.3	425	10.2	357	8.5	342	8.1	331	7.8
East	Tajikistan	680	15.9	621	14.2	735	16.4	874	19.0	772	16.4
Centre	Türkiye	1770	4.4	2065	5.1	2389	5.8	2717	6.5	2748	6.6
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	7519	32.7	8366	42.4	9297	47.3	9512	48.6	9904	50.9
West	United Kingdom	4760	14.8	4146	12.8	3604	11.1	3529	10.8	3231	9.8
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	**82760**	**39.6**	**75124**	**36.2**	**75632**	**36.3**	**76150**	**36.3**	**72912**	**34.7**
WHO European Region											
	West	23694	11.4	22628	10.8	21502	10.2	20168	9.5	19469	9.2
	Centre	4784	5.0	5087	5.2	5489	5.6	5655	5.8	5976	6.1
	East	75759	61.8	68414	57.1	69272	57.6	69393	57.5	66356	54.9
	Total WHO European Region	**104237**	**24.4**	**96129**	**22.5**	**96263**	**22.5**	**95216**	**22.2**	**91801**	**21.3**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] Due to discrepancies in the methodology used for calculating the population rates by the Russian Federal Statistics Service and the United Nations Population Division, rates on overall HIV diagnoses, as well as data disaggregated by sex, presented in Tables 1, 2 and 3 and elsewhere in the report may differ from the data presented in national statistics.
[g] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

2020		2021		2022		2023		2024		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
150	3.4	172	3.9	168	3.8	168	3.7	159	3.5	8927	Austria[c]
533	9.4	586	10.3	689	12.0	772	13.3	735	12.6	25265	Belgium
168	5.3	205	6.5	215	6.9	206	6.6	222	7.2	3685	Bulgaria
66	3.5	72	3.8	90	4.8	83	4.5	75	4.0	1938	Croatia
87	19.6	115	26.3	154	34.9	122	26.2	99	20.8	1558	Cyprus
203	3.9	200	3.9	435	8.4	269	5.1	291	5.4	4489	Czechia
133	4.6	115	4.0	149	5.1	154	5.2	136	4.6	6563	Denmark
88	14.0	80	12.7	130	20.5	109	16.8	73	11.2	7222	Estonia
96	3.5	110	4.0	162	5.9	151	5.5	136	4.9	3697	Finland
2417	7.4	2457	7.5	2757	8.4	3142	9.5	3056	9.2	74605	France
1903	4.6	1787	4.4	2253	5.5	2334	5.7	2341	5.7	67196	Germany[d]
499	9.6	468	9.0	463	9.1	522	10.2	501	9.8	15762	Greece
166	3.6	182	3.9	179	3.9	178	3.8	169	3.7	4001	Hungary
28	15.0	14	7.4	30	15.5	33	16.5	20	10.2	453	Iceland
343	13.8	305	12.2	576	22.6	586	22.5	606	22.9	8293	Ireland
1169	4.0	1533	5.3	1710	5.9	1916	6.6	1884	6.5	46409	Italy
162	18.4	136	15.5	154	17.7	131	15.0	116	13.4	6132	Latvia
1	5.2	1	5.2	1	5.1	1	5.1	0	0.0	47	Liechtenstein
97	7.5	93	7.1	152	11.6	178	13.3	134	9.8	3283	Lithuania
50	15.9	74	23.2	53	16.3	52	15.6	32	9.5	2754	Luxembourg[e]
67	25.1	41	15.3	55	20.3	99	34.8	106	35.5	820	Malta
562	6.5	590	6.8	733	8.4	700	7.9	655	7.3	25894	Netherlands
91	3.4	64	2.4	136	5.0	205	7.4	171	6.1	5175	Norway
804	4.4	1208	6.7	1756	9.8	1783	10.0	1532	8.7	27466	Poland
838	17.0	918	18.6	821	16.5	773	15.4	709	13.9	51027	Portugal
407	4.3	510	5.4	564	6.1	575	6.2	582	6.3	18186	Romania
90	3.4	100	3.8	122	4.6	108	4.1	89	3.4	1455	Slovakia
30	2.9	32	3.0	45	4.3	41	3.9	44	4.1	1004	Slovenia
2571	11.1	2697	11.6	2833	12.2	2853	12.1	2739	11.5	62585	Spain
226	4.3	232	4.4	265	5.0	196	3.7	194	3.7	10145	Sweden
14045	**6.3**	**15097**	**6.8**	**17850**	**8.1**	**18440**	**8.3**	**17606**	**7.9**	**496036**	**Total EU/EEA**
70	4.9	73	5.1	71	5.0	95	6.7	94	6.7	1351	Albania
-	-	-	-	-	-	-	-	-	-	78	Andorra
251	19.8	297	23.6	390	31.2	346	27.7	396	31.7	4305	Armenia
386	7.6	472	9.3	524	10.3	651	12.7	850	16.5	8724	Azerbaijan
899	20.2	926	21.0	1028	23.4	886	20.3	749	17.2	22095	Belarus
14	0.9	34	2.1	52	3.3	26	1.6	36	2.3	450	Bosnia and Herzegovina
403	22.7	403	22.8	454	25.8	471	26.9	470	26.9	8249	Georgia
258	5.9	278	6.3	300	6.7	274	6.0	222	4.8	8202	Israel
2292	25.1	2342	25.4	2686	28.8	2770	29.3	2711	28.4	38221	Kazakhstan
383	12.1	513	16.0	658	20.2	651	19.7	649	19.3	9045	Kyrgyzstan
398	27.2	455	31.3	537	34.5	561	34.2	531	33.5	10397	Moldova
-	-	-	-	-	-	-	-	-	-	26	Monaco
14	4.6	12	3.9	34	11.1	40	13.1	33	10.8	398	Montenegro
29	2.8	41	3.9	35	3.4	47	4.5	50	4.8	450	North Macedonia
36659	54.2	33543	49.8	33396	49.7	32187	48.0	28249	42.2	693628	Russian Federation[f]
0	0.0	0	0.0	1	6.1	0	0.0	0	0.0	74	San Marino
129	2.9	183	4.2	182	4.2	187	4.4	180	4.2	4362	Serbia
128	3.6	175	5.0	162	4.7	167	4.9	149	4.4	4187	Serbia excluding Kosovo[g]
1	0.1	8	0.9	20	2.3	20	2.3	31	3.6	175	Kosovo[g]
230	5.4	244	5.7	251	5.8	250	5.7	231	5.2	24895	Switzerland
643	13.4	574	11.7	665	13.3	693	13.6	622	12.0	10891	Tajikistan
1763	4.2	2445	5.8	3181	7.4	2997	7.0	5089	11.8	33573	Türkiye
-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
9810	43.8	9796	51.0	8078	42.5	7497	44.7	6572	37.9	216906	Ukraine
2517	7.6	2537	7.6	2982	8.9	3710	11.1	3402	10.1	132161	United Kingdom
-	-	-	-	-	-	-	-	-	-	16234	Uzbekistan
57148	**26.7**	**55168**	**26.1**	**55505**	**26.2**	**54339**	**25.9**	**51136**	**24.2**	**1244716**	**Total non-EU/EEA**
14682	6.9	15223	7.1	17388	8.1	18891	8.8	18035	8.3	581053	West
4040	4.1	5412	5.5	7115	7.3	6757	6.9	8585	8.8	104366	Centre
52471	42.3	49630	41.1	48852	40.5	47131	39.7	42122	35.3	1055333	East
71193	**16.4**	**70265**	**16.3**	**73355**	**17.0**	**72779**	**16.9**	**68742**	**15.8**	**1740752**	**Total WHO European Region**

Table 3: HIV diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2015–2024) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2015		2016		2017		2018		2019	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria[c]	48	1.1	57	1.3	57	1.3	42	0.9	42	0.9
West	Belgium	338	5.9	292	5.1	310	5.4	293	5.1	303	5.2
Centre	Bulgaria	33	0.9	33	0.9	23	0.7	35	1.0	41	1.2
Centre	Croatia	6	0.3	5	0.2	5	0.2	7	0.3	5	0.2
Centre	Cyprus	8	1.8	15	3.4	20	4.5	13	2.9	31	6.8
Centre	Czechia	18	0.3	24	0.4	24	0.4	22	0.4	30	0.6
West	Denmark	72	2.5	53	1.8	50	1.7	49	1.7	44	1.5
East	Estonia	103	14.7	90	12.9	73	10.5	59	8.5	65	9.3
West	Finland	43	1.5	59	2.1	57	2.0	49	1.8	37	1.3
West	France	1725	5.0	1814	5.3	1814	5.3	1768	5.1	1787	5.1
West	Germany[d]	755	1.8	720	1.7	654	1.6	639	1.5	683	1.6
West	Greece	93	1.7	114	2.1	110	2.0	142	2.6	150	2.7
Centre	Hungary	26	0.5	21	0.4	18	0.4	8	0.2	16	0.3
West	Iceland	2	1.2	6	3.6	3	1.8	14	8.2	5	2.9
West	Ireland	113	4.8	112	4.7	115	4.7	106	4.3	133	5.3
West	Italy	816	2.6	862	2.8	872	2.8	657	2.1	508	1.7
East	Latvia	136	12.7	139	13.1	134	12.7	108	10.3	119	11.5
West	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	42	2.7	49	3.1	43	2.8	43	2.8	41	2.7
West	Luxembourg[e]	39	13.9	38	13.2	35	11.9	34	11.4	31	10.2
West	Malta	8	3.7	11	4.9	10	4.4	11	4.7	15	6.2
West	Netherlands	174	2.0	142	1.7	143	1.7	154	1.8	183	2.1
West	Norway	76	3.0	63	2.4	58	2.2	69	2.6	60	2.3
Centre	Poland	176	0.9	141	0.7	162	0.8	154	0.8	228	1.2
West	Portugal	461	8.4	482	8.8	453	8.3	412	7.6	434	8.0
Centre	Romania	247	2.4	217	2.1	216	2.2	196	2.0	204	2.1
Centre	Slovakia	10	0.4	7	0.3	6	0.2	8	0.3	11	0.4
Centre	Slovenia	7	0.7	4	0.4	2	0.2	2	0.2	6	0.6
West	Spain	623	2.6	673	2.9	645	2.7	586	2.5	534	2.2
West	Sweden	171	3.5	160	3.3	161	3.2	175	3.5	161	3.2
	Total EU/EEA	**6369**	**2.8**	**6403**	**2.8**	**6273**	**2.7**	**5855**	**2.5**	**5907**	**2.6**
Non-EU/EEA											
Centre	Albania	29	2.0	23	1.6	25	1.7	26	1.8	27	1.9
West	Andorra	0	0.0	0	0.0	3	8.2	4	10.8	-	-
East	Armenia	89	5.7	91	5.8	105	6.7	136	8.8	135	8.7
East	Azerbaijan	232	4.6	201	4.0	208	4.1	219	4.3	248	4.8
East	Belarus	910	17.4	901	17.3	928	17.8	887	17.0	783	15.0
Centre	Bosnia and Herzegovina	1	0.1	2	0.1	0	0.0	2	0.1	3	0.2
East	Georgia	172	8.6	166	8.3	139	7.0	166	8.3	160	8.0
West	Israel	121	3.0	106	2.6	116	2.8	144	3.4	131	3.0
East	Kazakhstan	1032	11.1	1214	12.9	1190	12.5	1208	12.5	1254	12.9
East	Kyrgyzstan	277	9.2	314	10.2	346	11.1	331	10.4	352	10.9
East	Moldova	356	20.7	361	21.3	367	22.0	368	22.3	378	23.2
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	-	-
Centre	Montenegro	2	0.6	2	0.6	1	0.3	2	0.6	2	0.6
Centre	North Macedonia	1	0.1	1	0.1	0	0.0	0	0.0	2	0.2
East	Russian Federation[f]	38102	49.1	33166	42.6	32593	41.8	33275	42.6	30947	39.7
West	San Marino	0	0.0	0	0.0	0	0.0	1	5.7	0	0.0
Centre	Serbia	6	0.1	16	0.3	11	0.2	15	0.3	21	0.4
Centre	Serbia excluding Kosovo[g]	5	0.1	16	0.4	11	0.3	14	0.4	19	0.5
Centre	Kosovo[g]	1	0.1	-	-	-	-	1	0.1	2	0.2
West	Switzerland	121	2.9	113	2.7	102	2.4	97	2.3	90	2.1
East	Tajikistan	469	11.0	417	9.6	470	10.6	547	12.1	549	11.8
Centre	Türkiye	337	0.8	372	0.9	455	1.1	531	1.3	481	1.2
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	5481	27.7	5863	25.6	6307	27.7	6136	27.1	6332	28.1
West	United Kingdom	1473	4.5	1280	3.8	1254	3.7	1242	3.7	1146	3.4
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	**49211**	**22.4**	**44609**	**20.0**	**44620**	**20.1**	**45337**	**20.1**	**43041**	**19.0**
WHO European Region											
	West	7272	3.3	7157	3.3	7022	3.2	6688	3.0	6477	2.9
	Centre	907	0.9	883	0.9	968	1.0	1021	1.0	1108	1.1
	East	47401	35.7	42972	31.5	42903	31.4	43483	31.8	41363	30.2
	Total WHO European Region	**55580**	**12.4**	**51012**	**11.2**	**50893**	**11.3**	**51192**	**11.2**	**48948**	**10.7**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] Due to discrepancies in the methodology used for calculating the population rates by the Russian Federal Statistics Service and the United Nations Population Division, rates on overall HIV diagnoses, as well as data disaggregated by sex, presented in Tables 1, 2 and 3 and elsewhere in the report may differ from the data presented in national statistics.
[g] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

2020		2021		2022		2023		2024		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
32	0.7	33	0.7	38	0.8	38	0.8	45	1.0	2673	Austria[c]
225	3.9	198	3.4	334	5.7	342	5.8	370	6.2	13550	Belgium
31	0.9	32	0.9	113	3.4	47	1.4	62	1.9	932	Bulgaria
9	0.4	6	0.3	23	1.1	14	0.7	16	0.8	262	Croatia
19	4.1	34	7.4	64	13.8	39	8.1	26	5.3	527	Cyprus
48	0.9	33	0.6	435	8.2	133	2.4	107	1.9	1255	Czechia
28	1.0	24	0.8	109	3.7	73	2.4	63	2.1	2420	Denmark
59	8.4	45	6.4	120	17.2	74	10.3	60	8.3	3683	Estonia
35	1.3	34	1.2	98	3.5	100	3.6	90	3.2	1527	Finland
1098	3.2	1138	3.3	1408	4.0	1773	5.0	1553	4.4	39986	France
560	1.3	459	1.1	1006	2.4	984	2.3	884	2.1	17993	Germany[d]
122	2.2	110	2.0	118	2.2	155	2.9	141	2.7	3241	Greece
15	0.3	19	0.4	26	0.5	38	0.8	28	0.6	512	Hungary
6	3.4	5	2.8	10	5.5	11	5.9	19	10.2	174	Iceland
86	3.4	82	3.2	296	11.4	312	11.7	391	14.4	3951	Ireland
306	1.0	395	1.3	454	1.5	591	2.0	495	1.6	14160	Italy
95	9.3	76	7.5	75	7.5	57	5.6	64	6.4	2968	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	Liechtenstein
42	2.8	28	1.9	100	6.7	89	5.8	62	4.1	1015	Lithuania
18	5.8	26	8.2	29	9.1	21	6.4	11	3.3	1011	Luxembourg[e]
15	6.0	4	1.6	5	2.0	5	1.9	9	3.4	160	Malta
125	1.4	111	1.3	267	3.0	159	1.8	158	1.8	6247	Netherlands
46	1.7	38	1.4	109	4.1	127	4.7	93	3.4	2559	Norway
153	0.8	238	1.2	839	4.4	600	3.2	441	2.3	6966	Poland
298	5.5	358	6.6	288	5.3	335	6.1	283	5.1	19811	Portugal
128	1.3	150	1.5	144	1.5	160	1.6	189	1.9	10712	Romania
11	0.4	14	0.5	78	2.8	36	1.3	24	0.9	294	Slovakia
5	0.5	6	0.6	11	1.0	3	0.3	11	1.0	142	Slovenia
420	1.7	465	1.9	481	2.0	474	1.9	463	1.9	12416	Spain
134	2.6	119	2.3	181	3.5	108	2.1	102	1.9	5102	Sweden
4169	**1.8**	**4280**	**1.9**	**7259**	**3.1**	**6898**	**3.0**	**6260**	**2.7**	**176272**	**Total EU/EEA**
											Non-EU/EEA
26	1.8	31	2.2	27	1.9	28	2.0	29	2.0	497	Albania
-	-	-	-	-	-	-	-	-	-	18	Andorra
118	7.7	128	8.3	145	9.5	154	10.1	148	9.7	1853	Armenia
173	3.3	218	4.2	242	4.6	268	5.1	321	6.1	3502	Azerbaijan
528	10.2	570	11.0	616	12.0	577	11.3	479	9.4	14230	Belarus
3	0.2	2	0.1	5	0.3	3	0.2	4	0.2	62	Bosnia and Herzegovina
127	6.4	127	6.4	163	8.2	141	7.1	145	7.4	2757	Georgia
104	2.4	112	2.5	156	3.4	131	2.9	90	1.9	3990	Israel
1173	11.9	1243	12.5	1317	13.1	1269	12.5	1287	12.5	20214	Kazakhstan
291	8.9	328	9.9	433	12.8	403	11.8	404	11.6	5290	Kyrgyzstan
282	17.4	337	21.0	392	22.9	367	20.4	349	20.0	7491	Moldova
-	-	-	-	-	-	-	-	-	-	14	Monaco
1	0.3	1	0.3	6	1.9	13	4.0	4	1.2	62	Montenegro
0	0.0	2	0.2	4	0.4	4	0.4	3	0.3	30	North Macedonia
22939	29.4	24797	31.9	22177	28.6	22502	29.1	20004	25.9	464083	Russian Federation[f]
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	20	San Marino
10	0.2	7	0.1	14	0.3	18	0.4	12	0.3	833	Serbia
9	0.2	6	0.2	13	0.3	18	0.5	9	0.2	794	Serbia excluding Kosovo[g]
1	0.1	1	0.1	1	0.1	-	-	3	0.3	39	Kosovo[g]
60	1.4	78	1.8	104	2.4	102	2.3	83	1.9	10950	Switzerland
438	9.2	348	7.2	372	7.5	407	8.1	380	7.4	6238	Tajikistan
313	0.7	475	1.1	643	1.5	592	1.4	916	2.1	7305	Türkiye
-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
5668	29.3	5537	24.9	4105	18.7	4067	20.3	3466	16.8	140026	Ukraine
916	2.7	1025	3.0	1708	5.0	3096	9.0	2460	7.2	57798	United Kingdom
-	-	-	-	-	-	-	-	-	-	7783	Uzbekistan
33170	**14.8**	**35366**	**15.5**	**32629**	**14.3**	**34142**	**15.1**	**30584**	**13.4**	**755047**	**Total non-EU/EEA**
											WHO European Region
4634	2.1	4814	2.2	7199	3.2	8937	4.0	7803	3.5	219794	West
772	0.8	1050	1.0	2432	2.4	1728	1.7	1872	1.9	30391	Centre
31933	23.8	33782	24.7	30257	22.1	30375	22.5	27169	20.1	681134	East
37339	**8.2**	**39646**	**8.6**	**39888**	**8.7**	**41040**	**9.0**	**36844**	**8.0**	**931319**	**Total WHO European Region**

Table 4: HIV diagnoses in men infected through sex with men, by country and year of diagnosis (2015–2024) 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]
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
EU/EEA												
West	Austria[c]	180	180	205	132	148	88	107	111	103	83	4764
West	Belgium	461	428	372	375	367	274	320	363	433	381	11624
Centre	Bulgaria	111	96	120	170	122	96	111	106	98	76	1528
Centre	Croatia	99	96	97	89	83	57	63	70	64	60	1502
Centre	Cyprus	51	47	47	44	41	62	80	84	61	56	933
Centre	Czechia	211	213	182	138	150	145	145	180	143	163	3218
West	Denmark	126	121	123	110	99	80	60	71	68	49	3700
East	Estonia	18	9	16	11	16	8	9	11	8	7	222
West	Finland	53	48	32	38	37	37	37	51	44	52	1503
West	France	1484	1353	1436	1511	1512	1194	1168	1245	1410	1416	31093
West	Germany[d]	1897	1739	1631	1434	1463	1015	1002	1063	1040	1134	39840
West	Greece	467	326	317	307	291	282	262	267	251	200	9835
Centre	Hungary	134	119	112	146	168	128	144	112	110	122	2966
West	Iceland	0	8	4	15	15	19	10	19	23	10	228
West	Ireland	251	274	261	296	268	217	187	361	320	275	4804
West	Italy	1460	1422	1391	1196	1123	658	759	889	965	989	21890
East	Latvia	34	24	24	20	18	11	11	9	9	10	484
West	Liechtenstein	0	0	1	0	0	0	1	0	1	0	6
East	Lithuania	29	29	21	19	20	18	21	29	42	30	438
West	Luxembourg[e]	56	62	46	54	43	26	46	25	21	16	1454
West	Malta	45	38	23	38	0	30	20	30	45	85	432
West	Netherlands	639	618	633	582	555	415	412	477	483	477	18705
West	Norway	70	87	88	73	61	63	36	59	71	64	2508
Centre	Poland	358	414	396	314	354	204	239	222	307	290	5536
West	Portugal	758	730	690	621	624	511	527	496	461	412	15855
Centre	Romania	148	155	181	172	191	150	206	204	215	232	2701
Centre	Slovakia	55	60	52	60	51	50	49	48	31	24	877
Centre	Slovenia	34	48	28	31	26	20	24	32	29	26	729
West	Spain	2465	2533	2534	2431	2410	1721	1748	1816	1851	1777	38967
West	Sweden	118	136	128	158	152	116	119	127	98	98	4956
	Total EU/EEA	**11812**	**11413**	**11191**	**10585**	**10408**	**7695**	**7923**	**8577**	**8805**	**8614**	**233298**
Non-EU/EEA												
Centre	Albania	13	11	6	8	29	22	18	33	38	20	289
West	Andorra	2	3	2	4	-	-	-	-	-	-	38
East	Armenia	12	17	17	41	50	35	42	61	52	58	436
East	Azerbaijan	35	17	42	45	50	56	64	80	128	141	723
East	Belarus	58	71	72	103	82	79	81	88	69	59	933
Centre	Bosnia and Herzegovina	10	18	12	14	22	9	16	25	15	25	246
East	Georgia	161	131	130	154	97	106	114	110	111	110	1511
West	Israel	142	130	147	131	122	136	145	153	140	97	3373
East	Kazakhstan	82	121	145	163	205	223	274	325	355	412	2528
East	Kyrgyzstan	23	37	45	47	38	42	89	89	88	116	659
East	Moldova	10	18	29	32	29	18	19	20	15	12	256
West	Monaco	1	0	2	0	-	-	-	-	-	-	18
Centre	Montenegro	14	25	22	16	15	11	6	20	18	18	247
Centre	North Macedonia	21	18	34	37	48	26	37	25	31	36	344
East	Russian Federation	0	0	0	0	0	1499	1391	1782	1466	1549	7687
West	San Marino	0	0	0	0	0	0	0	0	0	0	21
Centre	Serbia	140	120	126	145	185	111	148	113	109	120	2341
Centre	Serbia excluding Kosovo[f]	138	117	126	143	182	110	141	104	98	105	2273
Centre	Kosovo[f]	2	3	-	2	3	1	7	9	11	15	68
West	Switzerland	212	235	174	164	155	100	111	100	109	105	6236
East	Tajikistan	3	11	13	24	11	13	19	27	21	27	174
Centre	Türkiye	350	403	494	540	539	297	351	445	282	435	5023
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	368	435	490	506	467	386	428	289	289	283	5182
West	United Kingdom	3222	2693	2310	2181	1942	1296	1353	1402	1606	1418	82312
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	29
	Total non-EU/EEA	**4879**	**4514**	**4312**	**4355**	**4086**	**4465**	**4706**	**5187**	**4942**	**5041**	**120606**
WHO European Region												
West	West	14109	13164	12550	11851	11387	8278	8430	9125	9543	9138	304162
Centre	Centre	1749	1843	1909	1924	2024	1388	1637	1719	1551	1703	28480
East	East	833	920	1044	1165	1083	2494	2562	2920	2653	2814	21262
	Total WHO European Region	**16691**	**15927**	**15503**	**14940**	**14494**	**12160**	**12629**	**13764**	**13747**	**13655**	**353904**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Table 5: HIV diagnoses in people infected through injecting drug use, by country and year of diagnosis (2015–2024) 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]
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
EU/EEA												
West	Austria[c]	35	20	21	17	22	16	19	16	23	20	2242
West	Belgium	4	1	4	8	6	4	3	11	9	4	345
Centre	Bulgaria	29	22	33	34	37	15	14	18	24	36	738
Centre	Croatia	2	0	0	1	1	3	1	3	2	0	78
Centre	Cyprus	1	2	0	1	3	3	5	2	6	0	35
Centre	Czechia	5	7	5	8	9	14	7	61	24	17	266
West	Denmark	8	9	6	6	4	1	10	18	7	7	606
East	Estonia	55	31	15	24	20	10	5	5	4	4	4243
West	Finland	7	6	10	6	8	4	12	24	21	13	492
West	France	80	70	75	78	91	60	58	94	90	73	2615
West	Germany[d]	149	138	120	154	168	177	125	290	276	248	5562
West	Greece	99	102	96	123	90	88	95	67	88	97	2355
Centre	Hungary	2	3	1	1	1	1	0	3	2	1	39
West	Iceland	0	9	3	2	2	0	1	1	1	4	76
West	Ireland	51	20	18	14	19	11	8	38	31	9	1783
West	Italy	121	112	103	116	102	55	88	98	85	91	3166
East	Latvia	94	63	81	77	46	41	27	35	22	13	3623
West	Liechtenstein	0	0	0	0	0	0	0	0	0	0	5
East	Lithuania	46	88	143	55	51	32	30	32	44	20	2077
West	Luxembourg[e]	25	33	16	13	5	5	5	13	6	3	427
West	Malta	0	1	0	0	0	0	0	0	0	0	10
West	Netherlands	5	6	11	7	11	6	8	39	21	13	911
West	Norway	8	8	7	6	8	8	4	24	31	20	735
Centre	Poland	51	39	30	22	23	14	13	33	37	29	6534
West	Portugal	67	52	43	38	47	34	32	28	24	20	19677
Centre	Romania	201	142	104	86	76	44	60	51	61	45	2094
Centre	Slovakia	3	1	0	1	0	0	1	9	3	1	32
Centre	Slovenia	1	1	0	1	2	1	4	3	3	1	35
West	Spain	127	141	123	125	97	64	56	64	63	50	4164
West	Sweden	15	26	20	23	21	13	3	12	15	7	1361
	Total EU/EEA	**1291**	**1153**	**1088**	**1047**	**970**	**724**	**694**	**1092**	**1023**	**846**	**66326**
Non-EU/EEA												
Centre	Albania	0	0	0	0	0	0	1	2	1	2	11
West	Andorra	0	0	0	0	-	-	-	-	-	-	11
East	Armenia	37	35	39	35	38	22	26	32	20	32	868
East	Azerbaijan	185	163	102	108	102	87	97	71	68	72	3705
East	Belarus	790	600	485	391	363	222	221	287	211	156	10615
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	0	19
East	Georgia	187	205	150	96	115	62	69	80	53	67	3399
West	Israel	39	25	33	35	19	21	12	29	16	18	1411
East	Kazakhstan	826	900	898	920	1219	1062	851	812	720	551	22773
East	Kyrgyzstan	162	210	205	142	106	47	37	26	25	19	4067
East	Moldova	38	40	42	59	39	17	29	35	37	35	3088
West	Monaco	0	0	0	0	-	-	-	-	-	-	8
Centre	Montenegro	0	0	1	0	0	1	0	2	13	5	27
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Russian Federation	0	0	0	0	0	15203	16702	11416	10133	9342	62796
West	San Marino	0	0	0	0	0	0	0	0	0	0	11
Centre	Serbia	4	1	4	2	3	-	3	3	5	3	999
Centre	Serbia excluding Kosovo[f]	4	1	4	2	3	0	3	3	5	3	997
Centre	Kosovo[f]	-	-	-	-	-	-	-	-	-	-	2
West	Switzerland	9	14	20	13	11	4	5	8	5	6	2873
East	Tajikistan	249	202	252	199	135	83	76	82	43	35	4032
Centre	Türkiye	13	8	14	24	10	14	11	17	21	22	263
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	3449	3689	3974	3730	4173	5905	5312	3812	2885	1920	148734
West	United Kingdom	202	147	142	112	117	84	92	82	84	64	6139
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	11390
	Total non-EU/EEA	**6190**	**6239**	**6361**	**5866**	**6450**	**22834**	**23544**	**16796**	**14340**	**12349**	**287241**
WHO European Region												
West	West	1051	940	871	896	848	655	636	956	896	767	56985
Centre	Centre	312	226	192	181	165	110	120	207	202	162	11172
East	East	6118	6226	6386	5836	6407	22793	23482	16725	14265	12266	285410
	Total WHO European Region	**7481**	**7392**	**7449**	**6913**	**7420**	**23558**	**24238**	**17888**	**15363**	**13195**	**353567**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Table 6: HIV diagnoses in people infected through heterosexual contact, by country and year of diagnosis (2015–2024) 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]
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
EU/EEA												
West	Austria[c]	109	95	96	69	84	67	67	64	56	71	3672
West	Belgium	381	366	374	349	380	272	257	394	401	402	15230
Centre	Bulgaria	86	84	85	104	98	84	110	199	130	168	2253
Centre	Croatia	13	13	8	11	13	11	12	27	25	19	501
Centre	Cyprus	26	27	32	31	50	38	59	125	89	62	1020
Centre	Czechia	46	54	59	55	57	82	69	451	184	179	1840
West	Denmark	126	100	93	91	87	65	48	116	108	104	3962
East	Estonia	144	116	89	67	79	72	34	98	44	35	1997
West	Finland	79	83	70	55	44	44	40	91	101	84	2051
West	France	1806	1670	1740	1982	1933	1304	1373	1610	1939	1662	46210
West	Germany[d]	975	887	797	761	778	537	450	1067	1042	959	20776
West	Greece	129	148	156	179	195	134	127	130	112	104	4339
Centre	Hungary	22	28	23	13	28	26	22	43	52	28	702
West	Iceland	0	9	2	15	6	10	7	13	17	23	202
West	Ireland	132	143	168	167	167	102	89	317	360	365	4862
West	Italy	1643	1769	1659	1253	1101	628	856	927	1200	1094	27415
East	Latvia	157	145	137	113	112	108	67	96	56	63	2673
West	Liechtenstein	0	1	0	0	0	1	0	0	0	0	14
East	Lithuania	66	71	72	67	59	68	57	152	140	84	1332
West	Luxembourg[e]	61	64	62	50	54	32	43	34	31	19	1547
West	Malta	15	21	17	14	0	14	7	12	20	25	274
West	Netherlands	285	241	239	222	258	192	184	295	239	219	9525
West	Norway	138	120	115	101	100	66	58	138	153	90	4026
Centre	Poland	114	111	105	75	100	69	84	217	189	167	2699
West	Portugal	896	924	887	783	780	541	647	531	550	496	32645
Centre	Romania	498	509	547	507	498	326	346	352	449	479	10382
Centre	Slovakia	23	18	15	19	28	16	22	61	45	53	451
Centre	Slovenia	8	12	11	8	12	11	10	17	9	19	227
West	Spain	1072	1111	1156	1073	1116	725	833	830	883	930	22554
West	Sweden	211	202	212	213	204	148	133	199	113	112	6779
	Total EU/EEA	**9261**	**9142**	**9026**	**8447**	**8421**	**5793**	**6111**	**8606**	**8737**	**8115**	**232160**
Non-EU/EEA												
Centre	Albania	77	115	87	80	71	73	79	51	74	86	1424
West	Andorra	0	0	2	7	-	-	-	-	-	-	30
East	Armenia	236	244	290	341	352	303	351	435	415	448	4672
East	Azerbaijan	448	344	377	477	540	407	513	595	708	931	7110
East	Belarus	1416	1671	1868	1861	1659	1098	1159	1240	1150	977	23376
Centre	Bosnia and Herzegovina	4	6	2	10	10	6	2	6	2	10	164
East	Georgia	357	371	342	411	445	351	339	415	429	395	5804
West	Israel	214	192	195	245	202	169	197	239	210	146	6375
East	Kazakhstan	1438	1751	1867	2060	2127	2036	2288	2687	2807	2861	30604
East	Kyrgyzstan	385	428	491	549	569	478	612	879	851	817	8061
East	Moldova	578	547	561	617	683	404	460	650	778	723	11710
West	Monaco	0	0	1	0	-	-	-	-	-	-	13
Centre	Montenegro	3	9	3	5	5	2	2	11	17	6	130
Centre	North Macedonia	4	10	8	6	17	3	5	11	20	16	121
East	Russian Federation	0	0	0	0	0	38937	38381	41119	42326	36320	197083
West	San Marino	0	0	0	0	0	0	0	0	0	0	23
Centre	Serbia	28	35	31	35	27	15	12	39	55	43	1074
Centre	Serbia excluding Kosovo[f]	28	30	29	30	23	14	12	27	46	25	967
Centre	Kosovo[f]	-	5	2	5	4	1	-	12	9	18	107
West	Switzerland	183	169	146	156	136	92	101	112	110	91	7784
East	Tajikistan	751	703	807	1051	971	881	752	863	951	869	11258
Centre	Türkiye	583	646	775	951	806	536	666	789	723	1234	11324
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	9043	10004	11024	11313	11489	9080	9524	8032	8325	7756	196750
West	United Kingdom	2106	1953	1758	1795	1757	1271	1381	2226	4032	3439	84209
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	4711
	Total non-EU/EEA	**17854**	**19198**	**20635**	**21970**	**21866**	**56142**	**56824**	**60399**	**63983**	**57168**	**613810**
WHO European Region												
West	West	10561	10268	9945	9580	9382	6414	6898	9345	11677	10435	304517
Centre	Centre	1535	1677	1791	1910	1820	1298	1500	2399	2063	2569	34312
East	East	15019	16395	17925	18927	19085	54223	54537	57261	58980	52279	507141
	Total WHO European Region	**27115**	**28340**	**29661**	**30417**	**30287**	**61935**	**62935**	**69005**	**72720**	**65283**	**845970**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Table 7: HIV diagnoses in people infected through mother-to-child transmission, by country and year of diagnosis (2015–2024) 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]
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
EU/EEA												
West	Austria[c]	0	2	1	1	0	0	2	0	0	3	79
West	Belgium	14	10	4	6	7	8	6	16	11	12	538
Centre	Bulgaria	1	0	3	3	1	4	2	5	1	4	44
Centre	Croatia	0	1	0	0	0	1	0	1	0	1	18
Centre	Cyprus	1	0	0	1	1	0	4	3	1	4	18
Centre	Czechia	0	2	0	0	0	0	0	26	3	4	42
West	Denmark	4	1	5	2	0	2	3	7	4	1	130
East	Estonia	1	0	0	0	0	3	4	7	3	0	71
West	Finland	3	2	0	2	4	1	1	2	4	7	52
West	France	48	31	28	40	56	26	38	50	64	59	907
West	Germany[d]	29	24	18	20	14	11	11	61	39	22	623
West	Greece	0	4	1	1	4	3	1	6	3	2	84
Centre	Hungary	2	1	2	0	0	0	3	1	0	2	23
West	Iceland	0	0	0	2	1	0	0	0	0	0	4
West	Ireland	5	3	0	4	3	2	4	17	16	21	152
West	Italy	16	11	16	12	3	6	2	10	9	3	244
East	Latvia	3	6	3	5	2	5	1	2	3	0	93
West	Liechtenstein	0	0	0	0	0	0	0	0	0	0	1
East	Lithuania	0	1	1	0	0	0	1	15	3	2	28
West	Luxembourg[e]	1	0	0	0	2	1	1	0	1	1	37
West	Malta	0	2	0	2	0	1	0	0	0	0	5
West	Netherlands	22	15	15	15	11	10	8	20	7	7	441
West	Norway	2	2	2	6	2	0	4	5	12	6	120
Centre	Poland	8	1	3	2	5	3	2	25	16	3	274
West	Portugal	8	6	10	5	2	3	6	6	7	5	601
Centre	Romania	18	7	15	9	13	7	7	8	5	12	819
Centre	Slovakia	0	0	0	0	0	0	0	2	1	1	4
Centre	Slovenia	0	0	0	0	0	1	0	1	0	0	9
West	Spain	3	11	4	8	8	0	5	4	5	5	167
West	Sweden	15	10	14	12	12	9	12	13	9	9	325
	Total EU/EEA	**204**	**153**	**145**	**158**	**151**	**107**	**128**	**313**	**227**	**196**	**5953**
Non-EU/EEA												
Centre	Albania	1	1	1	2	1	1	3	2	2	5	49
West	Andorra	0	0	0	0	-	-	-	-	-	-	1
East	Armenia	4	1	5	6	3	9	3	3	5	3	76
East	Azerbaijan	16	10	12	9	4	2	7	12	5	11	171
East	Belarus	26	20	13	4	10	5	5	4	7	3	341
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	1	2	0	4
East	Georgia	6	4	3	6	3	3	2	6	2	3	124
West	Israel	4	4	5	8	2	3	9	6	2	4	299
East	Kazakhstan	25	24	34	24	26	23	30	22	22	15	508
East	Kyrgyzstan	23	16	16	22	21	12	25	20	13	20	331
East	Moldova	14	10	11	13	19	12	14	12	10	5	262
West	Monaco	0	0	0	0	-	-	-	-	-	-	1
Centre	Montenegro	0	0	0	0	0	0	0	0	0	0	4
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Russian Federation	0	0	0	0	0	162	153	129	98	96	638
West	San Marino	0	0	0	0	0	0	0	0	0	0	1
Centre	Serbia	1	2	-	1	2	-	2	-	-	-	56
Centre	Serbia excluding Kosovo[f]	0	2	0	0	2	0	1	0	0	0	50
Centre	Kosovo[f]	1	-	-	1	-	-	1	-	-	-	6
West	Switzerland	4	4	4	2	0	1	0	3	6	3	195
East	Tajikistan	56	54	61	53	47	43	33	30	24	25	635
Centre	Türkiye	23	15	12	13	15	12	15	11	4	16	240
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	98	77	86	71	79	67	48	35	38	50	2538
West	United Kingdom	48	49	64	66	75	30	55	86	173	156	3402
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	363
	Total non-EU/EEA	**349**	**291**	**327**	**300**	**307**	**385**	**404**	**382**	**413**	**415**	**10241**
WHO European Region												
	West	226	191	191	214	206	117	168	312	372	326	8409
	Centre	55	30	36	31	38	29	38	86	35	52	1606
	East	272	223	245	213	214	346	326	297	233	233	6179
	Total WHO European Region	**553**	**444**	**472**	**458**	**458**	**492**	**532**	**695**	**640**	**611**	**16194**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Table 8: HIV diagnoses in 2024, 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	Trans-gender[b]	Total[c]	Female	Male	Trans-gender[b]	Total[c]	Female	Male	Trans-gender[b]	Total[c]	Female	Male	Trans-gender[b]	Total[c]
EU/EEA																
West	Austria[d]	83	0	83	6	14	0	20	30	41	0	71	0	3	0	3
West	Belgium	381	0	381	0	4	0	4	253	149	0	402	8	4	0	12
Centre	Bulgaria	76	0	76	8	28	0	36	54	114	0	168	0	4	0	4
Centre	Croatia	60	0	60	0	0	0	0	14	5	0	19	1	0	0	1
Centre	Cyprus	56	0	56	0	0	0	0	24	38	0	62	2	2	0	4
Centre	Czechia	163	0	163	4	13	0	17	88	91	0	179	1	3	0	4
West	Denmark	49	0	49	4	3	0	7	46	58	0	104	0	1	0	1
East	Estonia	7	0	7	2	2	0	4	21	14	0	35	0	0	0	0
West	Finland	52	0	52	2	11	0	13	53	31	0	84	4	3	0	7
West	France	1416	0	1416	8	63	2	73	976	686	0	1662	29	29	1	59
West	Germany[e]	1105	29	1134	59	189	0	248	661	296	1	958	11	11	0	22
West	Greece	197	3	200	20	77	0	97	64	40	0	104	2	0	0	2
Centre	Hungary	122	0	122	0	1	0	1	20	8	0	28	1	1	0	2
West	Iceland	10	0	10	1	3	0	4	18	5	0	23	0	0	0	0
West	Ireland	270	5	275	2	7	0	9	244	117	4	365	13	8	0	21
West	Italy	989	0	989	21	70	0	91	430	664	0	1094	1	2	0	3
East	Latvia	10	0	10	0	13	0	13	29	34	0	63	0	0	0	0
West	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	30	0	30	4	16	0	20	40	44	0	84	1	1	0	2
West	Luxembourg[f]	16	0	16	0	3	0	3	9	10	0	19	0	1	0	1
West	Malta	84	1	85	0	0	0	0	9	16	0	25	0	0	0	0
West	Netherlands	477	0	477	5	8	0	13	130	89	0	219	4	3	0	7
West	Norway	64	0	64	5	15	0	20	57	33	0	90	4	2	0	6
Centre	Poland	290	0	290	3	26	0	29	83	83	0	166	2	1	0	3
West	Portugal	408	4	412	2	18	0	20	251	245	0	496	2	3	0	5
Centre	Romania	232	0	232	7	38	0	45	174	305	0	479	6	6	0	12
Centre	Slovakia	24	0	24	0	1	0	1	17	36	0	53	0	1	0	1
Centre	Slovenia	26	0	26	0	1	0	1	8	11	0	19	0	0	0	0
West	Spain	1759	0	1759	6	43	0	49	353	577	0	930	2	3	0	5
West	Sweden	98	0	98	0	7	0	7	68	44	0	112	6	3	0	9
	Total EU/EEA	**8554**	**42**	**8596**	**169**	**674**	**2**	**845**	**4224**	**3884**	**5**	**8113**	**100**	**95**	**1**	**196**
Non-EU/EEA																
Centre	Albania	20	0	20	0	2	0	2	27	59	0	86	1	4	0	5
West	Andorra	-	-	0	-	-	-	0	-	-	-	0	-	-	-	0
East	Armenia	58	0	58	2	30	0	32	143	305	0	448	2	1	0	3
East	Azerbaijan	141	0	141	2	70	0	72	303	628	0	931	5	6	0	11
East	Belarus	59	0	59	33	123	0	156	433	544	0	977	3	0	0	3
Centre	Bosnia and Herzegovina	25	0	25	0	0	0	0	4	6	0	10	0	0	0	0
East	Georgia	110	0	110	3	64	0	67	133	262	0	395	2	1	0	3
West	Israel	94	3	97	8	10	0	18	69	75	1	145	3	1	0	4
East	Kazakhstan	411	1	412	80	471	0	551	1148	1713	0	2861	9	6	0	15
East	Kyrgyzstan	116	0	116	4	15	0	19	359	458	0	817	9	11	0	20
East	Moldova	12	0	12	4	31	0	35	304	419	0	723	3	2	0	5
West	Monaco	-	-	0	-	-	-	0	-	-	-	0	-	-	-	0
Centre	Montenegro	18	0	18	0	5	0	5	3	3	0	6	0	0	0	0
Centre	North Macedonia	36	0	36	0	0	0	0	3	13	0	16	0	0	0	0
East	Russian Federation	1549	0	1549	1562	7780	0	9342	18035	18285	0	36320	45	51	0	96
West	San Marino	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	120	-	120	1	2	-	3	9	34	-	43	-	-	-	0
Centre	Serbia excluding Kosovo[g]	105	0	105	1	2	0	3	7	18	0	25	0	0	0	0
Centre	Kosovo[g]	15	-	15	-	-	-	0	2	16	-	18	-	-	-	0
West	Switzerland	105	0	105	1	5	0	6	43	48	0	91	1	2	0	3
East	Tajikistan	27	0	27	0	35	0	35	340	529	0	869	14	11	0	25
Centre	Türkiye	435	0	435	1	21	0	22	228	1006	0	1234	5	11	0	16
East	Turkmenistan	-	-	0	-	-	-	0	-	-	-	0	-	-	-	0
East	Ukraine	283	0	283	283	1637	0	1920	3151	4605	0	7756	21	29	0	50
West	United Kingdom	1414	0	1414	11	53	0	64	2020	1414	0	3434	101	55	0	156
East	Uzbekistan	-	-	0	-	-	-	0	-	-	-	0	-	-	-	0
	Total non-EU/EEA	**5033**	**4**	**5037**	**1995**	**10354**	**0**	**12349**	**26755**	**30406**	**1**	**57162**	**224**	**191**	**0**	**415**
WHO European Region																
	West	9071	45	9116	161	603	2	766	5784	4638	6	10428	191	134	1	326
	Centre	1703	0	1703	24	138	0	162	756	1812	0	2568	19	33	0	52
	East	2813	1	2814	1979	10287	0	12266	24439	27840	0	52279	114	119	0	233
	Total WHO European Region	**13587**	**46**	**13633**	**2164**	**11028**	**2**	**13194**	**30979**	**34290**	**6**	**65275**	**324**	**286**	**1**	**611**

[a] Country/territory/area specific comments are in Annex 5.

[b] The mode of transmission among transgender people should be classified according to the gender at the time of diagnosis. However, there are discrepancies across countries in how the mode of transmission for transgender individuals is classified. Therefore, comparisons between countries should be made with caution.

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

[d] Austria uses study cohort data.

[e] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.

[f] 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.

[g] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Nosocomial				Haemophiliac/transfusion				Unknown				Total[c]	Country, territory or area[a]
Female	Male	Trans-gender[b]	Total[c]	Female	Male	Trans-gender[b]	Total[c]	Female	Male	Trans-gender[b]	Total[c]		
													EU/EEA
0	1	0	1	0	0	0	0	9	17	0	26	204	Austria[d]
0	0	0	0	4	0	0	4	105	197	28	330	1133	Belgium
0	0	0	0	0	0	0	0	0	0	0	0	284	Bulgaria
0	0	0	0	0	0	0	0	1	10	0	11	91	Croatia
0	0	0	0	0	1	0	1	0	2	0	2	125	Cyprus
0	1	0	1	0	0	0	0	14	20	0	34	398	Czechia
0	0	0	0	1	0	0	1	12	25	0	37	199	Denmark
0	0	0	0	0	0	0	0	37	50	0	87	133	Estonia
1	1	0	2	2	1	0	3	28	37	0	65	226	Finland
0	0	0	0	10	2	0	12	530	860	104	1494	4716	France
0	0	0	0	0	0	0	0	153	740	3	896	3258	Germany[e]
0	0	0	0	0	0	0	0	55	187	1	243	646	Greece
0	1	0	1	0	0	0	0	7	36	0	43	197	Hungary
0	0	0	0	0	0	0	0	0	2	0	2	39	Iceland
0	0	0	0	0	0	0	0	132	204	1	337	1007	Ireland
0	0	0	0	0	0	0	0	43	159	0	202	2379	Italy
0	0	0	0	0	0	0	0	35	59	0	94	180	Latvia
0	0	0	0	0	0	0	0	0	0	0	0	0	Liechtenstein
0	0	0	0	0	0	0	0	17	43	0	60	196	Lithuania
0	0	0	0	0	0	0	0	2	2	0	4	43	Luxembourg[f]
0	0	0	0	0	0	0	0	0	6	0	6	116	Malta
1	1	0	2	0	0	0	0	18	77	30	125	843	Netherlands
1	1	0	2	7	1	0	8	19	55	0	74	264	Norway
0	0	0	0	1	0	0	1	352	1132	0	1484	1973	Poland
0	0	0	0	1	1	0	2	27	34	1	62	997	Portugal
0	0	0	0	0	0	0	0	2	1	0	3	771	Romania
0	0	0	0	0	0	0	0	7	27	0	34	113	Slovakia
0	0	0	0	0	0	0	0	3	6	0	9	55	Slovenia
0	0	0	0	3	2	0	5	99	355	0	454	3202	Spain
0	0	0	0	2	3	0	5	26	39	0	65	296	Sweden
3	**6**	**0**	**9**	**31**	**11**	**0**	**42**	**1733**	**4382**	**168**	**6283**	**24084**	**Total EU/EEA**
													Non-EU/EEA
0	0	0	0	0	0	0	0	1	9	0	10	123	Albania
-	-	-	0	-	-	-	0	-	-	-	0	0	Andorra
0	0	0	0	0	0	0	0	1	2	0	3	544	Armenia
0	0	0	0	0	0	0	0	11	5	0	16	1171	Azerbaijan
0	0	0	0	0	0	0	0	10	23	0	33	1228	Belarus
0	0	0	0	0	0	0	0	0	5	0	5	40	Bosnia and Herzegovina
0	0	0	0	0	1	0	1	7	32	0	39	615	Georgia
0	0	0	0	0	1	0	1	10	41	0	51	316	Israel
0	0	0	0	0	0	0	0	50	110	0	160	3999	Kazakhstan
1	0	0	1	0	0	0	0	31	49	0	80	1053	Kyrgyzstan
0	0	0	0	0	0	0	0	38	67	0	105	880	Moldova
-	-	-	0	-	-	-	0	-	-	-	0	0	Monaco
0	0	0	0	0	0	0	0	1	7	0	8	37	Montenegro
0	0	0	0	0	0	0	0	0	1	0	1	53	North Macedonia
0	0	0	0	0	0	0	0	362	584	0	946	48253	Russian Federation
0	0	0	0	0	0	0	0	0	0	0	0	0	San Marino
-	-	-	0	-	-	-	0	2	24	-	26	192	Serbia
0	0	0	0	0	0	0	0	1	24	0	25	158	Serbia excluding Kosovo[g]
-	-	-	0	-	-	-	0	1	-	-	1	34	Kosovo[g]
0	0	0	0	0	0	0	0	38	71	1	110	315	Switzerland
0	0	0	0	0	0	0	0	26	20	0	46	1002	Tajikistan
0	0	0	0	0	0	0	0	682	3616	0	4298	6005	Türkiye
-	-	-	0	-	-	-	0	-	-	-	0	0	Turkmenistan
0	2	0	2	0	0	0	0	11	16	0	27	10038	Ukraine
7	7	0	14	23	21	0	44	298	438	0	736	5862	United Kingdom
-	-	-	0	-	-	-	0	-	-	-	0	0	Uzbekistan
8	**9**	**0**	**17**	**23**	**23**	**0**	**46**	**1579**	**5120**	**1**	**6700**	**81726**	**Total non-EU/EEA**
													WHO European Region
10	11	0	21	53	32	0	85	1604	3546	169	5319	26061	West
0	2	0	2	1	1	0	2	1072	4896	0	5968	10457	Centre
1	2	0	3	0	1	0	1	636	1060	0	1696	69292	East
11	**15**	**0**	**26**	**54**	**34**	**0**	**88**	**3312**	**9502**	**169**	**12983**	**105810**	**Total WHO European Region**

Table 9: HIV diagnoses in 2024, 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	Trans-gender[c]	Total[b]	Female	Male	Trans-gender[c]	Total[b]	Female	Male	Trans-gender[c]	Total[b]
EU/EEA																
West	Austria[d]	0	3	3	3	3	0	6	3	8	0	11	4	16	0	20
West	Belgium	3	2	5	5	14	0	19	18	58	3	80	34	127	5	166
Centre	Bulgaria	0	4	4	2	2	0	4	7	23	0	30	6	25	0	31
Centre	Croatia	1	0	1	0	0	0	0	0	2	0	2	2	15	0	17
Centre	Cyprus	1	2	3	0	0	0	0	2	7	0	9	5	21	0	26
Centre	Czechia	1	1	2	2	2	0	4	5	15	0	20	9	41	0	50
West	Denmark	0	1	1	0	0	0	0	0	5	0	5	6	21	0	27
East	Estonia	3	0	3	1	1	0	2	2	5	0	7	6	5	0	11
West	Finland	4	0	4	3	3	0	6	2	8	0	10	6	16	0	22
West	France	19	16	35	61	72	0	133	124	285	7	416	183	486	27	696
West	Germany[e]	3	9	12	18	26	2	46	47	176	3	226	90	309	8	408
West	Greece	0	2	2	5	4	0	9	18	38	0	56	23	54	1	78
Centre	Hungary	2	1	3	1	1	0	2	1	18	0	19	2	24	0	26
West	Iceland	0	0	0	0	0	0	0	0	0	0	0	1	5	0	6
West	Ireland	3	3	6	7	7	0	14	14	28	0	42	35	92	2	129
West	Italy	1	2	3	6	15	0	21	28	90	0	118	59	224	0	283
East	Latvia	0	0	0	1	2	0	3	2	3	0	5	1	4	0	5
West	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	0	1	1	1	2	0	3	1	6	0	7	2	13	0	15
West	Luxembourg[f]	0	0	0	0	0	0	0	1	3	0	4	1	2	0	3
West	Malta	0	0	0	0	0	0	0	0	7	0	7	1	25	0	26
West	Netherlands	0	0	0	6	11	1	18	10	52	4	66	15	107	15	137
West	Norway	2	1	3	0	2	0	2	7	5	0	12	10	16	0	26
Centre	Poland	2	4	6	6	29	0	35	17	132	0	149	33	255	0	290
West	Portugal	2	3	5	2	4	0	6	21	70	0	91	33	142	2	177
Centre	Romania	8	6	14	5	18	0	23	20	81	0	101	34	88	0	122
Centre	Slovakia	0	2	2	0	0	0	0	4	8	0	12	1	7	0	8
Centre	Slovenia	0	0	0	0	0	0	0	1	6	0	7	1	8	0	9
West	Spain	2	3	5	13	53	0	66	23	237	0	265	56	521	0	584
West	Sweden	1	1	2	1	3	0	4	5	10	0	15	8	32	0	40
	Total EU/EEA	**58**	**67**	**125**	**149**	**274**	**3**	**426**	**383**	**1386**	**17**	**1792**	**667**	**2701**	**60**	**3438**
Non-EU/EEA																
Centre	Albania	1	4	5	1	3	0	4	2	10	0	12	0	21	0	21
West	Andorra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
East	Armenia	2	2	4	3	4	0	7	9	14	0	23	12	39	0	51
East	Azerbaijan	5	10	15	7	16	0	23	32	86	0	118	43	178	0	221
East	Belarus	3	1	4	8	6	0	14	22	19	0	41	24	51	0	75
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	2	0	2	1	6	0	7
East	Georgia	2	1	3	3	8	0	11	11	41	0	52	8	75	0	83
West	Israel	2	1	3	1	1	0	2	2	8	2	12	6	24	1	31
East	Kazakhstan	13	7	20	21	43	0	64	73	191	0	264	90	344	0	434
East	Kyrgyzstan	10	13	23	17	13	0	30	21	57	0	78	33	101	0	134
East	Moldova	3	3	6	13	6	0	19	25	16	0	41	28	37	0	65
West	Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Centre	Montenegro	0	0	0	0	0	0	0	0	3	0	3	0	2	0	2
Centre	North Macedonia	0	0	0	0	0	0	0	1	6	0	7	0	7	0	7
East	Russian Federation	172	174	346	179	102	0	281	721	601	0	1322	1272	1349	0	2621
West	San Marino	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	-	-	0	-	4	-	4	2	11	-	13	1	41	-	42
Centre	Serbia excluding Kosovo[g]	0	0	0	0	2	0	2	2	8	0	10	0	31	0	31
Centre	Kosovo[g]	-	-	0	-	2	-	2	-	3	-	3	1	10	-	11
West	Switzerland	0	1	1	2	2	0	4	2	17	0	19	5	20	0	25
East	Tajikistan	22	22	44	23	16	0	39	28	40	0	68	43	79	0	122
Centre	Türkiye	6	12	18	8	67	0	75	84	592	0	676	114	917	0	1031
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East	Ukraine	24	32	56	38	27	0	65	95	128	0	223	223	344	0	567
West	United Kingdom	19	15	34	40	42	0	83	116	224	0	342	280	476	0	764
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	**284**	**298**	**582**	**364**	**360**	**0**	**725**	**1246**	**2066**	**2**	**3316**	**2183**	**4111**	**1**	**6303**
WHO European Region																
	West	61	63	124	173	262	3	439	441	1329	19	1797	856	2715	61	3648
	Centre	22	36	58	25	126	0	151	146	916	0	1062	209	1478	0	1689
	East	259	266	525	315	246	0	561	1042	1207	0	2249	1785	2619	0	4404
	Total WHO European Region	**342**	**365**	**707**	**513**	**634**	**3**	**1151**	**1629**	**3452**	**19**	**5108**	**2850**	**6812**	**61**	**9741**

[a] Country/territory/area 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 mode of transmission among transgender people should be classified according to the gender at the time of diagnosis. However, there are discrepancies across countries in how the mode of transmission for transgender individuals is classified. Therefore, comparisons between countries should be made with caution.
[d] Austria uses study cohort data.
[e] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[f] 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.
[g] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

30–39 years				40–49 years				50+ years				Unknown age			Total[b]	Country, territory or area[a]
Female	Male	Trans-gender[c]	Total[b]	Female	Male	Trans-gender[c]	Total[b]	Female	Male	Trans-gender[c]	Total[b]	Female	Male	Total[b]		
																EU/EEA
15	51	0	66	11	49	0	60	9	29	0	38	0	0	0	204	Austria[d]
136	218	15	370	95	173	3	271	77	142	2	221	2	1	4	1136	Belgium
18	73	0	91	20	57	0	77	9	38	0	47	0	0	0	284	Bulgaria
5	20	0	25	3	21	0	24	5	17	0	22	0	0	0	91	Croatia
10	24	0	34	4	16	0	20	4	29	0	33	0	0	0	125	Cyprus
28	95	0	123	49	98	0	147	13	39	0	52	0	0	0	398	Czechia
20	46	0	66	25	29	0	54	12	34	0	46	0	0	0	199	Denmark
19	26	0	45	14	28	0	42	15	8	0	23	0	0	0	133	Estonia
30	50	0	80	28	35	0	63	17	24	0	41	0	0	0	226	Finland
448	859	43	1350	340	572	20	932	378	766	10	1154	0	0	0	4716	France
300	692	15	1007	251	576	5	832	171	536	0	707	4	17	21	3259	Germany[e]
49	133	3	185	24	148	0	172	22	122	0	144	0	0	0	646	Greece
8	53	0	62	5	38	0	43	7	29	0	37	2	5	18	210	Hungary
7	6	0	13	9	6	0	15	2	3	0	5	0	0	0	39	Iceland
108	221	4	333	149	151	2	302	75	104	2	182	0	0	0	1008	Ireland
147	509	0	656	128	442	0	570	126	602	0	728	0	0	0	2379	Italy
16	34	0	50	23	36	0	59	21	37	0	58	0	0	0	180	Latvia
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Liechtenstein
18	46	0	64	27	40	0	67	13	26	0	39	0	0	0	196	Lithuania
1	12	0	13	4	9	0	13	4	6	0	10	0	0	0	43	Luxembourg[f]
1	49	1	51	4	12	0	16	3	10	0	13	0	3	3	116	Malta
41	223	7	271	53	134	2	189	33	128	1	162	0	0	0	843	Netherlands
19	57	0	76	35	62	0	97	20	28	0	48	0	0	0	264	Norway
150	511	0	665	157	385	0	546	68	149	0	219	8	67	99	2009	Poland
64	210	3	277	65	129	0	194	96	151	0	247	0	0	0	997	Portugal
50	197	0	247	36	115	0	151	36	77	0	113	0	0	0	771	Romania
6	26	0	32	10	30	0	40	3	16	0	19	0	0	0	113	Slovakia
3	8	0	11	1	12	0	13	5	10	0	15	0	0	0	55	Slovenia
140	899	0	1046	116	557	0	678	113	469	0	584	0	0	0	3228	Spain
41	49	0	90	27	53	0	80	19	46	0	65	0	0	0	296	Sweden
1898	**5397**	**91**	**7399**	**1713**	**4013**	**32**	**5767**	**1376**	**3675**	**15**	**5072**	**16**	**93**	**145**	**24164**	**Total EU/EEA**
																Non-EU/EEA
6	22	0	28	6	18	0	24	13	16	0	29	0	0	0	123	Albania
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Andorra
44	130	0	174	42	108	0	150	36	99	0	135	0	0	0	544	Armenia
100	290	0	390	67	166	0	233	67	104	0	171	0	0	0	1171	Azerbaijan
114	242	0	356	150	267	0	417	158	163	0	321	0	0	0	1228	Belarus
3	10	0	13	0	13	0	13	0	5	0	5	0	0	0	40	Bosnia and Herzegovina
39	133	0	172	42	119	0	161	40	91	0	131	0	2	2	615	Georgia
27	69	1	97	29	56	0	86	22	62	0	84	1	1	2	317	Israel
341	916	0	1257	415	774	1	1190	334	436	0	770	0	0	0	3999	Kazakhstan
112	219	0	331	107	135	0	242	104	111	0	215	0	0	0	1053	Kyrgyzstan
107	190	0	297	90	171	0	261	83	108	0	191	0	0	0	880	Moldova
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Monaco
2	11	0	13	1	12	0	13	1	5	0	6	0	0	0	37	Montenegro
0	17	0	17	1	15	0	16	1	5	0	6	0	0	0	53	North Macedonia
6009	9384	0	15393	7123	11775	0	18898	4528	4864	0	9392	0	0	0	48253	Russian Federation
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	San Marino
1	59	-	60	4	45	-	49	4	20	-	24	-	-	0	192	Serbia
0	51	0	51	4	38	0	42	3	19	0	22	0	0	0	158	Serbia excluding Kosovo[g]
1	8	-	9	-	7	-	7	1	1	-	2	-	-	0	34	Kosovo[g]
28	83	0	113	22	51	1	74	24	57	0	81	0	0	0	317	Switzerland
126	189	0	315	72	160	0	232	66	116	0	182	0	0	0	1002	Tajikistan
257	1417	0	1674	238	1059	0	1297	209	1025	0	1234	0	0	0	6005	Türkiye
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Turkmenistan
1018	2281	0	3299	1071	2561	0	3632	997	1199	0	2196	0	0	0	10038	Ukraine
865	1129	0	2008	760	833	0	1596	379	683	0	1063	1	0	1	5891	United Kingdom
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Uzbekistan
9199	**16791**	**1**	**26007**	**10240**	**18338**	**2**	**28584**	**7066**	**9169**	**0**	**16236**	**2**	**3**	**5**	**81758**	**Total non-EU/EEA**
																WHO European Region
2487	5565	92	8168	2175	4077	33	6294	1602	4002	15	5623	8	22	31	26124	West
547	2543	0	3095	535	1934	0	2473	378	1480	0	1861	10	72	117	10506	Centre
8063	14080	0	22143	9243	16340	1	25584	6462	7362	0	13824	0	2	2	69292	East
11097	**22188**	**92**	**33406**	**11953**	**22351**	**34**	**34351**	**8442**	**12844**	**15**	**21308**	**18**	**96**	**150**	**105922**	**Total WHO European Region**

Table 10: Origin of those diagnosed with HIV in 2024 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[c]	86	42.2	18	8.8	59	28.9	12	5.9
West	Belgium	223	19.6	79	7.0	115	10.1	291	25.6
Centre	Bulgaria	241	84.9	4	1.4	32	11.3	4	1.4
Centre	Croatia	48	52.7	4	4.4	25	27.5	5	5.5
Centre	Cyprus	44	35.2	16	12.8	31	24.8	16	12.8
Centre	Czechia	157	39.4	7	1.8	208	52.3	8	2.0
West	Denmark	45	22.6	10	5.0	71	35.7	20	10.1
East	Estonia	107	80.5	0	0.0	16	12.0	2	1.5
West	Finland	38	16.8	3	1.3	38	16.8	30	13.3
West	France	1381	29.3	75	1.6	166	3.5	1472	31.2
West	Germany[d]	1238	38.0	56	1.7	875	26.8	385	11.8
West	Greece	369	57.1	26	4.0	82	12.7	84	13.0
Centre	Hungary	126	60.0	2	1.0	19	9.0	0	0.0
West	Iceland	2	5.1	8	20.5	14	35.9	6	15.4
West	Ireland	89	8.8	26	2.6	107	10.6	324	32.1
West	Italy	1512	63.6	26	1.1	153	6.4	284	11.9
East	Latvia	0	0.0	0	0.0	0	0.0	0	0.0
West	Liechtenstein	0	-	0	-	0	-	0	-
East	Lithuania	128	65.3	2	1.0	59	30.1	4	2.0
West	Luxembourg[e]	6	14.0	7	16.3	5	11.6	18	41.9
West	Malta	11	9.5	14	12.1	13	11.2	17	14.7
West	Netherlands	229	27.2	61	7.2	178	21.1	110	13.0
West	Norway	29	11.0	7	2.7	148	56.1	26	9.8
Centre	Poland	975	48.5	8	0.4	381	19.0	20	1.0
West	Portugal	441	44.2	16	1.6	8	0.8	264	26.5
Centre	Romania	743	96.4	1	0.1	15	1.9	3	0.4
Centre	Slovakia	15	13.3	0	0.0	21	18.6	0	0.0
Centre	Slovenia	29	52.7	2	3.6	13	23.6	0	0.0
West	Spain	1404	43.5	108	3.3	96	3.0	184	5.7
West	Sweden	55	18.6	12	4.1	67	22.6	81	27.4
	Total EU/EEA	**9771**	**40.4**	**598**	**2.5**	**3015**	**12.5**	**3670**	**15.2**
Non-EU/EEA									
Centre	Albania	123	100.0	0	0.0	0	0.0	0	0.0
West	Andorra	-	-	-	-	-	-	-	-
East	Armenia	536	98.5	0	0.0	8	1.5	0	0.0
East	Azerbaijan	1152	98.4	0	0.0	18	1.5	0	0.0
East	Belarus	1227	99.9	0	0.0	0	0.0	0	0.0
Centre	Bosnia and Herzegovina	35	87.5	0	0.0	1	2.5	3	7.5
East	Georgia	615	100.0	0	0.0	0	0.0	0	0.0
West	Israel	116	36.6	5	1.6	72	22.7	61	19.2
East	Kazakhstan	3807	95.2	0	0.0	163	4.1	0	0.0
East	Kyrgyzstan	977	92.8	6	0.6	60	5.7	0	0.0
East	Moldova	866	98.4	0	0.0	14	1.6	0	0.0
West	Monaco	-	-	-	-	-	-	-	-
Centre	Montenegro	28	75.7	0	0.0	9	24.3	0	0.0
Centre	North Macedonia	50	94.3	0	0.0	3	5.7	0	0.0
East	Russian Federation	-	-	-	-	-	-	-	-
West	San Marino	-	-	-	-	-	-	-	-
Centre	Serbia	183	95.3	-	-	5	2.6	2	1.0
Centre	Serbia excluding Kosovo[f]	150	94.9	0	0.0	5	3.2	2	1.3
Centre	Kosovo[f]	33	97.1	-	-	-	-	-	-
West	Switzerland	63	19.9	40	12.6	37	11.7	33	10.4
East	Tajikistan	991	98.9	0	0.0	3	0.3	0	0.0
Centre	Türkiye	5184	86.3	100	1.7	236	3.9	109	1.8
East	Turkmenistan	-	-	-	-	-	-	-	-
East	Ukraine	10038	100.0	0	0.0	0	0.0	0	0.0
West	United Kingdom	951	16.1	101	1.7	251	4.3	2996	50.9
East	Uzbekistan	-	-	-	-	-	-	-	-
	Total non-EU/EEA	**26942**	**80.4**	**252**	**0.8**	**880**	**2.6**	**3204**	**9.6**
WHO European Region									
	West	8288	31.7	698	2.7	2555	9.8	6698	25.6
	Centre	7981	76.0	144	1.4	999	9.5	170	1.6
	East	20444	97.2	8	0.0	341	1.6	6	0.0
	Total WHO European Region	**36713**	**63.7**	**850**	**1.5**	**3895**	**6.8**	**6874**	**11.9**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Latin America & Caribbean		South & South-East Asia		Other		Unknown		Total[b]	Country, territory or area[a]
N	%	N	%	N	%	N	%		
									EU/EEA
7	3.4	16	7.8	4	2.0	2	1.0	204	Austria[c]
141	12.4	25	2.2	33	2.9	229	20.2	1136	Belgium
1	0.4	0	0.0	2	0.7	0	0.0	284	Bulgaria
7	7.7	2	2.2	0	0.0	0	0.0	91	Croatia
3	2.4	7	5.6	8	6.4	0	0.0	125	Cyprus
8	2.0	10	2.5	0	0.0	0	0.0	398	Czechia
22	11.1	21	10.6	5	2.5	5	2.5	199	Denmark
2	1.5	0	0.0	6	4.5	0	0.0	133	Estonia
5	2.2	17	7.5	3	1.3	92	40.7	226	Finland
294	6.2	74	1.6	240	5.1	1014	21.5	4716	France
172	5.3	132	4.1	113	3.5	288	8.8	3259	Germany[d]
10	1.5	26	4.0	20	3.1	29	4.5	646	Greece
5	2.4	6	2.9	2	1.0	50	23.8	210	Hungary
1	2.6	2	5.1	6	15.4	0	0.0	39	Iceland
159	15.8	35	3.5	14	1.4	254	25.2	1008	Ireland
243	10.2	69	2.9	73	3.1	19	0.8	2379	Italy
0	0.0	0	0.0	0	0.0	180	100.0	180	Latvia
0	-	0	-	0	-	0	-	-	Liechtenstein
1	0.5	2	1.0	0	0.0	0	0.0	196	Lithuania
1	2.3	1	2.3	2	4.7	3	7.0	43	Luxembourg[e]
47	40.5	8	6.9	5	4.3	1	0.9	116	Malta
166	19.7	43	5.1	52	6.2	4	0.5	843	Netherlands
19	7.2	20	7.6	11	4.2	4	1.5	264	Norway
10	0.5	11	0.5	2	0.1	602	30.0	2009	Poland
239	24.0	6	0.6	8	0.8	15	1.5	997	Portugal
0	0.0	0	0.0	3	0.4	6	0.8	771	Romania
0	0.0	1	0.9	0	0.0	76	67.3	113	Slovakia
2	3.6	1	1.8	2	3.6	6	10.9	55	Slovenia
1193	37.0	33	1.0	111	3.4	99	3.1	3228	Spain
24	8.1	32	10.8	11	3.7	14	4.7	296	Sweden
2782	**11.5**	**600**	**2.5**	**736**	**3**	**2992**	**12.4**	**24164**	**Total EU/EEA**
									Non-EU/EEA
0	0.0	0	0.0	0	0.0	0	0.0	123	Albania
-	-	-	-	-	-	-	-	-	Andorra
0	0.0	0	0.0	0	0.0	0	0.0	544	Armenia
0	0.0	1	0.1	0	0.0	0	0.0	1171	Azerbaijan
0	0.0	0	0.0	0	0.0	1	0.1	1228	Belarus
0	0.0	0	0.0	1	2.5	0	0.0	40	Bosnia and Herzegovina
0	0.0	0	0.0	0	0.0	0	0.0	615	Georgia
10	3.2	10	3.2	43	13.6	0	0.0	317	Israel
0	0.0	8	0.2	21	0.5	0	0.0	3999	Kazakhstan
0	0.0	8	0.8	0	0.0	2	0.2	1053	Kyrgyzstan
0	0.0	0	0.0	0	0.0	0	0.0	880	Moldova
-	-	-	-	-	-	-	-	-	Monaco
0	0.0	0	0.0	0	0.0	0	0.0	37	Montenegro
0	0.0	0	0.0	0	0.0	0	0.0	53	North Macedonia
-	-	-	-	-	-	-	-	-	Russian Federation
-	-	-	-	-	-	-	-	-	San Marino
2	1.0	-	-	-	-	-	-	192	Serbia
1	0.6	0	0.0	0	0.0	0	0.0	158	Serbia excluding Kosovo[f]
1	2.9	-	-	-	-	-	-	34	Kosovo[f]
24	7.6	5	1.6	4	1.3	111	35.0	317	Switzerland
0	0.0	0	0.0	8	0.8	0	0.0	1002	Tajikistan
27	0.4	44	0.7	137	2.3	168	2.8	6005	Türkiye
-	-	-	-	-	-	-	-	-	Turkmenistan
0	0.0	0	0.0	0	0.0	0	0.0	10038	Ukraine
419	7.1	447	7.6	117	2.0	609	10.3	5891	United Kingdom
-	-	-	-	-	-	-	-	-	Uzbekistan
482	**1.4**	**523**	**1.6**	**331**	**1.0**	**891**	**2.7**	**33505**	**Total non-EU/EEA**
									WHO European Region
3196	12.2	1022	3.9	875	3.3	2792	10.7	26124	West
65	0.6	82	0.8	157	1.5	908	8.6	10506	Centre
3	0.0	19	0.1	35	0.2	183	0.9	21039	East
3264	**5.7**	**1123**	**1.9**	**1067**	**1.9**	**3883**	**6.7**	**57669**	**Total WHO European Region**

Table 11: HIV diagnoses, by geographical area, transmission mode and country or subcontinent of origin, in cases reported in 2024

Transmission mode	Country of report		Western Europe		Central & Eastern Europe		Sub-Saharan Africa	
	N	%	N	%	N	%	N	%
EU/EEA								
Sex between men	4554	52.9	365	4.2	565	6.6	395	4.6
Injecting drug use	431	50.9	15	1.8	289	34.2	4	0.5
Heterosexual contact	2863	35.3	127	1.6	1296	16	2660	32.8
Mother-to-child	41	20.9	4	2	44	22.4	82	41.8
Haemophiliac/transfusion recipient	5	11.9	0	0	12	28.6	17	40.5
Nosocomial infection	1	11.1	0	0	6	66.7	1	11.1
Other/undetermined	1876	29.6	87	1.4	803	12.7	511	8.1
Total EU-EEA	**9771**	**40.4**	**598**	**2.5**	**3015**	**12.5**	**3670**	**15.2**
Non-EU/EEA								
Sex between men	2365	67.7	91	2.6	168	4.8	135	3.9
Injecting drug use	2928	97.4	5	0.2	50	1.7	7	0.2
Heterosexual contact	17268	82.8	41	0.2	374	1.8	2558	12.3
Mother-to-child	155	48.6	0	0.0	10	3.1	140	43.9
Haemophiliac/transfusion recipient	8	17.4	1	2.2	2	4.3	24	52.2
Nosocomial infection	3	17.6	0	0.0	0	0.0	9	52.9
Other/undetermined	4215	73.0	114	2.0	276	4.8	331	5.7
Total non-EU/EEA	**26942**	**80.4**	**252**	**0.8**	**880**	**2.6**	**3204**	**9.6**
West								
Sex between men	4284	46.9	422	4.6	592	6.5	523	5.7
Injecting drug use	349	45.5	20	2.6	282	36.8	11	1.4
Heterosexual contact	2422	23.2	155	1.5	1108	10.6	5175	49.6
Mother-to-child	27	8.3	3	0.9	37	11.3	222	68.1
Haemophiliac/transfusion recipient	11	12.9	1	1.2	13	15.3	41	48.2
Nosocomial infection	1	4.8	0	0	4	19	10	47.6
Other/undetermined	1194	22.3	97	1.8	519	9.7	716	13.4
Total West	**8288**	**31.7**	**698**	**2.7**	**2555**	**9.8**	**6698**	**25.6**
Centre								
Sex between men	1429	83.9	32	1.9	104	6.1	7	0.4
Injecting drug use	125	77.2	0	0.0	31	19.1	0	0.0
Heterosexual contact	2057	80.1	12	0.5	357	13.9	38	1.5
Mother-to-child	37	71.2	1	1.9	12	23.1	0	0.0
Haemophiliac/transfusion recipient	1	50.0	0	0.0	1	50.0	0	0.0
Nosocomial infection	0	0.0	0	0.0	2	100.0	0	0.0
Other/undetermined	4332	72.0	99	1.6	492	8.2	125	2.1
Total Centre	**7981**	**76.0**	**144**	**1.4**	**999**	**9.5**	**170**	**1.6**
East								
Sex between men	1206	95.3	2	0.2	37	2.9	0	0.0
Injecting drug use	2885	98.7	0	0.0	26	0.9	0	0.0
Heterosexual contact	15652	98.1	1	0.0	205	1.3	5	0.0
Mother-to-child	132	96.4	0	0.0	5	3.6	0	0.0
Haemophiliac/transfusion recipient	1	100.0	0	0.0	0	0.0	0	0.0
Nosocomial infection	3	100.0	0	0.0	0	0.0	0	0.0
Other/undetermined	565	75.3	5	0.7	68	9.1	1	0.1
Total East	**20444**	**97.2**	**8**	**0.0**	**341**	**1.6**	**6**	**0.0**
Total WHO European Region	**36713**	**63.7**	**850**	**1.5**	**3895**	**6.8**	**6874**	**11.9**

Latin America & Caribbean		South & South-East Asia		Other		Unknown		Total	Transmission mode
N	%	N	%	N	%	N	%		
									EU/EEA
1843	21.4	320	3.7	328	3.8	244	2.8	8614	Men who have sex with men
17	2	15	1.8	20	2.4	55	6.5	846	Injecting drug use
539	6.6	149	1.8	214	2.6	267	3.3	8115	Heterosexual contact
2	1	10	5.1	5	2.6	8	4.1	196	Mother-to-child
4	9.5	3	7.1	0	0	1	2.4	42	Haemophiliac/transfusion recipient
0	0	0	0	1	11.1	0	0	9	Nosocomial infection
377	5.9	103	1.6	168	2.6	2417	38.1	6342	Other/undetermined
2782	**11.5**	**600**	**2.5**	**736**	**3**	**2992**	**12.4**	**24164**	**Total EU-EEA**
									Non-EU/EEA
286	8.2	240	6.9	93	2.7	114	3.3	3492	Men who have sex with men
3	0.1	9	0.3	1	0.0	4	0.1	3007	Injecting drug use
98	0.5	174	0.8	74	0.4	261	1.3	20848	Heterosexual contact
1	0.3	5	1.6	2	0.6	6	1.9	319	Mother-to-child
2	4.3	5	10.9	1	2.2	3	6.5	46	Haemophiliac/transfusion recipient
3	17.6	1	5.9	1	5.9	0	0.0	17	Nosocomial infection
89	1.5	89	1.5	159	2.8	503	8.7	5776	Other/undetermined
482	**1.4**	**523**	**1.6**	**331**	**1.0**	**891**	**2.7**	**33505**	**Total non-EU/EEA**
									West
2093	22.9	535	5.9	399	4.4	290	3.2	9138	Men who have sex with men
20	2.6	23	3	21	2.7	41	5.3	767	Injecting drug use
633	6.1	296	2.8	240	2.3	406	3.9	10435	Heterosexual contact
3	0.9	14	4.3	6	1.8	14	4.3	326	Mother-to-child
6	7.1	8	9.4	1	1.2	4	4.7	85	Haemophiliac/transfusion recipient
3	14.3	1	4.8	2	9.5	0	0	21	Nosocomial infection
438	8.2	145	2.7	206	3.8	2037	38.1	5352	Other/undetermined
3196	**12.2**	**1022**	**3.9**	**875**	**3.3**	**2792**	**10.7**	**26124**	**Total West**
									Centre
33	1.9	22	1.3	18	1.1	58	3.4	1703	Men who have sex with men
0	0.0	1	0.6	0	0.0	5	3.1	162	Injecting drug use
4	0.2	17	0.7	28	1.1	56	2.2	2569	Heterosexual contact
0	0.0	1	1.9	1	1.9	0	0.0	52	Mother-to-child
0	0.0	0	0.0	0	0.0	0	0.0	2	Haemophiliac/transfusion recipient
0	0.0	0	0.0	0	0.0	0	0.0	2	Nosocomial infection
28	0.5	41	0.7	110	1.8	789	13.1	6016	Other/undetermined
65	**0.6**	**82**	**0.8**	**157**	**1.5**	**908**	**8.6**	**10506**	**Total Centre**
									East
3	0.2	3	0.2	4	0.3	10	0.8	1265	Men who have sex with men
0	0.0	0	0.0	0	0.0	13	0.4	2924	Injecting drug use
0	0.0	10	0.1	20	0.1	66	0.4	15959	Heterosexual contact
0	0.0	0	0.0	0	0.0	0	0.0	137	Mother-to-child
0	0.0	0	0.0	0	0.0	0	0.0	1	Haemophiliac/transfusion recipient
0	0.0	0	0.0	0	0.0	0	0.0	3	Nosocomial infection
0	0.0	6	0.8	11	1.5	94	12.5	750	Other/undetermined
3	**0.0**	**19**	**0.1**	**35**	**0.2**	**183**	**0.9**	**21039**	**Total East**
3264	**5.7**	**1123**	**1.9**	**1067**	**1.9**	**3883**	**6.7**	**57669**	**Total WHO European Region**

Table 12: Percentage of HIV diagnoses (2024) among persons >14 years reported with information about CD4 cell count, by CD4 cell count level (<200 and <350 cells per mm³ blood) and by transmission mode in cases with CD4 <350, in EU/EEA and other countries of the WHO European Region[a]

Area	Country, territory or area[b]	Number of cases with CD4	Completeness (%) CD4[c]	CD4 <200 (%)		CD4 <350 (%)		CD4 < 350 per mm³ blood (%)		
				N	%	N	%	Heterosexual[d]	Injecting drug user[d]	Sex between men[d]
EU/EEA										
West	Austria	187	93.0	57	29.8	97	50.8	53.6	50.0	43.2
West	Belgium	326	49.7	103	22.1	165	35.3	52.9	-	19.1
Centre	Bulgaria	206	85.5	87	42.2	130	63.1	72.4	69.2	43.8
Centre	Croatia	41	65.1	18	43.9	28	68.3	100.0	-	56.7
Centre	Cyprus	81	97.6	21	25.9	33	40.7	41.3	-	39.4
Centre	Czechia	199	76.0	76	32.2	113	47.9	60.8	71.4	34.4
West	Denmark	81	77.9	36	36.4	53	53.5	60.3	100.0	24.0
East	Estonia	93	88.6	31	33.3	49	52.7	38.1	100.0	-
West	Finland	76	67.9	20	26.3	31	40.8	40.5	33.3	45.8
West	France	1890	50.7	622	22.2	1072	38.3	49.3	42.4	28.2
West	Germany	882	27.3	299	22.8	448	34.1	36.8	36.2	25.8
West	Greece	219	38.0	79	36.1	128	58.4	62.5	66.7	47.2
Centre	Hungary	-	-	-	-	-	-	-	-	-
West	Iceland	15	100.0	5	33.3	8	53.3	50.0	-	66.7
West	Ireland	182	35.9	56	27.5	90	44.1	45.7	33.3	41.2
West	Italy	2337	98.4	941	40.3	1400	59.9	64.4	59.1	53.2
East	Latvia	58	32.2	23	39.7	30	51.7	50.0	100.0	42.9
West	Liechtenstein	-	-	-	-	-	-	-	-	-
East	Lithuania	141	78.3	45	30.8	62	42.5	45.1	18.2	33.3
West	Luxembourg	31	81.6	4	12.9	12	38.7	26.7	100.0	42.9
West	Malta	52	92.9	19	36.5	28	53.8	57.9	-	51.5
West	Netherlands	306	68.6	112	25.3	164	37.1	48.8	66.7	27.7
West	Norway	69	63.3	30	37.5	40	50.0	66.7	50.0	28.0
Centre	Poland	-	-	-	-	-	-	-	-	-
West	Portugal	660	69.6	269	34.8	388	50.1	58.9	43.8	38.1
Centre	Romania	726	95.9	278	38.3	452	62.3	69.2	51.1	50.2
Centre	Slovakia	34	34.3	9	26.5	15	44.1	50.0	100.0	33.3
Centre	Slovenia	34	85.0	10	29.4	19	55.9	41.7	-	60.0
West	Spain	2780	86.3	878	31.6	1421	51.1	60.6	70.7	44.4
West	Sweden	90	61.6	37	41.1	60	66.7	68.9	-	62.9
	Total EU/EEA	**11796**	**63.9**	**4165**	**30.6**	**6536**	**48.0**	**56.5**	**52.4**	**39**
Non-EU/EEA										
Centre	Albania	108	91.5	43	39.8	72	66.7	69.5	50.0	50.0
West	Andorra	-	-	-	-	-	-	-	-	-
East	Armenia	-	-	-	-	-	-	-	-	-
East	Azerbaijan	-	-	-	-	-	-	-	-	-
East	Belarus	900	73.5	229	25.4	444	49.3	51.0	44.1	33.3
Centre	Bosnia and Herzegovina	36	90.0	20	55.6	29	80.6	100.0	-	69.6
East	Georgia	532	87.2	169	31.8	307	57.7	60.7	58.3	45.3
West	Israel	137	83.5	42	30.7	62	45.3	55.1	-	43.7
East	Kazakhstan	-	-	-	-	-	-	-	-	-
East	Kyrgyzstan	723	70.2	211	29.2	403	55.7	57.6	77.8	40.4
East	Moldova	741	84.8	277	37.4	490	66.1	67.1	54.3	58.3
West	Monaco	-	-	-	-	-	-	-	-	-
Centre	Montenegro	27	90.0	13	48.1	16	59.3	66.7	60.0	53.3
Centre	North Macedonia	51	96.2	20	39.2	38	74.5	93.8	-	64.7
East	Russian Federation[e]	47384	98.2	8023	16.9	15228	32.1	-	-	-
West	San Marino	-	-	-	-	-	-	-	-	-
Centre	Serbia	169	88.5	72	40.7	110	62.1	68.4	66.7	58.8
Centre	Serbia excluding Kosovo[f]	140	88.6	63	42.6	94	63.5	76.0	66.7	58.6
Centre	Kosovo[f]	29	87.9	9	31.0	16	55.2	53.8	-	60.0
West	Switzerland	183	64.7	55	30.1	99	54.1	65.7	66.7	42.7
East	Tajikistan	-	-	-	-	-	-	-	-	-
Centre	Türkiye	705	11.8	172	24.4	336	47.7	44.2	33.3	38.5
East	Turkmenistan	-	-	-	-	-	-	-	-	-
East	Ukraine	9151	91.7	3812	41.7	5920	64.7	66.0	59.5	63.6
West	United Kingdom	2612	86.6	694	26.6	1240	47.5	52.7	36.4	37.8
East	Uzbekistan	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	**16075**	**68.1**	**5829**	**36.2**	**9566**	**59.5**	**62.6**	**58.1**	**45.3**
WHO European Region										
	West	13115	65.8	4358	29.3	7006	47.0	54.8	48.9	38.5
	Centre	2417	30.3	839	34.1	1391	56.5	63.6	58.7	48.3
	East	12339	87.0	4797	38.9	7705	62.4	63.9	58.5	51.3
	Total WHO European Region	**27871**	**66.2**	**9994**	**33.6**	**16102**	**54.2**	**60.6**	**57.1**	**40.5**

[a] Children under 15 years and previously positive diagnoses are excluded from both the numerator and the denominator. Cases classified as recent infection are excluded from the numerator of the late-diagnosis indicator if CD4 < 350 cells/mm³, but remain in the denominator.

[b] Country/territory/area specific comments are in Annex 5.

[c] These data should be interpreted with caution, as some countries are unable to distinguish between new and previous positive cases, meaning the numbers and proportions may vary and should not be directly compared between countries.

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

[e] Data on CD4 cell count reported from the Russian Federation do not include about information on previous and recent infection as well as disaggregation by mode of transmission and are excluded from the sub-regional and regional totals.

[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Table 13: AIDS diagnoses and rates per 100 000 population, by country and year of diagnosis (2015–2024) 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	2015		2016		2017		2018		2019	
			N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA												
West	Austria[c]	1982	76	0.9	70	0.8	69	0.8	54	0.6	61	0.7
West	Belgium	1983	105	0.9	78	0.7	66	0.6	60	0.5	87	0.8
Centre	Bulgaria	1987	45	0.6	42	0.6	49	0.7	57	0.8	68	1.0
Centre	Croatia	1986	21	0.5	22	0.5	24	0.6	30	0.7	20	0.5
Centre	Cyprus	1986	70	8.1	75	8.7	67	7.7	73	8.3	85	9.5
Centre	Czechia	1986	38	0.4	46	0.4	55	0.5	39	0.4	38	0.4
West	Denmark	1980	40	0.7	24	0.4	29	0.5	26	0.4	22	0.4
East	Estonia	1992	18	1.4	40	3.0	20	1.5	25	1.9	30	2.3
West	Finland	1983	18	0.3	30	0.5	18	0.3	21	0.4	19	0.3
West	France	1982	617	0.9	528	0.8	513	0.8	557	0.8	589	0.9
West	Germany[d]	1981	362	0.4	310	0.4	295	0.4	242	0.3	74	0.1
West	Greece	1981	141	1.3	148	1.4	131	1.2	109	1.0	98	0.9
Centre	Hungary	1986	43	0.4	53	0.5	52	0.5	57	0.6	53	0.5
West	Iceland	1985	0	0.0	4	1.2	0	0.0	2	0.6	4	1.1
West	Ireland	1983	21	0.4	15	0.3	21	0.4	13	0.3	11	0.2
West	Italy	1982	877	1.5	874	1.5	803	1.3	725	1.2	647	1.1
East	Latvia	1990	132	6.6	114	5.8	118	6.1	99	5.1	90	4.7
West	Liechtenstein	1989	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	1988	35	1.2	48	1.7	54	1.9	37	1.3	21	0.7
West	Luxembourg[e]	1983	18	3.2	19	3.3	9	1.5	7	1.2	5	0.8
West	Malta	1986	2	0.5	5	1.1	0	0.0	0	0.0	0	0.0
West	Netherlands	1999	267	1.6	220	1.3	219	1.3	204	1.2	191	1.1
West	Norway	1983	22	0.4	22	0.4	14	0.3	12	0.2	19	0.4
Centre	Poland	1986	128	0.3	102	0.3	110	0.3	111	0.3	95	0.3
West	Portugal	1985	361	3.5	402	3.9	327	3.2	292	2.8	267	2.6
Centre	Romania	1985	369	1.9	356	1.8	336	1.7	329	1.7	315	1.6
Centre	Slovakia	1985	8	0.1	10	0.2	9	0.2	11	0.2	3	0.1
Centre	Slovenia	1986	11	0.5	10	0.5	7	0.3	10	0.5	9	0.4
West	Spain	1981	609	1.3	541	1.2	513	1.1	384	0.8	282	0.6
West	Sweden	1982	-	-	-	-	-	-	-	-	-	-
	Total EU/EEA		**4454**	**1.0**	**4208**	**0.9**	**3928**	**0.9**	**3586**	**0.8**	**3203**	**0.7**
Non-EU/EEA												
Centre	Albania	1993	65	2.3	58	2.0	33	1.1	47	1.6	38	1.3
West	Andorra	2004	3	4.2	0	0.0	2	2.7	0	0.0	-	-
East	Armenia	1988	163	5.7	163	5.7	144	5.0	211	7.4	173	6.1
East	Azerbaijan	1995	193	2.0	161	1.6	168	1.7	182	1.8	196	1.9
East	Belarus	1991	490	5.1	512	5.3	439	4.5	382	3.9	380	3.9
Centre	Bosnia and Herzegovina	1986	8	0.2	7	0.2	4	0.1	13	0.4	10	0.3
East	Georgia	1989	270	7.2	269	7.1	257	6.8	273	7.2	264	7.0
West	Israel	1981	49	0.6	48	0.6	36	0.4	49	0.6	35	0.4
East	Kazakhstan	1993	273	1.5	350	1.9	361	2.0	432	2.3	451	2.4
East	Kyrgyzstan	1999	35	0.6	33	0.5	46	0.8	47	0.8	20	0.3
East	Moldova	1989	293	8.9	366	11.3	274	8.6	365	11.6	285	9.2
West	Monaco	1989	0	0.0	0	0.0	0	0.0	0	0.0	-	-
Centre	Montenegro	1985	13	2.1	13	2.1	15	2.4	14	2.2	10	1.6
Centre	North Macedonia	1990	6	0.3	9	0.4	2	0.1	4	0.2	-	-
East	Russian Federation	2009	-	-	-	-	-	-	-	-	-	-
West	San Marino	1986	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	1985	50	0.5	61	0.7	64	0.7	71	0.8	79	0.9
Centre	Serbia excluding Kosovo[f]	1985	47	0.6	56	0.7	59	0.8	63	0.8	72	1.0
Centre	Kosovo[f]	2005	3	0.2	5	0.3	5	0.3	8	0.4	7	0.4
West	Switzerland	1980	64	0.8	71	0.8	74	0.9	66	0.8	71	0.8
East	Tajikistan	1998	281	3.3	237	2.7	264	3.0	212	2.3	157	1.7
Centre	Türkiye	1985	118	0.1	99	0.1	121	0.1	108	0.1	112	0.1
East	Turkmenistan	2002	-	-	-	-	-	-	-	-	-	-
East	Ukraine	1988	8468	19.8	8852	20.8	9308	21.9	8839	20.9	7511	17.9
West	United Kingdom	1981	401	0.6	296	0.5	259	0.4	256	0.4	260	0.4
East	Uzbekistan	1992	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA		**11243**	**4.0**	**11605**	**4.1**	**11871**	**4.1**	**11571**	**4.0**	**10052**	**3.4**
WHO European Region												
	West		4053	1.0	3705	0.9	3398	0.8	3079	0.7	2742	0.6
	Centre		993	0.5	963	0.5	948	0.5	974	0.5	935	0.5
	East		10651	9.6	11145	10.0	11453	10.3	11104	9.9	9578	8.5
	Total WHO European Region		**15697**	**2.2**	**15813**	**2.1**	**15799**	**2.1**	**15157**	**2.0**	**13255**	**1.8**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

2020		2021		2022		2023		2024		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
46	0.5	55	0.6	56	0.6	44	0.5	43	0.5	3593	Austria[c]
63	0.5	79	0.7	73	0.6	110	0.9	64	0.5	5706	Belgium
42	0.6	38	0.6	54	0.8	66	1.0	65	1.0	1055	Bulgaria
12	0.3	26	0.7	20	0.5	18	0.5	17	0.4	654	Croatia
70	7.8	92	10.3	41	4.5	32	3.4	-	-	932	Cyprus
45	0.4	55	0.5	66	0.6	79	0.7	63	0.6	988	Czechia
25	0.4	17	0.3	22	0.4	25	0.4	27	0.5	2873	Denmark
23	1.7	11	0.8	14	1.1	10	0.7	9	0.7	634	Estonia
13	0.2	18	0.3	17	0.3	10	0.2	18	0.3	820	Finland
457	0.7	498	0.7	519	0.8	580	0.8	453	0.7	75950	France
-	-	-	-	-	-	-	-	-	-	32203	Germany[d]
105	1.0	87	0.8	76	0.7	77	0.7	44	0.4	4751	Greece
42	0.4	50	0.5	43	0.4	46	0.5	50	0.5	1285	Hungary
2	0.5	2	0.5	2	0.5	2	0.5	4	1.0	89	Iceland
10	0.2	16	0.3	18	0.3	20	0.4	17	0.3	1389	Ireland
416	0.7	455	0.8	470	0.8	613	1.0	450	0.8	73717	Italy
55	2.9	39	2.1	58	3.1	45	2.4	46	2.5	2320	Latvia
0	0.0	0	0.0	-	-	-	-	-	-	12	Liechtenstein
23	0.8	38	1.4	25	0.9	37	1.3	21	0.7	755	Lithuania
13	2.1	19	3.0	9	1.4	8	1.2	9	1.3	599	Luxembourg[e]
0	0.0	0	0.0	0	0.0	0	0.0	3	0.5	117	Malta
172	1.0	144	0.8	156	0.9	166	0.9	135	0.8	8645	Netherlands
11	0.2	23	0.4	20	0.4	19	0.3	24	0.4	1300	Norway
53	0.1	64	0.2	140	0.4	177	0.5	163	0.4	4380	Poland
240	2.3	262	2.5	178	1.7	155	1.5	194	1.8	24266	Portugal
205	1.1	222	1.2	294	1.5	277	1.5	279	1.5	12069	Romania
4	0.1	3	0.1	6	0.1	4	0.1	7	0.1	143	Slovakia
6	0.3	5	0.2	9	0.4	10	0.5	10	0.5	320	Slovenia
375	0.8	253	0.5	335	0.7	299	0.6	-	-	89477	Spain
-	-	-	-	-	-	-	-	-	-	2192	Sweden
2528	0.7	**2571**	**0.7**	**2721**	**0.7**	**2929**	**0.8**	**2215**	**0.7**	**353234**	**Total EU-EEA**
											Non-EU/EEA
18	0.6	48	1.7	46	1.6	53	1.9	47	1.7	859	Albania
-	-	-	-	-	-	-	-	-	-	15	Andorra
152	5.4	197	7.1	230	8.3	221	8.0	116	4.2	2785	Armenia
105	1.0	109	1.1	91	0.9	173	1.7	120	1.1	3122	Azerbaijan
220	2.3	286	3.0	-	-	-	-	-	-	7253	Belarus
-	-	-	-	-	-	-	-	19	0.6	197	Bosnia and Herzegovina
181	4.8	217	5.8	215	5.7	249	6.7	251	6.8	5378	Georgia
44	0.5	46	0.5	31	0.3	50	0.5	21	0.2	2016	Israel
469	2.5	459	2.4	430	2.2	371	1.9	324	1.6	6167	Kazakhstan
28	0.4	33	0.5	39	0.6	27	0.4	90	1.3	884	Kyrgyzstan
199	6.5	199	6.5	259	7.9	252	7.3	298	8.9	5640	Moldova
-	-	-	-	-	-	-	-	-	-	51	Monaco
4	0.6	8	1.3	16	2.6	12	1.9	12	1.9	214	Montenegro
-	-	-	-	-	-	-	-	20	1.0	190	North Macedonia
-	-	-	-	-	-	-	-	-	-	-	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	San Marino
34	0.4	53	0.6	60	0.7	55	0.6	54	0.6	2383	Serbia
32	0.4	50	0.7	54	0.7	50	0.7	42	0.6	2269	Serbia excluding Kosovo[f]
2	0.1	3	0.2	6	0.3	5	0.3	12	0.7	114	Kosovo[f]
43	0.5	40	0.5	43	0.5	39	0.4	38	0.4	10336	Switzerland
110	1.2	130	1.3	113	1.1	107	1.1	103	1.0	2778	Tajikistan
46	0.1	80	0.1	84	0.1	80	0.1	132	0.2	2219	Türkiye
-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
4139	9.9	4151	10.0	3010	7.3	3351	9.1	3127	8.2	136335	Ukraine
182	0.3	192	0.3	208	0.3	205	0.3	174	0.3	31113	United Kingdom
-	-	-	-	-	-	-	-	-	-	651	Uzbekistan
5974	**2.0**	**6248**	**2.1**	**4875**	**1.7**	**5245**	**1.9**	**4946**	**1.7**	**220610**	**Total non-EU/EEA**
											WHO European Region
2217	0.6	2206	0.6	2233	0.6	2422	0.7	1718	0.6	371253	West
581	0.3	744	0.4	879	0.4	909	0.5	938	0.5	27888	Centre
5704	5.1	5869	5.2	4484	4.3	4843	4.9	4505	4.4	174703	East
8502	**1.3**	**8819**	**1.3**	**7596**	**1.2**	**8174**	**1.3**	**7161**	**1.2**	**573844**	**Total WHO European Region**

Table 14: AIDS diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2015–2024) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2015		2016		2017		2018		2019	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria[c]	57	1.4	52	1.2	56	1.3	43	1.0	47	1.1
West	Belgium	64	1.2	44	0.8	44	0.8	35	0.6	57	1.0
Centre	Bulgaria	39	1.1	39	1.2	39	1.2	48	1.5	56	1.7
Centre	Croatia	19	0.9	21	1.1	22	1.1	28	1.5	18	0.9
Centre	Cyprus	62	14.8	63	15.0	50	11.8	63	14.7	58	13.3
Centre	Czechia	30	0.6	40	0.8	45	0.9	35	0.7	27	0.5
West	Denmark	28	1.0	19	0.7	25	0.9	21	0.7	15	0.5
East	Estonia	11	1.8	23	3.7	15	2.4	19	3.1	21	3.4
West	Finland	13	0.5	25	0.9	10	0.4	17	0.6	13	0.5
West	France	428	1.3	347	1.1	365	1.1	397	1.2	408	1.3
West	Germany[d]	297	0.7	249	0.6	231	0.6	191	0.5	55	0.1
West	Greece	115	2.2	114	2.2	100	1.9	95	1.8	71	1.4
Centre	Hungary	37	0.8	45	1.0	36	0.8	54	1.2	46	1.0
West	Iceland	0	0.0	4	2.4	0	0.0	0	0.0	3	1.6
West	Ireland	16	0.7	12	0.5	15	0.6	12	0.5	7	0.3
West	Italy	689	2.4	669	2.3	588	2.0	567	1.9	524	1.8
East	Latvia	89	9.8	90	10.0	73	8.2	63	7.1	53	6.0
West	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	26	1.9	41	3.1	46	3.5	29	2.2	16	1.2
West	Luxembourg[e]	10	3.5	16	5.5	7	2.4	6	2.0	3	1.0
West	Malta	2	0.9	5	2.2	0	0.0	0	0.0	0	0.0
West	Netherlands	216	2.6	171	2.0	175	2.1	158	1.9	149	1.7
West	Norway	15	0.6	15	0.6	11	0.4	9	0.3	14	0.5
Centre	Poland	97	0.5	90	0.5	95	0.5	86	0.5	80	0.4
West	Portugal	261	5.3	289	5.9	236	4.8	195	4.0	176	3.6
Centre	Romania	258	2.7	258	2.7	247	2.6	242	2.5	219	2.3
Centre	Slovakia	7	0.3	10	0.4	9	0.3	11	0.4	3	0.1
Centre	Slovenia	11	1.1	8	0.8	7	0.7	10	1.0	5	0.5
West	Spain	492	2.2	438	1.9	409	1.8	318	1.4	226	1.0
West	Sweden	-	-	-	-	-	-	-	-	-	-
	Total EU/EEA	**3389**	**1.6**	**3197**	**1.5**	**2956**	**1.3**	**2752**	**1.3**	**2370**	**1.1**
Non-EU/EEA											
Centre	Albania	50	3.5	50	3.5	24	1.7	35	2.4	25	1.7
West	Andorra	2	5.5	0	0.0	1	2.7	0	0.0	-	-
East	Armenia	129	9.8	116	8.9	111	8.6	147	11.4	127	10.0
East	Azerbaijan	150	3.1	125	2.5	114	2.3	122	2.4	150	3.0
East	Belarus	278	6.2	311	6.9	274	6.1	229	5.1	241	5.4
Centre	Bosnia and Herzegovina	7	0.4	6	0.4	4	0.2	13	0.8	8	0.5
East	Georgia	196	11.0	196	11.0	193	10.9	172	9.7	198	11.2
West	Israel	29	0.7	30	0.7	24	0.6	38	0.9	24	0.6
East	Kazakhstan	181	2.1	231	2.7	225	2.6	278	3.1	293	3.3
East	Kyrgyzstan	19	0.7	23	0.8	29	1.0	30	1.0	11	0.4
East	Moldova	179	11.5	210	13.7	167	11.0	213	14.3	180	12.2
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	-	-
Centre	Montenegro	12	3.9	13	4.2	14	4.5	14	4.5	10	3.3
Centre	North Macedonia	5	0.5	6	0.6	2	0.2	4	0.4	-	-
East	Russian Federation	-	-	-	-	-	-	-	-	-	-
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	47	1.0	57	1.3	58	1.3	63	1.4	62	1.4
Centre	Serbia excluding Kosovo[f]	45	1.2	52	1.4	53	1.5	56	1.6	57	1.6
Centre	Kosovo[f]	2	0.2	5	0.6	5	0.6	7	0.8	5	0.6
West	Switzerland	52	1.3	49	1.2	56	1.3	50	1.2	57	1.3
East	Tajikistan	187	4.4	173	3.9	181	4.0	149	3.2	109	2.3
Centre	Türkiye	92	0.2	86	0.2	103	0.3	91	0.2	92	0.2
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	5328	23.2	5462	27.7	5612	28.6	5405	27.6	4661	24.0
West	United Kingdom	299	0.9	224	0.7	184	0.6	190	0.6	200	0.6
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	**7242**	**5.1**	**7368**	**5.3**	**7376**	**5.2**	**7243**	**5.1**	**6448**	**4.5**
WHO European Region											
	West	3085	1.5	2772	1.3	2537	1.2	2342	1.1	2049	1.0
	Centre	773	0.8	792	0.8	755	0.8	797	0.8	709	0.7
	East	6773	12.2	7001	13.3	7040	13.3	6856	12.9	6060	11.4
	Total WHO European Region	**10631**	**3.0**	**10565**	**2.9**	**10332**	**2.9**	**9995**	**2.8**	**8818**	**2.4**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

2020		2021		2022		2023		2024		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
36	0.8	44	1.0	36	0.8	33	0.7	29	0.6	2727	Austria[c]
40	0.7	46	0.8	49	0.9	73	1.3	44	0.8	3753	Belgium
31	1.0	35	1.1	45	1.4	51	1.6	49	1.6	832	Bulgaria
11	0.6	24	1.3	19	1.0	15	0.8	16	0.9	585	Croatia
56	12.6	70	16.0	21	4.8	19	4.1	-	-	729	Cyprus
37	0.7	45	0.9	50	1.0	56	1.1	48	0.9	789	Czechia
21	0.7	14	0.5	11	0.4	13	0.4	14	0.5	2416	Denmark
18	2.9	9	1.4	12	1.9	7	1.1	6	0.9	461	Estonia
8	0.3	11	0.4	13	0.5	2	0.1	13	0.5	644	Finland
325	1.0	346	1.1	339	1.0	380	1.1	300	0.9	59186	France
-	-	-	-	-	-	-	-	-	-	27494	Germany[d]
88	1.7	64	1.2	58	1.1	68	1.3	34	0.7	3944	Greece
35	0.8	39	0.8	32	0.7	33	0.7	41	0.9	1094	Hungary
2	1.1	2	1.1	1	0.5	1	0.5	3	1.5	74	Iceland
7	0.3	15	0.6	15	0.6	11	0.4	12	0.5	1063	Ireland
306	1.1	352	1.2	350	1.2	481	1.7	348	1.2	56834	Italy
39	4.4	24	2.7	42	4.8	32	3.7	27	3.1	1592	Latvia
0	0.0	0	0.0	-	-	-	-	-	-	11	Liechtenstein
18	1.4	29	2.2	17	1.3	23	1.7	14	1.0	595	Lithuania
7	2.2	15	4.7	6	1.8	5	1.5	4	1.2	448	Luxembourg[e]
0	0.0	0	0.0	0	0.0	0	0.0	3	1.0	103	Malta
129	1.5	118	1.4	121	1.4	130	1.5	112	1.3	6861	Netherlands
10	0.4	13	0.5	11	0.4	13	0.5	14	0.5	996	Norway
39	0.2	52	0.3	107	0.6	132	0.7	120	0.7	3446	Poland
173	3.5	165	3.3	134	2.7	111	2.2	125	2.5	18948	Portugal
148	1.6	158	1.7	232	2.5	212	2.3	214	2.3	7461	Romania
4	0.2	3	0.1	2	0.1	4	0.2	6	0.2	125	Slovakia
4	0.4	3	0.3	8	0.8	10	0.9	6	0.6	277	Slovenia
309	1.3	199	0.9	273	1.2	237	1.0	-	-	71332	Spain
-	-	-	-	-	-	-	-	-	-	1787	Sweden
1901	**1.1**	**1895**	**1.1**	**2004**	**1.1**	**2152**	**1.2**	**1602**	**1.0**	**276607**	**Total EU-EEA**
											Non-EU/EEA
16	1.1	37	2.6	33	2.3	42	3.0	29	2.1	653	Albania
-	-	-	-	-	-	-	-	-	-	11	Andorra
113	8.9	146	11.6	173	13.8	162	13.0	91	7.3	2073	Armenia
77	1.5	82	1.6	63	1.2	120	2.3	88	1.7	2505	Azerbaijan
143	3.2	184	4.2	-	-	-	-	-	-	4590	Belarus
-	-	-	-	-	-	-	-	18	1.1	166	Bosnia and Herzegovina
134	7.6	163	9.2	168	9.5	187	10.7	191	10.9	3973	Georgia
33	0.8	35	0.8	21	0.5	31	0.7	14	0.3	1435	Israel
293	3.2	289	3.1	274	2.9	232	2.5	201	2.1	4111	Kazakhstan
13	0.4	18	0.6	26	0.8	17	0.5	59	1.8	625	Kyrgyzstan
123	8.4	120	8.3	152	9.8	159	9.7	186	11.7	3426	Moldova
-	-	-	-	-	-	-	-	-	-	40	Monaco
3	1.0	7	2.3	15	4.9	9	3.0	10	3.3	185	Montenegro
-	-	-	-	-	-	-	-	19	1.8	146	North Macedonia
-	-	-	-	-	-	-	-	-	-	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	San Marino
28	0.6	52	1.2	55	1.3	46	1.1	48	1.1	1882	Serbia
27	0.8	49	1.4	50	1.4	41	1.2	37	1.1	1791	Serbia excluding Kosovo[f]
1	0.1	3	0.3	5	0.6	5	0.6	11	1.3	91	Kosovo[f]
37	0.9	30	0.7	31	0.7	28	0.6	30	0.7	7710	Switzerland
87	1.8	98	2.0	80	1.6	65	1.3	75	1.4	2018	Tajikistan
33	0.1	73	0.2	71	0.2	70	0.2	105	0.2	1846	Türkiye
-	-	-	-	-	-	-	-	-	-	0	Turkmenistan
2479	11.1	2513	13.1	1895	10.0	2081	12.4	1981	11.4	66677	Ukraine
146	0.4	146	0.4	138	0.4	136	0.4	112	0.3	24215	United Kingdom
-	-	-	-	-	-	-	-	-	-	494	Uzbekistan
3758	**2.6**	**3993**	**2.8**	**3195**	**2.3**	**3385**	**2.4**	**3257**	**2.3**	**128802**	**Total non-EU/EEA**
											WHO European Region
1677	1.0	1615	0.9	1607	0.9	1753	1.0	1211	0.8	292053	West
445	0.5	598	0.6	690	0.7	699	0.7	729	0.7	20216	Centre
3537	6.3	3675	6.9	2902	5.9	3085	6.5	2919	6.1	93140	East
5659	**1.7**	**5888**	**1.8**	**5199**	**1.6**	**5537**	**1.7**	**4859**	**1.6**	**405409**	**Total WHO European Region**

Table 15: AIDS diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2015–2024) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2015		2016		2017		2018		2019	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria[c]	18	0.4	18	0.4	13	0.3	11	0.2	14	0.3
West	Belgium	41	0.7	34	0.6	22	0.4	25	0.4	29	0.5
Centre	Bulgaria	6	0.2	3	0.1	10	0.3	9	0.3	12	0.3
Centre	Croatia	2	0.1	1	0.0	2	0.1	2	0.1	2	0.1
Centre	Cyprus	8	1.8	12	2.7	17	3.8	10	2.2	26	5.7
Centre	Czechia	8	0.1	6	0.1	10	0.2	4	0.1	11	0.2
West	Denmark	12	0.4	5	0.2	4	0.1	5	0.2	7	0.2
East	Estonia	7	1.0	17	2.4	5	0.7	6	0.9	9	1.3
West	Finland	5	0.2	5	0.2	8	0.3	4	0.1	6	0.2
West	France	185	0.5	177	0.5	144	0.4	157	0.5	172	0.5
West	Germany[d]	65	0.2	61	0.1	64	0.2	51	0.1	19	0.0
West	Greece	26	0.5	33	0.6	28	0.5	13	0.2	27	0.5
Centre	Hungary	6	0.1	8	0.2	16	0.3	3	0.1	7	0.1
West	Iceland	0	0.0	0	0.0	0	0.0	2	1.2	1	0.6
West	Ireland	5	0.2	3	0.1	6	0.2	1	0.0	4	0.2
West	Italy	188	0.6	205	0.7	215	0.7	158	0.5	123	0.4
East	Latvia	43	4.0	24	2.3	45	4.3	36	3.4	37	3.6
West	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	9	0.6	7	0.4	8	0.5	8	0.5	5	0.3
West	Luxembourg[e]	8	2.8	3	1.0	2	0.7	1	0.3	2	0.7
West	Malta	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
West	Netherlands	49	0.6	46	0.5	41	0.5	39	0.5	38	0.4
West	Norway	7	0.3	7	0.3	3	0.1	3	0.1	5	0.2
Centre	Poland	31	0.2	12	0.1	15	0.1	25	0.1	15	0.1
West	Portugal	100	1.8	113	2.1	91	1.7	97	1.8	91	1.7
Centre	Romania	111	1.1	98	1.0	89	0.9	87	0.9	96	1.0
Centre	Slovakia	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Slovenia	0	0.0	2	0.2	0	0.0	0	0.0	4	0.4
West	Spain	117	0.5	103	0.4	104	0.4	64	0.3	56	0.2
West	Sweden	-	-	-	-	-	-	-	-	-	-
	Total EU/EEA	**1058**	**0.5**	**1003**	**0.4**	**962**	**0.4**	**821**	**0.4**	**818**	**0.4**
Non-EU/EEA											
Centre	Albania	15	1.0	8	0.6	9	0.6	12	0.8	13	0.9
West	Andorra	1	2.8	0	0.0	1	2.7	0	0.0	-	-
East	Armenia	34	2.2	47	3.0	33	2.1	64	4.1	46	3.0
East	Azerbaijan	43	0.9	36	0.7	54	1.1	60	1.2	46	0.9
East	Belarus	212	4.1	201	3.9	165	3.2	153	2.9	139	2.7
Centre	Bosnia and Herzegovina	1	0.1	1	0.1	0	0.0	0	0.0	2	0.1
East	Georgia	74	3.7	73	3.7	64	3.2	101	5.1	66	3.3
West	Israel	20	0.5	18	0.4	12	0.3	11	0.3	11	0.3
East	Kazakhstan	92	1.0	119	1.3	136	1.4	154	1.6	158	1.6
East	Kyrgyzstan	16	0.5	10	0.3	17	0.5	17	0.5	9	0.3
East	Moldova	114	6.6	156	9.2	107	6.4	152	9.2	105	6.4
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	-	-
Centre	Montenegro	1	0.3	0	0.0	1	0.3	0	0.0	0	0.0
Centre	North Macedonia	1	0.1	2	0.2	0	0.0	0	0.0	-	-
East	Russian Federation	-	-	-	-	-	-	-	-	-	-
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	3	0.1	4	0.1	6	0.1	8	0.2	17	0.4
Centre	Serbia excluding Kosovo[f]	2	0.1	4	0.1	6	0.2	7	0.2	15	0.4
Centre	Kosovo[f]	1	0.1	-	-	-	-	1	0.1	2	0.2
West	Switzerland	12	0.3	21	0.5	17	0.4	15	0.3	13	0.3
East	Tajikistan	94	2.2	64	1.5	83	1.9	63	1.4	48	1.0
Centre	Türkiye	26	0.1	13	0.0	18	0.0	17	0.0	20	0.0
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	3140	15.9	3390	14.8	3696	16.2	3434	15.2	2850	12.7
West	United Kingdom	100	0.3	72	0.2	74	0.2	66	0.2	60	0.2
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	**3999**	**2.8**	**4235**	**2.9**	**4493**	**3.1**	**4327**	**3.0**	**3603**	**2.4**
WHO European Region											
	West	959	0.5	924	0.4	849	0.4	723	0.3	678	0.3
	Centre	220	0.2	170	0.2	193	0.2	177	0.2	225	0.2
	East	3878	7.0	4144	7.1	4413	7.5	4248	7.2	3518	6.0
	Total WHO European Region	**5057**	**1.4**	**5238**	**1.4**	**5455**	**1.5**	**5148**	**1.4**	**4421**	**1.2**

[a] Country/territory/area 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] Austria uses study cohort data.
[d] The cumulative figure for Germany differs from the country's own reported total because of variations in the counting methodology used.
[e] 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.
[f] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

2020		2021		2022		2023		2024		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
10	0.2	11	0.2	20	0.4	11	0.2	13	0.3	862	Austria[c]
23	0.4	32	0.5	23	0.4	37	0.6	19	0.3	1942	Belgium
11	0.3	3	0.1	9	0.3	15	0.4	16	0.5	223	Bulgaria
1	0.0	2	0.1	1	0.0	3	0.2	1	0.1	69	Croatia
14	3.0	22	4.8	20	4.3	12	2.5	-	-	201	Cyprus
8	0.1	10	0.2	16	0.3	23	0.4	15	0.3	199	Czechia
4	0.1	3	0.1	11	0.4	12	0.4	13	0.4	457	Denmark
5	0.7	2	0.3	2	0.3	3	0.4	3	0.4	173	Estonia
5	0.2	7	0.3	4	0.1	8	0.3	5	0.2	176	Finland
127	0.4	146	0.4	173	0.5	190	0.5	145	0.4	16664	France
-	-	-	-	-	-	-	-	-	-	4709	Germany[d]
17	0.3	23	0.4	18	0.3	9	0.2	10	0.2	800	Greece
7	0.1	11	0.2	11	0.2	13	0.3	9	0.2	191	Hungary
0	0.0	0	0.0	1	0.5	1	0.5	1	0.5	15	Iceland
3	0.1	1	0.0	3	0.1	9	0.3	5	0.2	324	Ireland
110	0.4	103	0.3	120	0.4	132	0.4	102	0.3	16883	Italy
16	1.6	15	1.5	16	1.6	13	1.3	19	1.9	728	Latvia
0	0.0	0	0.0	-	-	-	-	-	-	1	Liechtenstein
5	0.3	9	0.6	8	0.5	14	0.9	7	0.5	160	Lithuania
6	1.9	4	1.3	3	0.9	3	0.9	5	1.5	149	Luxembourg[e]
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	Malta
39	0.4	23	0.3	34	0.4	33	0.4	22	0.2	1700	Netherlands
1	0.0	10	0.4	9	0.3	6	0.2	10	0.4	304	Norway
14	0.1	12	0.1	33	0.2	45	0.2	43	0.2	934	Poland
67	1.2	97	1.8	44	0.8	44	0.8	69	1.2	5313	Portugal
57	0.6	64	0.7	62	0.6	65	0.7	65	0.7	4608	Romania
0	0.0	0	0.0	4	0.1	0	0.0	1	0.0	18	Slovakia
2	0.2	2	0.2	0	0.0	0	0.0	4	0.4	42	Slovenia
66	0.3	54	0.2	61	0.3	61	0.2	-	-	18137	Spain
-	-	-	-	-	-	-	-	-	-	405	Sweden
618	**0.3**	**666**	**0.4**	**706**	**0.4**	**762**	**0.4**	**602**	**0.4**	**76401**	**Total EU-EEA**
											Non-EU/EEA
2	0.1	11	0.8	13	0.9	11	0.8	18	1.3	206	Albania
-	-	-	-	-	-	-	-	-	-	4	Andorra
39	2.5	51	3.3	57	3.7	59	3.9	25	1.6	712	Armenia
28	0.5	27	0.5	28	0.5	53	1.0	32	0.6	617	Azerbaijan
77	1.5	102	2.0	-	-	-	-	-	-	2663	Belarus
-	-	-	-	-	-	-	-	1	0.1	29	Bosnia and Herzegovina
47	2.4	54	2.7	47	2.4	62	3.1	60	3.0	1405	Georgia
11	0.3	11	0.2	10	0.2	19	0.4	6	0.1	580	Israel
176	1.8	170	1.7	156	1.6	139	1.4	123	1.2	2056	Kazakhstan
15	0.5	15	0.5	13	0.4	10	0.3	31	0.9	259	Kyrgyzstan
76	4.7	79	4.9	107	6.2	93	5.2	112	6.4	2214	Moldova
-	-	-	-	-	-	-	-	-	-	11	Monaco
1	0.3	1	0.3	1	0.3	2	0.6	2	0.6	28	Montenegro
-	-	-	-	-	-	-	-	1	0.1	37	North Macedonia
-	-	-	-	-	-	-	-	-	-	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	San Marino
6	0.1	1	0.0	5	0.1	9	0.2	6	0.1	501	Serbia
5	0.1	1	0.0	4	0.1	9	0.2	5	0.1	478	Serbia excluding Kosovo[f]
1	0.1	-	-	1	0.1	-	-	1	0.1	23	Kosovo[f]
6	0.1	10	0.2	12	0.3	11	0.2	7	0.2	2620	Switzerland
23	0.5	32	0.7	33	0.7	42	0.8	28	0.5	760	Tajikistan
13	0.0	7	0.0	13	0.0	10	0.0	27	0.1	373	Türkiye
-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
1660	8.6	1638	7.4	1115	5.1	1270	6.4	1146	5.6	38724	Ukraine
36	0.1	45	0.1	70	0.2	69	0.2	61	0.2	6893	United Kingdom
-	-	-	-	-	-	-	-	-	-	157	Uzbekistan
2216	**1.5**	**2254**	**1.5**	**1680**	**1.2**	**1859**	**1.3**	**1686**	**1.2**	**60852**	**Total non-EU/EEA**
											WHO European Region
531	0.3	580	0.3	616	0.3	655	0.4	493	0.3	78965	West
136	0.1	146	0.2	188	0.2	208	0.2	209	0.2	7659	Centre
2167	3.9	2194	3.7	1582	2.9	1758	3.4	1586	3.0	50629	East
2834	**0.9**	**2920**	**0.9**	**2386**	**0.7**	**2621**	**0.8**	**2288**	**0.7**	**137253**	**Total WHO European Region**

Table 16: The most common AIDS-indicative diseases diagnosed in 2024[a], ordered by frequency

Diseases	Men		Women		Children		Total	
	N	%	N	%	N	%	N	%
EU/EEA								
Pneumocystis carinii pneumonia	459	22.1	182	23.4	5	16.7	646	22.4
Wasting syndrome due to HIV	280	13.5	87	11.2	6	20.0	373	12.9
Candidiasis; oesophageal	249	12.0	97	12.5	2	6.7	348	12.1
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	161	7.8	66	8.5	2	6.7	229	7.9
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	126	6.1	52	6.7	1	3.3	179	6.2
Kaposi's sarcoma	152	7.3	15	1.9	0	0.0	167	5.8
Toxoplasmosis of brain in a patient over one month of age	104	5.0	61	7.8	1	3.3	166	5.8
Encephalopathy; HIV-related	81	3.9	30	3.9	2	6.7	113	3.9
Mycobacterium tuberculosis; extrapulmonary	65	3.1	43	5.5	2	6.7	110	3.8
Cryptococcosis; extrapulmonary	51	2.5	22	2.8	0	0.0	73	2.5
Non-EU/EEA								
Wasting syndrome due to HIV	172	11.4	87	13.0	3	12.5	262	11.9
Candidiasis; oesophageal	169	11.2	72	10.8	4	16.7	245	11.1
Pneumocystis carinii pneumonia	157	10.4	59	8.8	2	8.3	218	9.9
Mycobacterium tuberculosis; extrapulmonary	109	7.2	33	4.9	1	4.2	143	6.5
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	91	6.0	34	5.1	0	0.0	125	5.7
Kaposi's sarcoma	68	4.5	37	5.5	0	0.0	105	4.8
Encephalopathy; HIV-related	51	3.4	23	3.4	1	4.2	75	3.4
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	47	3.1	24	3.6	1	4.2	72	3.3
Candidiasis of bronchi; trachea; or lungs	31	2.1	16	2.4	0	0.0	47	2.1
Herpes simplex: chronic ulcer(s) (›1 months duration); or bronchitis; pneumonitis; or oesophagitis in a patient over one month of age	25	1.7	14	2.1	1	4.2	40	1.8
West								
Pneumocystis carinii pneumonia	346	22.1	136	21.9	3	30.0	485	22.1
Candidiasis; oesophageal	206	13.2	72	11.6	1	10.0	279	12.7
Kaposi's sarcoma	160	10.2	38	6.1	0	0.0	198	9.0
Wasting syndrome due to HIV	152	9.7	43	6.9	1	10.0	196	8.9
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	110	7.0	42	6.8	0	0.0	152	6.9
Toxoplasmosis of brain in a patient over one month of age	77	4.9	49	7.9	1	10.0	127	5.8
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	68	4.3	40	6.5	0	0.0	108	4.9
Mycobacterium tuberculosis; extrapulmonary	56	3.6	30	4.8	0	0.0	86	3.9
Encephalopathy; HIV-related	49	3.1	19	3.1	0	0.0	68	3.1
Cytomegalovirus retinitis (with loss of vision)	41	2.6	18	2.9	0	0.0	59	2.7
Centre								
Wasting syndrome due to HIV	174	19.2	53	19.1	6	23.1	233	19.3
Pneumocystis carinii pneumonia	151	16.7	45	16.2	2	7.7	198	16.4
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	95	10.5	23	8.3	2	7.7	120	9.9
Candidiasis; oesophageal	82	9.1	33	11.9	3	11.5	118	9.8
Encephalopathy; HIV-related	41	4.5	13	4.7	2	7.7	56	4.6
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	36	4.0	13	4.7	1	3.8	50	4.1
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	36	4.0	8	2.9	3	11.5	47	3.9
Toxoplasmosis of brain in a patient over one month of age	35	3.9	12	4.3	0	0.0	47	3.9
Kaposi's sarcoma	42	4.6	2	0.7	0	0.0	44	3.6
Mycobacterium tuberculosis; extrapulmonary	20	2.2	16	5.8	2	7.7	38	3.1
East								
Wasting syndrome due to HIV	126	11.3	78	14.2	2	11.1	206	12.2
Candidiasis; oesophageal	130	11.6	64	11.7	2	11.1	196	11.6
Pneumocystis carinii pneumonia	119	10.7	60	10.9	2	11.1	181	10.8
Mycobacterium tuberculosis; extrapulmonary	98	8.8	30	5.5	1	5.6	129	7.7
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	89	8.0	37	6.7	0	0.0	126	7.5
Encephalopathy; HIV-related	42	3.8	21	3.8	1	5.6	64	3.8
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	23	2.1	20	3.6	1	5.6	44	2.6
Kaposi's sarcoma	18	1.6	12	2.2	0	0.0	30	1.8
Coccidioidomycosis; disseminated or extrapulmonary	21	1.9	7	1.3	1	5.6	29	1.7
Toxoplasmosis of brain in a patient over one month of age	16	1.4	11	2.0	0	0.0	27	1.6

[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 17: AIDS-related deaths[a], by geographical area, country and year of death (2015–2024) and cumulative totals in EU/EEA and other countries of the WHO European Region[a]

Area	Country, territory or area[b]	Year of diagnosis										Cumulative total[c]
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
EU/EEA												
West	Austria	15	15	16	15	14	7	14	19	19	10	1272
West	Belgium	24	39	30	20	36	31	27	38	31	38	2440
Centre	Bulgaria	8	9	10	9	17	6	13	11	7	6	252
Centre	Croatia	17	4	6	7	9	6	5	3	7	2	251
Centre	Cyprus	2	0	0	0	0	1	3	1	4	3	100
Centre	Czechia	12	17	15	16	5	20	23	16	23	15	382
West	Denmark	1	2	1	2	1	2	4	4	0	2	1804
East	Estonia	2	2	4	4	1	6	5	2	0	1	135
West	Finland	6	5	9	6	1	1	3	2	0	1	245
West	France	103	130	134	193	207	210	204	209	229	157	38189
West	Germany	76	77	71	71	34	-	-	-	-	-	14970
West	Greece	50	43	47	42	39	35	25	23	34	25	2084
Centre	Hungary	11	11	8	16	16	10	12	19	13	8	482
West	Iceland	0	0	0	0	0	1	0	0	0	0	40
West	Ireland	1	1	1	0	2	2	1	3	1	1	427
West	Italy	535	495	309	262	240	219	194	203	0	0	45068
East	Latvia	38	37	31	29	29	12	6	16	16	10	937
West	Liechtenstein	0	0	0	0	0	0	0	-	-	-	6
East	Lithuania	7	23	15	14	5	12	18	16	14	9	265
West	Luxembourg	5	7	2	2	6	6	3	8	3	2	261
West	Malta	1	3	0	0	0	0	0	0	0	0	65
West	Netherlands	42	44	35	30	30	30	28	35	43	79	1416
West	Norway	2	0	2	1	1	0	0	1	0	0	635
Centre	Poland	33	24	18	17	12	14	6	24	20	18	1435
West	Portugal	177	189	168	159	116	76	97	74	68	48	11179
Centre	Romania	200	199	201	182	177	149	158	214	132	138	5765
Centre	Slovakia	4	2	1	3	2	1	0	0	1	0	53
Centre	Slovenia	5	3	1	1	0	0	1	1	2	3	112
West	Spain[b]	185	179	110	81	29	48	39	40	33	3	49164
West	Sweden	-	-	-	-	-	-	-	-	-	-	1323
	Total EU/EEA	**1562**	**1560**	**1245**	**1182**	**1029**	**905**	**889**	**982**	**700**	**579**	**180757**
Non-EU/EEA												
Centre	Albania	12	12	4	11	8	4	11	10	10	10	226
West	Andorra	3	0	0	0	-	-	-	-	-	-	4
East	Armenia	62	55	76	62	69	56	71	59	72	61	976
East	Azerbaijan	45	41	35	42	39	38	34	29	19	8	906
East	Belarus	257	299	275	266	279	236	241	396	277	259	5135
Centre	Bosnia and Herzegovina	5	2	0	2	2	-	-	-	-	1	70
East	Georgia	52	107	78	76	51	63	38	53	62	64	1274
West	Israel	27	33	19	23	25	27	23	29	34	7	979
East	Kazakhstan	169	180	213	251	263	251	207	186	141	118	3606
East	Kyrgyzstan	50	56	59	60	36	36	46	51	57	49	819
East	Moldova	91	98	85	104	69	110	55	73	106	18	1735
West	Monaco	0	0	0	0	-	-	-	-	-	-	18
Centre	Montenegro	6	2	4	2	4	1	4	2	2	3	72
Centre	North Macedonia	0	0	2	1	-	-	-	-	-	0	67
East	Russian Federation	-	-	-	-	-	-	-	-	-	-	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	8
Centre	Serbia	13	13	12	26	23	16	14	20	13	11	1262
Centre	Serbia excluding Kosovo[d]	12	10	12	25	21	16	14	20	13	10	1230
Centre	Kosovo[d]	1	3	-	1	2	-	-	-	-	1	49
West	Switzerland	0	0	0	0	0	0	0	0	0	0	0
East	Tajikistan	91	113	150	121	104	73	56	46	61	35	1282
Centre	Türkiye	4	4	4	8	4	1	1	7	6	8	142
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	1
East	Ukraine	3032	3253	3298	3448	2977	2114	1928	1293	1474	1169	59411
West	United Kingdom	77	77	69	58	49	81	122	128	126	103	7953
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	323
	Total non-EU/EEA	**3996**	**4345**	**4383**	**4561**	**4002**	**3107**	**2851**	**2382**	**2460**	**1924**	**86269**
WHO European Region												
	West	1330	1339	1023	965	830	776	784	816	621	476	179550
	Centre	332	302	286	301	279	229	251	328	240	226	10671
	East	3896	4264	4319	4477	3922	3007	2705	2220	2299	1801	76805
	Total WHO European Region	**5558**	**5905**	**5628**	**5743**	**5031**	**4012**	**3740**	**3364**	**3160**	**2503**	**267026**

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

[b] Country/territory/area-specific comments are in Annex 5. Spain has changing national coverage of AIDS reporting during the period (see Annex 5) and trends should be interpreted with caution. Mortality statistics for 2021-2022 were unavailable in Italy.

[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) and the ICJ Opinion on the Kosovo Declaration of Independence.

Table 18: Number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by country and year (2015–2024) and number of tests per 1000 population in 2022, in EU/EEA and other countries of the WHO European Region

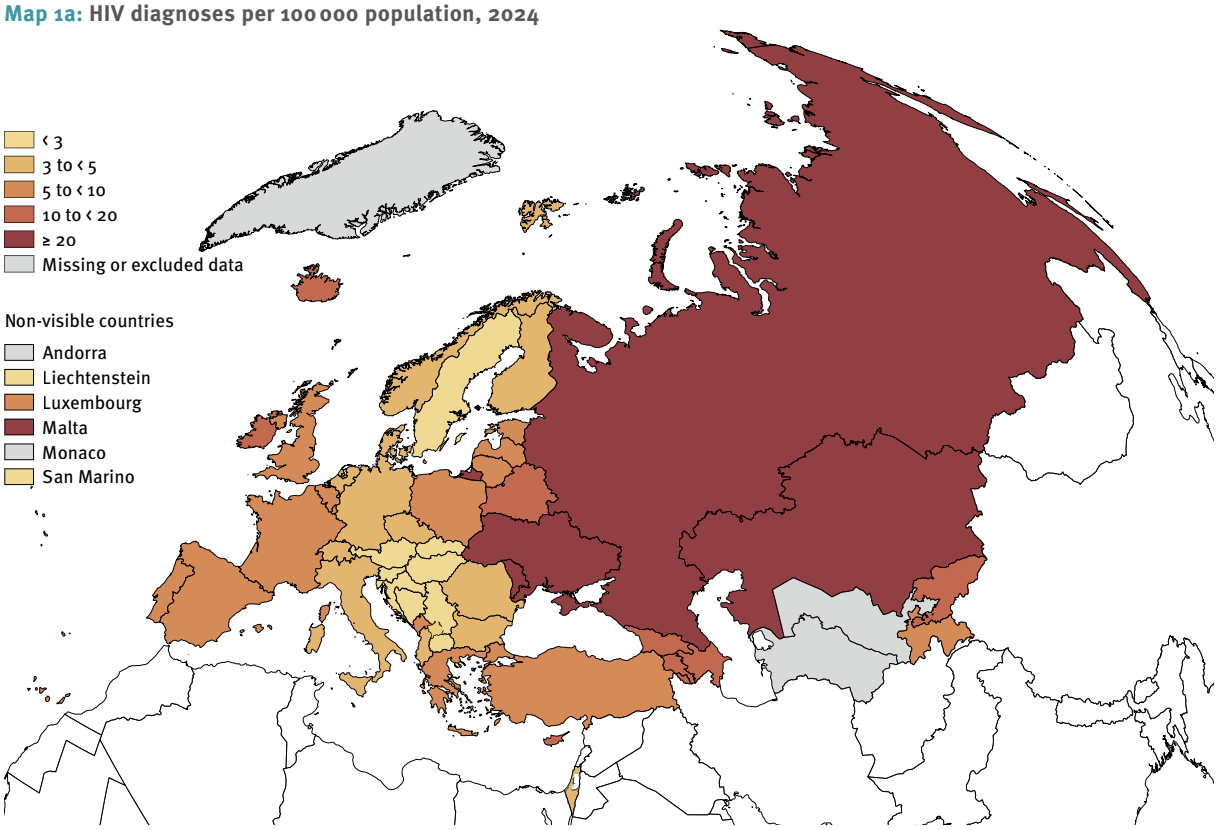
Area	Country, territory or area[a]	Number of HIV tests										Tests/1000 population
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
EU/EEA												
West	Austria	-	-	-	-	-	-	-	-	-	-	-
West	Belgium	692679	726457	715536	734506	763413	629063	694792	706294	745514	770191	65.2
Centre	Bulgaria	290000	-	-	360000	360000	340000	-	-	-	-	-
Centre	Croatia	-	-	-	-	-	-	-	-	-	-	-
Centre	Cyprus	-	52385	-	-	-	37326	41900	-	-	-	-
Centre	Czechia	345274	350234	351650	353425	359327	329433	386943	431832	387381	330003	30.3
West	Denmark	153050	163779	158331	155609	158009	144859	146263	149263	175440	175510	29.4
East	Estonia	87587	90136	102863	112487	125273	105285	106051	115538	115229	108179	78.7
West	Finland	-	-	-	-	-	-	-	-	-	-	-
West	France	5455257	5562390	5699708	5930256	6343105	5472737	6018234	6549162	7500777	8481095	123.9
West	Germany	-	-	-	-	-	-	-	-	-	-	-
West	Greece	192150	196257	176966	187627	305433	250450	263046	236911	336812	306751	29.5
Centre	Hungary	91793	-	-	-	-	-	-	-	-	-	-
West	Iceland	-	-	-	-	-	-	-	-	-	-	-
West	Ireland	178267	192956	223609	239571	247490	206516	224072	243870	260355	337626	63.1
West	Italy	-	-	-	-	-	-	-	-	-	-	-
East	Latvia	65552	79715	82608	90368	98651	93036	103843	119274	122647	125236	66.9
West	Liechtenstein	-	-	-	-	-	-	-	-	-	-	-
East	Lithuania	105486	104132	113917	109825	133810	112489	125918	129082	129545	133501	46.3
West	Luxembourg	-	-	77285	-	72276	72276	65947	65947	84050	90097	13.4
West	Malta	-	-	-	-	-	-	-	-	-	-	-
West	Netherlands	-	-	-	-	-	-	-	-	-	-	-
West	Norway	-	-	-	-	-	-	-	-	-	-	-
Centre	Poland	318458	440365	430662	385173	432929	432074	460882	699717	415021	474526	13
West	Portugal	282800	281992	291305	308328	352926	272310	333382	437645	460323	415647	39.1
Centre	Romania	346032	360893	338898	323468	334410	234520	243718	287865	285629	296995	15.5
Centre	Slovakia	127109	104876	111340	177498	-	-	-	-	-	-	-
Centre	Slovenia	34366	35788	37315	38570	40462	23798	40147	51143	53992	53872	25.4
West	Spain	-	-	-	-	-	-	-	-	-	-	-
West	Sweden	-	-	-	-	-	-	-				-
Non-EU/EEA												
Centre	Albania	5442	5582	7149	11219	13261	11864	10776	24972	29139	27913	9.9
West	Andorra	2212	2340	2591	2712	-	-	-	-	-	-	-
East	Armenia	117012	99270	119628	132509	164933	159281	156175	208833	214595	215472	77.6
East	Azerbaijan	714621	500469	657704	753568	735434	639230	459196	677280	693236	727240	69.5
East	Belarus	1249712	1464386	1514635	1627169	1488199	1242389	1316274	1488640	1478722	1559470	164.9
Centre	Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-
East	Georgia	78261	119868	207175	188142	441119	-	422900	298500	554060	393568	105.9
West	Israel	-	-	-	-	-	-	-	-	-	-	-
East	Kazakhstan	2388347	2587065	2742741	2760324	2877706	2877706	3315560	3581123	4117260	4419250	222.9
East	Kyrgyzstan	376284	331609	376431	356765	424087	367948	546133	612785	675151	661182	96.7
East	Moldova	146762	124010	160947	154575	182196	152500	141100	273666	269466	291926	87.7
West	Monaco	-	-	-	-	-	-	-	-	-	-	-
Centre	Montenegro	6607	6324	5606	6890	6575	5375	6372	6831	8092	8954	14.3
Centre	North Macedonia	28601	30211	36248	34634	40596	34439	40879	39596	47308	52314	25.1
East	Russian Federation	30750547	32855597	36445059	40485246	41900729	36110128	41277712	47205207	51002495	54360488	377.6
West	San Marino	1548	3600	3685	3411	2200	1550	630	2627	1570	863	25.7
Centre	Serbia	63189	68426	80918	81530	90508	64332	86166	96389	114015	120488	17.0
Centre	Serbia excluding Kosovo[b]	61877	65827	76367	76653	88490	63090	82737	89317	107312	114990	16.2
Centre	Kosovo[b]	1312	2599	4551	4877	2018	1242	3429	7072	6703	5498	3.1
West	Switzerland	-	-	-	-	-	-	-	-	-	-	-
East	Tajikistan	597426	509092	612123	780688	1062509	836487	909536	919083	1056582	1292556	125.1
Centre	Türkiye	7203959	6263020	7107551	7457674	10257015	7067571	9379998	10092464	7689302	8838363	102.5
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	-
East	Ukraine	1695926	1697479	1816023	1868565	1961711	1501984	1428952	1068483	1622466	1992630	52.5
West	United Kingdom	-	-	-	-	-	-	-	-	-	-	-
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	-

[a] Country/territory/area specific comments are in Annex 5.

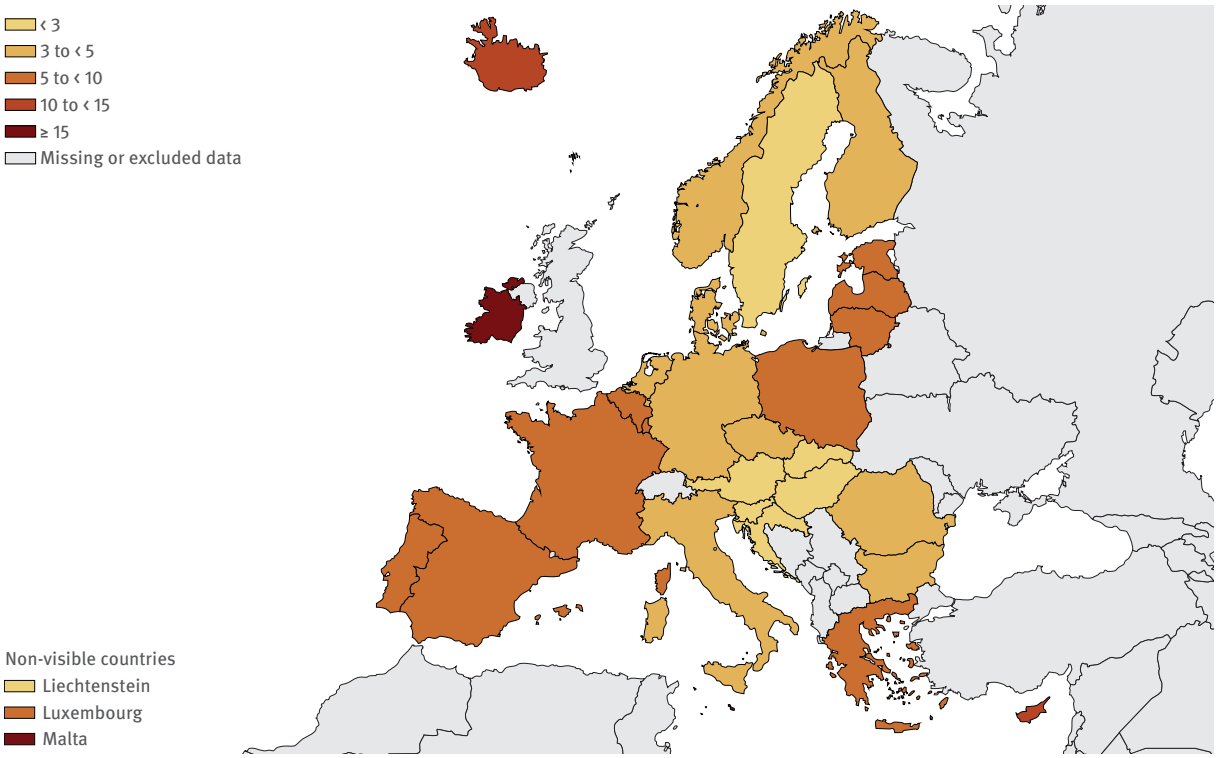
[b] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Maps

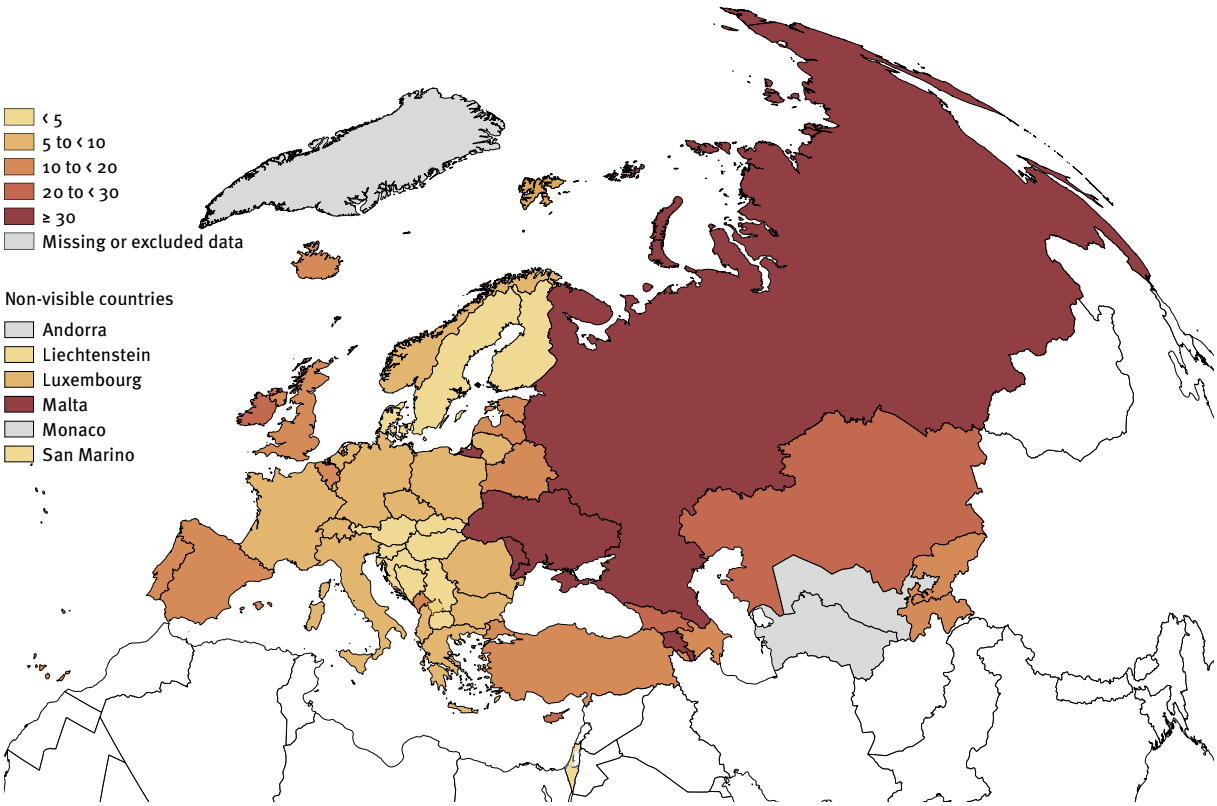
Map 1a: HIV diagnoses per 100 000 population, 2024



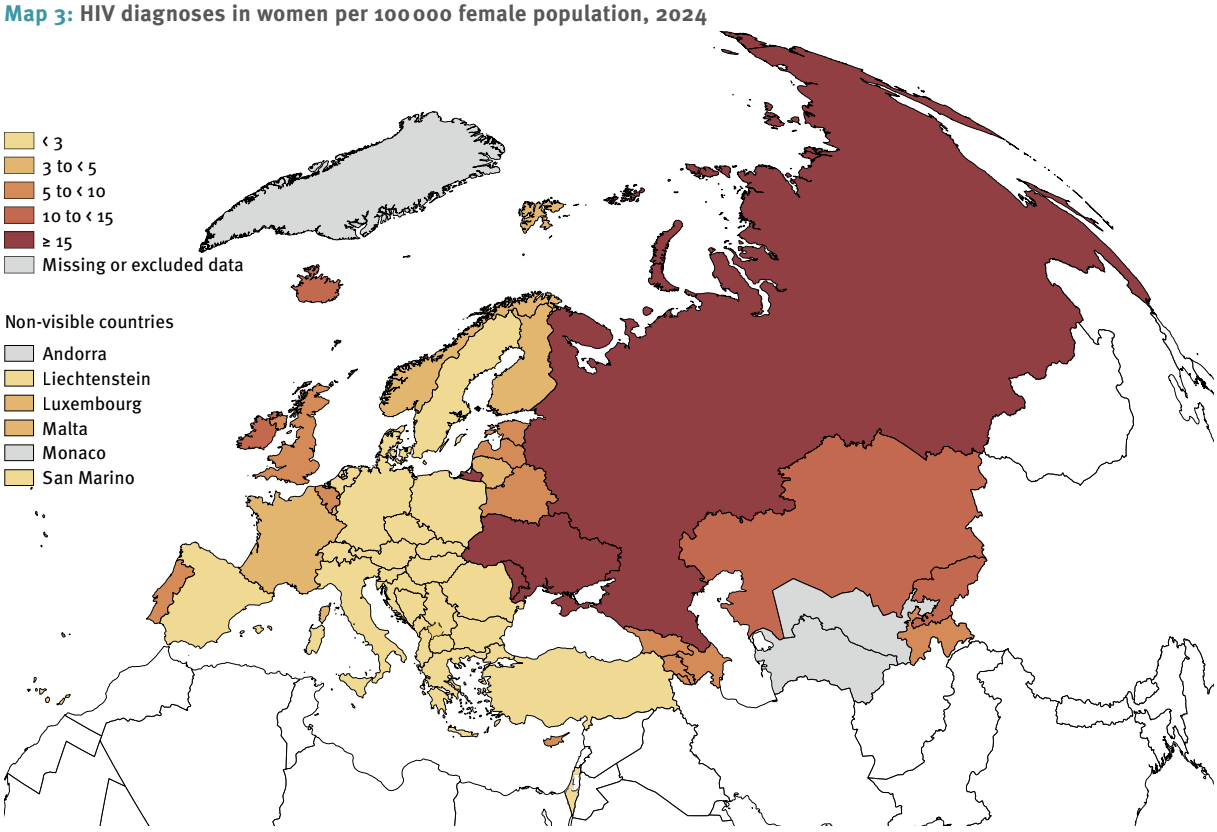
Map 1b: HIV diagnoses per 100 000 population, 2024, EU/EEA



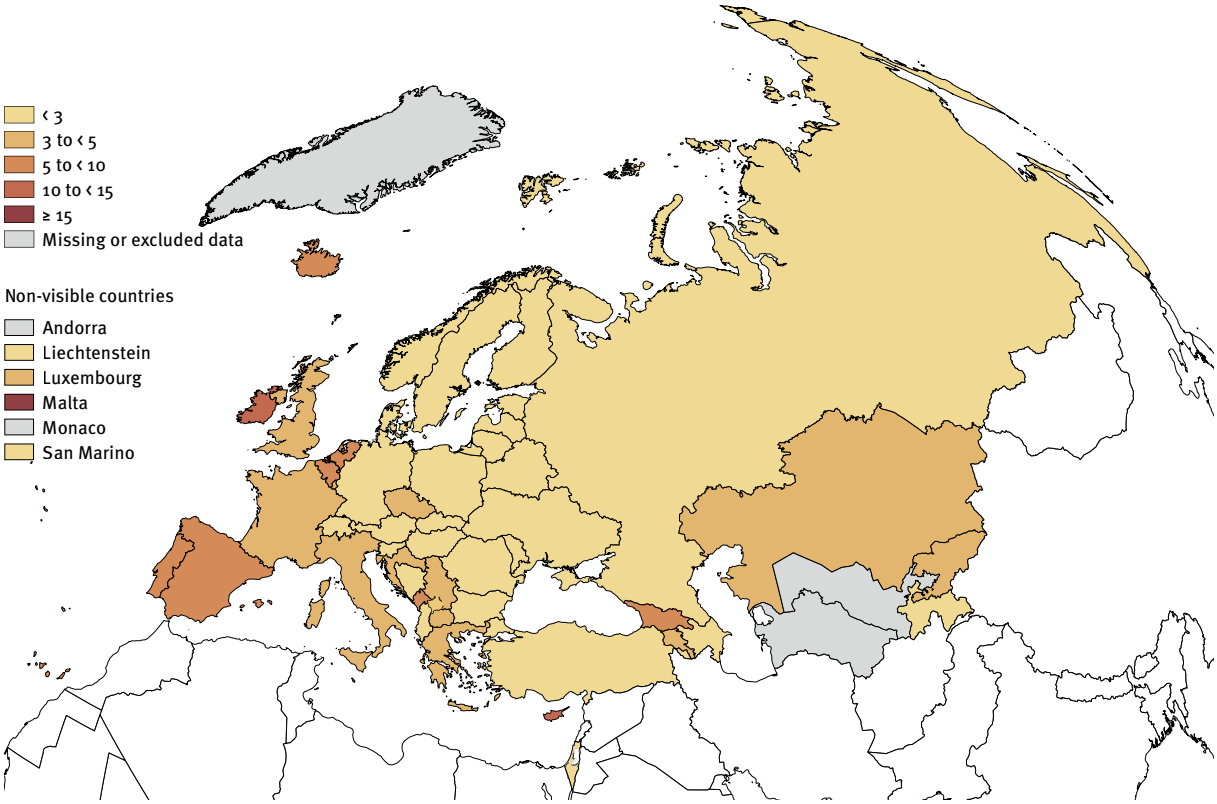
Map 2: HIV diagnoses in men per 100 000 male population, 2024



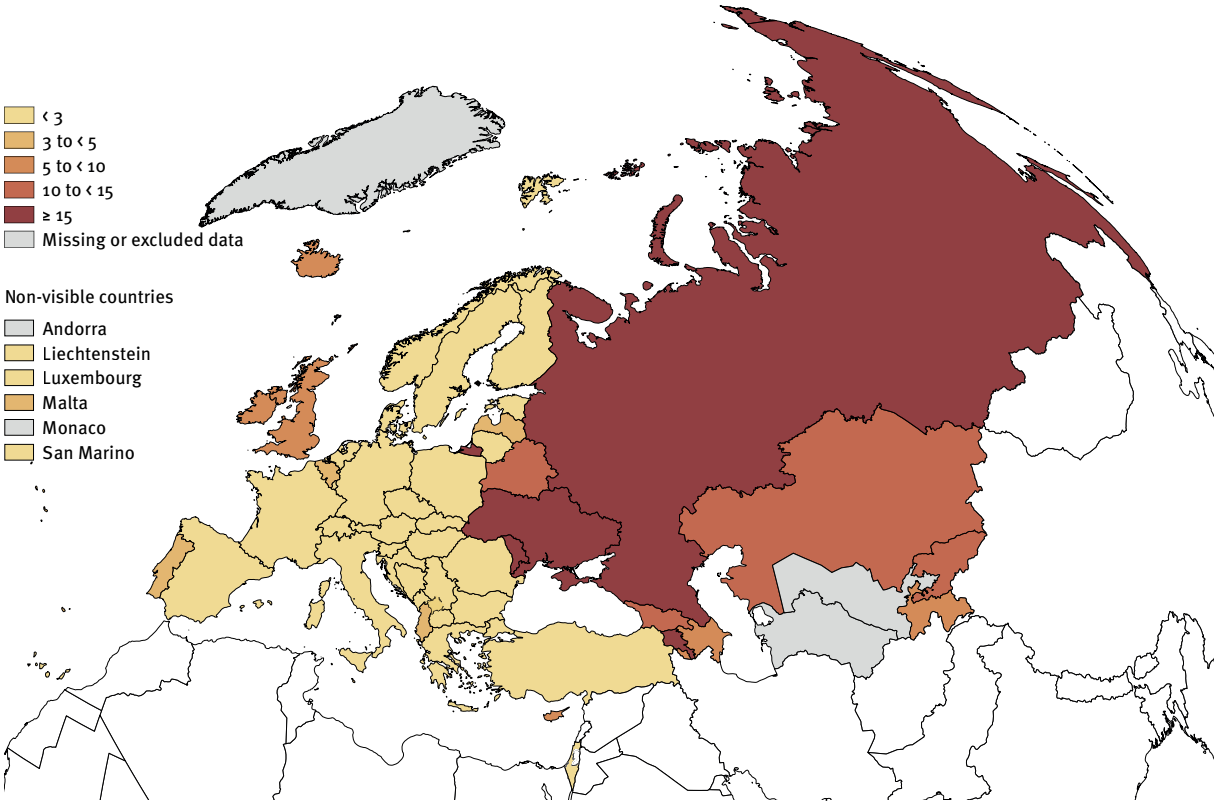
Map 3: HIV diagnoses in women per 100 000 female population, 2024



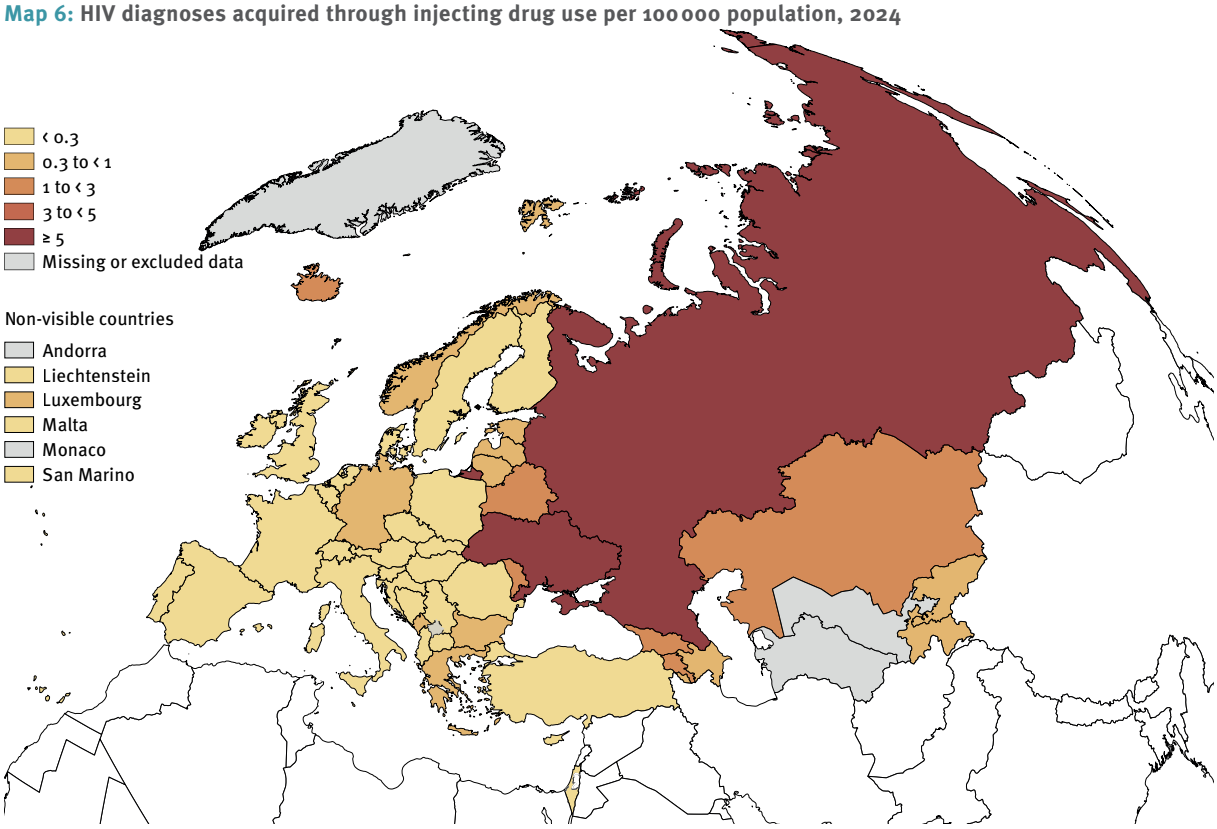
Map 4: HIV diagnoses in men who have sex with men per 100 000 male population, 2024



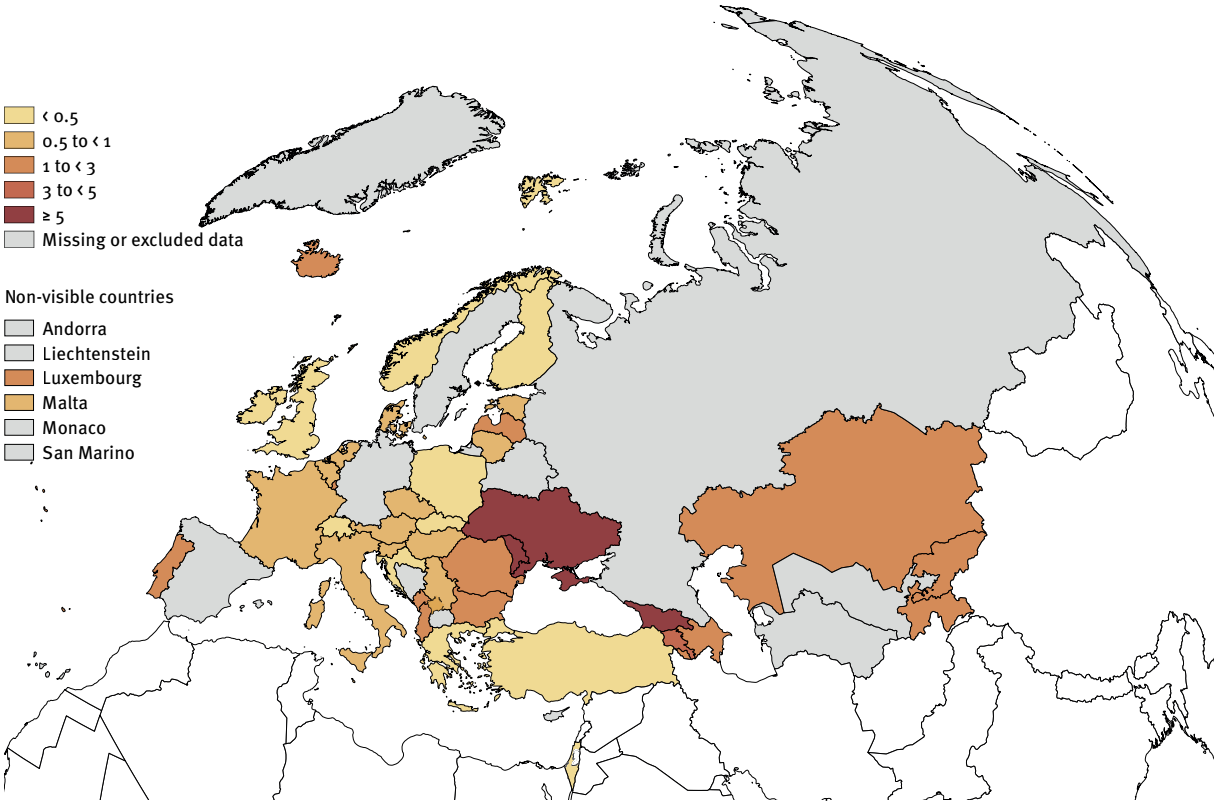
Map 5: HIV diagnoses acquired through heterosexual transmission per 100 000 population, 2024



Map 6: HIV diagnoses acquired through injecting drug use per 100 000 population, 2024



Map 7: AIDS diagnoses reported per 100 000 population, 2024



Annexes

Annex 1: Framework for data collection, validation and presentation

Reporting

The Member States' Coordinating Competent Bodies in the 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 the WHO Regional Office for Europe database for HIV/AIDS surveillance. For non-EU/EEA countries, nominations for national HIV/AIDS surveillance focal points were received directly by the WHO Regional Office for Europe via the respective ministries of health.

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

Implementation of WHO and EU case definitions for HIV and AIDS surveillance means that only confirmed cases are reported at European level [1,2]. It is recognised that the HIV and AIDS case definitions currently used may differ between countries 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) from 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 2016–2024 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 for Europe in collaboration with countries before the data are considered of sufficient quality to be used for analysis.

Andorra, Monaco, Turkmenistan and Uzbekistan did not report any HIV data through TESSy for 2024 (or previous years for some of the countries – see Table 1). Andorra, Bosnia and Herzegovina, Cyprus, Germany, Liechtenstein, Monaco, North Macedonia, the Russian Federation, Spain, Sweden, Turkmenistan and Uzbekistan did not report any AIDS data for 2024 (or previous years for some of the countries – see Table 13).

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 (detailed in Annex 4a and 4b.) Some cross-country data comparisons are hampered by differences in surveillance systems, and 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 2025

The 2024 data submission for HIV and AIDS surveillance took place between 3 April and 1 October 2025. Data presented in this report were extracted from TESSy on 9 October 2025.

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 for Europe and validated by the 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.

Reporting delay

The data in this report has not been adjusted for reporting delays. This is primarily due to the impact of the COVID-19 pandemic and the incorporation of previously reported positive diagnoses into the analysis.

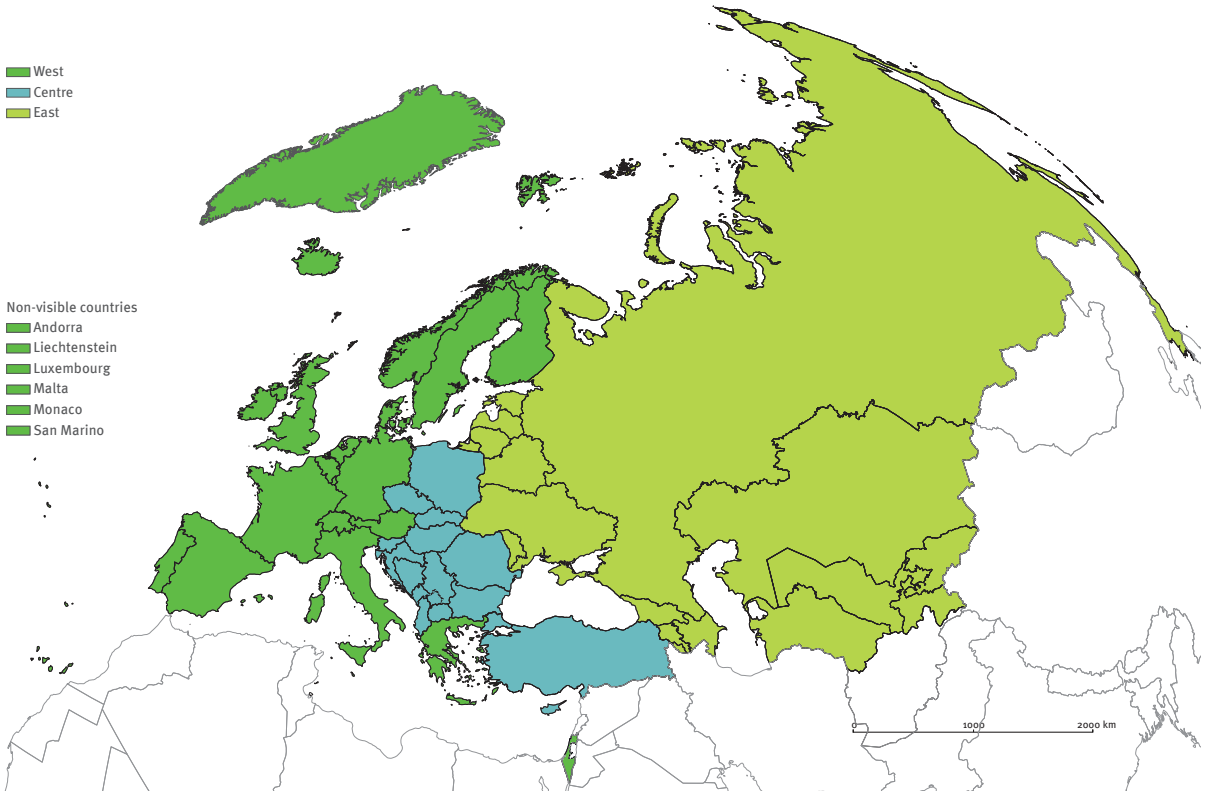
Data presentation

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 for the EU/EEA.

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 sub-divided into three geographical areas, based on epidemiological considerations and in accordance with the division used in previous reports on HIV/AIDS surveillance in Europe: West (23 countries), Centre (15 countries) and East (15 countries) (Figure A1.1). The division reflects

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

* Countries constituting the European Union as of 2022.

similarities in epidemiological dynamics, such as epidemic levels, trends over time and transmission patterns. Among 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. 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[1] 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 2024 were derived from Eurostat for all EU/EEA countries and from the United Nations Population Division for non-EU/EEA countries[2][3]. The Eurostat data are from May 2024 [4] and the United Nations Population Division statistics are from the 2004 round of estimates [5].

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

Rates for data presented by gender and age were calculated using relevant men and women 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.

When presenting HIV trends for 2015–2024 countries reporting data inconsistently (Andorra, Monaco, Turkmenistan and Uzbekistan) and those reporting on transmission mode inconsistently or incompletely (such as Estonia, Latvia, Poland, Russia and Türkiye) were excluded from relevant figures reporting trends by transmission mode.

AIDS trends for 2015–2024 excluded countries not reporting consistently over the period (Andorra, Cyprus, Germany, Monaco, Russian Federation, Spain, Sweden, Turkmenistan and Uzbekistan).

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

5. Data limitations

Surveillance systems are not identical across Europe, and differences in testing policies and data collection methods could affect the results and introduce bias into comparisons between countries. Factors such as under-reporting and reporting delay may influence the country figures and rankings presented in the report.

The data in the report for recent years are to be considered as provisional because they are subject to regular updates (such as detection and deletion of duplicate cases, and inclusion of new information on 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 HIV diagnoses do not represent true incidence. Reported HIV diagnoses include recently infected people, as well as those who were previously positive, or 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. The absence of standardisation and consistent collection of the HIV status variable, which distinguishes between first-time diagnoses and previous positive diagnoses, has presented challenges in interpreting the data from 2023.

In 2024, although it was not feasible to account for reporting delays, it is essential to emphasise that only a limited number of European countries have assessed their surveillance systems for under-reporting and subsequently shared the findings [6]. Previous estimates of under-reporting range from 0% to 41% for AIDS cases [F. Cazein, personal communication, 2021], while national estimates of under-reporting for HIV can range from 0% to 43% [7]. Estimates on the under-reporting 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 under-reporting of AIDS-related deaths [8].

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) and the ICJ Opinion on the Kosovo Declaration of Independence.

2 Due to discrepancies in the methodology used for calculating the population rates by the Russian Federal Statistics Service and the United Nations Population Division, rates on overall HIV diagnoses, as well as data disaggregated by sex presented in Tables 1, 2, 3 and elsewhere in the report, may differ from the data presented in national statistics.

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Annex 2

Completeness of variables for data reported in 2023 and 2024

	2023				2024			
	Number of countries	Completeness %	Minimal	Maximal	Number of countries	Completeness %	Minimal	Maximal
EU/EEA Countries								
Age	30	99.4	89.5	100	29	99.4	91.4	100
Gender	30	99.8	94.7	100	29	99.7	93.8	100
Transmission	30	73.6	22.9	100	29	73.8	24.4	100
Country of birth or region of origin	23	82.2	0.6	100	22	82.5	2.6	100
CD_4 cell count	27	61.0	19.5	100	27	60.7	19.7	98.8
HIV status	27	67.1	11.5	100	26	66.2	7.7	100
WHO European Region								
Age	51	99.9	89.5	100	50	99.9	91.4	100
Gender	51	99.9	94.7	100	50	99.9	93.8	100
Transmission	51	89.9	22.9	100	50	87.7	24.4	100
Country of birth or region of origin	41	43.9	0.6	100	41	48.5	2.6	100
CD_4 cell count	46	37.2	6.9	100	46	37.2	11.8	98.8
HIV status	35	27.2	11.5	100	36	27.4	0.5	100

Annex 3

Completeness by country and variable, 2024

Area	Country, territory or area[a]	Age	Gender	Transmission	CD4 cell count	Country of birth/ region of origin[b]	HIV status
EU/EEA							
West	Austria	100	100	87.3	94.1	99.0	100
West	Belgium	99.6	99.7	70.7	70.4	79.8	100
Centre	Bulgaria	100	100	100	83.5	95.8	14.1
Centre	Croatia	100	100	87.9	45.1	98.9	68.1
Centre	Cyprus	100	100	98.4	96.8	100	90.4
Centre	Czechia	100	100	91.5	92.7	100	98.2
West	Denmark	100	100	81.4	49.7	97.5	100
East	Estonia	100	100	34.6	88.0	46.6	100
West	Finland	100	100	71.2	77.9	59.3	49.1
West	France	100	100	68.3	58.6	78.5	76.1
West	Germany	99.4	100	72.5	31.7	91.2	100
West	Greece	100	100	62.4	38.7	95.5	100
Centre	Hungary	91.4	93.8	73.3	0.0	76.2	-
West	Iceland	100.0	100.0	94.9	87.2	84.6	100
West	Ireland	100	99.9	66.5	19.7	64.1	71.0
West	Italy	100	100	91.5	98.4	99.2	100
East	Latvia	100	100	47.8	32.2	0.0	100
West	Liechtenstein[c]	-	-	-	-	-	-
East	Lithuania	100	100	69.4	80.1	100	7.7
West	Luxembourg	100	100	90.7	74.4	93.0	100
West	Malta	97.4	100	94.8	75.9	96.6	97.4
West	Netherlands	100	100	85.2	98.8	99.5	100
West	Norway	100	100	72.0	64.0	98.5	85.6
Centre	Poland	95.1	98.2	24.4	0.0	69.7	9.5
West	Portugal	100	100	93.8	77.3	98.5	98.3
Centre	Romania	100	100	99.6	95.8	98.8	-
Centre	Slovakia	100	100	69.9	31.0	30.1	52.2
Centre	Slovenia	100	100	83.6	61.8	89.1	100
West	Spain	100	99.2	85.7	86.2	96.9	-
West	Sweden	100	100	78.0	64.5	95.3	95.9
Non-EU/EEA							
Centre	Albania	100	100	91.9	91.1	100	0.0
West	Andorra	-	-	-	-	-	-
East	Armenia	100	100	99.4	0.0	100	100
East	Azerbaijan	100	100	98.6	94.9	100	100
East	Belarus	100	100	97.3	73.6	99.9	0.0
Centre	Bosnia and Herzegovina	100	100	87.5	90.0	100	0.0
East	Georgia	100	100	93.7	87.0	100	0.0
West	Israel	100	99.7	83.9	68.1	89.6	99.7
East	Kazakhstan	100	100	96.0	91.9	99.5	100
East	Kyrgyzstan	100	100	92.4	70.5	99.8	0.0
East	Moldova	100	100	88.1	84.9	100	0.0
West	Monaco	-	-	-	-	-	-
Centre	Montenegro	100	100	78.4	73.0	100	100
Centre	North Macedonia	100	100	98.1	96.2	100	0.0
East	Russia	-	-	-	-	-	-
West	San Marino	-	-	-	-	-	-
Centre	Serbia	-	-	-	-	-	-
Centre	Serbia excluding Kosovo[d]	100	100	84.2	93.0	100	0.0
Centre	Kosovo[d]	100	100	97.1	88.2	100	2.9
West	Switzerland	100	99.7	64.7	65.6	65.0	30.3
East	Tajikistan	100	100	95.4	95.9	99.2	100
Centre	Türkiye	100	100	28.4	11.8	86.3	0.0
East	Turkmenistan	-	-	-	-	-	-
East	Ukraine	100	100	99.7	91.7	100	0.0
West	United Kingdom	100	100	87.2	88.5	89.7	100.0
East	Uzbekistan	-	-	-	-	-	-

[a] Completeness not computed for countries, territories or areas with fewer than five diagnoses reported in 2024 or countries that reported in the aggregated record type which did not allow reporting of all variables (Russia).

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

[c] Liechtenstein reported zero cases in 2024.

[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) and the ICJ Opinion on the Kosovo Declaration of Independence.

Annex 4a

HIV surveillance system overview: data source information

Country, territory or area	HIV data source	Record type[a] for 2024 reporting	Period	Legal[b]	Coverage[c]	Comments
EU/EEA						
Austria	AT-HIV	HIVAIDS	1980–2024	V	Co	HIV surveillance in Austria is based on the AHIVCOS (Austrian HIV cohort study), which in 2022 represented 64% of people who had ever received ART in Austria.
Belgium	BE-HIV/AIDS	HIVAIDS	1985–2024	C	Co	HIV surveillance is based on exhaustive registration of HIV diagnoses since 1985
Bulgaria	BG-HIV	HIVAIDS	1986–2024	C	Co	HIV aggregate record type used through 2006; HIV record type 2007–2013
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2024	C	Co	
Croatia	HR-CNIPH	HIVAIDS	1985–2024	C	Co	HIV record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1985–2024	C	Co	
Denmark	DK-HIV	HIVAIDS	1990–2024	C	Co	HIV record type used 1990–2013
Estonia	EE-NAKIS	HIVAIDS	1988–2024	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	1980–2024	C	Co	HIV record type used prior to 2016
France	FR-HIVAIDS	HIVAIDS	2003–2024	C	Co	Although compulsory, HIV diagnoses are not exhaustively reported; underreporting was estimated between 23% and 27% until 2018, then increased during the COVID-19 years (42% in 2021), then decreased (30% in 2023). This underreporting is lower in hospitals (21% in 2023).
Germany	DE-SURVNET@RKI7.3-HIV		1993–2024	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	1984–2024	C	Co	
Hungary	HU-HIV/AIDS	HIVAIDS	1985–2024	C	Co	HIV record type used 1985–2013
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1983–2024	C	Co	HIV record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1985–2024	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	1985–2024	C	Co	See country comments about historical coverage; HIV aggregate record type used through 2009. Mortality statistics for 2023-2024 were unavailable.
Latvia	LV-HIV/AIDS	HIVAIDS	1987–2024	C	Co	HIV record type used 1987–2013; HIVAIDS record type used from 2014
Liechtenstein	LI-HIVAIDS	HIVAIDS	2021-2024	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988–2024	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2024	V	Co	
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	2001–2024	C	Co	HIV record type used in years 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1980–2024	V	Co	
Norway	NO-MSIS_B	HIVAIDS	1984–2024	C	Co	HIV record type used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1985–2024	C	Co	
Portugal	PT-HIVAIDS	HIVAIDS	1985–2024	C	Co	
Romania	RO-RSS	HIVAIDS	1987–2024	C	Co	Data source: Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, National Institute for Infectious Diseases "Prof. Dr. Matei Bals". National coverage.
Slovakia	SK-EPIS	HIVAIDS	1985–2024	C	Co	HIV record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1985–2024	C	Co	
Spain	ES-HIV	HIV	2003–2024	C	Co	See country comments about historical coverage
Sweden	SE-SmiNet	HIVAIDS	1983–2024	C	Co	Data source SE-SweHIVReg used 1983–2009; HIV record type used prior to 2014
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2024	C	Co	
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	
Armenia	AM-NAC	HIVAIDS	1988–2024	V	Co	
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1987–2024	V	Se	
Belarus	BY-NAC	HIVAIDS	1981–2024	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	1986–2024	C	Co	HIV record type used in years 1993–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2024	C	Co	
Israel	IL-MOH	HIVAIDS	1981–2024	C	Co	
Kazakhstan	KZ-RCfAPC	HIVAIDS	1987–2024	NS/unk	NS/unk	
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1987–2024	V	Co	HIV record type used in years 1987–2000
Moldova	MD-NAC	HIVAIDS	1987–2024	V	Other	
Montenegro	ME-IOPH	HIVAIDS	1989–2024	C	Co	
Monaco	MC-MoSH-GEN	HIV	1987–2018	C	Co	
North Macedonia	MK-NHASS	HIVAIDS	1993–2024	C	Co	HIV record type used in years 1993–2016
Russian Fedration	RU-MOH	HIVAGGR	2009-2024	C	Co	
San Marino	SM-AIDS/HIV	HIVAGGR	1985–2022	C	Co	
Serbia[d]	RS-NAC	HIVAIDS	1984–2024	C	Co	HIV aggregate record type used in years 1984–2001
Switzerland	CH-FOPH	HIV	1985–2024	C	Co	
Tajikistan	TJ-RHAC	HIVAIDS	1991–2024	C	Co	
Türkiye	TR-MOH	HIV	1985–2024	C	Co	
Turkmenistan	TM-NAC	-	1990–2012	V	Co	
Ukraine	UA-NAC	HIVAIDS	1987–2024	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	1981–2024	V	Co	
Uzbekistan	UZ-RAC	-	1981–2010	V	Co	Did not report data 2011–2020; used HIV record type in years 1981–2010
Kosovo[d]	XK-IPH	HIVAIDS	1986-2024	V	Co	HIVAIDS record type used for all years

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

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

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

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

Annex 4b

AIDS surveillance system overview: data source information

Country, territory or area	AIDS Data source	Record type[a] for 2022 reporting	Period	Legal[b]	Coverage[c]	Comments
EU/EEA						
Austria	AT-AIDS	HIVAIDS	1982-2024	V	Co	HIV surveillance in Austria is based on the AHIVCOS (Austrian HIV cohort study), which in 2022 represented 64 % of people who had ever received ART in Austria.
Belgium	BE-HIV/AIDS	HIVAIDS	1983-2024	V	Co	AIDS surveillance is based on reporting of AIDS diagnoses at the time of HIV diagnosis or during medical follow-up; not exhaustively reported
Bulgaria	BG-AIDS	HIVAIDS	1987-2024	C	Co	AIDS record type was used for cases prior to 2014
Cyprus	CY-HIV/AIDS	HIVAIDS	1986-2024	C	Co	
Croatia	HR-CNIPH	HIVAIDS	1986-2024	C	Co	AIDS record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1986-2024	C	Co	
Denmark	DK-HIV	HIVAIDS	1980-2024	C	Co	AIDS record type from data source DK-MIS used 1980-2013
Estonia	EE-NAKIS	HIVAIDS	1992-2024	C	Co	AIDS record type used prior to 2015
Finland	FI-NIDR	HIVAIDS	1983-2024	C	Co	AIDS record type used prior to 2016
France	FR-HIVAIDS; FR-AIDS	HIVAIDS	1982-2024	C	Co	Additional data from record type AIDS used for the years 1978-2023. Although compulsory, AIDS diagnoses are not exhaustively reported. Underreporting was estimated at 41% in 2007-2009, then increased to 46% in 2016-2017. It was estimated at 42% in 2023.
Germany	DE-AIDS		1981-2019	V	Co	Did not report 2020 data, AIDS record type used through 2016
Greece	EL-HIV/AIDS	HIVAIDS	1981-2024	C	Co	
Hungary	HU-HIV/AIDS	HIVAIDS	1986-2024	C	Co	AIDS record type used 1986–2013
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1985-2024	C	Co	AIDS record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1983-2024	V	Co	Data source IE-HIV/AIDS and AIDS record type used for years 1981-2011
Italy	IT-COA-ISS	AIDS	1982-2024	C	Co	Mortality statistics for 2023-2024 were unavailable.
Latvia	LV-AIDS	HIVAIDS	1990-2024	C	Co	Same data source in AIDS record type used for 1990-2013
Liechtenstein	LI-HIVAIDS	HIVAIDS	2021-2024	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988-2024	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983-2024	V	Co	
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	1986-2024	C	Co	Same data source and AIDS record type used 1986-2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1999-2024	V	Co	
Norway	NO-MSIS_B	HIVAIDS	1983-2024	C	Co	Data source NO-MSIS-A and record type AIDS used in years 1980-2013
Poland	PL-HIV	HIVAIDS	1986-2024	C	Co	
Portugal	PT-HIVAIDS	HIVAIDS	1985-2024	C	Co	
Romania	RO-RSS	HIVAIDS	1985-2024	C	Co	Data source: Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, National Institute for Infectious Diseases "Prof. Dr. Matei Bals". National coverage.
Slovakia	SK-EPIS	HIVAIDS	1985-2024	C	Co	AIDS record type used in years 1985-2013
Slovenia	SI-HIVAIDS	HIVAIDS	1986-2024	C	Co	
Spain	ES-AIDS	AIDS	1981-2024	C	Co	See country comments about coverage
Sweden			1982-2007	V	Co	AIDS surveillance discontinued in 2008
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993-2024	C	Co	
Andorra	AD-MoHWFH	HIVAIDS	2004-2018	V	Co	
Armenia	AM-NAC	HIVAIDS	1988-2024	V	Se	
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1995-2024	V	Co	
Belarus	BY-NAC	AIDS	1991-2022	C	Co	
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986-2024	C	Co	AIDS record type used in years 1986–2013
Georgia	GE-IDACIRC	HIVAIDS	1989-2024	C	Co	
Israel	IL-MOH	HIVAIDS	1981-2024	C	Co	
Kazakhstan	KZ-RCfAPC	HIVAIDS	1993-2024	NS	NS	
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1999-2024	V	Co	AIDS record type used in years 1987-2000
Moldova	MD-NAC	HIVAIDS	1989-2024	V	Co	
Montenegro	ME-IOPH	HIVAIDS	1990-2024	C	Co	
Monaco	MC-MoSH-GEN	AIDS	1985-2018	C	Co	
North Macedonia	MK-NHASS	HIVAIDS	1989-2024	C	Co	AIDS record type used in years 1993–2016
Russian Federation	-	-	-	-	-	
San Marino	SM-AIDS/HIV	AIDS	1986-2022	C	Co	
Serbia[d]	RS-NAC	HIVAIDS	1985-2024	C	Co	AIDS record type used in years 1985-2001
Switzerland	CH-FOPH	AIDS	1980-2024	C	Co	
Tajikistan	TJ-RHAC	HIVAIDS	1998-2024	C	Co	
Türkiye	TR-MOH	AIDS	1985-2024	C	Co	
Turkmenistan	TM-NAC	-	2002-2013	V	Co	
Ukraine	UA-NAC	AIDSAGGR	1988-2024	V	Co	HIVAIDS record type used only for HIV reporting (i.e. no linked HIV and AIDS reporting).
United Kingdom	UK-HIVAIDS	HIVAIDS	1981-2024	V	Co	
Uzbekistan	UZ-RAC	-	1992-2010	V	Co	Did not report data 2011-2020; used AIDS record type in years 1992-2010
Kosovo[d]	XK-IPH	HIVAIDS	1986-2024	V	Co	HIVAIDS record type used for all years

[a] Type: HIVAIDS (HIV and AIDS joined case-based record type); HIV (HIV case-based record type); AIDS (AIDS case-based record type); HIVAGGR (HIV aggregate record type); AIDSAGGR (AIDS aggregate record type).
[b] Legal: voluntary reporting (V); compulsory reporting (C); not-specified/unknown (NS/unk).
[c] Coverage: sentinel system (Se); comprehensive (Co); not-specified/unknown (NS/unk).
[d] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

Annex 5

Country-specific comments regarding national HIV and AIDS reporting

Country, territory or area	Comments
EU/EEA	
Austria	HIV surveillance in Austria is based on the AHIVCOS (Austrian HIV cohort study), which in 2022 represented 64% of people who had ever received ART in Austria.
Belgium	HIV surveillance is based on the exhaustive registration of HIV diagnoses in Belgium since 1985; a distinction is made between new diagnoses and previously known diagnoses. Since 2006 this surveillance is complemented with a data collection of persons with HIV who are in medical follow-up at an HIV Reference Centre (= specialised outpatient clinic): this is the Belgian HIV-cohort which covers more than 80% of persons with HIV in medical follow-up. Within the cohort, clinical, biological and therapeutic data are collected.
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. The increase in the number of cases in 2022-2024 compared to the previous years is clearly due to the arrival of Ukrainians in connection with the war.
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	All HIV cases have been reported to the national registry since the beginning of the epidemic. Notification is made by both the laboratory and the physician, and it is mandatory. Previous positive cases are classified, according to the year of diagnosis in Finland. In addition to HIV cases, AIDS cases are reported.
France	Since 2016, HIV and AIDS diagnoses should be reported online, and physicians should report HIV diagnoses spontaneously, without waiting for the laboratory report. 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 COVID-19 pandemic has affected the French HIV surveillance by increasing underreporting in 2020 and 2021, which affects the reliability of adjusted number of HIV and AIDS diagnoses. The most recent estimates of underreporting in France are 42% in 2023 for AIDS and 30% in 2023 for HIV. Considering only reports in hospitals, HIV underreporting would be estimated at 21% in 2023. To assess the real numbers and trends of HIV and AIDS diagnoses in France, it is essential to use adjusted data, which take into account reporting delays, underreporting and missing data (incomplete reports). The actual number of new HIV diagnoses in 2023, after adjustment, is estimated at 5473, IC95% [5343–5603]. The actual number of AIDS diagnoses in 2023 is estimated at 937 [862–1013]. Transgender people known to be infected by sexual intercourse are not classified as HSH nor heterosexual, but as "Sexual transmission" in French surveillance data. This category does not exist in TESSy, so transgender people infected through sexual intercourse are listed as 'unknown transmission mode'.
Germany	
Greece	Previous positive cases are classified, according to the year of diagnosis abroad. In case the date of HIV diagnosis abroad is not available, the date of the first positive HIV test in Greece is used
Hungary	Case report for HIV has been available since 1985 and for AIDS since 1986.
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. These people are excluded when reviewing late diagnosis. 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	Data on new HIV diagnoses have been collected since 1985 in some regions of Italy. New HIV diagnoses were reported by 10 of the 21 Italian regions between 2004 and 2006, 11 regions in 2007, 12 in 2008, 18 in 2009 and all of the 21 regions of Italy since 2012. Between 2004 and 2011, population denominators were based on the annual resident population in the regions reporting cases. From 2012, the coverage of the surveillance system has been national, so the total Italian population is used as a denominator. AIDS deaths are not reported after 2023 due to lack of updated data from the national mortality register.
Latvia	Liechtenstein is a small country with about 40000 inhabitants. Under a customs treaty with Switzerland, it applied Swiss epidemiology law and reported to ECDC through Switzerland until 2021. Since then, Liechtenstein has been reporting directly to ECDC.
Liechtenstein	A new HIV reporting system started in 2004.
Lithuania	
Luxembourg	In Luxembourg, laboratories electronically notify HIV cases to the national surveillance system. However, there is currently no medical case notification system in place, and HIV/AIDS surveillance is done in collaboration with the national infectious diseases unit's hospital for data management.
Malta	"A new HIV reporting system started in 2004. Due to the different time periods when the ECDC data cut-off is done compared to the national data, there are some discrepancies between the ECDC data and the national reports. These differences are explained as follows: HIV diagnosis in men who acquired HIV through sex with men should read 41 in 2019 HIV diagnosis in men who acquired HIV through intersexual contact should read 15 in 2019 AIDS diagnosis and rates per 100000 population should read 1 in 2020 and 2 in 2023 AIDS diagnosis in males and rates per 100000 population should read 2 in 2023 AIDS diagnosis in females and rates per 100000 population should read 1 in 2020"
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	There was an increase in the number of cases in Poland due to the arrival of Ukraine war refugees, who account for 22,3% of reported cases in 2023.
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.

Country, territory or area	Comments
Romania	The Romanian surveillance and reporting system has been implemented since the beginning of the 1990s, in real time. The data is collected in the National HIV/AIDS Registry, where the patients are recorded once-time only, wihout duplicates. Updates in the patients' data are made constantly with changes from HIV to AIDS. The national reporting addressess to the Ministry of Health, the National Public Health Institute on a quarterly basis. Also, the information is available, in-real time, for the respective year. Annually, the data is transmitted to ECDC and any other international entity involved in the field- UNAIDS, WHO- in the case where they are requested. The statistical evaluation is made with SPECTRUM. The national HIV/AIDS Regsitry is stored at The National Institute for Infectious Diseases "Prof. Dr. matei Bals" through the Compartment for Monitoring and Evaluation of HIV/AIDS.
Slovakia	
Slovenia	The Slovenian HIV system is based on mandatory, universal reporting of newly diagnosed HIV cases by physicians following laboratory confirmation.
Spain	HIV reporting has existed since the 1980s in some of the 19 Autonomous Regions of Spain. For 2003-11 data are available only for 9 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, two regions from 2015 to 2022, and three in 2023. 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 2005. Since 2008, AIDS data are not reported from Sweden because the national AIDS surveillance system had been discontinued.
Non-EU/EEA	
Armenia	All data are presented by "date of statistics" (instead of "date of diagnosis").
Montenegro	Data on HIV tests refer to the number of people tested and do not include people tested in the private laboratories.
North Macedonia	AIDS cases include only people diagnosed with AIDS at the time of HIV diagnosis.
Russian Federation	"The Russian Federation reported aggregated dataset with new HIV diagnoses registered in 2024 disaggregated by sex, age group and mode of transmission and data on testing for 2024. 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 18 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 12. 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 2016–2024. Due to discrepancies in the methodology used for calculating the population rates by the Russian Federal Statistics Service and the United Nations Population Division, rates on overall HIV diagnoses, as well as data disaggregated by sex, presented in the report in Tables 1,2 and 3 and elsewhere in the report may differ from the data presented in national statistics."
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.
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. Table 14 (see Tables section): CD4 cell count data exclude people diagnosed with AIDS at the time of HIV diagnosis. All data are presented by "date of statistics" (instead of "date of diagnosis").
Ukraine	Ukraine's national HIV and AIDS case notification system was established in 1987. It is a mandatory reporting system where health facilities routinely collect data from all 25 regions of Ukraine and, since 2018, report the data to the information system for monitoring socially significant diseases. The major gap in HIV surveillance in Ukraine is that there is no HIV case electronic registration right after the confirmation of positive test results, so all data for TESSy are presented by "date of statistics" (instead of "date of diagnosis"). The war in Ukraine starting in 2022 caused a significant population migration, which has had a negative impact on the completeness and quality of data.

Annex 6

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

Country, territory or area	National institutions
EU/EEA	
Austria	Austrian Agency for Health and Food Safety; Federal Ministry of Social Affairs, Health, Care and Consumer Protection
Belgium	Sciensano
Bulgaria	Ministry of Health
Croatia	Croatian National Institute of Public Health
Cyprus	Ministry of Health
Czechia	Finnish Institute of Public Health
Denmark	Statens Serum Institut
Estonia	Health Board
Finland	National Institute for Health and Welfare (THL).
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 Public Health and Pharmacy
Iceland	Directorate of Health, Centre for Health Security and Communicable Disease Control
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	Luxembourg Health Directorate; national infectious diseases unit's hospital
Malta	Department of Health Promotion and Disease Prevention
Netherlands	National Institute for Public Health and the Environment (RIVM)
Norway	Norwegian Institute of Public Health
Poland	National Institute of Public Health NIH - National Research Institute
Portugal	Directorate-General of Health (Direção-Geral da Saúde) and National Institute of Health Dr Ricardo Jorge (Instituto Nacional de Saúde Doutor Ricardo Jorge, I.P.)
Romania	Institute of Public Health and National Institute for Infectious Diseases "Prof. Dr. Matei Bals"
Slovakia	Regional Public Health Authority of capital Bratislava
Slovenia	National Institute of Public Health
Spain	Instituto de Salud Carlos III - Centro Nacional de Epidemiología
Sweden	Public Health Agency of Sweden
Non-EU/EEA	
Albania	National Institute of Public Health
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	Republican Center for Blood Borne Viral Hepatitis and HIV Control
Moldova	National Agency for Public Health
Monaco	Ministry of Social Health
Montenegro	Institute of Public Health of Montenegro
North Macedonia	Public Health Institute
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	*UK Health Security Agency*
Uzbekistan	Republican AIDS Center
Kosovo[a]	Institute of Public Health

[a] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

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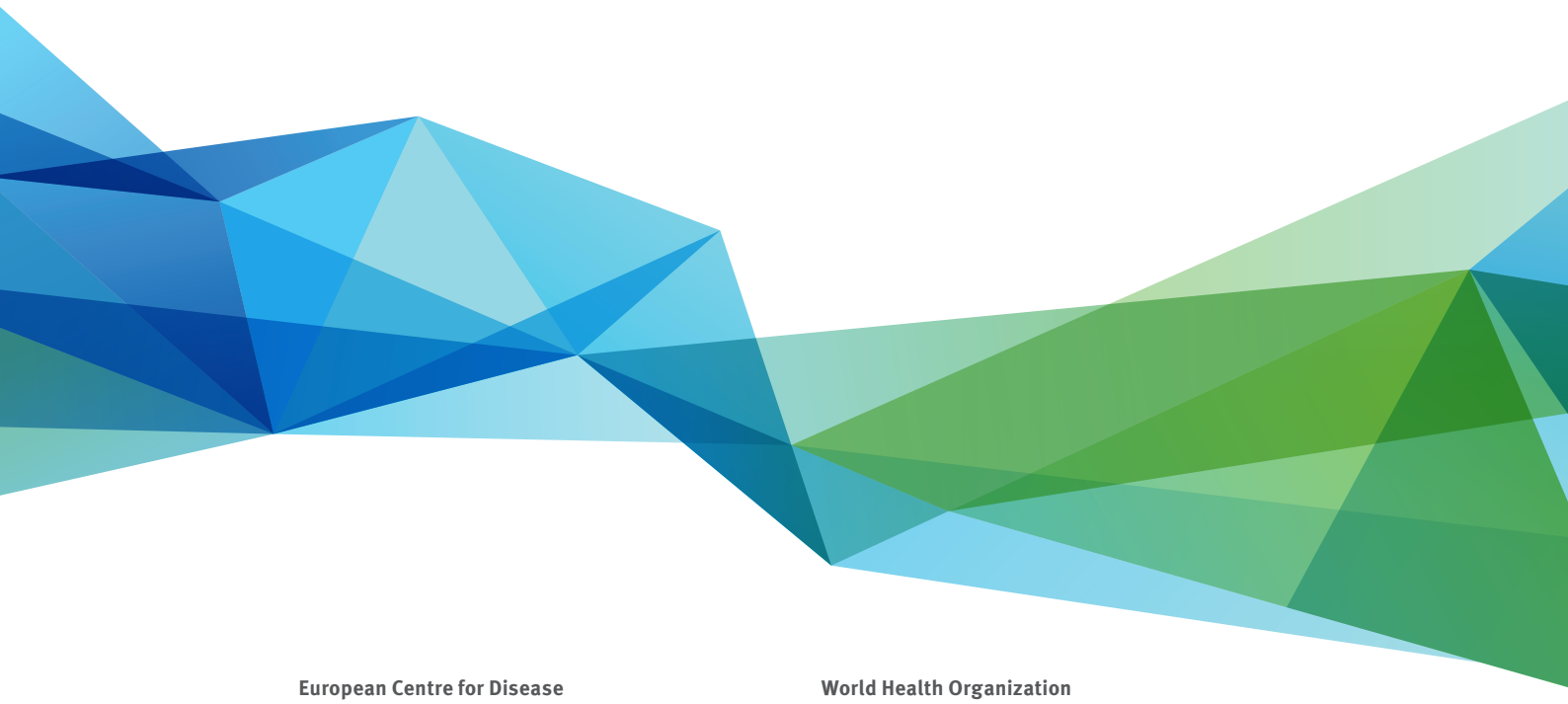

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