



ECDC EVIDENCE BRIEF

Progress towards earlier diagnosis of HIV and viral hepatitis in migrants and mobile populations in the EU/EEA

20 November 2025

Key messages

- Migrant populations are disproportionately affected by HIV and viral hepatitis B and C compared to non-migrant populations, and face higher rates of late diagnosis for HIV.
- Community testing and culturally and linguistically competent outreach services in migrant communities are not sufficiently implemented across the region and should be improved.
- Barriers restricting migrants from accessing testing for HIV and viral hepatitis should be addressed.

In 2023, migrants¹ accounted for over half (56%) of new HIV diagnoses with known origin in the European Union/European Economic Area (EU/EEA), an 18% increase from 2014². People originating from sub-Saharan Africa accounted for the majority of the diagnosed cases in 2023 out of those born abroad (32%), while people originating from central and eastern Europe accounted for 30% of new diagnoses and for the largest increase. The number of HIV diagnoses among migrant gay, bisexual and other men who have sex with men increased by 38% between 2014 and 2023². Available data suggest that more than half of people with HIV get diagnosed at a late stage of infection, and that late diagnosis is more common among some migrant populations compared to non-migrants, resulting in poorer health outcomes and increased transmission².

For viral hepatitis, 34% percent of all new HBV diagnoses and 23% of HCV diagnoses made in 2023 were acquired outside the reporting country^{3,4}. Furthermore, a recent review found that prevalence of HBV (HBsAg) among migrant populations ranged from 0.9% to 31.7% across 11 EU/EEA countries⁵. The background prevalence of HIV, HBV and HCV and coverage of prevention interventions vary over time and across countries of origin, resulting in very different demographic and epidemiological characteristics in migrant populations across EU countries.

Testing as a gateway to prevention and treatment services

Testing is a critical gateway to both prevention and treatment services. The development and implementation of integrated testing services covering HIV, HBV and HCV are strongly recommended to ensure earlier diagnosis. Significant progress has been made in recent years in diagnostics allowing for easier and more people-centred possibilities for earlier diagnosis, leading to better health outcomes and less risk of onward transmission.

¹ Defined as people originating from outside of the country in which they were diagnosed.

² European Centre for Disease Prevention and Control/World Health Organization Regional Office for Europe. HIV/AIDS in Europe 2024 (2023 data). Available at: https://www.ecdc.europa.eu/sites/default/files/documents/HIV_Surveillance_Report_2024.pdf

³ European Centre for Disease Prevention and Control. Hepatitis C. In: ECDC. Annual epidemiological report for 2023. Stockholm: ECDC; 2025. Available at: <https://www.ecdc.europa.eu/en/publications-data/hepatitis-c-annual-epidemiological-report-2023>

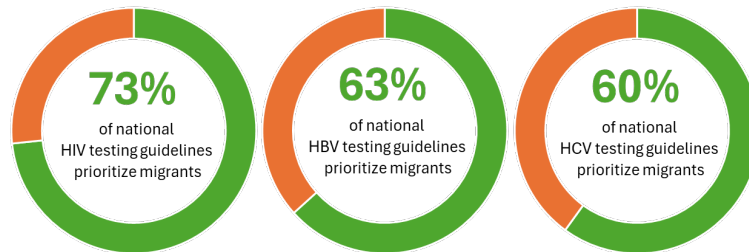
⁴ European Centre for Disease Prevention and Control. Hepatitis B. In: ECDC. Annual epidemiological report for 2023. Stockholm: ECDC; 2025. Available at: <https://www.ecdc.europa.eu/en/publications-data/hepatitis-b-annual-epidemiological-report-2023>

⁵ Bivegete S, McNaughton AL, Trickey A, et al. Estimates of hepatitis B virus prevalence among general population and key risk groups in EU/EEA/UK countries: a systematic review. Euro Surveill. 2023;28(30):pii=2200738. <https://doi.org/10.2807/1560-7917>.

Available evidence suggests that screening of migrants is likely to be both effective and cost-effective for HIV, HCV and HBV, conditional on the prevalence of the infection in the person’s country of origin^{6,7}.

European guidelines supported by European Testing Week stress the need to make testing available in different settings to reach key population groups, including migrant populations⁷. Two thirds of countries define migrants as a priority population within their national HIV, HBV and HCV guidelines (Figure 1)⁸.

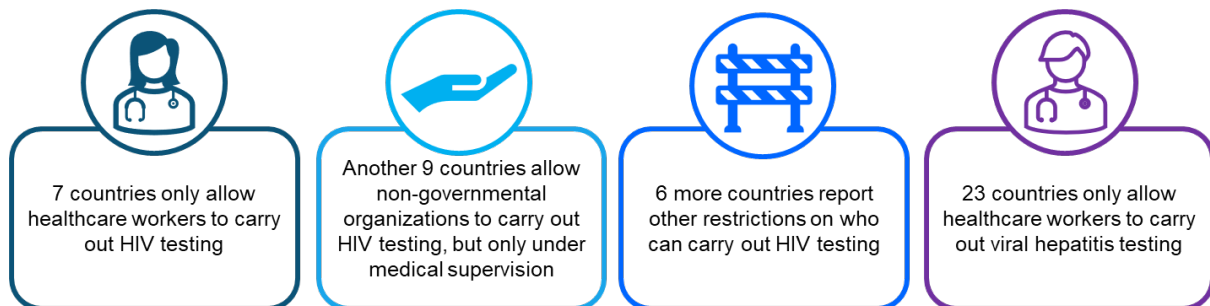
Figure 1. Percentage of countries whose national testing guidelines define migrants as a priority population, 2023–2024 (n=30)



Structural barriers in access to testing for migrant populations

To improve testing programmes, structural barriers preventing migrants from accessing testing services should be removed. Testing in community settings and testing by trained lay providers has been shown to increase testing access and uptake among key and vulnerable populations. Yet, 22 EU/EEA countries report restrictions regarding who can legally carry out an HIV test, while 23 countries report that HBV and HCV tests must be carried out by a healthcare worker (Figure 2)⁸.

Figure 2. Restrictions on who can legally perform HIV and viral hepatitis testing, 2023–2024 (n=30)



Complicated testing consent procedures are another barrier for testing, particularly in non-specialist healthcare settings. Contrary to global recommendations, written or documented consent remains a requirement for HIV testing in more than one third of European countries⁹.

The cost of testing is a major barrier for ensuring earlier diagnosis. One in five countries report that there are costs associated with HIV testing, while for HBV and HCV testing this was true in roughly half of countries (Figure 3)⁸.

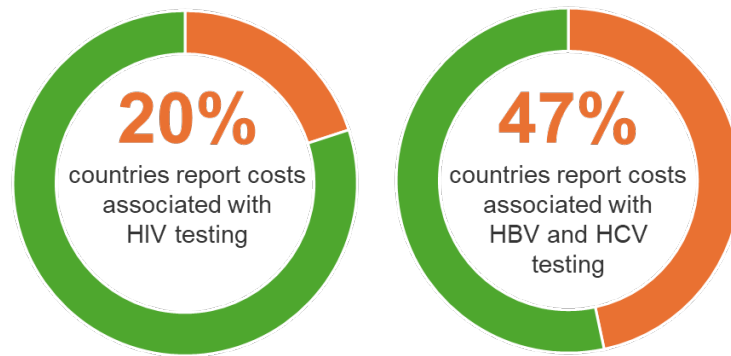
⁶ European Centre for Disease Prevention and Control (ECDC). Public health guidance on HIV, hepatitis B and C testing in the EU/EEA – An integrated approach. Stockholm: ECDC; 2018. Available at: <https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea>

⁷ European Centre for Disease Prevention and Control (ECDC). Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA. Stockholm: ECDC; 2018. Available at: <https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-screening-and-vaccination-infectious-diseases-newly>

⁸ European Centre for Disease Prevention and Control (ECDC). Testing of HIV, hepatitis B and hepatitis C in the European Union/European Economic Area (EU/EEA). Stockholm: ECDC; 2025. Available at: <https://www.ecdc.europa.eu/sites/default/files/documents/HIV-testing-hepatitis-B-C-EU.pdf>

⁹ Rockstroh J, EuroTEST Steering Committee. An overview of European consent requirements for HIV and viral hepatitis B and C testing. Abstract LB60. AIDS 2024, 25th International AIDS Conference; 22–26 July 2024; Munich, Germany. Available at: https://www.iasociety.org/sites/default/files/AIDS2024/abstract-book/AIDS-2024_Abstracts.pdf

Figure 3. Percentage of countries that report costs associated with HIV, HBV and HCV testing, 2023–2024 (n=30)

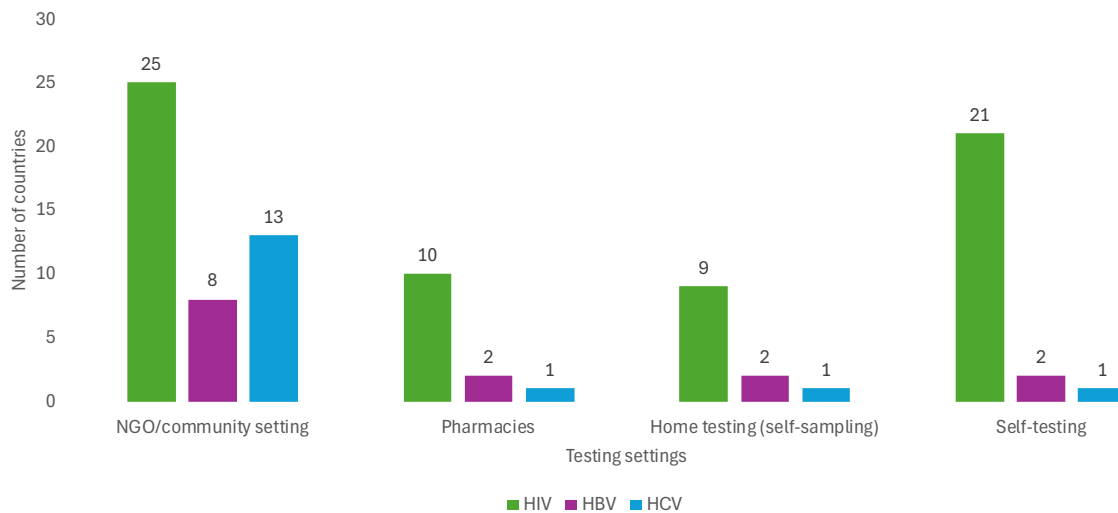


Furthermore, stigma and discrimination against people living with HIV and hepatitis and affected communities are well-documented barriers that can hinder uptake of testing services^{10,11}. Removing these structural barriers that prevent migrants from accessing testing services is crucial to reach the 2030 targets.

Availability of testing services for migrants

Migrants, regardless of their immigration status, should have access to low threshold HIV, hepatitis and STI testing services. However, the availability of testing modalities that are easier for migrant (and other populations) to access is limited in EU countries, especially in pharmacies and through home testing and self-testing (Figure 4)¹². The provision of people-centred integrated services for key populations that offer testing and linkage to care, in combination with other health and social services, is vital to address the often complex needs of population groups such as migrants.

Figure 4. Availability of testing modalities for HIV, HBV and HCV, EU/EEA, 2024–2025 (n=30)



¹⁰ European Centre for Disease Prevention and Control (ECDC). Stigma: survey of people living with HIV. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 progress report. Stockholm: ECDC; 2023. Available at: <https://www.ecdc.europa.eu/en/publications-data/hiv-stigma-survey>

¹¹ European Centre for Disease Prevention and Control (ECDC). A pilot survey of stigma related to infection with hepatitis B and C. Stockholm: ECDC; 2025. Available at: <https://www.ecdc.europa.eu/sites/default/files/documents/Hep-B-and-C-survey-on-stigma-FINAL.pdf>

¹² European Centre for Disease Prevention and Control (ECDC). Data collected through HIV monitoring round for 2024 and hepatitis monitoring round for 2025. Unpublished.

Priorities for action to reach the 2030 targets

Key policy priorities for testing interventions that are supported by ECDC and European Testing Week (see the box below) are essential to reaching the global targets in Europe by 2030:

- **Update national testing policies in line with ECDC and WHO recommendations** to ensure integrated testing interventions are available and tailored to the needs of migrants and mobile populations. Diversify testing opportunities in both healthcare and non-healthcare settings, including the use of new testing modalities such as home sampling and self-testing.
- **Remove barriers to the provision of testing for migrant populations** by enabling lay provider testing in community settings, and remove barriers related to cost and written consent.
- **Ensure community-based testing services** to allow testing outside healthcare settings and testing services designed in collaboration with users/communities, including migrant populations. This includes the establishment of culturally competent outreach services in migrant communities that could include the offer of testing for both HIV and hepatitis B and C and, where indicated, screening for related infections such as tuberculosis and sexually transmitted infections, with clear pathways for linkage to prevention and care.
- **Facilitate expanded testing offers** to also ensure provider-initiated testing in healthcare settings, like routine opt-out testing in emergency departments in areas of high prevalence of HIV, HBV and HCV and HIV indicator condition guided testing.
- **Implement training of healthcare providers** to reduce misconceptions and HIV/hepatitis-related stigma in healthcare settings, particularly in non-specialist and primary care settings – focusing on testing recommendations and stigma reduction to foster non-discriminatory and inclusive care.

European Testing Week

European Testing Week is a campaign that encourages organisations and institutions throughout Europe to unite to increase testing efforts and promote awareness on the benefits of more widespread testing for infectious diseases. Hundreds of organisations participate in two annual weeks in May and November. The annual theme in 2025 is increasing testing and linkage to care among migrants and mobile populations in Europe.

European Testing Week participants increasingly report integrated testing services and the 2025 theme on migrants and mobile populations highlights documented actions that can help countries plan 'user-friendly' services tailored to migrant populations.

For more information or to get involved, see www.testingweek.eu

Additional resources

[European Centre for Disease Prevention and Control \(ECDC\). HIV and migrants in the EU/EEA. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2024 progress report. Stockholm: ECDC; 2024](#)

[European Centre for Disease Prevention and Control \(ECDC\). Testing of HIV, hepatitis B and hepatitis C in the European Union/European Economic Area \(EU/EEA\). 2025 progress report. Stockholm: ECDC; 2025](#)

[European Centre for Disease Prevention and Control \(ECDC\). Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA. Stockholm: ECDC; 2018](#)

[European Centre for Disease Prevention and Control \(ECDC\). Progress towards reaching the Sustainable Development Goal 3.3 targets related to HIV, TB, viral hepatitis and sexually transmitted infections in the European Union and European Economic Area – Evidence brief. Stockholm: ECDC; 2025](#)

[World Health Organization \(WHO\). SDG Target 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. WHO; 2025](#)

[European Centre for Disease Prevention and Control. Website](#)

[EuroTEST. Website](#)

[European Testing Week. Website](#)