

HIV/AIDS surveillance in Europe

2023

2022 data

HIV/AIDS surveillance in Europe

2023

2022 data

This report has been published jointly by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe. The Regional Office developed the overview of the European Region as a whole and validated the figures of the non-member countries of the European Union (EU)/European Economic Area (EEA) and ECDC developed the overview of the EU/EEA countries and validated the EU/EEA figures.

Suggested citation for full report:

European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2023 – 2022 data. Stockholm: ECDC; 2023.

Tables and figures should be referenced:

European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2023 – 2022 data.

This publication follows the ECDC terminological practice which reflects the European Union Inter-institutional Style Guide with regard to names and designations of countries. The names and designations of countries used in this publication should not be understood as an endorsement by WHO of the terminology used in this publication. The designations used do not represent WHO's official position on the legal status of any country or of its authorities, or the delimitation of its frontiers and boundaries.

ECDC has amended the maps supplied by the WHO Regional Office for Europe for this publication. The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the WHO Secretariat concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

The WHO Regional Office for Europe is responsible for the accuracy of the translation of the Russian summary.

Keywords:

ACQUIRED IMMUNODEFICIENCY SYNDROME –
EPIDEMIOLOGY
AIDS – PREVENTION AND CONTROL
DISEASE OUTBREAKS – STATISTICS
HIV INFECTIONS – EPIDEMIOLOGY
POPULATION SURVEILLANCE

© European Centre for Disease Prevention and Control, 2023

Reproduction is authorised, provided the source is acknowledged.

© World Health Organization 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Cover picture: NIAID

Acknowledgments

This report was coordinated by Juliana Reyes-Urueña (European Centre for Disease Prevention and Control (ECDC) and Giorgi Kuchukhidze (WHO Regional Office for Europe).

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

Albania: Marjeta Dervishi;
 Andorra: Jennifer Fernández García;
 Armenia: Anna Mergelyan;
 Austria: Ziad El-Khatib; Irene Kászoni-Rückerl;
 Azerbaijan: Gunash Jafarova; Natig Zulfugarov; Famil Mammadov;
 Belarus: Svetlana Sergeenko;
 Belgium: Dominique Van Beckhoven; Jessika Deblonde;
 Bosnia and Herzegovina: Dalibor Pejović;
 Bulgaria: Mariya Tyufekchieva; Nadezhda Vladimirova;
 Croatia: Tatjana Nemeth Blazic; Mirjana Lana Kosanovic Licina;
 Cyprus: Anna Demetriou; Elena Xenofontos; George Siakallis; Fani Theofanous;
 Czechia: Marek Malý; Vratislav Němeček; Hana Zákoucká;
 Denmark: Anders Koch; Susan Cowan; Maria Wessman;
 Estonia: Kristi Rüütel; Jevgenia Epstein;
 Finland: Kirsi Liitsola, Henriikki Brummer-Korvenkontio;
 France: Françoise Cazein, Florence Lot; Amber Kunkel;
 Georgia: Otar Chokoshvili, Maia Tsereteli;
 Germany: Barbara Gunsenheimer-Bartmeyer;
 Greece: Chrysa Tsiara; Dimitra Paraskeva; Georgia Nikolopoulou; Ioanna Magaziotou; Georgios Ferentinos; Stavros Patrinos;
 Hungary: Ágnes Galgóczi; Zsuzsanna Molnár; Erika Fogarassy;
 Iceland: Anna Margret Gudmundsdottir; Erna Milunka Kojic;
 Ireland: Derval Igoe; Kate O'Donnell; Mary Archibald;
 Israel: Daniel Chemtob; Yana Roshal;
 Italy: Barbara Suligo; Maria Elena Tosti;

Kazakhstan: Lolita Ganina; Gulnar Temirkhanov;
 Kyrgyzstan: Aigul Solpueva;
 Latvia: Šarlote Konova;
 Liechtenstein: Esther Walser-Domjan;
 Lithuania: Oksana Jučienė, Vilnelė Lipnickienė; Giedrė Aleksienė; Jurgita Pakalniškienė;
 Luxembourg: Patrick Hoffmann; Joël Mossong; Pierre Braquet;
 Malta: Jackie Maistre Melillo, Tanya Melillo; Elaine Lautier;
 Monaco: Julie Biga;
 Montenegro: Alma Cicic;
 Netherlands: Eline Op de Coul; Ard van Sighem; Birgit van Benthem;
 North Macedonia: Dragan Kocinski;
 Norway: Hilde Klovstad; Kathrine Stene-Johansen; Robert Whittaker
 Poland: Marta Niedźwiedzka-Stadnik; Magdalena Rosinska;
 Portugal: Helena Cortes Martins; Joana Bettencourt; Pedro Pinto Leite; Vítor Cabral Veríssimo
 Republic of Moldova: Silvia Stratulat;
 Romania: Mariana Mardarescu;
 Russian Federation: Irina Kulikova; Oleg Sonin; Elena Veselova;
 San Marino: Andrea Gualtieri; Mauro Fiorini;
 Serbia: Danijela Simic;
 Slovakia: Alexandra Bražinová; Eva Chmelanova; Danica Valkovičová Staneková
 Slovenia: Irena Klavs; Tanja Kustec;
 Spain: Asuncion Diaz; Julia Del Amo;
 Sweden: Maria Axelsson; Lena Dillner; Anneli Carlander; Lilian van Leest;
 Switzerland: Thibault Lovey;
 Tajikistan: Kholnazarov Ramshed; Zukhra Nurlaminova;
 Türkiye: Burak Tunç; Oğuz Evlice; Nurcan Ersöz;
 Ukraine: Violetta Martsinovskaya; Ihor Kuzin; Oleksandr Matskov;
 * Kosovo: Luljeta Gashi

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

Contents

Abbreviations	ix
Overview of HIV and AIDS in Europe	xi
Обзор эпидемиологической ситуации по ВИЧ/СПИДу в Европе	xxi
1. HIV and AIDS in the EU/EEA	1
1.1. HIV diagnoses	1
1.2. Previous positive diagnoses	7
1.3. Trends in HIV diagnoses	8
1.4. AIDS cases, morbidity and mortality	13
1.5. HIV testing	14
1.6. Conclusions	14
2. HIV and AIDS in the WHO European Region	19
2.1. HIV and AIDS diagnoses in the WHO European Region	19
2.2. HIV testing	29
2.3. Conclusions	29
Figures	
Figure A: Estimated new HIV infections and reported HIV diagnoses in the EU/EEA and WHO European Region, 2013–2022	xii
Figure B: Proportion of people diagnosed late (CD4 cell count < 350 per mm ³) by gender, age and transmission mode, WHO European Region, 2022 (n=28 718)	xii
Рисунок А. Оценочное число новых случаев и число зарегистрированных случаев ВИЧ-инфекции в ЕС/ЕЭЗ и Европейском регионе ВОЗ, 2013–2022 гг.	xxii
Рисунок В. Доля лиц с поздним диагнозом (CD4 < 350 кл/мм ³) с разбивкой по полу, возрасту и пути передачи, Европейский регион ВОЗ, 2022 г. (n=28 718)	xxii
Figure 1.1: Male-to-female ratio in HIV diagnoses, by country, EU/EEA, 2022 (n=22 790)	1
Figure 1.2: Age- and gender-specific rates of HIV diagnoses per 100 000 population, EU/EEA, 2022 (n=22 734)	2
Figure 1.3: HIV diagnoses, by age group (in years) and transmission mode, EU/EEA, 2022 (n=16 368)	2
Figure 1.4: Percentage of HIV diagnoses, by country and age group, EU/EEA, 2022 (n=22 830)	3
Figure 1.5: Percentage of HIV diagnoses with known mode of transmission, by transmission route and country, EU/EEA, 2022 (n=16 718)	4
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, 2022 (n=20 016)	4
Figure 1.7: Acute infection or CD4 cell count per mm ³ at HIV diagnosis, overall and by transmission mode, EU/EEA, 2022 (n=16 507)	5
Figure 1.8: Percentage of people diagnosed late (CD4 cell count < 350 per mm ³) by demographic, EU/EEA, 2022 (n=6 451)	6
Figure 1.9: Linkage to care after HIV diagnosis in the EU/EEA, individuals diagnosed with HIV 2021–2022 (n=4 389)	6
Figure 1.10: Percentage of previous positive diagnoses and newly HIV diagnoses by country of report, EU/EEA, 2022 (n=9 057)	7
Figure 1.11: Temporal trends in HIV diagnoses reported by 14 EU/EEA countries: a comparison including and excluding previous positive cases, 2013–2022 (n=9 057)	8
Figure 1.12: Demographic and clinical characteristics of previous positive and new HIV diagnoses from EU/EEA countries which were able to identify the HIV status, 2022 (n=9 057)	9
Figure 1.13: People diagnosed with HIV, AIDS and deaths reported per 100 000 population, EU/EEA, 2013–2022	10
Figure 1.14a: Age-specific trends in HIV diagnoses in women, 2013–2022	10
Figure 1.14b: Age-specific trends in HIV diagnoses in men, 2013–2022	10
Figure 1.15: Percentage of diagnoses among people born abroad, by year of diagnosis and region of origin, EU/EEA, 2013–2022	11
Figure 1.16a: HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2013–2022	11

Figure 1.16b: Percentage of HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2013–2022	11
Figure 1.17: HIV diagnoses, by year of diagnosis, transmission mode and migration status, EU/EEA, 2013–2022	12
Figure 1.18: Number of HIV diagnoses by acute infection or CD4 cell count at diagnosis, EU/EEA, 2013–2022	12
Figure 1.19: AIDS diagnoses, by transmission mode, EU/EEA, 2013–2022	13
Figure 2.1: Percentage of HIV diagnoses, by country and age group, WHO European Region, 2022 (n=110 402)	20
Figure 2.2: Percentage of HIV diagnoses with known mode of transmission, by transmission route and country, WHO European Region 2022	21
Figure 2.3: HIV diagnoses, by age group and transmission mode, WHO European Region, 2022 (n=97 650)	22
Figure 2.4: HIV diagnoses, by CD4 cell count per mm ³ at diagnosis and transmission mode, WHO European Region, 2022 (n=00 000)	23
Figure 2.5: HIV diagnoses per 100 000 population, by year of diagnosis, WHO European Region, 2013–2022	25
Figure 2.6: HIV diagnoses, by transmission mode and year of diagnosis, WHO European Region, 2013–2022	25
Figure 2.7: HIV diagnoses, by transmission mode and year of diagnosis, East, 2013–2022	26
Figure 2.8: HIV diagnoses, by transmission mode and year of diagnosis, Centre, 2013–2022	26
Figure 2.9: HIV diagnoses, by transmission mode and year of diagnosis, West, 2013–2022	26
Figure 2.10: New AIDS diagnoses per 100 000 population, by geographical area and year of diagnosis, WHO European Region, 2013–2022	28
Tables	33
Table A: Characteristics of HIV and AIDS diagnoses reported in the WHO European Region, the EU/EEA, and West, Centre and East of the WHO European Region, 2022	xi
Таблица А. Характеристики случаев ВИЧ-инфекции и СПИДа, зарегистрированных в Европейском регионе ВОЗ, ЕС/ЕЭЗ, а также в западной, центральной и восточной части Европейского региона ВОЗ, 2022 г.	xxi
Table 1: HIV diagnoses and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	34
Table 2: HIV diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	36
Table 3: HIV diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	38
Table 4: HIV diagnoses in men infected through sex with men, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	40
Table 5: HIV diagnoses in people infected through injecting drug use, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	41
Table 6: HIV diagnoses in people infected through heterosexual contact, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	42
Table 7: HIV diagnoses in people infected through mother-to-child transmission, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	43
Table 8: HIV diagnoses in 2022, by country of report, transmission mode and sex, in EU/EEA and other countries of the WHO European Region	44
Table 9: HIV diagnoses in 2022, by country of report, age and sex, in EU/EEA and other countries of the WHO European Region	46
Table 10: Origin of those diagnosed with HIV in 2022 by country of report or Region, in EU/EEA and other countries of the WHO European Region	48
Table 11: HIV diagnoses, by geographical area, transmission mode and country or subcontinent of origin, in cases reported in 2022	50
Table 12: Percentage of HIV diagnoses (2022) among persons >14 years reported with information about CD4 cell count, by CD4 cell count level (<200 and <350 cells per mm ³ blood) and by transmission mode in cases with CD4 <350, in EU/EEA and other countries of the WHO European Region	53
Table 13: AIDS diagnoses and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	54
Table 14: AIDS diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	56
Table 15: AIDS diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region	58
Table 16: The most common AIDS-indicative diseases diagnosed in 2022, ordered by frequency	60
Table 17: AIDS-related deaths, by geographic area, country and year of death (2013–2022) and cumulative totals in EU/EEA and other countries of the WHO European Region	61
Table 18: Number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by country and year (2013–2022) and number of tests per 1 000 population in 2022, in EU/EEA and other countries of the WHO European Region	62

Maps	63
Map 1a: HIV diagnoses per 100 000 population, 2022.....	64
Map 1b: HIV diagnoses per 100 000 population, 2022, EU/EEA.....	64
Map 2: HIV diagnoses in men per 100 000 male population, 2022.....	65
Map 3: HIV diagnoses in women per 100 000 female population, 2022.....	65
Map 4: HIV diagnoses in men who have sex with men per 100 000 male population, 2022.....	66
Map 5: HIV diagnoses acquired through injecting drug use per 100 000 population, 2022.....	66
Map 6: HIV diagnoses acquired through heterosexual transmission per 100 000 population, 2022.....	67
Map 7: AIDS diagnoses reported per 100 000 population, 2022.....	67
Annexes	69

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
PrEP	pre-exposure prophylaxis
SDG	Sustainable Development Goal
TESSy	The European Surveillance System
TB	tuberculosis
UNSCR	United Nations Security Council Resolution
UNAIDS	Joint United Nations Programme on HIV/AIDS

Overview of HIV and AIDS in Europe

This report presents HIV/AIDS surveillance data for 2022, a year marked by increased population movements¹ across Europe that have had an impact on HIV trends, particularly in European Union/European Economic Area (EU/EEA) countries. In addition to the increased movement of people, the post-COVID-19 recovery of health services and surveillance activities, and the scale-up and introduction of novel testing strategies in many countries resulting in the identification of previously undiagnosed cases, led to a significant rise in HIV diagnoses across the Region. In 2022, 37 of the 49 countries in the Region, including 26 in the EU/EEA, reported an increase in HIV diagnoses compared to 2021, with some countries reporting record-high numbers in a single year.

In 2022, 110 486 HIV diagnoses were reported in 49 of the 53 countries in the Region, including 22 995 from the countries of the EU/EEA. This corresponds to a crude rate of 12.4 HIV diagnoses per 100 000 population in the Region overall, a slight increase on the rate for 2021 (11.9 per 100 000 population). However, this represents a substantial decrease on the rate for 2019 (15.6 per 100 000 population), which was the period before the COVID-19 pandemic (Table A, Figure A).

When comparing the number of HIV diagnoses to the estimated number of new HIV infections over the past decade, it is evident that an increasingly larger number

of individuals acquire HIV infection than are diagnosed. This indicates that the population of people living with undiagnosed HIV in the Region is growing (Figure A).

Increased movement of people living with a known HIV diagnosis in European countries has increased the number of previously positive individuals² in the Region. The increase in previous positive cases has had a considerable impact on the epidemiological profile and trends among HIV diagnoses reported in 2022, particularly for EU/EEA countries from the West and Centre of the Region. As a result, a noticeable shift in trends has emerged in 2022, with HIV rates increasing in the EU/EEA, West and the Centre regions by 30.8%, 21.4% and 40.6%, respectively, compared to 2021. In the EU/EEA, 11 countries have reported the highest number of cases in the past decade. Population movement has also affected the mode of transmission, which varies across geographical areas, underscoring the diversity in HIV epidemiology within Europe. In the EU/EEA, the West, and the Centre, sexual transmission between men remains one of the most common routes of HIV transmission, especially among migrant men from other regions. However, heterosexual transmission has become more prevalent in the HIV diagnoses reported in 2022, particularly among individuals who have had a previous positive diagnosis.

In the East, several countries also recorded the highest number of HIV diagnoses reported in a single year.

1 Population movements in this report include the influx of refugees and the migration of people into European countries from within and outside the WHO European Region.

2 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.

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, 2022

	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	110 486	22 397	8 945	79 144	22 995
Rate of HIV diagnoses per 100 000 population	12.4	5.1	4.5	30.7	5.1
Percentage age 15–24 years	5.7%	8.9%	11.7%	4.2%	8.9%
Percentage age 50+ years	16.7%	21.8%	15.1%	15.5%	19.9%
Male-to-female ratio	1.8	2.4	2.9	1.6	2.4
Percentage of migrants ^b	26.7%	52.3%	27.0%	2.2%	48.3%
Transmission mode					
Sex between men	11.3%	35.2%	18.7%	3.7%	33.3%
Heterosexual transmission (men)	31.7%	15.1%	14.9%	38.3%	14.6%
Heterosexual transmission (women)	29.5%	21.0%	10.5%	34.1%	19.0%
Injecting drug use	16.1%	3.8%	2.1%	21.1%	4.3%
Mother-to-child transmission	0.6%	1.1%	0.8%	0.4%	1.2%
Unknown	10.8%	23.6%	52.8%	2.4%	27.3%
AIDS and late HIV diagnosis					
Percentage HIV diagnoses CD4 <350 cells/mm ³	50.6	46.2	44.5	55.1	47.9%
Number of AIDS diagnoses ^c	7 220	1 873	825	4 522	2 349
Rate of AIDS diagnoses per 100 000 population	1.1	0.5	0.4	4.4	0.6

a No data reported by Andorra, Monaco, Turkmenistan and Uzbekistan.

b Migrants defined as originating from outside of the country in which they were diagnosed

c No data reported by Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, Russian Federation, Sweden, Turkmenistan or Uzbekistan.

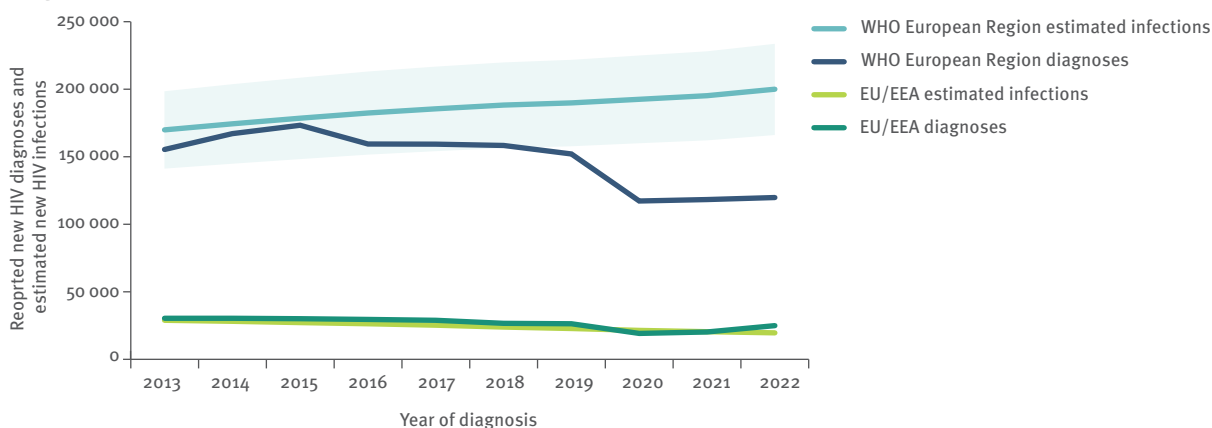
However, none of those countries reported a substantial increase in the number of cases originating from outside the country, and over 90% of their HIV diagnoses originate from the reporting country. The countries in question reported a rebound in HIV testing and case detection since the pandemic subsided because of the focus on increasing case detection and introducing new testing policies to close the gap on undiagnosed people. Heterosexual transmission and injecting drug use were still the main reported transmission modes in the East of the Region.

Late HIV diagnosis remains a challenge for most countries in the Region, with about half (50.6%) of those diagnosed in 2022 diagnosed late (CD4 cell count less than 350/mm³). The percentage of people diagnosed late varied across transmission categories and age groups, but was highest for people with reported heterosexual

transmission (55.0%) and lowest for men infected through sex with men (41.4%) (Figure B).

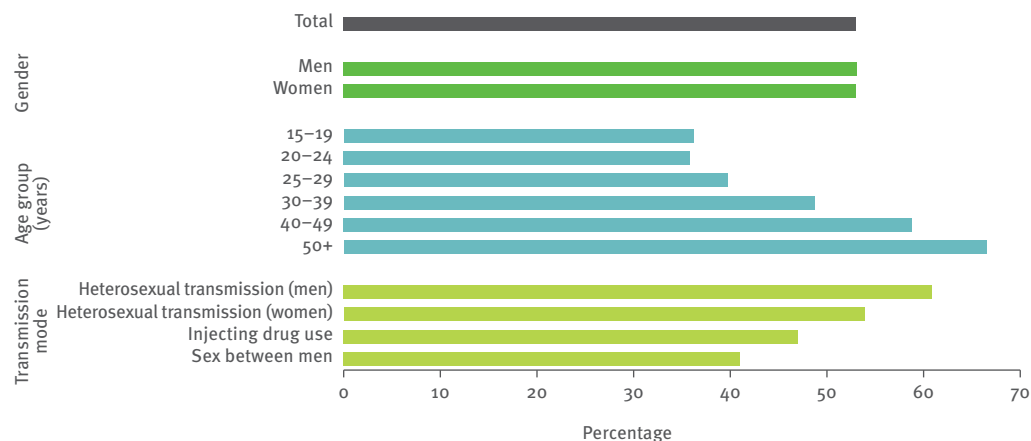
In 2022, 7642 people were diagnosed with AIDS, reported in 44 countries of the WHO European Region. (Table A; see also Table 13). The overall rate of AIDS diagnoses in the Region decreased by 54.2% between 2013 and 2022, from 2.4 per 100 000 population (17486 cases) to 1.1 per 100 000. This declining trend is evident across all the sub-regions of the Region including the EU/EEA.

Figure A: Estimated new HIV infections and reported HIV diagnoses in the EU/EEA and WHO European Region, 2013–2022



Shaded areas represent uncertainty intervals around the best estimate.
 Note: Data from Andorra, Monaco, Turkmenistan, and Uzbekistan were excluded due to inconsistent reporting during the period.

Figure B: Proportion of people diagnosed late (CD4 cell count < 350 per mm³) by gender, age and transmission mode, WHO European Region, 2022 (n = 28 718)



Note: Cases with unknown CD4, acute cases, and previous positives are excluded from this figure. CD4 data from the Russian Federation was excluded as it did not include age, sex, and transmission route breakdowns

European Union and European Economic Area

In 2022, 22 995 HIV diagnoses were reported in 30 countries of the EU/EEA³, corresponding to a rate of 5.1 per 100 000 population (Table 1), a 30.8% increase compared to 2021 but still a 3.8% decrease compared to the 2019 rate. The highest rates were reported by Cyprus (24.1; 218 cases), and Estonia (18.8; 250 cases), and the lowest by Slovenia (2.0; 42 cases) (Table 1; Map 1).

As in previous years, the rate of HIV diagnoses in 2022 was higher among men (7.3 per 100 000 population; Table 2; Map 3) than women (2.9 per 100 000 population; Table 3; Map 4). The overall male-to-female ratio was 2.4:1 (Table A). The predominant mode of transmission in countries with the highest male-to-female ratios was sex between men. In addition to the 22 790 cases with male or female gender, 121 transgender individuals were reported by France, the Netherlands and Ireland.

Sex between men remains one of the most common modes of HIV transmission reported in the EU/EEA, accounting for 33.3% (7 656) of all reported HIV diagnoses in 2022 and 45.8% of diagnoses where the route of transmission was known (Figure 1.5; Table 4, Table 8; Map 5). Most of the men with a reported HIV diagnosis attributed to sex between men (54.7%) were born outside of the reporting country.

For the first heterosexual contact is higher than sex between men as mode of HIV transmission in the EU/EEA in 2022, accounting for 33.7% (7 743) of HIV diagnoses and 46.3% of diagnoses where the route of transmission was known (Figure 1.5; Table 6, Table 8; Map 6). Nearly one-third (28.2%; 2 186) of the reported diagnoses attributed to heterosexual transmission were among migrants originating from Central and Eastern Europe, followed by migrants from Sub-Saharan Africa (26.4%; 2 046). In addition, 31.1% (2 407) of cases attributed to heterosexual transmission originated from the reporting country.

Transmission due to injecting drug use accounted for 4.3% of HIV diagnoses in 2022 (Figure 1.5, Table 5, Table 8, Map 7). More than half of individuals with a reported diagnosis attributed to injecting drug use were born outside of the reporting country, including 43.3% (430 cases) from other countries in Central and Eastern Europe.

Transmission as a result of mother-to-child transmission (MTCT) accounted for 1.2% of HIV diagnoses in 2022 (Figure 1.5, Table 7, Table 8). In 2022, among the total number of diagnoses attributed to MTCT of HIV, 81.5% were migrants (220). Among these migrants, 62.3% (137) originated from Central Eastern Europe, and within this group, 83.2% (114) were previous positive diagnoses.

In the EU/EEA in 2022, 48.3% of those diagnosed were migrants, defined as originating from outside of the

country in which they were diagnosed (Figure 1.6), with 22.8% originating from other countries in Central and Eastern Europe, 13.9% from countries in Sub-Saharan Africa, 11.3% from countries in Latin America and the Caribbean, 2.6% from countries in other countries in Western Europe, and 2.3% from countries in South and South-East Asia.

The increased rate of reported HIV diagnoses in 2022 may be attributed, among other factors, to the increase in reporting of previous positive diagnoses. In 2022, previous positive diagnoses comprised 16.6% of all reported HIV diagnoses in the EU/EEA, a notable increase on 2021 when this proportion was 8.8%. However, these figures are probably underestimated, as not all countries could report information on whether cases were previously diagnosed.

Despite the clear impact of previous positive diagnoses on the larger case numbers reported in 2022, when trends are adjusted by removing previous positive cases there is still an increase from 2021 to 2022 (Figures 1.11 and 1.13). Despite this recent increase in HIV cases reported in the EU/EEA, overall, during the last decade the rate of new HIV diagnoses has declined, by 3.8% in particular since 2019.

When comparing previous positive diagnoses to newly diagnosed people in the 14 countries that could report information on most cases previous diagnosis status, it was found that among the previous positive cases there was a higher proportion of women (44.0% versus 28.9%), people originating from Central and Eastern Europe (44.7% versus 10.9%) and transmission due heterosexual contact (44.8% versus 42.6%), injecting drug use (6.4% versus 1.8%) and MTCT (3.2% versus 0.6%) compared to newly diagnosed people.

The proportion of all HIV diagnoses with known route of transmission in all EU/EEA countries that were attributed to sex between men decreased from 49.5% of cases in 2013 to 45.9% in 2022 (Figure 1.16a, Figure 1.16b). It is important to note that the case numbers among MSM born outside of the reporting country increased in 2022 to 3 168, compared to 2 537 in 2013, marking a 24.9% rise (Figure 1.17).

Between 2013 and 2021, the proportion of all HIV diagnoses with known route of transmission, attributed to heterosexually-acquired infection in women remained stable at around 20% of cases. In 2022, both the number and proportion increased, reaching (n=4 249) 26.1% of the HIV diagnoses reported with known information on the route of transmission. During the previous decade, the proportion of all HIV diagnoses attributed to heterosexually-acquired HIV infection in men was also stable at around 20% (Figure 1.16b).

During the period 2013 to 2021, the proportion of all HIV diagnoses with known route of transmission reported among people who inject drugs decreased, from 7.7% to 4.7% (1 747 to 684) (Figure 1.16a, Figure 1.17, Table 5). An increase in the number (963) and proportion of HIV

³ All EU/EEA countries reported data for 2022.

diagnoses among people who inject drugs to 5.9% was then noted for 2022.

In countries with consistent reporting throughout the previous decade, the proportion of HIV diagnoses reported to be due to MTCT was stable, at around 0.8% between 2013 and 2021, although the number declined from 188 in 2013 to 119 in 2021. In 2022, the proportion and number increased to 1.2% (252) (Figure 1.16a), with a majority of these cases being previous positive.

Information on CD4 cell count at the time of HIV diagnosis was provided by 27 EU/EEA countries (Table 12). Among all cases diagnosed in 2022 where information on CD4 cell count, or acute HIV infection status was available, 8.4% were reported as acute infections and 30.2% as more recent infections (with a CD4 cell count equal to or above 500 cells per mm³ at diagnosis) (Figure 1.7); 47.9% were considered to have been diagnosed several years after being infected (CD4 cell count of less than 350 cells per mm³). Overall, 28.8% were considered to have advanced HIV infection (CD4 cell count less than 200 cells/mm³) at the time of diagnosis (Table 12).

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 acute infection) were observed among women (54.4%); older adults (57.1% in 40–49-year-olds and 68.1% in people over 50 years); men or women infected through heterosexual sex (63.2% and 53.6% respectively); people who acquired HIV through injecting drug use (50.7%), and migrants from South and South-East Asia (63.8%) and Sub-Saharan Africa (58.%) (Figure 1.8).

In 2022, 2 349 diagnoses of AIDS were reported by 27 EU/EEA countries, giving a rate of 0.6 cases per 100 000 population (Table 13; Map 8). Combined pulmonary and/or extrapulmonary tuberculosis (TB) made up 12.1% of AIDS-indicative diseases reported in 2022 (Table 16). In the EU/EEA, the number of AIDS cases has more than halved over the past decade across all transmission routes (Figure 1.18).

Ten countries consistently reported data on HIV tests performed during the period 2013–2022, excluding unlinked anonymous testing and testing of blood donations. The number of tests performed in the countries reporting consistently has increased by 16.3% compared to 2021, and by 11.8% compared to 2019 (Table 18).

WHO European Region

In 2022, 110 486 people were diagnosed with HIV in 49 countries of the Region, corresponding to a rate of 12.4 per 100 000 population, a 4.2% increase compared to the 2021 rate but still a 20.5% decrease compared to the 2019 rate. Increased population movements⁴ across Europe, particularly in EU/EEA countries, as well as the resumption of health services following the COVID-19

pandemic and the the scale-up and introduction of new testing strategies to detect previously undiagnosed cases, have led to an increase in the number of diagnoses, and the number of people previously diagnosed with HIV among them. All of this makes it challenging to interpret HIV trends for 2019–2022.

Of the 110 486 people diagnosed in 2022, 71.6% were diagnosed in the East (79 144), 20.3% in the West (22 397), and 8.1% in the Centre of the Region (8 945) (Table A). The rate was also highest in the East (30.7 per 100 000 population); disproportionately higher than in the West (5.1 per 100 000 population) and the Centre (4.5 per 100 000 population) (Table A).

Rates of HIV diagnoses varied widely across countries in the WHO European Region in 2022. The highest rates per 100 000 population (more than 15.0) were observed in the Russian Federation (38.4), followed by Ukraine (29.8), the Republic of Moldova (28.4), Cyprus (24.1), Kazakhstan (20.7), Armenia (19.2), Estonia (18.8), Ireland (17.5) Belarus (17.2), Georgia (16.5) and Kyrgyzstan (16.5). The lowest rates (2.0 and under) were reported by Slovenia (2.0), North Macedonia (2.0), and Bosnia and Herzegovina (1.7) (Table 1, Map 1).

The overall rate for men was 16.4 per 100 000 population and for women 8.5 per 100 000 population (Table 1 and 2; Map 3 and 4); The male-to-female ratio was 1.8, lowest in the East (1.6), higher in the West (2.4), and highest in the Centre (2.9) of the Region.

The largest proportion of people diagnosed in the Region was in the age group 30–39 years (36%), while 6% were young people aged 15–24 years, and 17% were 50 years or older at diagnosis.

The most common reported mode of transmission was heterosexual sex (61.2%), while 16.1% were infected through injecting drug use, 11.3% through sex between men, and less than one percent through MTCT. Information on transmission mode was unknown or missing for 10.8% of the new diagnoses (Table A, Maps 5–7).

Among the HIV diagnoses reported by 13 countries in the East for whom the mode of HIV transmission was known, 74.2% were infected through heterosexual transmission and 21.7% through injecting drug use, while reported transmission through sex between men remained low, at 3.7% of cases. Heterosexual sex (53.8%) and sex between men (39.7%) were the main reported transmission modes in the Centre among cases with known mode of transmission, but 47.2% of the new diagnoses lacked information on the mode of transmission. Sex between men was the predominant transmission mode for eight of the 15 countries in the Centre. In the West, heterosexual transmission emerged as the main mode (47.1%); however, of these cases, 17% were previously diagnosed, 70% were born abroad, and 27% originated from generalised epidemic countries. The second most common transmission mode was sex between men (46.1% of cases). Information was lacking for 23.7% of diagnoses.

⁴ Population movements in this report include the influx of refugees and the migration of people in European countries from within and outside the WHO European Region.

Consistent data on transmission mode were available from 40 countries for the period 2013–2022. Transmission in the East was driven by the number of HIV diagnoses with reported heterosexual transmission. Transmission through sex between men increased by almost 150%. Although the number of HIV diagnoses in people infected through injecting drug use decreased by 32% during the period overall, the percentage of all HIV diagnoses attributed to injecting drug use is still 22%. Despite the increasing trend in heterosexual transmission due to the factors described earlier, HIV diagnoses among MSM are on an upward trend in the Centre of the Region. Eight of the fifteen countries in the Centre reported sex between men as the predominant mode of transmission. In the West, there was a clear decline in the overall rate of HIV diagnoses during the previous decade, resulting primarily from decreases in diagnoses among MSM in specific countries and among people infected heterosexually, particularly women and people originating from countries with generalised HIV epidemics. However, there was a notable increase in reported HIV diagnoses in 2022. This is due to a combination of factors, mainly increased migration of the refugee population throughout the year and expanded testing services during the post-pandemic period to reach undiagnosed people. The share of new diagnoses with unknown transmission route increased from 15% in 2013 to 24% in 2022 in the West.

Among those newly diagnosed and over 14 years old for whom information on CD4 cell count at the time of HIV diagnosis was available, just over half (50.6%) were diagnosed late, with CD4 cell counts of less than 350 cells per mm³, including 29.7% with advanced HIV infection (CD4 cell count of less than 200 cells/mm³). However, the regional average does not include data from the Russian Federation, where only 30.8% of those newly diagnosed with HIV are detected⁵ once their CD4 cell counts have fallen below 350 per mm³ and 15.1% once their counts are below 200 per mm³.

Late HIV diagnosis remains a challenge in most of the countries of the Region. The percentage of people newly diagnosed who were diagnosed late (CD4 cell counts of less than 350/mm³) varied across transmission categories and age groups, but was highest for people with reported heterosexual transmission (55%; 60.9% for men and 53.9% for women) and injecting drug use (47.0%), and lowest for men infected through sex with men (41.0%) (Fig. B). The percentage increased with age, ranging from 35.8% among people aged 20–24 years at diagnosis, to 66.5% among those aged 50 years or above. In terms of gender, the percentage of late diagnoses was 47.0% for men and 53.0% for women; the lower rate for men is due to a further decrease in late diagnoses for homosexual transmission.

In 2022, 7642 people in 44 countries of the WHO European Region were diagnosed with AIDS,

corresponding to a rate of 1.1 per 100 000 population (Table 13, Map 8). Overall, 64.7% of AIDS cases were diagnosed in the East – where the rate per 100 000 was also highest (4.4) – 24.5% in the West (with a rate of 0.5 per 100 000) and 10.8% in the Centre of the Region (0.4 per 100 000). Twelve percent of those diagnosed with AIDS presented with tuberculosis (TB) as an AIDS-defining illness, ranging from 11% of reports in the West to 12% in the Centre and 14% in the East. Between 2013 and 2022, the overall rate of new AIDS diagnoses in the Region decreased by 57.7%.

Conclusions

HIV infection continues to affect the health and well-being of millions of people in the WHO European Region. Over the course of the last three decades, over 2.4 million people have been diagnosed and reported with HIV in the WHO European Region, including nearly 630 000 people in the EU/EEA. In 2022, 110 486 people were reported with an HIV diagnosis. Overall, HIV diagnoses increased in the WHO European Region in 2022, with a rate of 12.4 per 100 000 population, a 4.2% increase compared to the 2021 rate but still a 20.5% decrease compared to the 2019 rate. Nevertheless, several countries recorded the highest number of HIV diagnoses reported in a single year. HIV diagnoses in the Russian Federation contributed 50.3% of all cases in the WHO European Region and 70.2% of cases in the East. Therefore, the HIV trends observed in this country have had a considerable influence on epidemic patterns in the East and in the Region overall.

The 2022 HIV surveillance data indicate a wide variation in epidemic patterns and trends across the WHO European Region. The increase in HIV diagnoses in 2022 can be attributed to a range of factors, including the resumption of normal testing services after the COVID-19 pandemic and expanded HIV testing services in some settings, as well as the implementation of new testing strategies to identify those previously undiagnosed. Another factor is the increased migration of people living with HIV throughout Europe, especially in the EU/EEA countries. Overall, 16.6% of the diagnoses reported in EU/EEA countries in 2022 were previously positive. However, the number of previous positives is probably underestimated. 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. The upsurge in HIV diagnoses, especially the previous positive cases reported in 2022, can largely be attributed to refugees arriving from Ukraine.

In the Region overall, the increase in previous positive HIV diagnoses has had a considerable impact on the epidemiological profile and the trends among those reported in 2022 when counted together with the newly diagnosed cases. It is important to understand the distinct epidemiological profiles of both previously

⁵ Data on CD4 cell count reported from the Russian Federation did not include disaggregation by mode of transmission and were therefore excluded from the sub-regional and regional analysis.

diagnosed people and newly diagnosed people in order to adequately guide prevention, healthcare and resource planning [1].

When previous positive individuals are excluded from people diagnosed with HIV in 2022, the population of those newly diagnosed with HIV predominantly consists of younger men, with a higher proportion of diagnosis in the acute and early stages of the infection among MSM and a higher representation of late diagnosis among those infected through heterosexual contact. This indicates a need for enhanced prevention and testing in these populations.

In the East of the Region several countries, namely Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, and the Republic of Moldova, recorded the highest number of HIV diagnoses ever reported in a single year. None of those countries reported a substantial increase in the number of cases originating from outside the country, and over 90% of their HIV diagnoses originate from the reporting country. These countries have reported a rebound in HIV testing and case detection since the pandemic subsided due to the scale-up and introduction of new testing policies to increase case detection.

Heterosexual transmission remains a main transmission route in the East. Although the reported transmission through sex between men remains low in absolute terms, it has increased more than two-fold during the decade – the largest increase in any transmission category and any sub-region of the Region. There is some evidence to suggest that a proportion of men reported as heterosexually infected may, in fact, be men who have sex with men or people with a history of drug injection who may have been misclassified as heterosexually infected [2, 3].

In the Centre, the highest ever number of HIV diagnoses was reported in 2022. Despite the increasing trend in heterosexual transmission due to the factors described earlier, HIV diagnoses among MSM are on an upward trend in the Centre of the Region. Eight of the fifteen countries in the Centre reported sex between men as the predominant mode of transmission.

In the region, just over half (50.6%) of HIV diagnoses have a CD4 cell count below 350 cells per mm³, including 29.7% of cases with advanced HIV infection (CD4 less than 200 cells/mm³). As in previous years, data from 2022 indicate that late HIV diagnosis is highest among people infected heterosexually (particularly men), among those infected as a result of injecting drug use and among those in older age groups. Data from this report also indicate that the gap between HIV diagnoses and infections is widening in the Region, indicating that it will not reach the 2025 target of 95% of those living with HIV diagnosed.

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 Region: rapid scale-up of HIV testing is of the utmost importance to improve progress towards the 95% target by 2025. WHO has issued a policy brief on moving away from the use of western blotting and line immunoassays in HIV testing strategies and algorithms and towards the support of decentralised testing and rapid linkage to treatment [4]. Guidance from WHO and ECDC recommend innovative approaches, including self-testing and community testing by lay providers using rapid tests as part of overall HIV testing services, including easily accessible services for migrant populations [5–7]. While the provision of HIV testing services has improved over time, and self-testing and community-based HIV testing have increased substantially in recent years, policy monitoring in the Region indicates that some testing modes remain limited or non-existent in many European countries [8]. HIV testing services should focus on reaching the key population groups in the local epidemic context, be tailored to the specific needs of these groups, and support timely linkage to HIV prevention, treatment and care. This will ensure earlier diagnoses and treatment initiation, resulting in improved treatment outcomes and reduced HIV incidence, morbidity, and mortality in support of the 95–95–95 goals and other regional and global targets [9–11]. A robust body of evidence shows that early initiation of ART is beneficial to the health of the person receiving the treatment and in preventing onward HIV transmission [12–17]. Nearly 90% of countries in the WHO European Region have a policy to initiate ART, irrespective of CD4 cell count [18].
- In the EU/EEA and countries in the West of the Region, the significant upsurge in previous positive HIV diagnoses overall has reshaped the epidemiological landscape. Much of this increase can be attributed to an influx of individuals living with HIV arriving from various countries and regions, including Ukraine, introducing new challenges for HIV care as well as mental health and social support needs [1, 19]. To improve HIV prevention in migrant populations, countries should explore the feasibility of expanding primary prevention services, including condom provision programmes and pre-exposure prophylaxis (PrEP) implementation, to ensure that these are accessible to migrants. Availability of and access to testing and treatment, irrespective of residential and migrant status, can help further improve prevention and treatment of HIV infection. Countries should address wider barriers to HIV care and general information surrounding access to the healthcare systems. Improved monitoring and surveillance, particularly of previous positive cases, is needed to adequately capture and report these cases. Further to migrants, over the past decade, the primary route of transmission in the EU/EEA and West remains sex between men. Improved prevention for MSM should include comprehensive programmes with expanded access

to PrEP and the removal of restrictions on who can access PrEP. These programmes should also review and expand the settings in which PrEP is available, to reach a wider population. PrEP provision, combined with enhanced regular testing and linkage to care, can help reduce incidence of HIV among men who have sex with men (MSM) [20, 21]. Strong surveillance and monitoring systems would also enable data on PrEP eligibility, uptake, duration of PrEP, and outcomes to be captured.

- In countries in the Centre of the Region, the highest ever number of HIV diagnoses reported in 2022 is mainly due to the increase in previous positive HIV diagnoses in the EU/EEA countries of the Centre, resulting in a change to the predominant mode of transmission from homosexual to heterosexual sex. Nevertheless, sex between men remains the predominant mode of transmission in the majority of countries. Interventions to address this situation are needed, such as 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 throughout the entire HIV continuum of services, ranging from HIV prevention to adherence and ART. Drug-injection-related transmission remains low, but past outbreaks [22–26] suggest that HIV prevention services for people who inject drugs continue to be important and these must be maintained with sufficient coverage to prevent such outbreaks. The percentage of young people among HIV diagnoses is also higher in this part of the Region than elsewhere. Some countries have undergone a transition to domestic financing of the HIV response after the withdrawal of funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. This has posed sustainability challenges, particularly as regards the financing of HIV prevention programmes and surveys among key populations, designed and delivered by communities. In addition, ensuring access to health services for refugees and migrant populations, including HIV services and promoting cross-border collaboration and data sharing, remains essential to a robust and people-centred public health response, especially in countries heavily affected by the influx of these populations. Increased political will and attention, and the intensified involvement of civil society is needed to mitigate some of these challenges and prevent the epidemic from accelerating [27].
- In countries in the East of the Region, several countries also recorded the highest number of HIV diagnoses reported in a single year. While these countries reported a rebound in HIV testing and case detection since the pandemic subsided due to the introduction of new testing policies to increase case detection, this is still not enough to close the gap to ensure that people know their HIV status, and more people need to be diagnosed. For the countries in the

East, there is an urgent need to continue the scale-up of bold, evidence-based interventions and deliver more effective, integrated services through health systems that better address the social determinants of health. Comprehensive combination-prevention and innovative HIV testing strategies are needed, with a particular focus on reaching key populations. This can be achieved through user-friendly prevention and testing services, including assisted partner notification, PrEP, HIV testing performed by trained lay providers and self-testing in line with WHO recommendations. All of these services should be integrated into national policies and programmes and then implemented [5, 6, 11]. Community involvement in the design and delivery of services is essential for reducing the rate of HIV infections and increasing the number of people linked to care and initiated and retained on ART. The ultimate aim is to reduce HIV incidence and AIDS-related deaths. Innovative HIV prevention interventions should address the risk of heterosexual transmission, particularly in couples where one partner engages in high-risk behaviour (such as injecting drug use) or is spending longer periods of time working abroad. A large number of diagnoses in people infected through injecting drug use emphasises the fact that evidence-based policies focused on key populations, including high coverage of harm-reduction programmes for people who inject drugs, remain critical to the HIV response in the eastern part of the Region.

The HIV data for 2022 revealed significant issues with data quality, completeness, and lack of standardisation for the variable, differentiating new HIV diagnoses from previous positives, as well as variables looking at the country of birth and region of origin of cases. This, in combination with the increase in migration of the population and the recovery period after the COVID-19 pandemic, made 2022 data interpretation very challenging. Achieving consensus among countries in the Region on the collection, recording, and reporting of previous positive cases is paramount. This is critical due to the different epidemiological profiles and healthcare needs of refugees, migrants and previously diagnosed individuals. Improving data recording and reporting standards within surveillance systems will ensure accuracy and help plan tailored prevention strategies. This is the first report to include data on the transgender population. However, due to limited data availability, a more comprehensive understanding of their epidemiological profile remains elusive. It is therefore critical to gather more in-depth information, enabling the tailoring of more effective prevention strategies on transgender population. Conducting enhanced HIV surveillance increases the possibility for longer-term monitoring of HIV continuum-of-care outcomes, such as modelling the undiagnosed fraction, and measurement of linkage to care, treatment and viral suppression following diagnosis. It can also support national and global efforts to monitor progress towards the 95–95–95 goals and other global and regional targets.

In September 2022, the Member States endorsed Regional Action Plans for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030 at the 72nd session of the WHO Regional Committee for Europe [11]. The Plans outline the visions, goals, and actions required to respond to these epidemics and are designed to strategically combine disease-specific approaches with people at the heart of the responses. They will operationalise the Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections, 2022–2030 through region-specific actions, and align the responses with the European Programme of Work, 2020–2025 – ‘United Action for Better Health’. The plans set ambitious targets for 2030 and interim targets for 2025. The ambitious targets will be met by:

- Using a partnership-based approach with primary healthcare, civil society and public health institutions to deliver quality, differentiated and people-centred services;
- Prioritising key populations and focusing on reducing social and structural barriers to accessing services;
- Enabling rapid recovery following acute or prolonged emergencies and future-proofing for health emergencies;
- Supporting country-owned sustainability with adequate domestic financing of services and commodities, and a community workforce equipped to provide quality care;
- Making data-driven decisions based on comprehensive surveillance and quality strategic information;
- Refocusing testing to advance early diagnosis based on epidemiology and evidence; decentralise and use a full range of testing strategies to advance early, and accurate confirmed diagnosis;
- Rapidly scaling up use of the new HIV and viral hepatitis treatment regimens and models of care;
- Using innovative combination prevention approaches via a broad range of service delivery platforms.

WHO and ECDC are working with Member States to increase the uptake of HIV testing and treatment guidance and innovative combination HIV prevention approaches in key populations and for the elimination of MTCT of HIV, viral hepatitis B and syphilis, improving standards of HIV case, strengthening HIV surveillance and other key priorities as highlighted in the Action Plans.

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.

References

1. Massmann R, Groh T, Jilich D, Bartková D, Bartovská Z, Chmelař J, et al. HIV-positive Ukrainian refugees in the Czech Republic. *AIDS*. 2023 Oct 13;37(12):1811–1818. doi: 10.1097/QAD.0000000000003633.
2. Dumchey K, Kornilova M, Kulchynska R, Azarskova M, Vitek C. Improved ascertainment of modes of HIV transmission in Ukraine indicates importance of drug injecting and homosexual risk. *BMC Public Health* 2020;20(1):1288. doi:10.1186/s12889-020-09373-2.
3. Čakalo JI, Božičević I, Vitek C, Mandel JS, Salyuk T, Rutherford GW. Misclassification of men with reported HIV infection in Ukraine. *AIDS Behav*. 2015;19(10):1938–40. doi:10.1007/s10461-015-1112-0.
4. World Health Organization (WHO). ‘WHO recommends countries move away from the use of western blotting and line immunoassays in HIV testing strategies and algorithms’. Policy brief. Copenhagen: WHO Regional Office for Europe; 2019. Available from: www.euro.who.int/en/health-topics/communicable-diseases/hivaids/publications/2019/who-recommends-countries-move-away-from-the-use-of-western-blotting-and-line-immunoassays-in-hiv-testing-strategies-and-algorithms.-policy-brief-2019
5. World Health Organization (WHO). Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: WHO; 2017. Available from: www.who.int/hiv/pub/vct/hiv-self-testing-guidelines/en/
6. World Health Organization (WHO). Consolidated guidelines on HIV testing services. Geneva: WHO; 2015. Available from: www.who.int/hiv/pub/guidelines/hiv-testing-services/en/
7. European Centre for Disease Prevention and Control (ECDC). Public health guidance on HIV, hepatitis B and C testing in the EU/EEA. Stockholm: ECDC; 2018. Available from: www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea
8. European Centre for Disease Prevention and Control (ECDC). HIV testing. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm: ECDC; 2017. Available from: <https://ecdc.europa.eu/sites/portal/files/documents/HIV%20testing.pdf>
9. World Health Organization (WHO). Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030. Geneva: WHO; 2022. Available from: <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies>
10. UNAIDS. Global AIDS Strategy 2021–2026 End Inequalities. End AIDS. Geneva: UNAIDS; 2021. Available from www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf
11. WHO Regional Office for Europe (WHO/Europe). Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030. Copenhagen: WHO Regional Office for Europe; 2023. Available from: <https://www.who.int/europe/publications/i/item/9789289058957>
12. World Health Organization (WHO). Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach. Second edition. Geneva: WHO; 2016. Available from: www.who.int/hiv/pub/arv/arv-2016/en/
13. World Health Organization (WHO). Guidelines on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: WHO; 2015. Available from: www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/
14. INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. *N Engl J Med*. 2016;373(9):795–807. Available from: <https://pubmed.ncbi.nlm.nih.gov/26192873/>
15. Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med*. 2011;365(6):493–505.
16. European AIDS Clinical Society. Guidelines Version 9.1. October 2018. In: European AIDS Clinical Society. Brussels: European AIDS Clinical Society; 2018. Available from: www.eacsociety.org/guidelines/eacs-guidelines/eacs-guidelines.html
17. Rodger A, Cambiano V, Bruun T, Vernazza P, Collins S, Degan O et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *Lancet* 2019;393(10189):2428–38.
18. European Centre for Disease Prevention and Control (ECDC). Continuum of HIV care. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 progress report. Stockholm: ECDC; 2022. Available from: <https://www.ecdc.europa.eu/en/publications-data/continuum-hiv-care-monitoring-implementation-dublin-declaration-partnership-fight>
19. 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 from: <https://www.ecdc.europa.eu/en/publications-data/hiv-stigma-survey>

20. HIV Transmission Elimination Amsterdam (H-TEAM) Initiative, HIV Transmission Elimination Amsterdam (H-TEAM) Initiative. Van Sighem A, Hendriks S, Deug F, Zantkuijl P, van Bergen JE, de Wit J, et al. A 95% decline in estimated newly acquired HIV infections, Amsterdam, 2010 to 2022. *Eurosurveillance*. 2023 Oct 5;28(40):2300515.
21. Cambiano V, Miners A, Lampe FC, McCormack S, Gill ON, Hart G, et al. The effect of combination prevention strategies on HIV incidence among gay and bisexual men who have sex with men in the UK: a model-based analysis. *The Lancet HIV*. 2023 Nov 1;10(11):e713-22.
22. Hedrich D, Kalamara E, Sfetcu O, Pharris A, Noor A, Wiessing L et al. Human immunodeficiency virus among people who inject drugs: is risk increasing in Europe? *Euro Surveill*. 2013;18(48). doi: 10.2807/1560-7917.ES2013.18.48.20648.
23. Giese C, Igoe D, Gibbons Z, Hurley C, Stokes S, McNamara S et al. Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2016. *Euro Surveill*. 2016;20(40). doi: 10.2807/1560-7917.
24. European Centre for Disease Prevention and Control (ECDC)/ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). HIV in people who inject drugs – joint technical mission to Luxembourg. Stockholm: ECDC/EMCDDA; 2018. Available from: <https://sante.public.lu/fr/publications/h/hiv-joint-technical-mission.html>
25. McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN et al. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. *Lancet HIV* 2019;6(5):e315–24. doi: 10.1016/S2352-3018(19)30036-0.
26. Des Jarlais DC, Sydsa V, Feelemyer J, Abagiu AO, Arendt V, Broz D et al. HIV outbreaks among people who inject drugs in Europe, North America, and Israel. *Lancet HIV* 2020;7(6):e434–42. doi: 10.1016/S2352-3018(20)30082-5.
27. Lost in transition. Three case studies of Global Fund withdrawal in south-eastern Europe. New York (NY): Open Society Foundations; 2017. Available from: www.opensocietyfoundations.org/publications/lost-transition

Обзор эпидемиологической ситуации по ВИЧ/СПИДу в Европе

В настоящем отчете представлены данные эпиднадзора за ВИЧ-инфекцией/СПИДом за 2022 г. Этот год был отмечен увеличением движения населения⁶ по всей Европе, что оказало влияние на тенденции эпидемиологической ситуации по ВИЧ-инфекции, особенно в странах Европейского союза/Европейской экономической зоны (ЕС/ЕЭЗ). Помимо увеличения масштабов движения населения, восстановление работы медицинских служб и эпиднадзорных мероприятий после пандемии COVID-19, а также увеличение объемов тестирования и внедрение инновационных стратегий тестирования во многих странах привели к выявлению ранее недиагностированных случаев ВИЧ-инфекции, в результате чего число случаев ВИЧ-инфекции в Европейском регионе ВОЗ значительно возросло. В 2022 г. в 37 из 49 стран Европейского региона ВОЗ, включая 26 стран ЕС/ЕЭЗ, было зарегистрировано увеличение числа случаев ВИЧ-инфекции по сравнению с 2021 г., при этом в некоторых странах отмечалось рекордное число случаев, выявленных в течение одного года.

В 2022 г. в 49 из 53 стран Европейского региона ВОЗ было зарегистрировано 110 486 случаев ВИЧ-инфекции, в том числе 22 995 в странах ЕС/ЕЭЗ. Это

соответствует заболеваемости на уровне 12,4 случаев на 100 000 населения во всем Европейском регионе ВОЗ, что немного превышает данные 2021 г. (11,9 на 100 000 населения). Вместе с тем, эти данные отражают значительное снижение данного показателя с 2019 г. (15,6 на 100 000 населения), в период до пандемии COVID-19 (таблица А, рисунок А).

При сравнении числа выявленных случаев ВИЧ-инфекции с оценочным числом новых случаев за последнее десятилетие становится очевидным, что с каждым годом число людей, которые заражаются ВИЧ-инфекцией, все больше превышает число людей, у которых ВИЧ-инфекция диагностируется. Это означает, что в Европейском регионе ВОЗ увеличивается число людей, живущих с недиагностированной ВИЧ-инфекцией (рисунок А).

Увеличение масштабов прибытия в европейские страны людей с ранее установленным диагнозом ВИЧ-инфекции стало причиной увеличения числа лиц с ранее установленным положительным ВИЧ-статусом⁷ в Регионе. Увеличение числа лиц с ранее установленным положительным ВИЧ-статусом оказало

⁶ Движение населения в данном отчете включает в себя беженцев и мигрантов, прибывающих в европейские страны из Европейского региона ВОЗ и других регионов.

⁷ Данная категория включает в себя лиц, у которых ВИЧ-инфекция была диагностирована до данного отчетного года, либо в другой стране, либо в других учреждениях страны, предоставляющей отчетные данные.

Таблица А. Характеристики случаев ВИЧ-инфекции и СПИДа, зарегистрированных в Европейском регионе ВОЗ, ЕС/ЕЭЗ, а также в западной, центральной и восточной части Европейского региона ВОЗ, 2022 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	110 486	22 397	8 945	79 144	22 995
Число случаев ВИЧ-инфекции на 100 000 населения	12,4	5,1	4,5	30,7	5,1
Доля (%) лиц в возрасте 15–24 лет	5,7%	8,9%	11,7%	4,2%	8,9%
Доля (%) лиц в возрасте 50+ лет	16,7%	21,8%	15,1%	15,5%	19,9%
Соотношение мужчин и женщин	1,8	2,4	2,9	1,6	2,4
Доля (%) мигрантов ^b	26,7%	52,3%	27,0%	2,2%	48,3%
Путь передачи					
Половые контакты между мужчинами	11,3%	35,2%	18,7%	3,7%	33,3%
Гетеросексуальная передача (мужчины)	31,7%	15,1%	14,9%	38,3%	14,6%
Гетеросексуальная передача (женщины)	29,5%	21,0%	10,5%	34,1%	19,0%
Употребление инъекционных наркотиков	16,1%	3,8%	2,1%	21,1%	4,3%
Передача от матери ребенку	0,6%	1,1%	0,8%	0,4%	1,2%
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/мм ³	50,6	46,2	44,5	55,1	47,9%
Число случаев СПИДа ^c	7 220	1 873	825	4 522	2 349
Число случаев СПИДа на 100 000 населения	1,1	0,5	0,4	4,4	0,6

На Рисунке А1 в Приложении 1 представлено разделение стран Европейского региона ВОЗ на западную, центральную и восточную части Региона.

^a Отсутствуют данные из следующих стран: Андорра, Монако, Туркменистан, Узбекистан.

^b Согласно используемому определению, мигранты – это лица, родившиеся за пределами страны, где им был поставлен диагноз.

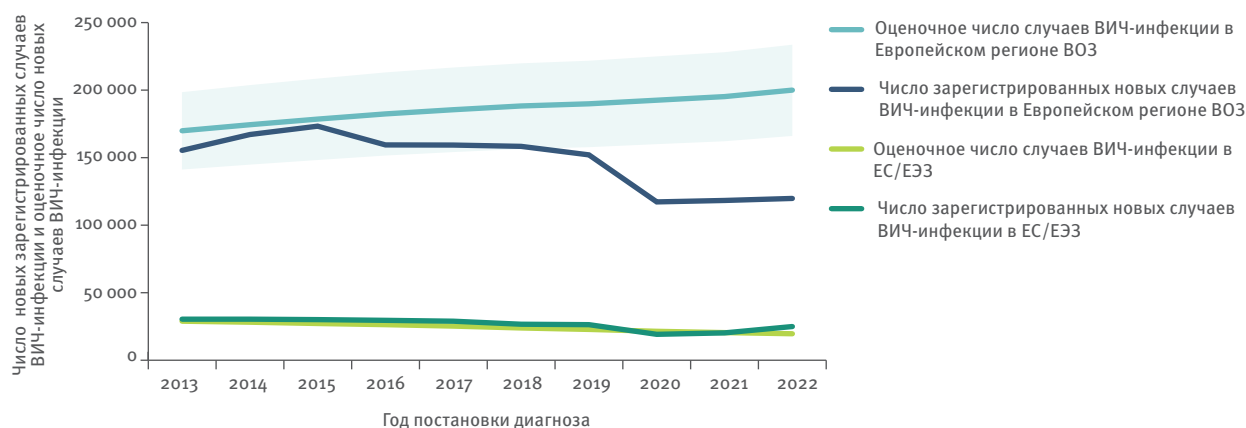
^c Отсутствуют данные из следующих стран: Андорра, Босния и Герцеговина, Германия, Монако, Российская Федерация, Северная Македония, Туркменистан, Узбекистан, Швеция.

значительное влияние на эпидемиологический профиль и тенденции по случаям ВИЧ-инфекции, зарегистрированным в 2022 г., особенно в странах ЕС/ЕЭЗ, западной и центральной части Региона. Как следствие, в 2022 г. наметился заметный сдвиг в тенденциях эпидемиологической ситуации, и по сравнению с 2021 г. заболеваемость ВИЧ-инфекцией в ЕС/ЕЭЗ, западной и центральной части Региона возросла на 30,8%, 21,4% и 40,6%, соответственно. В 11 странах ЕС/ЕЭЗ было зарегистрировано рекордное число случаев ВИЧ-инфекции за последнее десятилетие. Движение населения также оказало влияние на пути передачи, преобладание которых отличается в разных географических районах, что подчеркивает разнообразие эпидемиологической ситуации по ВИЧ-инфекции в пределах Европы. В ЕС/ЕЭЗ, западной и центральной части Региона половые контакты

между мужчинами остаются одним из наиболее распространенных путей передачи ВИЧ-инфекции, особенно среди мужчин-мигрантов из других регионов. Вместе с тем, гетеросексуальная передача стала более распространенным путем передачи для случаев ВИЧ-инфекции, зарегистрированных в 2022 г., особенно у лиц с ранее известным положительным ВИЧ-статусом.

В восточной части Региона в нескольких странах также было зарегистрировано рекордное число случаев ВИЧ-инфекции, выявленных в течение одного года. Вместе с тем, ни одна из этих стран не сообщала о значительном росте числа случаев, привнесенных из других стран, и более 90% случаев ВИЧ-инфекции диагностированы в стране, предоставляющей отчетные данные. В этих странах после ослабления

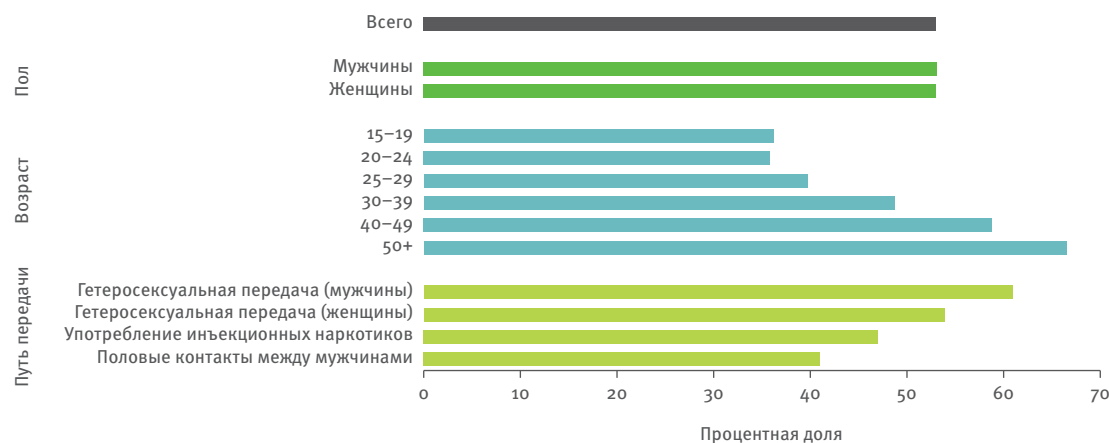
Рисунок А. Оценочное число новых случаев и число зарегистрированных случаев ВИЧ-инфекции в ЕС/ЕЭЗ и Европейском регионе ВОЗ, 2013–2022 гг.



Примечание: затененная область представляет интервалы неопределенности вокруг наилучшей оценки.

По причине нерегулярного предоставления данных в отчетном периоде были исключены данные следующих стран: Андорра, Босния и Герцеговина, Испания, Монако, Португалия, Северная Македония, Туркменистан, Узбекистан.

Рисунок В. Доля лиц с поздним диагнозом ($CD4 < 350$ кл/мм³) с разбивкой по полу, возрасту и пути передачи, Европейский регион ВОЗ, 2022 г. (n=28 718)



Примечание: на данном рисунке исключены случаи с неизвестным количеством CD4-клеток, острые случаи и случаи с ранее известным положительным ВИЧ-статусом. Данные Российской Федерации исключены, т.к. отсутствовала разбивка по возрасту, полу и пути передачи.

пандемии COVID-19 отмечалось восстановление объемов тестирования и выявления случаев ВИЧ-инфекции благодаря мероприятиям, направленным на выявление ВИЧ-инфекции, и внедрению новой политики тестирования для снижения числа лиц с недиагностированной ВИЧ-инфекцией. Согласно отчетным данным, в восточной части Региона гетеросексуальный путь передачи и употребление инъекционных наркотиков по-прежнему являются основными путями передачи ВИЧ-инфекции.

Для большинства стран Европейского региона ВОЗ поздняя диагностика ВИЧ-инфекции остается серьезной проблемой, и около половины (50,6%) случаев ВИЧ-инфекции в 2022 г. были диагностированы на поздней стадии (CD4 < 350 кл/мм³). Доля лиц с диагнозом, установленным на поздней стадии, различается по разным путям передачи и возрастным группам, но наибольшую долю представляют лица с гетеросексуальным путем передачи (55,0%), а наименьшую долю – мужчины, практикующие секс с мужчинами (41,4%) (рисунок В).

В 2022 г. в 44 странах Европейского региона ВОЗ у 7642 лиц был диагностирован СПИД. (таблица А; см. также таблицу 13). С 2013 г. по 2022 г. число случаев СПИДа в Европейском регионе ВОЗ уменьшилось на 54,2%, с 2,4 на 100 000 населения (17 486 случаев) до 1,1 на 100 000. Данная тенденция к снижению четко прослеживается во всех частях Региона, включая ЕС/ЕЭС.

Европейский союз и Европейская экономическая зона

В 2022 г. в 30 странах ЕС/ЕЭС было зарегистрировано 22 995 случаев ВИЧ-инфекции,⁸ что соответствует 5,1 на 100 000 населения (таблица 1). Это на 30,8% выше по сравнению с 2021 г., но на 3,8% ниже по сравнению с 2019 г. Самый высокий уровень заболеваемости ВИЧ-инфекцией был зарегистрирован на Кипре (24,1; 218 случаев) и в Эстонии (18,8; 250 случаев), а самый низкий – в Словении (2,0; 42 случая) (таблица 1; карта 1).

Как и в предыдущие годы, заболеваемость ВИЧ-инфекцией в 2022 г. была выше у мужчин (7,3 на 100 000 населения; таблица 2; карта 3), чем у женщин (2,9 на 100 000 населения; таблица 3; карта 4). Общее соотношение мужчин и женщин составило 2,4:1 (таблица А). Наиболее распространенным путем передачи инфекции в странах с наибольшим соотношением мужчин и женщин являются половые контакты между мужчинами. Во Франции, Нидерландах и Ирландии, помимо 22 790 случаев у мужчин и женщин, был зарегистрирован 121 случай ВИЧ-инфекции у трансгендерных лиц.

Согласно отчетным данным, одним из наиболее распространенных путей передачи ВИЧ-инфекции в ЕС/ЕЭС остаются половые контакты между мужчинами: на него приходится 33,3% (7 656) всех случаев ВИЧ-инфекции, выявленных в 2022 г., и 45,8% случаев с известным путем передачи (рисунок 1.5; таблица 4, таблица 8; карта 5). Большинство мужчин, у которых была диагностирована ВИЧ-инфекция, связанная с половыми отношениями между мужчинами (54,7%), родились за пределами страны, предоставляющей отчетные данные.

В 2022 г. в ЕС/ЕЭС гетеросексуальный путь передачи ВИЧ-инфекции впервые опередил путь передачи при половых контактах между мужчинами: на гетеросексуальную передачу пришлось 33,7% (7 743) случаев ВИЧ-инфекции и 46,3% случаев с известным путем передачи (рисунок 1.5; таблица 6, таблица 8; карта 6). Почти одна треть новых случаев (28,2%; 2 186), связанных с гетеросексуальным путем передачи, приходится на мигрантов из Центральной и Восточной Европы; после них следуют мигранты из африканских стран южнее Сахары (26,4%; 2 046). Кроме того, 31,1% (2 407) случаев, связанных с гетеросексуальным путем передачи, возникли в стране, предоставляющей отчетные данные.

В 2022 г. на передачу ВИЧ-инфекции при употреблении инъекционных наркотиков пришлось 4,3% случаев ВИЧ-инфекции (рисунок 1.5, таблица 5, таблица 8, карта 7). Более половины лиц, у которых была диагностирована ВИЧ-инфекция, связанная с употреблением инъекционных наркотиков, родились за пределами страны, предоставляющей отчетные данные, включая 43,3% (430 случаев) из других стран Центральной и Восточной Европы.

В 2022 г. на передачу ВИЧ-инфекции от матери ребенку (ПМР) пришлось 1,2% случаев ВИЧ-инфекции (рисунок 1.7, таблица 7, таблица 8). В 2022 г. среди общего числа случаев ВИЧ-инфекции, связанных с ПМР, 81,5% приходилось на мигрантов (220). Из этих мигрантов 62,3% (137) происходили из стран Центральной и Восточной Европы, и в данной группе 83,2% (114) имели ранее известный положительный ВИЧ-статус.

В 2022 г. в ЕС/ЕЭС 48,9% лиц, у которых была диагностирована ВИЧ-инфекция, являлись мигрантами, которые определяются как лица, рожденные за пределами страны, в которой у них была диагностирована ВИЧ-инфекция (рисунок 1.6), при этом 22,8% происходили из других стран Центральной и Восточной Европы, 13,9% из африканских стран южнее Сахары, 11,3% из стран Латинской Америки и Карибского бассейна, 2,6% из других стран Западной Европы и 2,3% из стран Южной и Юго-Восточной Азии.

Повышение числа диагностированных случаев ВИЧ-инфекции в 2022 г. может быть, среди прочих факторов, объяснено предоставлением отчетных данных о случаях ВИЧ-инфекции по мигрантам с ранее

⁸ Все страны ЕС/ЕЭС предоставили отчетные данные за 2022 г.

известным положительным ВИЧ-статусом. В 2022 г. в ЕС/ЕЭЗ случаи с ранее известным положительным ВИЧ-статусом составили 16,6% от всех случаев ВИЧ-инфекции, что значительно выше, чем в 2021 г., когда данный показатель составил 8,8%. Вместе с тем эти данные могут быть заниженными, т.к. не все страны смогли предоставить информацию о случаях с ранее известным положительным ВИЧ-статусом.

Несмотря на то, что случаи с ранее известным положительным ВИЧ-статусом оказали значительное влияние на увеличение числа случаев ВИЧ-инфекции, зарегистрированных в 2022 г., при корректировке тенденций путем вычитания случаев с ранее известным положительным ВИЧ-статусом, в 2022 г. все равно наблюдается увеличение числа случаев ВИЧ-инфекции по сравнению с 2021 г. (рисунки 1.11 и 1.13). Несмотря на недавнее увеличение числа случаев ВИЧ-инфекции, зарегистрированных в ЕС/ЕЭЗ, за последнее десятилетие число случаев ВИЧ-инфекции в целом снизилось, в частности с 2019 г. такое снижение составило 3,8%.

Для 14 стран, предоставивших информацию о большинстве случаев с ранее известным положительным ВИЧ-статусом, при сравнении случаев с ранее известным положительным ВИЧ-статусом и случаев впервые диагностированной ВИЧ-инфекции было установлено, что среди лиц с ранее известным положительным ВИЧ-статусом более высокую долю составляли женщины (44,0% против 28,9%), лица, происходящие из стран Центральной и Восточной Европы (44,7% против 10,9%), а также были более распространены пути передачи ВИЧ вследствие гетеросексуальных контактов (44,8% против 42,6%), употребления инъекционных наркотиков (6,4% против 1,8%) и ПМР (3,2% против 0,6%).

В странах ЕС/ЕЭЗ доля всех случаев ВИЧ-инфекции с известным путем передачи, связанных с половыми контактами между мужчинами, снизилась с 49,5% в 2013 г. до 45,9% в 2022 г. (рисунок 1.16a, рисунок 1.16b). Важно отметить, что в 2022 г. число случаев среди МСМ, рожденных за пределами страны, предоставляющей отчетные данные, увеличилось до 3168, по сравнению с 2537 случаями в 2013 г., что соответствует росту на 24,9% (рисунок 1.17).

В период 2013–2021 гг. доля всех случаев ВИЧ-инфекции с известным путем передачи, связанных с гетеросексуальными контактами, у женщин оставалась стабильной на уровне около 20% случаев. В 2022 г. соответствующее количество ($n=4249$) и доля увеличились и достигли 26,1% от числа случаев ВИЧ-инфекции с известным путем передачи. За предыдущее десятилетие доля всех случаев ВИЧ-инфекции, относимых на счет гетеросексуальных контактов, у мужчин также была стабильной на уровне 20% (рисунок 1.16b).

С 2013 по 2021 г. доля всех случаев ВИЧ-инфекции с известным путем передачи у лиц, употребляющих инъекционные наркотиков, снизилась с 7,7% до 4,7%

(с 1747 до 684) (рисунок 1.16a, рисунок 1.17, таблица 5). После этого в 2022 г. у лиц, употребляющих инъекционные наркотиков, было отмечено увеличение числа (963) и доли (до 5,9%) случаев ВИЧ-инфекции.

В странах, за последнее десятилетие регулярно предоставлявших отчетные данные, доля случаев ВИЧ-инфекции, связанных с ПМР, в период 2013–2021 гг. оставалась стабильной на уровне около 0,8%, хотя число случаев снизилось со 188 в 2013 г. до 119 в 2021 г. В 2022 г. доля и число таких случаев увеличились до 1,2% (252) (рисунок 1.16a), и большинство из этих случаев составляли случаи с ранее известным положительным ВИЧ-статусом.

Двадцать семь стран ЕС/ЕЭЗ предоставили информацию о количестве CD4-клеток на момент установления диагноза ВИЧ-инфекции (таблица 12). Среди всех случаев, диагностированных в 2022 г., по которым имеется информация о количестве CD4-клеток или наличию острой стадии ВИЧ-инфекции, 8,4% случаев представляли острую инфекцию, а 30,2% – более раннюю инфекцию (на момент постановки диагноза CD4 не менее 500 кл/мм³) (рисунок 1.7); у 47,9% ВИЧ-инфекция была диагностирована через несколько лет после заражения (CD4 < 350 кл/мм³). В целом, на момент установления диагноза у 28,8% отмечалась продвинутая стадия ВИЧ-инфекции (CD4 < 200 кл/мм³) (таблица 12).

Наибольшая доля лиц, диагноз которым был установлен на поздней стадии ВИЧ-инфекции (CD4 менее 350 кл/мм³, исключая лиц с ранее известным положительным ВИЧ-статусом или с признаками острой инфекции), наблюдалась среди женщин (54,4%); лиц среднего и пожилого возраста (57,1% среди лиц 40–49 лет и 68,1% среди лиц старше 50 лет); мужчин или женщин, инфицированных путем гетеросексуальных половых контактов (63,2% и 53,6% соответственно); лиц, заразившихся ВИЧ-инфекцией при употреблении инъекционных наркотиков (50,7%) и мигрантов из Южной и Юго-Восточной Азии (63,8%) и африканских стран к югу от Сахары (58,0%) (рисунок 1.8).

В 2022 г. в 27 странах ЕС/ЕЭЗ было выявлено 2349 случаев СПИДа, что составляет 0,6 на 100 000 населения (таблица 13; карта 8). В 2022 г. на сочетанный легочный и/или внелегочный туберкулез (ТБ) пришлось до 12,1% заболеваний, указывающих на СПИД (таблица 16). За последнее десятилетие число случаев СПИДа в ЕС/ЕЭЗ по всем путям передачи сократилось более чем в два раза (рисунок 1.18).

В 2013–2022 гг. десять стран регулярно предоставляли отчетные данные по тестам на ВИЧ-инфекцию, исключая несвязанное анонимное тестирование и тестирование донорских кроводач. Количество тестов, выполненных в странах, регулярно предоставлявших отчетные данные, увеличилось на 16,3% по сравнению с 2021 г. и на 11,8% по сравнению с 2019 г. (таблица 18).

Европейский регион ВОЗ

В 2022 г. в 49 странах Европейского региона ВОЗ ВИЧ-инфекция была диагностирована у 110 486 человек, что соответствует 12,4 на 100 000 населения, что на 4,2% выше по сравнению с 2021 г., но на 20,5% ниже по сравнению с 2019 г. Увеличение масштабов движения населения⁹ по всей Европе, особенно в странах ЕС/ЕЭС, а также восстановление работы медицинских служб после пандемии COVID-19 и внедрение новых стратегий тестирования для выявления ранее не диагностированных случаев ВИЧ-инфекции привели к повышению числа случаев ВИЧ-инфекции, в том числе случаев с ранее известным положительным ВИЧ-статусом. Все это затрудняет интерпретацию тенденций эпидемиологической ситуации по ВИЧ-инфекции для 2019–2022 гг.

Из 110 486 человек, у которых в 2022 г. была диагностирована ВИЧ-инфекция, 71,6% находились в восточной части (79 144), 20,3% в западной части (22 397) и 8,1% в центральной части Региона (8 945) (таблица А). Наибольшая заболеваемость также отмечалась в восточной части (30,7 случая на 100 000 населения), что непропорционально выше, чем в западной части (5,1 на 100 000 населения) и в центральной части (4,5 на 100 000 населения) (таблица А).

В 2022 г. число случаев ВИЧ-инфекции значительно различалось в разных странах Европейского региона ВОЗ. Наибольшая заболеваемость на 100 000 населения (более 15,0 случаев) наблюдалась в следующих странах: Российская Федерация (38,4), Украина (29,8), Республика Молдова (28,4), Кипр (24,1), Казахстан (20,7), Армения (19,2), Эстония (18,8), Ирландия (17,5), Беларусь (17,2), Грузия (16,5) и Кыргызстан (16,5). Наименьшая заболеваемость (2,0 и менее случаев) наблюдалась в Словении (2,0), Северной Македонии (2,0), Боснии и Герцеговине (1,7) (таблица 1, карта 1).

Общая заболеваемость у мужчин составила 16,4 на 100 000 населения, а у женщин 8,5 на 100 000 населения (таблицы 1 и 2; карты 3 и 4); соотношение мужчин и женщин составило 1,8, при этом наименьшее соотношение отмечалось в восточной части (1,6), более высокое – в западной части (2,4) и наибольшее – в центральной части (2,9) Региона.

Наибольшая доля случаев ВИЧ-инфекции в Регионе на момент постановки диагноза относилась к возрастной группе 30–39 лет (36%), 6% – к возрастной группе 15–24 года и 17% – к возрастной группе 50 лет и старше.

Согласно отчетным данным, наиболее распространенным путем передачи инфекции был гетеросексуальный секс (61,2%), 16,1% были инфицированы при употреблении инъекционных наркотиков, 11,3% были инфицированы при сексе

между мужчинами и менее 1% при ПМР. Информация о пути передачи была неизвестна или отсутствовала для 10,8% случаев (таблица А, карты 5–7).

Среди лиц, у которых была диагностирована ВИЧ-инфекция, в 13 странах, где был известен путь передачи, 74,2% были инфицированы путем гетеросексуальной передачи, 21,7% при употреблении инъекционных наркотиков, а передача при сексе между мужчинами оставалась низкой – 3,7% случаев. В центральной части Европейского региона ВОЗ гетеросексуальный секс (53,8%) и секс между мужчинами (39,7%) были основными путями передачи инфекции в случаях с известным путем передачи, но при этом для 47,2% случаев информация о пути передачи отсутствовала. В восьми из 15 стран центральной части Европейского региона ВОЗ преобладающим путем передачи был секс между мужчинами. В западной части Региона преобладающим путем передачи был гетеросексуальный секс (47,1%), но при этом 17% из этого числа имели ранее известный ВИЧ-статус, 70% были рождены за рубежом, а 27% прибыли из стран с генерализованной эпидемией ВИЧ. Вторым наиболее распространенным путем передачи инфекции был секс между мужчинами (46,1% случаев). Для 23,7% случаев информация о пути передачи отсутствовала.

За период 2013–2022 гг. данные по пути передачи регулярно предоставлялись 40 странами. Преобладающим путем передачи ВИЧ-инфекции в восточной части Европейского региона ВОЗ была гетеросексуальная передача. Передача ВИЧ-инфекции при половых контактах между мужчинами выросла почти на 150%. Хотя за весь период число лиц с диагностированной ВИЧ-инфекцией, заразившихся при употреблении инъекционных наркотиков, снизилось на 32%, доля всех диагностированных случаев ВИЧ-инфекции, связанных с употреблением инъекционных наркотиков, составила 22%. Несмотря на тенденцию к повышению передачи гетеросексуальным путем по причине описанных выше факторов, в центральной части Региона передача ВИЧ-инфекции у MSM также демонстрирует тенденцию к повышению. Согласно отчетным данным, в восьми из 15 стран центральной части Региона половые контакты между мужчинами являлись преобладающим путем передачи. За предыдущее десятилетие в западной части Региона отмечалось явное снижение общего числа случаев ВИЧ-инфекции, в основном за счет снижения в определенных странах случаев ВИЧ-инфекции среди MSM и среди людей, инфицированных гетеросексуальным путем, особенно у женщин и лиц, прибывших из стран с генерализованной эпидемией ВИЧ. Вместе с тем в 2022 г. отмечалось значительное увеличение случаев ВИЧ-инфекции. Причиной этого увеличения стали несколько факторов: преимущественно рост миграции беженцев в течение всего года и увеличение объемов тестирования в период после пандемии COVID-19 для выявления лиц с недиагностированной ВИЧ-инфекцией. В западной части Региона доля случаев ВИЧ-инфекции с неизвестным

⁹ Движение населения в данном отчете включает в себя беженцев и мигрантов, прибывающих в европейские страны из Европейского региона ВОЗ и других регионов.

путем передачи увеличилась с 15% в 2013 г. до 24% в 2022 г.

Среди лиц в возрасте 14 лет и старше, у которых ВИЧ-инфекция была диагностирована и по которым на момент постановки диагноза отсутствовала информация о количестве CD4-клеток, чуть более чем в половине случаев (50,6%) диагноз был поставлен на поздней стадии (CD4 < 350 кл/мм³), включая 29,7% с ВИЧ-инфекцией на продвинутой стадии (CD4 < 200 кл/мм³). При этом среднее значение по Европейскому региону ВОЗ не включает данные из Российской Федерации, где 30,8% лиц с впервые диагностированной ВИЧ-инфекцией выявляются¹⁰ тогда, когда количество CD4-клеток становится менее 350 кл/мм³, и 15,1% – когда количество CD4-клеток становится ниже 200 кл/мм³.

Поздняя диагностика ВИЧ-инфекции остается серьезной проблемой в большинстве стран Региона. Доля лиц, у которых ВИЧ-инфекция была диагностирована на поздней стадии (CD4 < 350 кл/мм³), различалась по путям передачи и возрастным группам, но наибольшую долю представляли лица с гетеросексуальным путем передачи (55,0%; 60,9% для мужчин и 53,9% для женщин), лица, инфицированные при употреблении инъекционных наркотиков (47,0%), а наименьшую долю представляли мужчины, инфицированные путем половых контактов с мужчинами (41,0%) (рисунок В). Данная доля увеличивалась с возрастом: от 35,8% среди лиц в возрасте 20–24 лет на момент постановки диагноза до 66,5% среди лиц в возрасте 50 лет и старше. По половой принадлежности доля поздних диагнозов составила 47,0% для мужчин и 53,0% для женщин; более низкая доля у мужчин объясняется дальнейшим снижением числа диагнозов, установленных на поздней стадии, в случаях инфицирования путем половых контактов между мужчинами.

В 2022 г. у 7 642 человек в 44 странах Европейского региона ВОЗ был диагностирован СПИД, что соответствует 1,1 на 100 000 населения (таблица 13, карта 8). В восточной части Региона было диагностировано 64,7% от всех случаев СПИДа, а также отмечался наиболее высокий уровень заболеваемости на 100 000 населения (4,4), в западной части было диагностировано 24,5% от всех случаев СПИДа (0,5 на 100 000) и в центральной части – 10,8% от всех случаев СПИДа (0,4 на 100 000). У 12% лиц с диагностированным СПИДом также был выявлен туберкулез (ТБ), который является заболеванием, определяющим СПИД (от 11% в западной части, до 12% в центральной части и 14% в восточной части Региона). С 2013 по 2022 г. общее число диагностированных случаев СПИДа в Европейском регионе ВОЗ увеличилось на 57,7%.

¹⁰ Данные по количеству CD4-клеток из Российской Федерации не включали разбивку по пути передачи и поэтому были исключены из субрегионального и регионального анализа.

Выводы

В Европейском регионе ВОЗ ВИЧ-инфекция продолжает оказывать отрицательное воздействие на здоровье и благополучие миллионов людей. За последние три десятилетия в Европейском регионе ВОЗ ВИЧ-инфекция была диагностирована у более чем 2,4 миллиона человек, в том числе у 630 000 в ЕС/ЕЭЗ. Согласно отчетным данным, в 2022 г. ВИЧ-инфекция была диагностирована у 110 486 человек. В 2022 г. число случаев ВИЧ-инфекции в Европейском регионе ВОЗ увеличилось; заболеваемость составила 12,4 на 100 000 населения, что на 4,2% выше по сравнению с 2021 г., но на 20,5% ниже по сравнению с 2019 г. Тем не менее, в нескольких странах также было зарегистрировано рекордное число случаев ВИЧ-инфекции, выявленных в течение одного года. На долю Российской Федерации пришлось 50,3% всех диагностированных случаев ВИЧ-инфекции в Регионе и 70,2% случаев в восточной части Региона. Поэтому тенденции эпидемиологической ситуации по ВИЧ-инфекции в данной стране оказали значительное влияние на эпидемиологические тенденции в восточной части Региона и во всем Регионе в целом.

Данные эпиднадзора за ВИЧ-инфекцией 2022 г. указывают на значительные различия в эпидемиологической ситуации и тенденциях в разных странах Европейского региона ВОЗ. Повышение числа диагностированных случаев ВИЧ-инфекции в 2022 г. может быть объяснено рядом факторов, включая восстановление нормальной работы служб тестирования после пандемии COVID-19 и расширение услуг тестирования на ВИЧ-инфекцию в некоторых учреждениях, а также внедрение новых стратегий тестирования для выявления лиц с ранее недиагностированной ВИЧ-инфекцией. Еще одним фактором является рост миграции людей, живущих с ВИЧ, по всей Европе, особенно миграции в страны ЕС/ЕЭЗ. 16,6% случаев ВИЧ-инфекции в странах ЕС/ЕЭЗ, зарегистрированных в 2022 г., приходились на лиц с ранее известным положительным ВИЧ-статусом. При этом число лиц с ранее известным положительным ВИЧ-статусом, вероятно, недооценивается. Данная категория включает в себя лиц, у которых ВИЧ-инфекция была диагностирована до данного отчетного года, либо в другой стране, либо в других учреждениях страны, предоставляющей отчетные данные. Вероятно, в большинстве таких случаев инфицирование произошло за границей и может не отражать повышение показателей распространения инфекции в странах, предоставляющих отчетные данные. Значительный рост регистрации случаев ВИЧ-инфекции в 2022 г., особенно случаев с ранее известным положительным ВИЧ-статусом, может в целом быть объяснено прибытием беженцев из Украины.

В 2022 г. во всем Европейском регионе ВОЗ рост регистрации случаев ВИЧ-инфекции за счет лиц с ранее известным положительным ВИЧ-статусом оказал значительное влияние на эпидемиологический профиль и тенденции эпидемиологической ситуации, когда

такие случаи были подсчитаны вместе со случаями ВИЧ-инфекции, диагностированными впервые. Для того чтобы надлежащим образом сориентировать меры профилактики, работу медицинских учреждений и планирование ресурсов, важно понимать четкие эпидемиологические характеристики людей, у которых ВИЧ-инфекция была диагностирована ранее, и людей, у которых ВИЧ-инфекция была диагностирована впервые [1].

При исключении лиц с ранее известным положительным ВИЧ-статусом из популяции людей, которым диагноз ВИЧ-инфекции был поставлен в 2022 г., становится ясно, что популяция людей, которым диагноз ВИЧ-инфекции был поставлен впервые, преимущественно состоит из молодых мужчин; на нее приходится более высокая доля диагнозов в острой и ранней стадиях инфекции среди МСМ и более высокая доля диагнозов, установленных на поздней стадии, среди лиц, инфицированных гетеросексуальным путем. Это означает, что в данных группах населения необходимо обеспечить усиленные меры профилактики и проводить тестирование на ВИЧ-инфекцию.

В восточной части Региона в нескольких странах, а именно в Армении, Азербайджане, Казахстане, Кыргызстане и Республике Молдова, было зарегистрировано рекордное за всю историю число случаев ВИЧ-инфекции, выявленных в течение одного года. Ни одна из этих стран не сообщала о значительном росте числа случаев, привнесенных из других стран, и более 90% диагностированных ими случаев ВИЧ-инфекции происходят из самих этих стран. Согласно отчетным данным, после ослабления пандемии COVID-19 в этих странах отмечалось восстановление объемов тестирования на ВИЧ-инфекцию и восстановление выявления случаев ВИЧ-инфекции, что было связано с внедрением новой политики в области тестирования, направленной на выявление случаев ранее не диагностированной ВИЧ-инфекции.

В восточной части Региона гетеросексуальный путь передачи остается основным путем передачи ВИЧ-инфекции. Хотя уровень передачи ВИЧ-инфекции при половых контактах между мужчинами, согласно отчетным данным, остается низким в абсолютном выражении, за последнее десятилетие он увеличился более чем в два раза, что отражает наибольший рост среди всех путей передачи и во всех частях Региона. Имеются определенные данные, позволяющие сделать предположение, что некоторая доля мужчин, классифицированных как мужчины, инфицированные гетеросексуальным путем, фактически может представлять мужчин, практикующих секс с мужчинами, или людей с употреблением инъекционных наркотиков в анамнезе, которые были неверно классифицированы как лица, инфицированные гетеросексуальным путем [2, 3].

В 2022 г. в центральной части Региона было зарегистрировано рекордное за всю историю число случаев ВИЧ-инфекции. Несмотря на тенденцию к повышению

передачи гетеросексуальным путем по причине описанных выше факторов, в центральной части Региона передача ВИЧ-инфекции у МСМ также демонстрирует тенденцию к повышению. Согласно отчетным данным, в восьми из пятнадцати стран центральной части Региона половые контакты между мужчинами являются преобладающим путем передачи.

В Европейском регионе ВОЗ чуть более чем в половине (50,6%) случаев ВИЧ-инфекции количество CD4-клеток составляет менее 350 кл/мм³, включая 29,7% случаев продвинутой ВИЧ-инфекции (CD4 < 200 кл/мм³). Как и в предыдущие годы, данные 2022 г. означают, что поздняя диагностика ВИЧ-инфекции наиболее распространена среди лиц, инфицированных гетеросексуальным путем (особенно среди мужчин), среди лиц, инфицированных при употреблении инъекционных наркотиков, и среди лиц старших возрастных групп. Данные настоящего отчета также указывают на то, что в Регионе увеличивается разрыв между диагностированными и недиагностированными случаями ВИЧ-инфекции, и на то, что Регион не сможет достичь цели 2025 г. по выявлению 95% лиц, живущих с ВИЧ-инфекцией.

Мероприятия по контролю за эпидемией должны быть основаны на доказательных данных и адаптированы к национальной и местной эпидемиологической ситуации. В настоящем отчете представлен подробный обзор эпидемиологической ситуации по ВИЧ-инфекции, в соответствии с которым приоритет должен отдаваться следующим мерам реагирования:

- Во всех странах Европейского региона ВОЗ быстрое увеличение объемов тестирования на ВИЧ-инфекцию имеет важнейшее значение для ускорения прогресса на пути к достижению цели выявления 95% лиц, инфицированных ВИЧ, к 2025 г. ВОЗ выпустила аналитическую записку, в которой содержится рекомендация отказаться в стратегиях и алгоритмах тестирования на ВИЧ-инфекцию от вестерн-блоттинга и линейных иммуноанализов и поддерживать политику децентрализованного тестирования и раннего привлечения к лечению [4]. В рамках общей политики тестирования на ВИЧ-инфекцию ВОЗ и Европейский центр профилактики и контроля заболеваний (ЕЦКЗ) рекомендуют применять инновационные подходы, включая самотестирование и тестирование на уровне сообществ, проводимое лицами, не имеющими специального образования, а также организацию легкодоступных служб тестирования для мигрантов [5–7]. Хотя качество предоставления услуг по тестированию на ВИЧ с течением времени улучшилось и в последние годы самотестирование и тестирование на уровне сообществ значительно увеличилось, мониторинг политики в Регионе показывает, что в некоторых странах Региона некоторые виды тестирования по-прежнему остаются ограниченными или отсутствуют [8]. Тестирование на ВИЧ-инфекцию должно быть преимущественно направлено на охват ключевых групп населения в условиях местной эпидемиологической

ситуации; оно должно быть адаптировано к конкретным потребностям этих групп населения и поддерживать их своевременное привлечение к профилактике, помощи и лечению ВИЧ-инфекции. Это обеспечит более раннюю диагностику и начало лечения, что приведет к улучшению результатов лечения и снижению распространенности, заболеваемости и смертности от ВИЧ-инфекции и будет способствовать достижению целей «95-95-95» и других региональных и глобальных целей [9–11]. Значительный массив доказательных данных показывает, что раннее начало АРТ благоприятно влияет на здоровье и на эффективность профилактики передачи ВИЧ-инфекции [12–17]. Почти 90% стран в Европейском регионе ВОЗ имеют политику, в рамках которой предписывается начинать АРТ независимо от количества CD4-клеток [18].

- В странах ЕС/ЕЭЗ и западной части Европейского региона ВОЗ значительное увеличение числа лиц с ранее известным положительным ВИЧ-статусом существенно изменило эпидемиологическую ситуацию. Это увеличение может быть объяснено прибытием лиц, живущих с ВИЧ, из различных стран и регионов, включая Украину, что создает новые вызовы для оказания медицинской помощи, связанной с ВИЧ-инфекцией, а также для удовлетворения потребностей в области психического здоровья и социальной поддержки [1, 19]. Для улучшения профилактики ВИЧ-инфекции в популяциях мигрантов страны должны изучить возможность расширения первичных услуг профилактики, включая программы предоставления презервативов и доконтактной профилактики, и обеспечить доступ мигрантов к этим программам. Наличие услуг по тестированию и лечению, а также доступа к ним, независимо от статуса резидента и мигранта, может способствовать дальнейшему улучшению профилактики и лечения ВИЧ-инфекции. Страны должны работать на более широком уровне в целях устранения барьеров на пути к лечению и обеспечению общей информации, затрудняющих доступ к услугам систем здравоохранения. Для обеспечения надлежащего охвата и отчетности по случаям с ранее известным положительным ВИЧ-статусом необходимо улучшить качество мониторинга и эпиднадзора за этими случаями. Помимо ситуации с притоком мигрантов, в последнее десятилетие основным путем передачи ВИЧ-инфекции в странах ЕС/ЕЭЗ остаются половые контакты между мужчинами. Улучшение профилактики для MSM должно включать комплексные программы с расширенным доступом к услугам доконтактной профилактики (ДКП) и устранением ограничений по доступу к услугам ДКП. Для охвата более широких слоев населения эти программы также должны пересмотреть и расширить число учреждений, в которых предоставляются услуги ДКП. Предоставление услуг ДКП в сочетании с расширенным регулярным тестированием и привлечением к лечению может помочь снизить заболеваемость ВИЧ-инфекцией среди мужчин, практикующих секс с мужчинами

(МСМ) [20, 21]. Наличие качественных систем эпиднадзора и мониторинга также позволит получить данные о соответствии критериям для получения услуг ДКП, времени приема, длительности приема ДКП и результатам оказания услуг ДКП.

- В странах центральной части Европейского региона ВОЗ в 2002 г. отмечалось рекордное за всю историю число диагностированных случаев ВИЧ-инфекции, что, главным образом объясняется увеличением случаев с ранее известным положительным ВИЧ-статусом в странах ЕС/ЕЭЗ; это привело к изменению преобладающего пути передачи инфекции от половых контактов между мужчинами к гетеросексуальному пути передачи. Тем не менее, половые контакты между мужчинами по-прежнему остаются преобладающим путем передачи ВИЧ-инфекции в большинстве стран. Необходимы мероприятия, направленные на решение данной проблемы, такие как программы предоставления презервативов и лубрикантов; диверсификация услуг тестирования на ВИЧ-инфекцию; помощь в добровольном уведомлении партнера о положительном ВИЧ-статусе, услуги ДКП; услуги профилактики и ведения сочетанных инфекций (особенно передаваемых половым путем); раннее начало лечения ВИЧ-инфекции. Услуги должны быть ориентированы на пациента и предоставляться в дружелюбной атмосфере, предпочтительно с привлечением организаций гражданского общества на протяжении всего каскада предоставления услуг, связанных с ВИЧ-инфекцией – от профилактики ВИЧ-инфекции до соблюдения схемы АРТ. Уровень передачи ВИЧ-инфекции при употреблении инъекционных наркотиков остается низким, но прошлые вспышки [22–26] предполагают, что услуги профилактики ВИЧ-инфекции для людей, употребляющих инъекционные наркотики, сохраняют свою актуальность, и для профилактики таких вспышек необходимо продолжать их оказание с обеспечением достаточного охвата. Доля молодых людей среди лиц с диагностированной ВИЧ-инфекцией также выше в этой части Региона, чем в других. После прекращения финансирования со стороны Глобального фонда для борьбы со СПИДом, туберкулезом и малярией в некоторых странах произошел переход на внутреннее финансирование мер реагирования на ВИЧ-инфекцию. Это создало серьезные проблемы, особенно в области финансирования программ профилактики ВИЧ-инфекции и проведения опросов ключевых групп населения, разрабатываемых и реализуемых силами сообществ. Кроме того, обеспечение доступа к услугам здравоохранения для беженцев и мигрантов, включая услуги, связанные с ВИЧ-инфекцией, и содействие сотрудничеству и обмену данными на международном уровне, остаются необходимыми для осуществления надежных и пациентоориентированных мер реагирования, особенно в странах, сильно затронутых прибытием этих групп населения. Для смягчения некоторых из этих проблем и предотвращения обострения

эпидемии необходимо усиление политической воли и внимания, а также более активное вовлечение гражданского общества.

- В восточной части Европейского региона ВОЗ в нескольких странах также отмечалось рекордное число диагностированных случаев ВИЧ-инфекции, выявленных в течение одного года. Хотя, согласно отчетным данным, в этих странах отмечалось восстановление объемов тестирования и уровня выявления случаев ВИЧ-инфекции после ослабления пандемии благодаря внедрению новой политики тестирования для повышения выявления случаев ВИЧ-инфекции, этого недостаточно для устранения имеющегося разрыва и обеспечения информированности людей о своем ВИЧ-статусе; также необходимо проводить тестирование большего числа людей. Для стран восточной части Региона ВОЗ существует острая необходимость продолжать расширение охвата соответствующих групп инновационными, основанными на доказательных данных мероприятиями и предоставления эффективных интегрированных услуг в рамках системы здравоохранения в целях повышения эффективности решения проблем, связанных с социальными детерминантами здоровья. Необходимы комплексные стратегии по профилактике и внедрению инновационных методов тестирования на ВИЧ-инфекцию, особенно направленные на обеспечение охвата ключевых групп населения. Это может быть достигнуто с помощью пациентоориентированных услуг по профилактике и тестированию, включая помощь в уведомлении партнера о ВИЧ-статусе, услуги ДКП, тестирование на ВИЧ-инфекцию, проводимое сотрудниками, не имеющими специального образования, и самотестирование в соответствии с рекомендациями ВОЗ. Все эти услуги должны быть включены в национальную политику и программы с их последующим внедрением [5, 6, 11]. В целях снижения заболеваемости ВИЧ-инфекцией и увеличения числа людей, привлеченных к лечению, а также начавших и обученных АРТ, чрезвычайно важную роль играет вовлечение сообществ в работу по планированию и предоставлению услуг. Конечной целью является снижение заболеваемости ВИЧ-инфекцией и смертности, связанной со СПИДом. Инновационные мероприятия по профилактике ВИЧ-инфекции должны быть направлены на снижение риска гетеросексуальной передачи, особенно для пар, в которых один из партнеров склонен к поведению высокого риска (например, употребляет инъекционные наркотики) или работает за границей в течение длительных периодов времени. Большое число диагностированных случаев ВИЧ-инфекции у людей, употребляющих инъекционные наркотики, подчеркивает тот факт, что политика, основанная на доказательных данных, направленная на ключевые группы населения, включая высокий охват программами снижения вреда людей, употребляющих инъекционные наркотики, по-прежнему имеет решающее

значение для внедрения мер реагирования на ВИЧ-инфекцию в восточной части Региона.

Данные 2022 г. по ВИЧ-инфекции обнажили серьезные проблемы, связанные с качеством и полнотой данных, недостаточным уровнем стандартизации переменной, определяющей разделение новых диагностированных случаев ВИЧ-инфекции и случаев с ранее известным положительным ВИЧ-статусом, а также проблемы с такими переменными, как страна рождения и регион инфицирования. Эти факторы, в сочетании с ростом миграции населения и восстановительными периодом после пандемии COVID-19, сильно затруднили интерпретацию данных 2022 г. Достижение консенсуса среди стран Региона по сбору, регистрации и представлению отчетных данных о случаях с ранее известным положительным ВИЧ-статусом имеет первостепенное значение. Это необходимо потому, что беженцы, мигранты и лица с ранее поставленным диагнозом имеют разные эпидемиологические профили и потребности в медицинских услугах. Улучшение стандартов регистрации данных и предоставления отчетных данных в системах эпиднадзора обеспечит точность и поможет в планировании специально адаптированных стратегий профилактики. Это первый отчет, в который включены данные по популяции трансгендерных людей. Вместе с тем, ввиду ограниченной доступности данных, более полное понимание их эпидемиологического профиля остается невозможным. Поэтому необходимо собрать больше углубленной информации, которая позволит создать более эффективные адаптированные стратегии профилактики для популяции трансгендерных людей. Проведение усиленного эпиднадзора за ВИЧ-инфекцией повышает возможность проведения более долгосрочного мониторинга результатов каскада лечения ВИЧ-инфекции, моделирования доли недиагностированных случаев и измерения эффективности привлечения к лечению, лечения и подавления вирусной нагрузки после постановки диагноза. Это также может способствовать реализации национальных и глобальных мероприятий по мониторингу прогресса на пути к достижению целей «95–95–95» и другим глобальным и региональным целям.

В сентябре 2022 г. на семьдесят второй сессии Европейского регионального комитета ВОЗ государства-члены Европейского региона ВОЗ утвердили Региональные планы действий по ликвидации СПИДа и эпидемий вирусных гепатитов и инфекций, передаваемых половым путем, на 2022–2030 гг. [11]. В этих Планах описываются концепции, цели и мероприятия, необходимые для обеспечения реагирования на эти эпидемии. Планы способствуют обеспечению стратегического сочетания подходов применительно к конкретным заболеваниям и направлены на обеспечение внедрения мер, в первую очередь ориентированных на людей, нуждающихся в них. С помощью этих Планов будет осуществляться реализация Глобальных стратегий сектора здравоохранения по ВИЧ-инфекции, вирусным гепатитам

и инфекциям, передаваемым половым путем, на 2022–2030 гг. с использованием мероприятий, специфичных для Региона, и приведением мер реагирования в соответствие с Европейской программой работы на 2020–2025 гг. «Совместные действия для улучшения здоровья». Эти Планы устанавливают амбициозные цели на 2030 г. и промежуточные цели на 2025 г. Достижение данных амбициозных целей будет осуществляться за счет внедрения следующих подходов и мероприятий:

- применение партнерского подхода в отношениях с учреждениями первичной медико-санитарной помощи, организациями гражданского общества и учреждениями общественного здравоохранения в целях обеспечения качественных, дифференцированных и пациентоориентированных услуг здравоохранения;
- приоритизация ключевых групп населения и уделение особого внимания снижению социальных и структурных барьеров для получения доступа к услугам здравоохранения;
- обеспечение быстрого восстановления после острых и длительных чрезвычайных ситуаций и обеспечение готовности к будущим чрезвычайным ситуациям в сфере здравоохранения;
- поддержка устойчивости мер реагирования на национальном уровне с обеспечением достаточного внутреннего финансирования услуг и товаров и обеспечение сообществ необходимыми ресурсами и средствами для оказания качественной медицинской помощи;
- принятие решений в соответствии с доказательными данными, основанными на комплексном эпиднадзоре и качественной стратегической информации;
- переопределение задач тестирования в целях содействия ранней диагностике, основанной на эпидемиологии и доказательных данных; децентрализация и использование полного комплекса стратегий тестирования для содействия ранней, точной и надежной диагностике;
- быстрое масштабирование применения новых схем лечения ВИЧ-инфекции и вирусных гепатитов и моделей лечения;
- применение инновационных, комбинированных подходов к профилактике за счет широкого ряда платформ оказания услуг.

ВОЗ и ЕЦКЗ вместе с государствами-членами работают над повышением уровня использования рекомендаций по тестированию и лечению ВИЧ-инфекции и инновационных, комбинированных подходов к профилактике ВИЧ в ключевых группах населения и к элиминации ПМР ВИЧ-инфекции, вирусного гепатита В и сифилиса, улучшая стандарты ведения случаев ВИЧ-инфекции, усиливая эпиднадзор за ВИЧ-инфекцией и решая другие приоритетные задачи, обозначенные в Планах действий.

ВОЗ и ЕЦКЗ совместно с партнерскими организациями продолжат оказывать поддержку государствам-членам ВОЗ в их усилиях по ускорению темпов прогресса на пути к достижению Целей в области устойчивого развития, касающихся ВИЧ-инфекции, посредством подготовки специализированных руководящих документов, проведения семинаров, обучения, вебинаров и реализации других мер технической поддержки, направленных на обеспечение эффективности эпиднадзора, мониторинга, лечения и профилактики.

Библиография

1. Massmann R, Groh T, Jilich D, Bartková D, Bartovská Z, Chmelař J, et al. HIV-positive Ukrainian refugees in the Czech Republic. *AIDS*. 2023 Oct 1;37(12):1811-1818. doi: 10.1097/QAD.0000000000003633.
2. Dumchev K, Kornilova M, Kulchynska R, Azarskova M, Vitek C. Improved ascertainment of modes of HIV transmission in Ukraine indicates importance of drug injecting and homosexual risk. *BMC Public Health* 2020;20(1):1288. doi:10.1186/s12889-020-09373-2.
3. Čakalo JI, Božičević I, Vitek C, Mandel JS, Salyuk T, Rutherford GW. Misclassification of men with reported HIV infection in Ukraine. *AIDS Behav*. 2015;19(10):1938–40. doi:10.1007/s10461-015-1112-0.
4. World Health Organization (WHO). 'WHO recommends countries move away from the use of western blotting and line immunoassays in HIV testing strategies and algorithms'. Policy brief. Copenhagen: WHO Regional Office for Europe; 2019. Available from: <https://iris.who.int/handle/10665/329915>
5. World Health Organization (WHO). Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: WHO; 2017. Available from: <https://iris.who.int/handle/10665/251655>
6. World Health Organization (WHO). Consolidated guidelines on HIV testing services. Geneva: WHO; 2015. Available from: <https://iris.who.int/handle/10665/336323>
7. European Centre for Disease Prevention and Control (ECDC). Public health guidance on HIV, hepatitis B and C testing in the EU/EEA. Stockholm: ECDC; 2018. Available from: www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea
8. European Centre for Disease Prevention and Control (ECDC). HIV testing. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm: ECDC; 2017. Available from: <https://ecdc.europa.eu/sites/portal/files/documents/HIV%20testing.pdf>
9. Всемирная организация здравоохранения (ВОЗ). Глобальные стратегии сектора здравоохранения соответственно по ВИЧ, вирусному гепатиту и инфекциям, передаваемым половым путем, на 2022–2030 гг. Доступно по ссылке: <https://iris.who.int/handle/10665/361970>
10. UNAIDS. Global AIDS Strategy 2021–2026 End Inequalities. End AIDS. Geneva: UNAIDS; 2021. Available from www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf
11. Всемирная организация здравоохранения. Европейское региональное бюро. (2023). Региональные планы действий по ликвидации СПИДа и эпидемий вирусных гепатитов и инфекций, передаваемых половым путем, на 2022–2030 гг. Всемирная организация здравоохранения. Европейское региональное бюро. <https://iris.who.int/handle/10665/372674>. License: CC BY-NC-SA 3.0 IGO
12. World Health Organization (WHO). Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach. Second edition. Geneva: WHO; 2016. Available from: <https://iris.who.int/handle/10665/208825>
13. Всемирная организация здравоохранения. (2016). Руководство о времени назначения антиретровирусной терапии и по доконтрактной профилактике ВИЧ-инфекции. Всемирная организация здравоохранения. Европейское региональное бюро. <https://iris.who.int/handle/10665/343785>
14. INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. *N Engl J Med*. 2016;373(9):795–807. Available from: <https://pubmed.ncbi.nlm.nih.gov/26192873/>
15. Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med*. 2011;365(6):493–505.
16. European AIDS Clinical Society. Guidelines Version 9.1. October 2018. In: European AIDS Clinical Society. Brussels: European AIDS Clinical Society; 2018. Available from: www.eacsociety.org/guidelines/eacs-guidelines/eacs-guidelines.html

17. Rodger A, Cambiano V, Bruun T, Vernazza P, Collins S, Degan O et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *Lancet* 2019;393(10189):2428–38.
18. European Centre for Disease Prevention and Control (ECDC). Continuum of HIV care. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 progress report. Stockholm: ECDC; 2022. Available from: <https://www.ecdc.europa.eu/en/publications-data/continuum-hiv-care-monitoring-implementation-dublin-declaration-partnership-fight>
19. 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 from: <https://www.ecdc.europa.eu/en/publications-data/hiv-stigma-survey>
20. HIV Transmission Elimination Amsterdam (H-TEAM) Initiative, HIV Transmission Elimination Amsterdam (H-TEAM) Initiative. Van Sighem A, Hendriks S, Deug F, Zantkuijl P, van Bergen JE, de Wit J, et al. A 95% decline in estimated newly acquired HIV infections, Amsterdam, 2010 to 2022. *Eurosurveillance*. 2023 Oct 5;28(40):2300515.
21. Cambiano V, Miners A, Lampe FC, McCormack S, Gill ON, Hart G, et al. The effect of combination prevention strategies on HIV incidence among gay and bisexual men who have sex with men in the UK: a model-based analysis. *The Lancet HIV*. 2023 Nov 1;10(11):e713-22.
22. Hedrich D, Kalamara E, Sfetcu O, Pharris A, Noor A, Wiessing L et al. Human immunodeficiency virus among people who inject drugs: is risk increasing in Europe? *Euro Surveill*. 2013;18(48). doi: 10.2807/1560-7917.ES2013.18.48.20648.
23. Giese C, Igoe D, Gibbons Z, Hurley C, Stokes S, McNamara S et al. Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2016. *Euro Surveill*. 2016;20(40). doi: 10.2807/1560-7917.
24. European Centre for Disease Prevention and Control (ECDC)/ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). HIV in people who inject drugs – joint technical mission to Luxembourg. Stockholm: ECDC/EMCDDA; 2018. Available from: <https://sante.public.lu/fr/publications/h/hiv-joint-technical-mission.html>
25. McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN et al. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. *Lancet HIV* 2019;6(5):e315–24. doi: 10.1016/S2352-3018(19)30036-0.
26. Des Jarlais DC, Sypsa V, Feelemyer J, Abagiu AO, Arendt V, Broz D et al. HIV outbreaks among people who inject drugs in Europe, North America, and Israel. *Lancet HIV* 2020;7(6):e434–42. doi: 10.1016/S2352-3018(20)30082-5.
27. Lost in transition. Three case studies of Global Fund withdrawal in south-eastern Europe. New York (NY): Open Society Foundations; 2017. Available from: www.opensocietyfoundations.org/publications/lost-transition

1. HIV and AIDS in the EU/EEA

1.1. HIV diagnoses

In 2022, 22 995 HIV diagnoses were reported in 30 countries of the EU/EEA, resulting in a rate of 5.1 per 100 000 population (Table 1). The highest rates were reported by Cyprus (24.1; 218 cases), and Estonia (18.8; 250 cases), and the lowest by Slovenia (2.0; 42 cases) (Table 1; Map 1). Of the HIV diagnoses reported in 2022¹¹, 16.6% (3 824 cases) were among individuals with a previous positive HIV diagnosis¹². Section 1.2 will describe previous positive diagnoses in more detail. Unless otherwise specified data presented in this section includes all HIV diagnoses reported, including both individuals with a previous positive HIV diagnosis and those diagnosed for the first time.

¹¹ Reported HIV diagnoses refers 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.

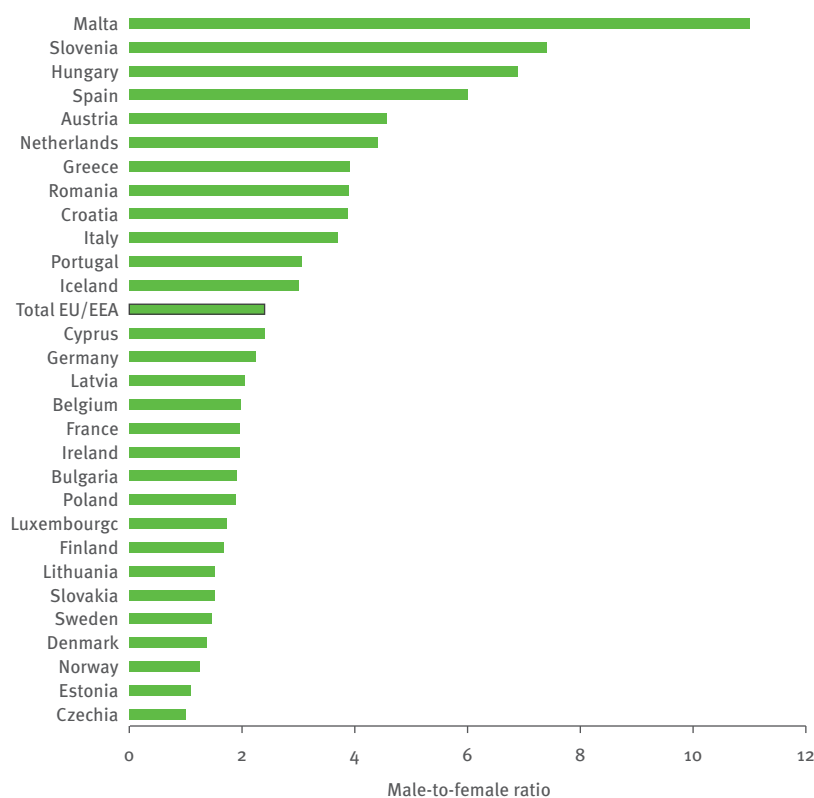
¹² Previous positive diagnoses are defined as an HIV diagnosis made either abroad or in another setting within the reporting country on any occasion before the current year of reporting. Some countries report previous positive HIV cases as they enter, re-enter or re-engage with the care system in the reporting country.

As in previous years, more men than women were diagnosed with HIV in 2022 (16 114 and 6 676, respectively), resulting in an overall male-to-female ratio of 2.4:1 (Figure 1.1; Table 2; Table 3). This ratio was highest in Malta (11.0:1), Slovenia (7.4:1) and Hungary (6.9:1) and was above one in all countries in the EU/EEA, except for Czechia, where the ratio was 1:1 (Figure 1.1; Map 2).

The predominant mode of transmission in countries with the highest male-to-female ratios was sex between men. The overall rate of diagnoses in men was 7.3 per 100 000 population (Table 2, Map 3) and for women 2.9 per 100 000 population (Table 3; Map 4). In addition to the 22 790 cases with male or female gender, 121 transgender individuals and 84 with unknown gender were diagnosed with HIV in 2022. Current reporting systems at European level are not able to effectively identify how many of these cases are transgender men or women, except for the systems in France, the Netherlands and Ireland.

Age-specific rates were lowest in persons under 15 years of age (0.3 per 100 000 population for both females and

Figure 1.1: Male-to-female ratio in HIV diagnoses, by country, EU/EEA, 2022 (n=22 790)



Notes: Data from Liechtenstein reported only one case in 2022 and is excluded from the figure.

males) (Figure 1.2). In all age groups, men had higher age-specific rates than women. The highest overall age-specific rate of HIV diagnoses was observed among 30–39-year-olds (12.5 per 100 000 population), however for men the highest age-specific rate was observed among 25–29-year-olds at 17.5 per 100 000 population, while rates for women were highest in the age group 30–39 years (7.7 per 100 000 population) (Figure 1.2). For transgender individuals (n=121), the mean age at diagnosis was 33.3 years, with 42.5% of the transgender individuals diagnosed in the 30–39 years age group, followed by 28.9% in the 25–29 years age group.

The overall mean age at diagnosis was 39.2 years; the mean age at diagnosis was lower for MSM (36.6 years) than for cases attributed to injecting drug use (41.2 years overall, and similar in both women and men) or heterosexual transmission (41.2 years overall, 39.6 in women and 43.4 in men) (Table 4–8).

The age group 30–39 years accounted for most HIV diagnoses overall (31.7%) and in all transmission groups (Figure 1.3). One third (32.8%) of diagnoses attributed to sex between men were made before the age of 30, while over half (52.0% and 57.2%) of the HIV infections resulting from sex between men and women and among people who were infected through injecting drug use, respectively, were diagnosed at 40 years or above. The age distribution of HIV diagnoses varied between countries. In Iceland and Romania, approximately one third of reported HIV diagnoses were among individuals under 30 years old. Conversely, in most countries, over 70% of cases were identified in individuals over 30 years of age. It is interesting to note that, even in countries such as Latvia (64.2%), Italy (57.3%), Lithuania (52.0%) and Norway (51.8%), most HIV cases were among those above 40 years old. (Figure 1.4; Table 9).

Figure 1.2: Age- and gender-specific rates of HIV diagnoses per 100 000 population, EU/EEA, 2022 (n=22 734)

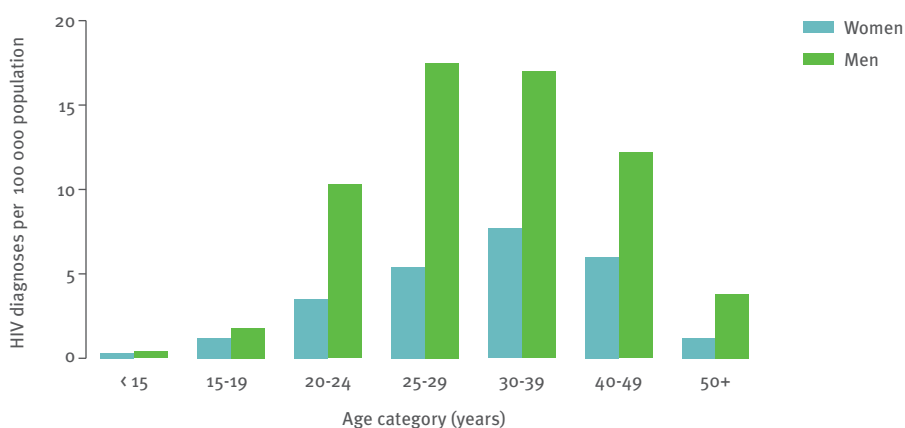
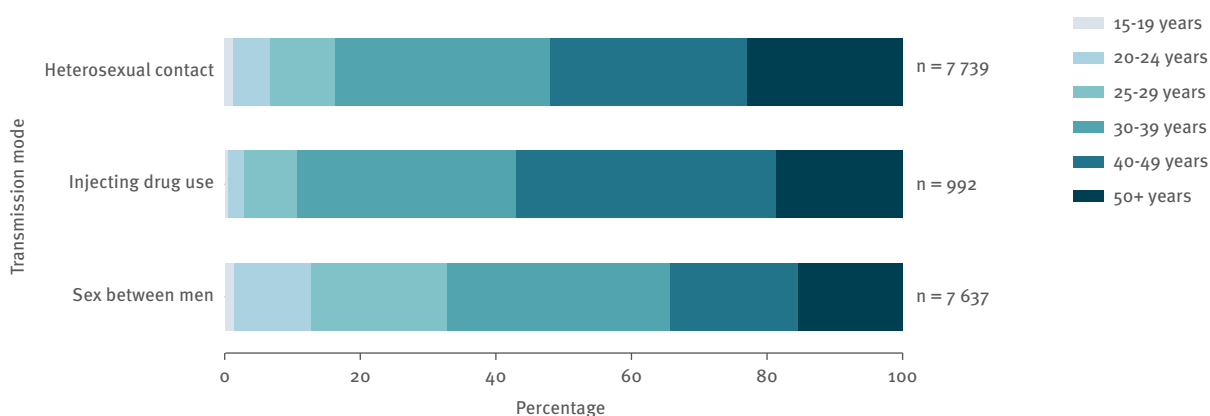


Figure 1.3: HIV diagnoses, by age group (in years) and transmission mode, EU/EEA, 2022 (n=16 368)



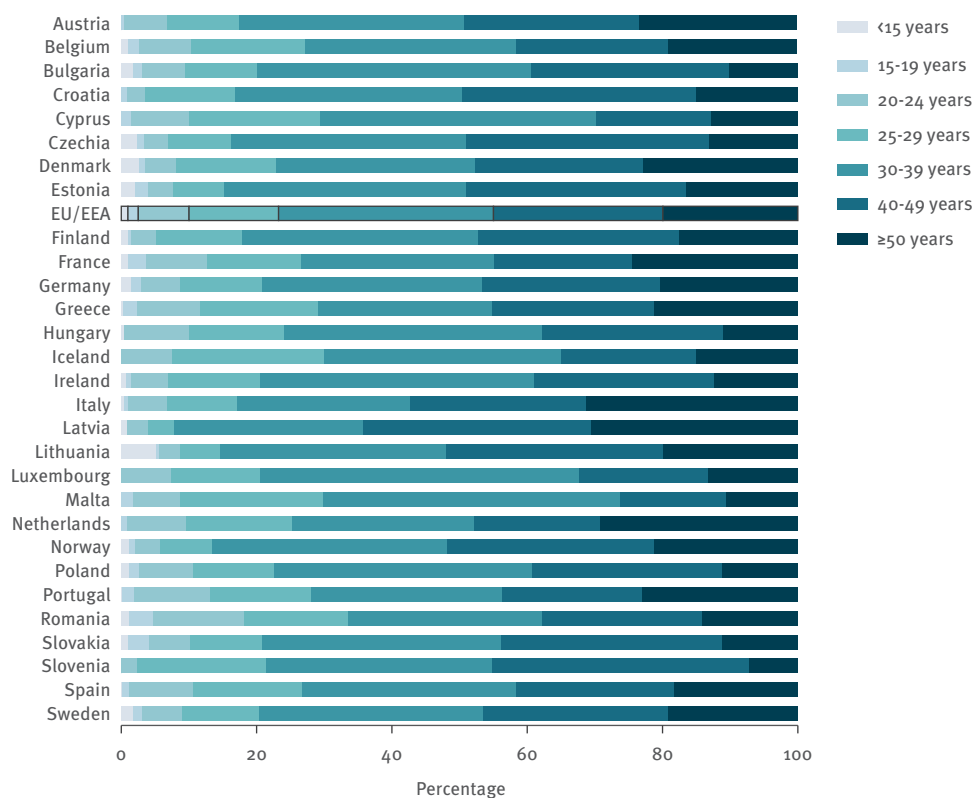
Data on transmission mode provide information on the groups in the EU/EEA who are most affected by HIV (Tables 4–8; Figure 1.5):

- Sex between men remains one of the most common modes of HIV transmission reported in the EU/EEA, accounting for 33.3% (7656) of all reported HIV diagnoses in 2022. Sex between men was one of the predominant routes of transmission (45.8%) where route of transmission was known (Figure 1.5; Table 4; Table 8; Map 5), and accounted for more than 50% of reported HIV diagnoses in ten countries (Austria, Croatia, Greece, Hungary, Iceland, Ireland, Malta, Netherlands, Slovenia and Spain) (Figure 1.5). While the majority (54.7%; 4 191) of individuals with a reported diagnosis attributed to sex between men were born in the reporting country, 20.0% (1 529) originated from Latin America and the Caribbean, 7.9% (606) from countries in Central or Eastern Europe and 4.0% (306) from other countries in the west of Europe (Table 11).
- Sex between men and women is the most reported mode of transmission in the EU/EEA, accounting for 33.7% (7743) of all HIV diagnoses and 46.3% of diagnoses where the route of transmission was known (Figure 1.5; Table 6; Table 8; Map 6). This proportion is higher among women (26.1%) than men (20.1%). Heterosexual transmission accounts for more than

50% of the reported HIV cases in eleven EU/EEA countries (Bulgaria, Cyprus, Czechia, Denmark, France, Latvia, Lithuania, Norway, Portugal, Romania and Sweden). Nearly one-third (28.2%; 2 186) of the reported diagnoses attributed to heterosexual transmission were among migrants originating from Central and Eastern Europe, followed by migrants from Sub-Saharan Africa (26.4%; 2 046). In addition, 31.1% (2 407) of cases attributed to heterosexual transmission originated from the reporting country (Table 11).

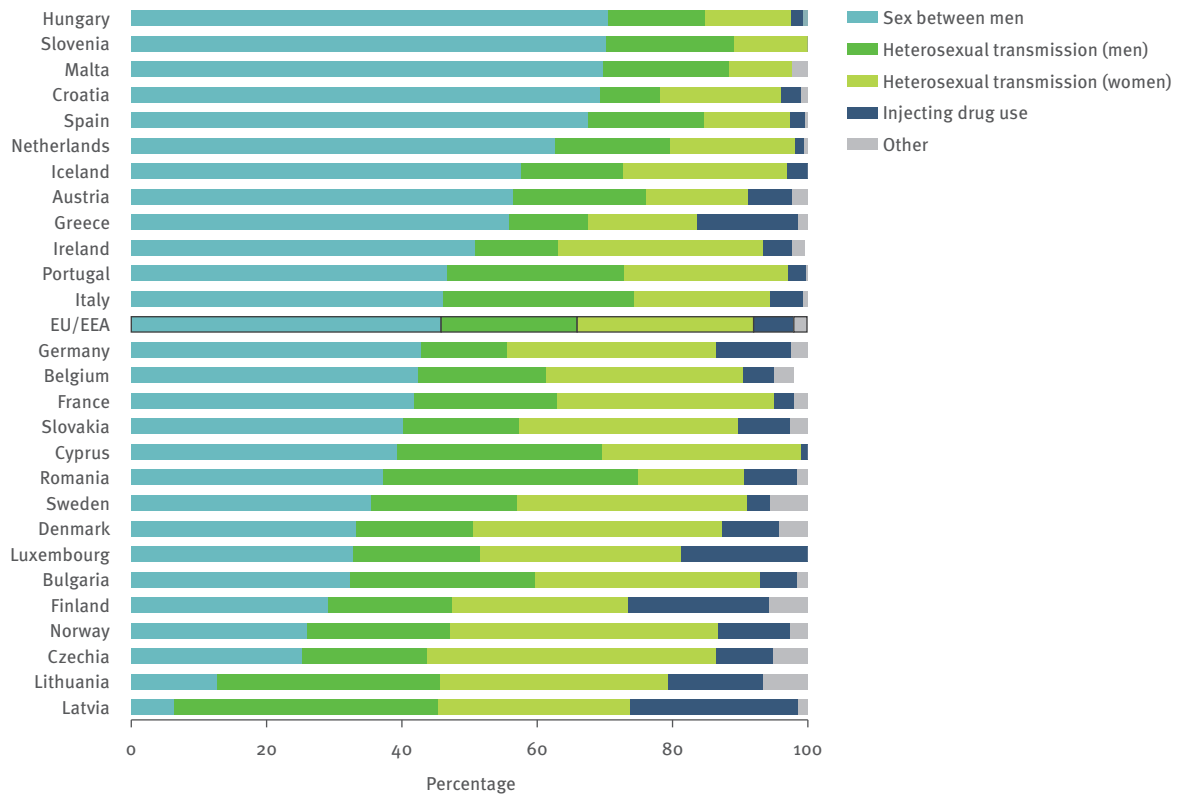
- Around four per cent (4.3%; 993 cases) of all reported HIV diagnoses and 5.9% of those with a known route of HIV transmission were attributed to injecting drug use (Figure 1.5; Table 5, Table 8). Injecting drug use was the probable route of transmission for 24.8% of cases diagnosed in Latvia, 20.9% of cases diagnosed in Finland and 18.8% in Luxembourg (Figure 1.5; Map 7). More than half of those with a reported diagnosis attributed to injecting drug use were born outside of the reporting country, including 43.3% (430 cases) from other countries in Central and Eastern Europe.
- Of the remaining cases, 270 diagnoses (1.2%) were reported as being due to MTCT during pregnancy, childbirth or breastfeeding (Table 7, Table 11); 22.6% and 17.4% of these cases were reported by Germany and France, respectively. Most of the cases were born outside of the reporting country (81.5% 220 cases

Figure 1.4: Percentage of HIV diagnoses, by country and age group, EU/EEA, 2022 (n = 22 830)



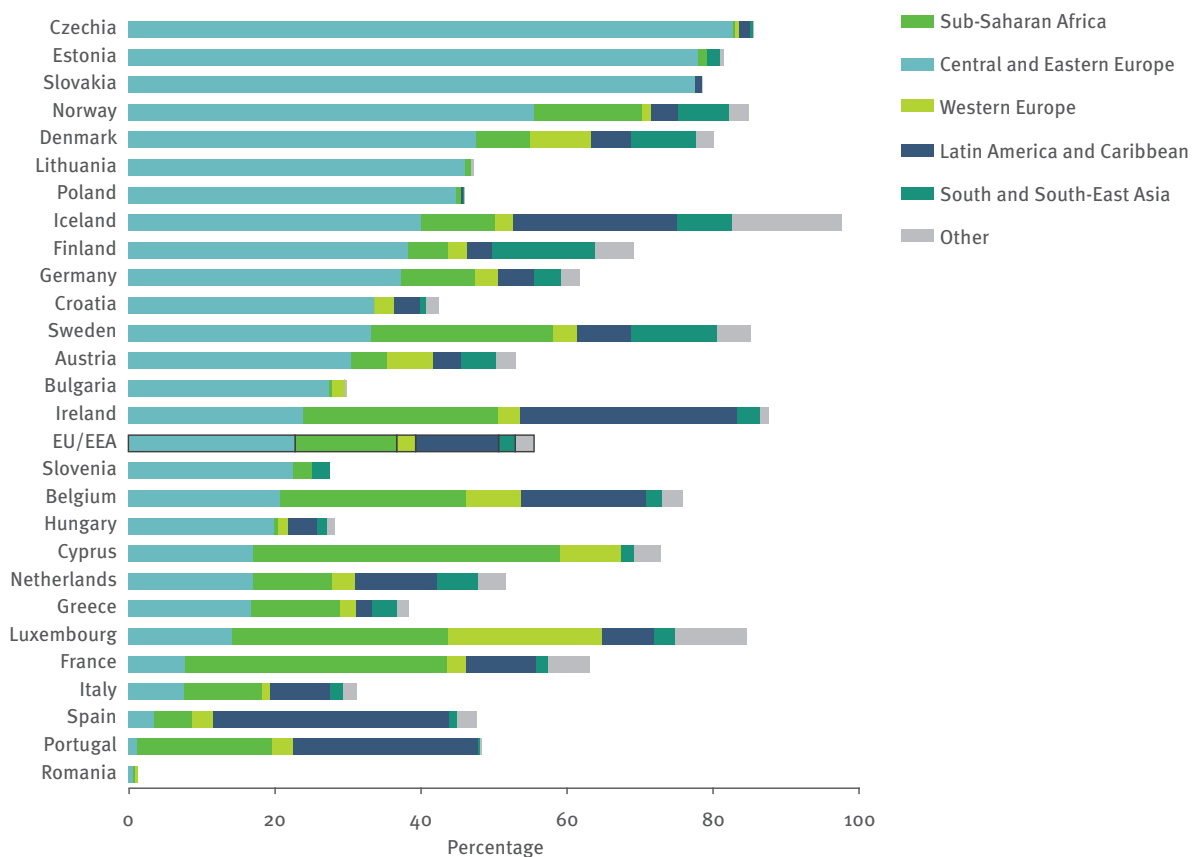
Note: Liechtenstein reported one case for 2022. Unknown age is excluded from the proportions presented here.

Figure 1.5: Percentage of HIV diagnoses with known mode of transmission, by transmission route and country, EU/EEA, 2022 (n=16 718)



Notes: Liechtenstein reported one case for 2022 and is excluded from the figure. Estonia and Poland are not included in the figure as they have more than 50% of the cases with unknown route of transmission. Unknown route of transmission is excluded from the proportions presented here.

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, 2022 (n= 20 016)



4 Notes: Liechtenstein reported one case for 2022 and is excluded from the figure. Malta and Latvia are not included in the figure as they have more than 50% of the cases with unknown region of origin. Unknown route of transmission is excluded from the proportions presented here.

[excluding unknown route of transmission]), with 50.7% (137) coming from Central and Eastern Europe. Forty-six diagnoses (0.2%) were reported to be due to contaminated transfusion of blood and its products, and ten cases due to hospital-acquired infections (Table 8). Most of the transfusion-related cases (45.7%; n=21) and nosocomially acquired infections (80.0%; n=8) were reported in people originating from Central and Eastern Europe (Table 11).

- Transmission mode was reported as unknown for 6 277 diagnoses (27.3%), with a wide variation among countries: less than 5% of diagnoses were reported with unknown transmission mode in Bulgaria and Cyprus and over 50% in Estonia and Poland (Table 8).

In 2022, twenty-eight EU/EEA countries provided information on the country of birth, country of nationality or region of origin for 20 016 (88.2%) HIV diagnoses (Table 10). In the EU/EEA, 11 103 diagnoses (48.3% of the total of HIV diagnoses and 55.5% of those with known information on region of origin) were reported among people originating from outside of the reporting country (Figure 1.6). Of these, 4 562 (20.1% of total diagnoses and 22.8% of those with known information on region of origin), irrespective of transmission mode, were reported among people originating from Central and Eastern Europe. Among these cases, 34.5% (1 575) were reported as previous positive diagnoses. Section 1.2 will describe previous positive diagnoses in more detail. An additional 13.9% of the diagnoses with known region of origin (2 781) were reported among people coming from Sub-Saharan Africa (Figure 1.6; Table 10). Of the remaining newly-reported diagnoses with a known region of origin, 11.3% originated from Latin America and the Caribbean (2 271), 2.6% from other countries in western Europe (518), and 2.3% from South and South-East Asia (456).

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

Denmark, Estonia, Finland, France, Germany, Iceland, Ireland, Luxemburg, Netherlands, Norway, Slovakia and Sweden.

For HIV diagnosis reported in transgender individuals in 2022, 70.3% (85) originated from Latin America and the Caribbean and 10.7% (13) from the reporting country.

Information on CD4 cell count at the time of HIV diagnosis was provided for 13 473 (68.2%) adults and adolescents diagnosed in 27 countries (Table 12). Twenty-four countries were able to provide CD4 cell counts for 50% or more of their reported cases, with the exception of Estonia, Germany, Ireland, Latvia and Slovakia, all of which provided data for less than 35% of cases. Hungary, Malta and Poland did not provide CD4 cell counts for the whole reporting period (2013–2022) (Table 12).

About half (47.9%) of all individuals diagnosed in 2022, where a CD4 count at diagnosis was reported and where the case was not determined to be diagnosed during the acute phase of infection or a previous positive diagnosis, were considered to have been diagnosed several years after being infected, with a count below 350 cells per mm³. This included 28.8% of cases considered to have advanced HIV infection (CD4 cell count below 200 cells/mm³) (Table 12). Among cases with known CD4 cell count at diagnosis, the proportion diagnosed late (CD4 cell count below 350 cells per mm³) was above 60% in Denmark (62.8%), Estonia (66.7%), Latvia (61.9%) and Romania (62.9%).

Among all cases diagnosed in 2022 with available information on CD4 cell count (13 473), 8.4% (1 134) were diagnosed during acute infection¹³, and 30.2% (3 640) were identified as recent infections (with a CD4 cell count of 500 or over 500 cells per mm³ at diagnosis). Specifically, among MSM diagnosed in 2022 with available CD4 cell count information, 13.9% (804) were

¹³ Acute infection status was reported by countries using one or more criteria for acute 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.

Figure 1.7: Acute infection or CD4 cell count per mm³ at HIV diagnosis, overall and by transmission mode, EU/EEA, 2022 (n=16 507)

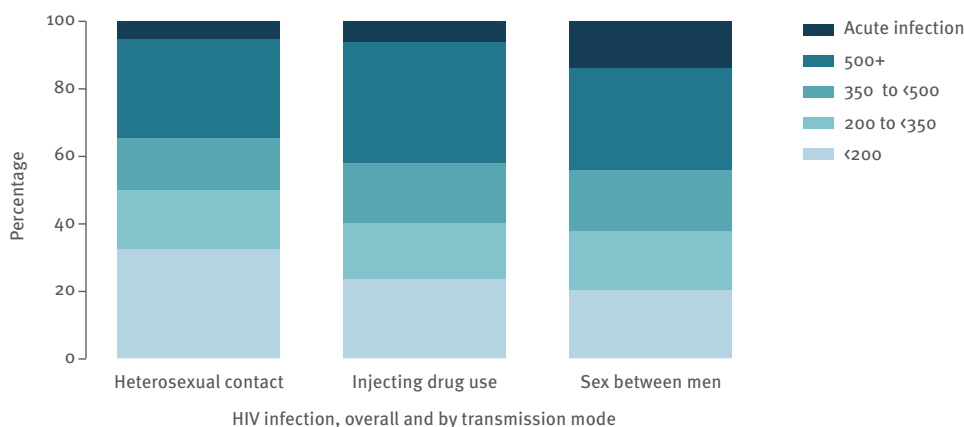
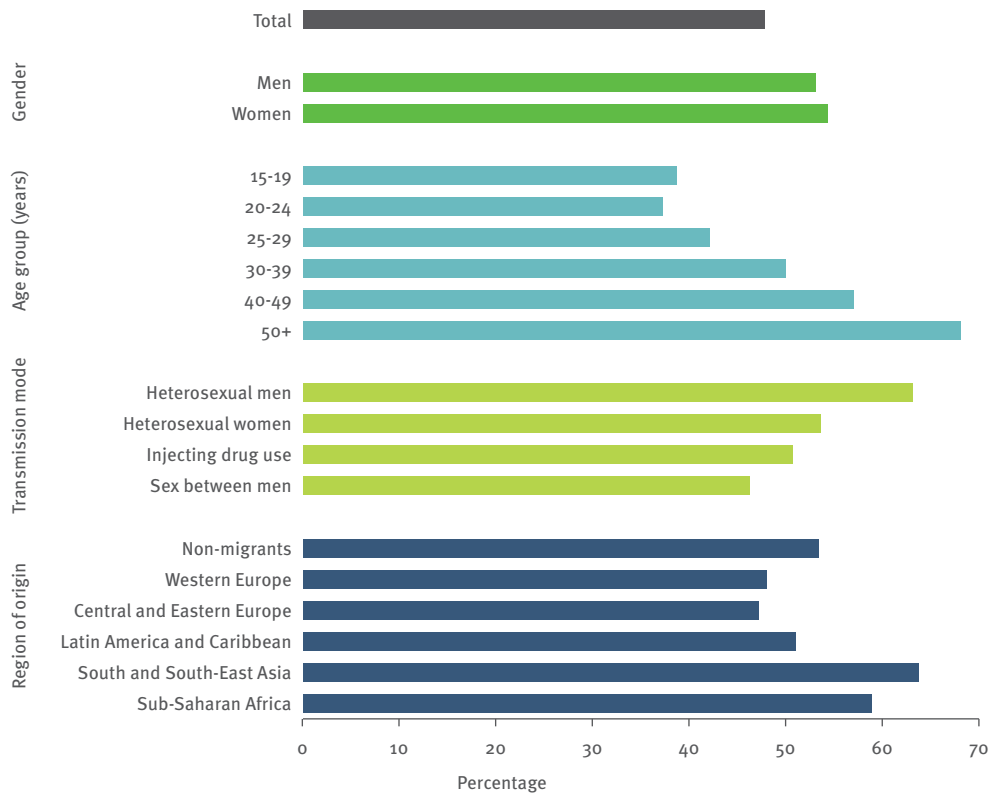
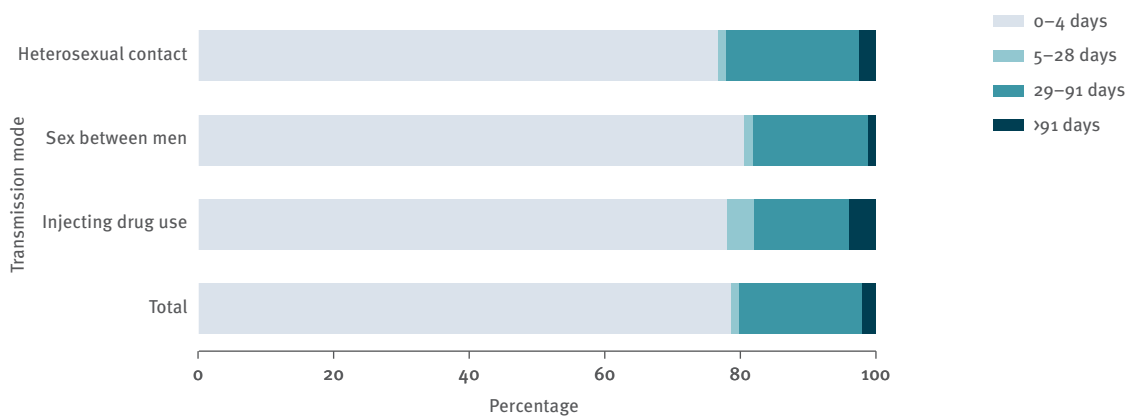


Figure 1.8: Percentage of people diagnosed late (CD4 cell count < 350 per mm³) by demographic, EU/EEA, 2022 (n = 6 451)



Note: This graph excludes cases with unknown CD4 count and individuals with acute infection and those defined as previous positive diagnosed.

Figure 1.9: Linkage to care after HIV diagnosis in the EU/EEA, individuals diagnosed with HIV 2021–2022 (n = 4 389).



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

reported as acute infections, and 30.1% (1746) had a CD4 cell count of 500 or over 500 cells per mm³ at diagnosis (Figure 1.7).

When analysing CD4 cell count, the highest proportions of people presenting at a later stage of HIV infection (CD4 less than 350 cells/mm³, excluding those previously diagnosed or with evidence of acute infection) were among women (54.4%), older adults (57.1% in 40–49-year-olds and 68.1% in people aged 50 years and over), men or women infected through heterosexual sex (63.2% and 53.6% respectively), people who acquired HIV through injecting drug use (50.7%), and migrants from South and South-East Asia (63.8%) and Sub-Saharan Africa (58.9%) (Figure 1.8).

Information regarding CD4 cell count was available for 53.7% (n=65) of all transgender people reported (n=121). Of these, 27.7% (n=18) were diagnosed at the stage of acute infection, 32.3% (n=21) were identified as recent infections (with a CD4 count of 500 or more than 500 cells per mm³) and 40.0% (n=26) presented at a late stage of HIV infection (CD4 cells per mm³<350).

The lowest proportions of late diagnosis (CD4 cell count below 350 cells/mm³) were observed among younger age groups (37.3% of those aged 20–24 years), men who acquired HIV through sex with another man (46.3%) and migrants from Central and Eastern Europe (47.2%) (Figure 1.8).

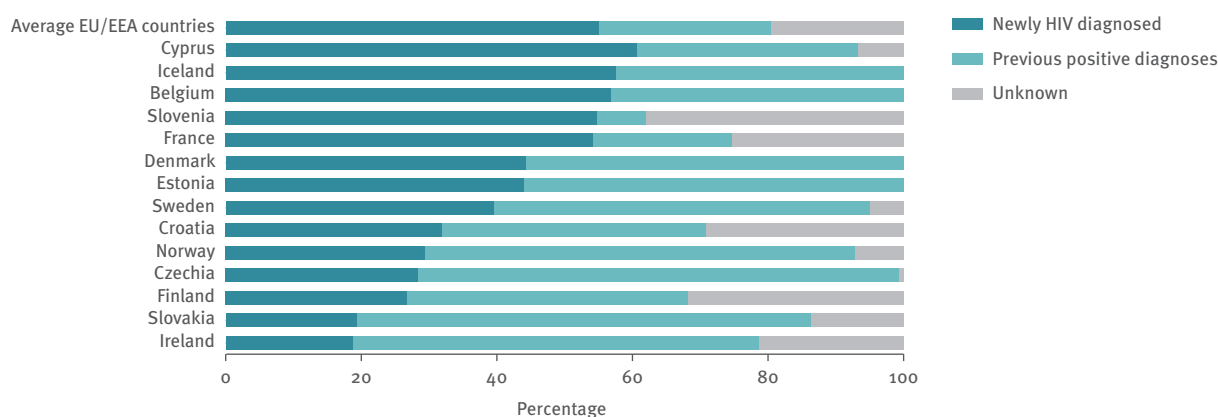
The interval between the date of diagnosis and the date of the CD4 count was used as a proxy for time to linkage to care and, among cases diagnosed in recent years (2021–2022) where CD4 data and date of diagnosis were reported, 78.5% were linked to care within four days of HIV diagnosis and 97.9% were linked to care within three months (Figure 1.9)

1.2. Previous positive diagnoses

In 2022, there was a 30.8% increase in the rate of HIV diagnoses (5.1 per 100 000 population) compared to the rate reported in 2021 (3.9 per 100 000 population) (see Section 1.3). This rise in 2022 may be attributed, among other factors, to the increase in reporting of previous positive diagnoses. In 2022, previous positive diagnoses were 16.6% of all reported HIV diagnoses (3 824/22 995), marking a notable increase on 2021 when this proportion was 8.8% (1 648/18 673). 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 51.4%. Data from 14 countries were analysed to describe previous positive cases. Sixteen countries were excluded from the analysis due to significant limitations, such as having over 50% of data unknown for the variable identifying HIV status as either a previous positive or a first-time diagnosis. These exclusions were also due to reporting practices, such as considering the date of diagnosis based on the diagnosis date in the country of origin, categorising these cases as incident cases in previous years, or reporting all HIV diagnoses as newly diagnosed cases (Figure 1.10). When only taking the data reported by these 14 countries into consideration, the proportion of previous positive diagnoses increased to 38.9% (3 526) of all HIV diagnoses reported by these countries in 2022. Seven countries reported that over 50% of the HIV diagnoses reported in 2022 were previous positives: Czechia (70.9%), Denmark (55.8%), Slovakia (67.0%), Norway (63.3%), Ireland (60.0%), Estonia (56.0%) and Sweden (55.6%).

When analysing the data reported by the 14 EU/EEA countries, a 63.7% increase in HIV diagnoses was observed for 2022, due to the inclusion of previous positive diagnoses in the reporting. When previous positive cases were excluded, there was an increase of 14.6% in HIV diagnoses when comparing data from 2022 against

Figure 1.10: Percentage of previous positive diagnoses and newly HIV diagnoses by country of report, EU/EEA, 2022 (n=9 057)



Notes: Countries with more than 50% unknown cases, or countries reported the date of diagnosis based on the diagnosis date in the country of origin, count these cases as incident cases in previous years or countries reporting all HIV diagnoses as newly diagnoses were excluded from this figure.

2021. However, when considering all cases, including previous positive diagnoses, the increase is 43.1% (Figure 1.11).

Demographic and clinical characteristics of individuals with previous positive diagnoses can be compared to those newly diagnosed using 2022 data from the 14 EU/EEA countries described above (Figure 1.12). It was observed that there is a higher proportion of women among those with previous positive diagnoses than the newly diagnosed group (44.0 versus 28.9%), while the newly diagnosed group had a larger proportion of men than the previous positive group (69.5 versus 53.8%).

The overall mean age was 38.7 years, similar in both populations. However, when focusing on previous positive diagnoses, a significant proportion (18.8% and 34.3%) of all cases were under 29 years and within the age range of 30–39 years, respectively. In contrast, among the newly reported diagnoses, (29.0% and 30.4%) were under 29 years or within the 30–49 age range. With regard to the region of origin, among the previous positive diagnoses, 44.7% originated from Central and Eastern Europe, 20.1% from Sub-Saharan Africa, 13.2% from Latin America and the Caribbean and 7.1% from the reporting country. These proportions differed when compared to newly reported diagnoses, with a higher percentage of diagnoses from people originating from the reporting country (40.7%) and Sub-Saharan Africa (25.4%) and lower proportions among those originating from Central and Eastern Europe (10.9%), and Latin America and the Caribbean (6.8%) (Figure 1.12).

In terms of the route of transmission in individuals with previous positive diagnoses, heterosexual contact was the primary route (44.8%), more prevalent in women (32.1%) than in men (12.7%). Similarly, among newly diagnosed individuals, heterosexual transmission remained the most common route (42.6%), with a higher proportion observed in women (23.3%) than men (19.3%). Transmission through sexual contact between

men remains a significant route among newly diagnosed cases (38.9%), although this is less prevalent among individuals with previous positive diagnoses (25.3%). In addition, injecting drug use and MTCT were reported at a higher proportion among those with previous positive diagnoses (6.4% and 3.2%, respectively) than in newly diagnosed individuals (1.8% and 0.6%, respectively).

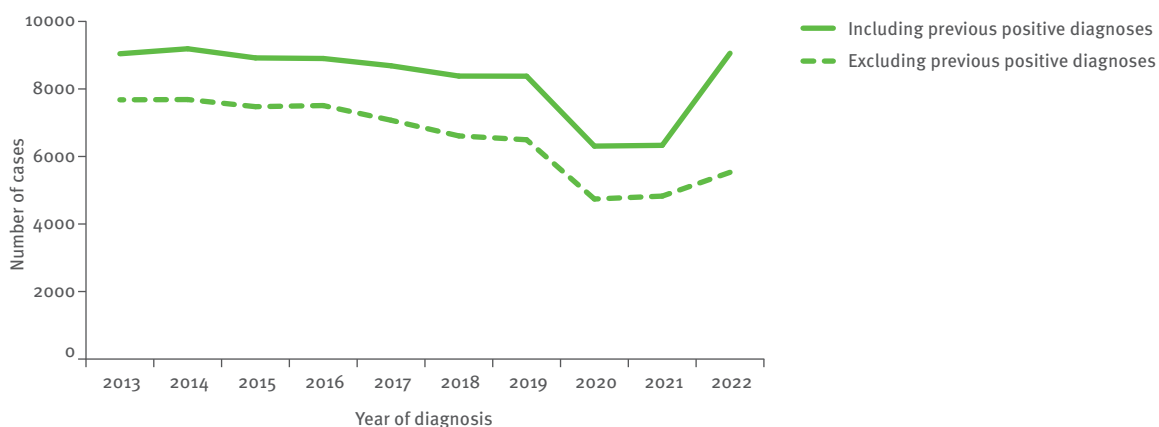
When analysing CD4 cell count among the newly diagnosed, it was noted that a higher portion of individuals presented with late diagnosis (defined by CD4 counts below 350 cells/mm³) and were diagnosed with AIDS (36.7%, 13.3%, respectively) compared to those with previous positive diagnoses (8.8% and 2.8%, respectively). This variance might be linked to a higher percentage of individuals with previous positive diagnoses being on antiretroviral therapy (ART), 21.6%, in comparison to the 6.9% observed among the newly diagnosed. This indicates a swift linkage to care upon diagnosis (see more detailed data in Annex 7).

1.3. Trends in HIV diagnoses

Between 2013 to 2019, the trend in reported HIV diagnoses declined when the rate for EU/EEA countries reporting consistently fell from 6.3 to 5.3 per 100 000. In 2020 and 2021, the years affected by the COVID-19 pandemic, the rate declined further, remaining relatively stable in both years (3.8 and 3.9 per 100 000, respectively). In 2022, 22 995 HIV diagnoses were reported in 30 EU/EEA¹⁴ countries, corresponding to a rate of 5.1 per 100 000 population (Table 1). This represents a 30.8% increase on 2021 but is still a 3.8% decrease compared to the 2019 rate. The highest rates were reported by Cyprus (24.1; 218 cases), and Estonia (18.8; 250 cases), and the lowest by Slovenia (2.0; 42 cases) (Table 1; Map 1). As described in Section 1.2, a noteworthy contribution to the increase in the number of cases reported in 2022 are the previous positive cases. Adjusting the

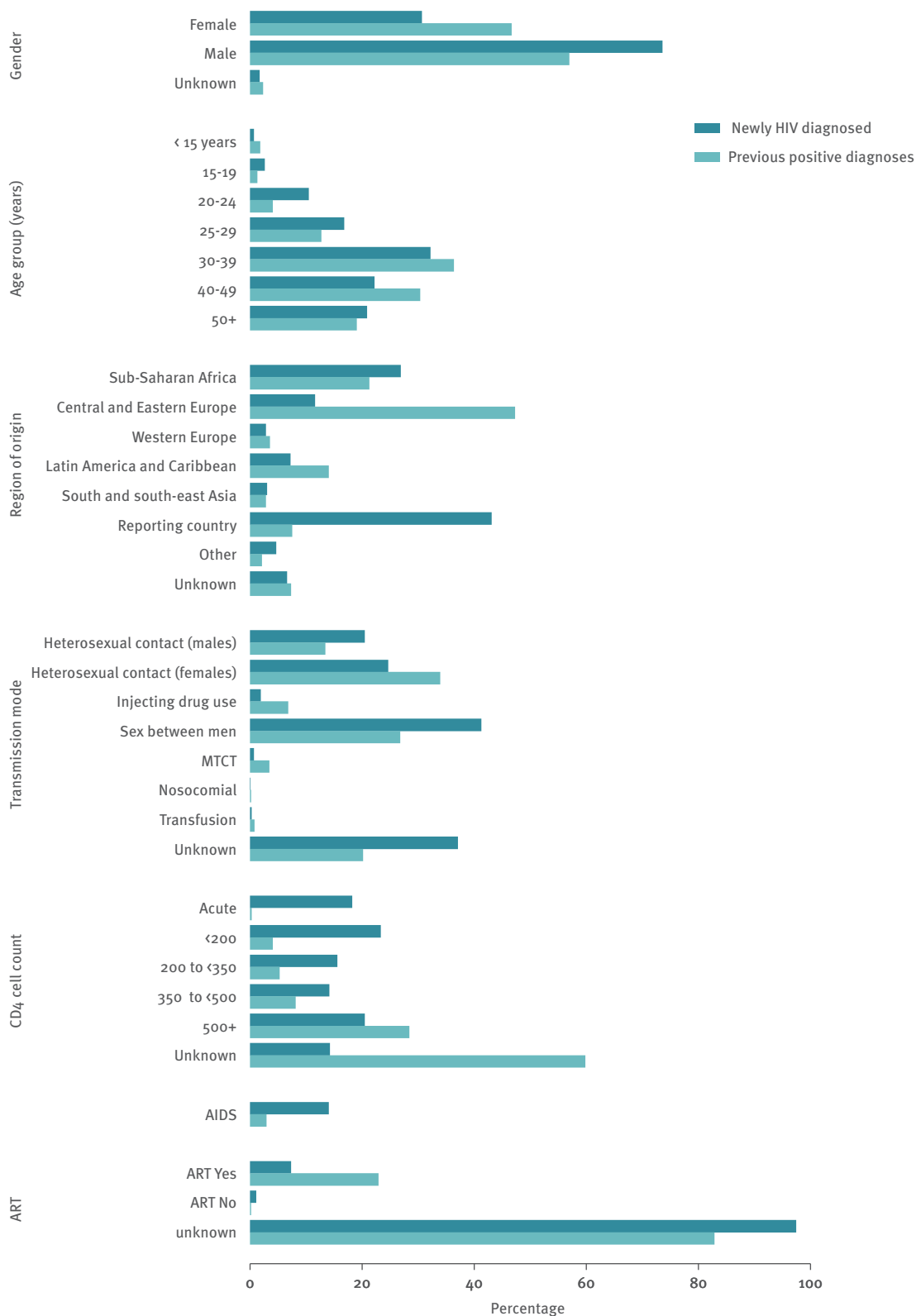
¹⁴ All EU/EEA countries reported data for 2022.

Figure 1.11: Temporal trends in HIV diagnoses reported by 14 EU/EEA countries: a comparison including and excluding previous positive cases, 2013–2022 (n=9 057).



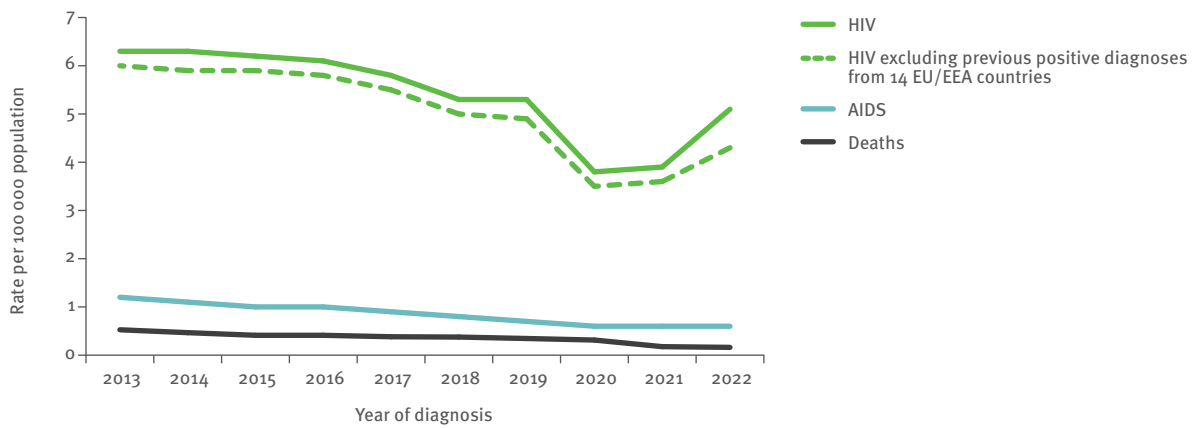
Notes: The data for HIV cases reported in 2022 from the following EU/EEA countries have been included in this figure: Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Iceland, Ireland, Norway, Slovakia, Slovenia, and Sweden.

Figure 1.12: Demographic and clinical characteristics of previous positive and new HIV diagnoses from EU/EEA countries which were able to identify the HIV status, 2022 (n=9 057)



Notes: The data for HIV cases reported in 2022 from the following EU/EEA countries have been included in this table: Ireland, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Iceland, Norway, Slovakia, Slovenia, and Sweden.
ART:Antiretroviral therapy

Figure 1.13: People diagnosed with HIV, AIDS and deaths reported per 100 000 population, EU/EEA, 2013–2022



Note: Rates exclude countries not reporting consistently over the period: Germany and Sweden (AIDS and AIDS deaths); Italy and Denmark (AIDS deaths). . The HIV rate was adjusted by removing previous positive cases from the 14 EU/EEA countries with sufficient reporting on this variable to exclude these cases (see chapter 1.2 for more details). AIDS and deaths rates were not impacted by previous positive cases and these rates are not adjusted.

Figure 1.14a: Age-specific trends in HIV diagnoses in women, 2013–2022

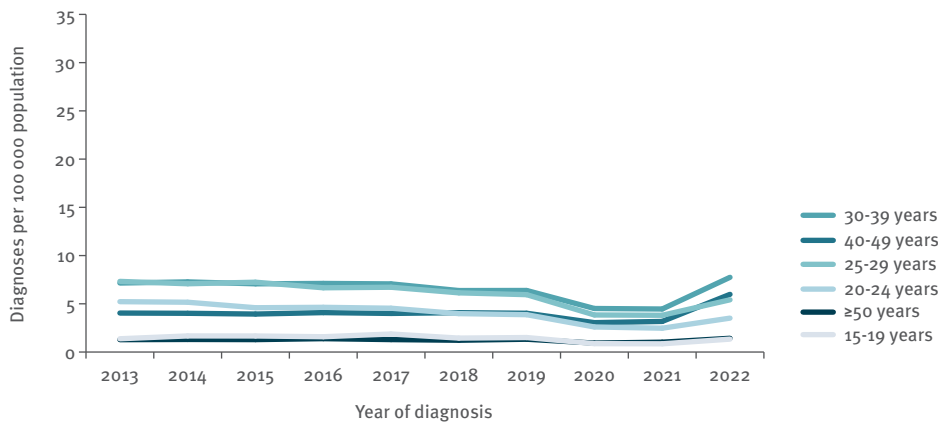


Figure 1.14b: Age-specific trends in HIV diagnoses in men, 2013–2022

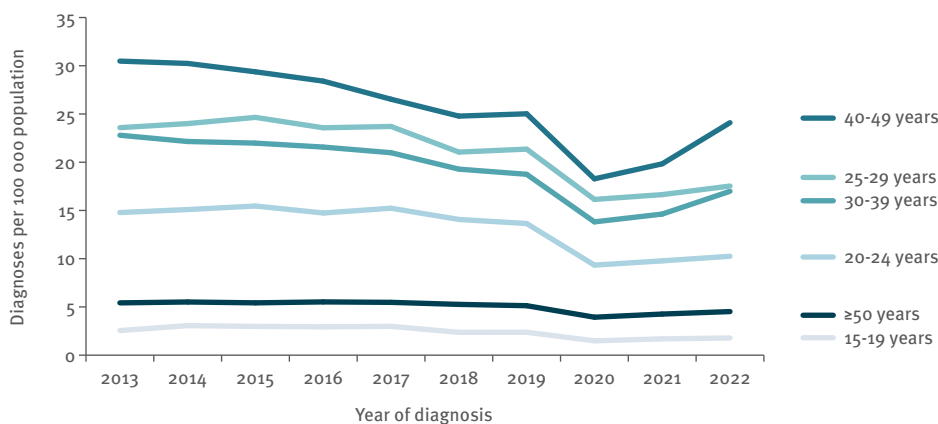
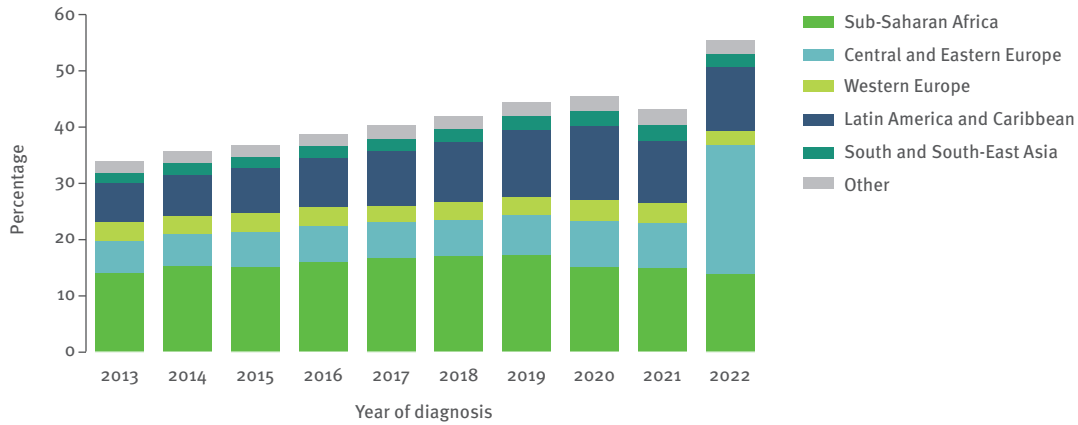
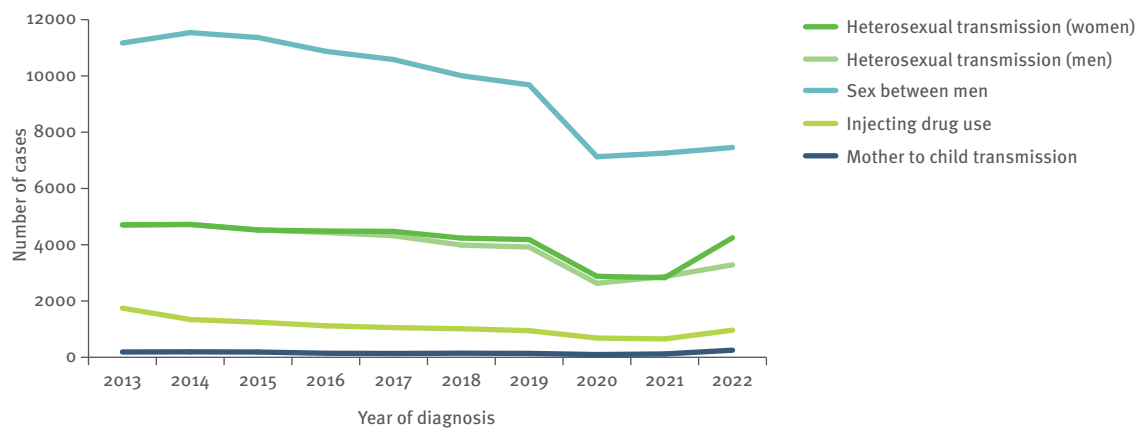


Figure 1.15: Percentage of diagnoses among people born abroad, by year of diagnosis and region of origin, EU/EEA, 2013–2022



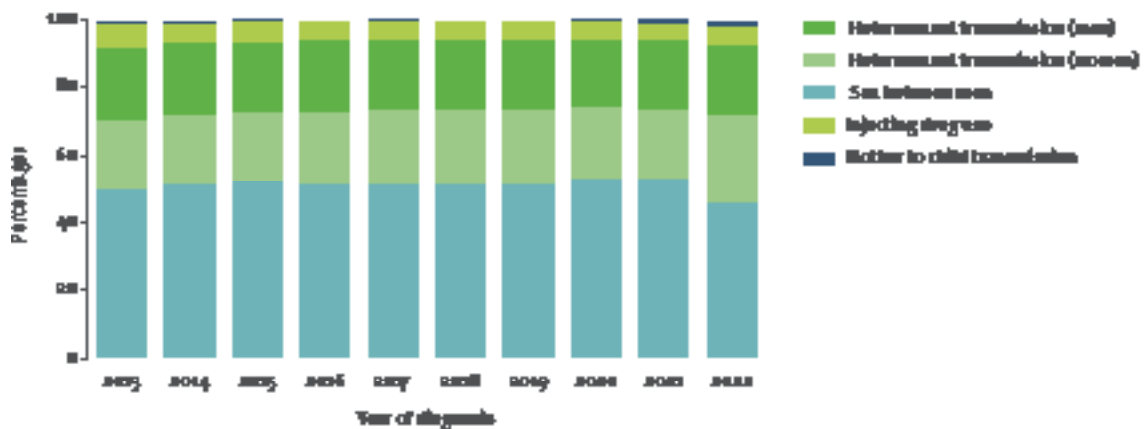
Notes: Unknown route of transmission is excluded from the proportions presented here.

Figure 1.16a: HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2013–2022



Notes: HIV diagnoses reported by Poland excluded due to incomplete reporting on transmission mode during some years of the previous decade.

Figure 1.16b: Percentage of HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2013–2022



Notes: Cases where transmission route was unknown or other are not presented here. HIV diagnoses reported by Poland excluded due to incomplete reporting on transmission mode during some years of the previous decade.

2013–2022 rate to diagnoses only by removing the previous positive cases in the 14 countries that reported sufficiently on the variable yielded an adjusted rate of 4.3 per 100 000 for 2022 (resulting in an 18% decrease in the 2022 rate) (Figure 1.13).

It was difficult to correct for reporting delays due to the influence of the COVID-19 pandemic and the inclusion of prior positive diagnoses in the analysis. Consequently, it is likely that the rates of HIV diagnoses are underestimated. Thus, the trends outlined in this sub-chapter are preliminary and should be interpreted with caution.

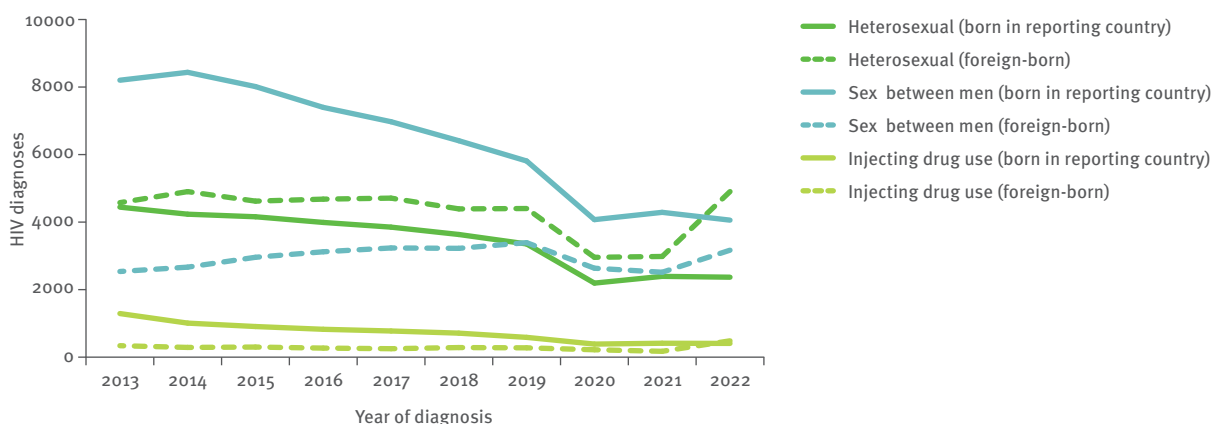
Trends differ by gender and age group. Age-specific rates declined between 2013 and 2020, followed by a plateau between 2020 and 2021, and a sudden increase in 2022 in all age groups of women and men. This increase, especially among women, might be explained by the increased proportion of previous positive diagnoses reported in 2022. The increase in rates of HIV diagnosis in men is higher among the age groups 30–39 years and

40–49 years in 2022 than in other age groups when compared with rates from 2013. (Figure 1.14a, Figure 1.14b).

HIV diagnoses among those born outside of the reporting country comprised 30.4% of all diagnoses in 2013, increasing over time to 39.1% in 2020, then falling slightly to 37.0% in 2021 before increasing again to 48.3% in 2022. When analysing the data excluding the cases with unknown region of origin, the proportion of migrants increased from 33.9% in 2013 to 55.5% in 2022. Among individuals originating from regions outside the EU/EEA, the trends in HIV diagnoses have remained relatively stable since 2013. However, there has been a notable increase in diagnoses among people coming from countries in Central and Eastern Europe, rising from 5.5% in 2013 to 22.8% in 2022 (Figure 1.15).

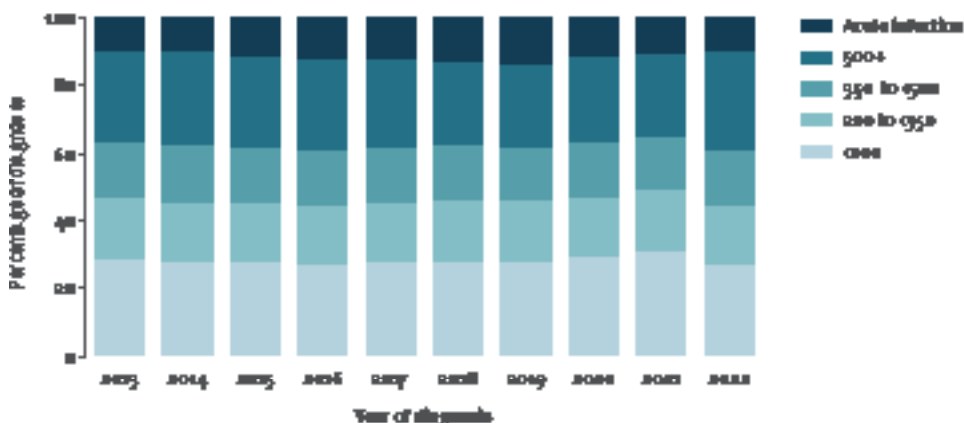
Since 2013, most of the EU/EEA countries have maintained consistent reporting on transmission modes. When focusing on data from those countries that have consistently reported over the past decade (2013–2022)

Figure 1.17: HIV diagnoses, by year of diagnosis, transmission mode and migration status, EU/EEA, 2013–2022



Notes: HIV diagnoses reported by Poland excluded due to incomplete reporting on transmission mode during some years of the previous decade.

Figure 1.18: Number of HIV diagnoses by acute infection or CD4 cell count at diagnosis, EU/EEA, 2013–2022



and analysed data with known modes of transmission, the following trends become evident:

- The proportion of all HIV diagnoses with known mode of transmission, attributed to sex between men decreased from 49.5% of cases in 2013 to 45.9% in 2022 (Figure 1.16a, Figure 1.16b). The number of HIV diagnoses reported among MSM in countries reporting consistently declined from the end of 2015 until 2020, from 11 365 to 7 129, after which an increase of 53.0% was observed – the highest in the last decade. It is interesting to note that the case numbers among MSM born outside of the reporting country increased in 2022 to 3 168, compared to 2 537 in 2013, marking a 24.9% rise (Figure 1.17).
- The overall number of HIV diagnoses reported among people who inject drugs decreased between 2014 and 2021, from 7.7% to 4.7% (1 747 to 684) (Figure 1.16a, Figure 1.17, Table 5). This was followed by an increase in the number of HIV diagnoses to 5.9% in 2022 (n=963).
- The proportion of all HIV diagnoses with known route of transmission, attributed to heterosexually-acquired infection in women, remained stable between 2013 and 2021, ranging from 20.9% to 20.6%. In 2022, both the number and proportion increased, reaching (n=4 249) 26.1% of the HIV diagnoses reported with known information on the route of transmission. The proportion of all HIV diagnoses attributed to heterosexually-acquired HIV infection in men was also stable during the previous decade, ranging from 20.8% in 2013 to 20.2% in 2022 (Figure 1.16b). Heterosexual contact accounted for 44.8% of all previous positive HIV diagnoses reported in 2022 from the 14 EU/EEA countries which reported consistently.
- In countries with consistent reporting throughout the previous decade, the proportion of HIV diagnoses reported to be due to MTCT of HIV was stable at around 0.8% between 2013 and 2021, although the

number declined from 188 in 2013 to 119 in 2021. The proportion increased to 1.5% (n=252) in 2022 (Figure 1.16a). In 2022, among the total number of diagnoses reported to be due to MTCT of HIV, 80.9% (114/141) were previous positive diagnoses.

When analysing the trend in the proportion of late diagnoses over time, we observed a gradual decline among individuals with available CD4 count data, decreasing from 51.4% in 2013 to 48.9% in 2022. The highest proportion of late diagnosis was found in 2021 (54.9%). (Figure 1.18).

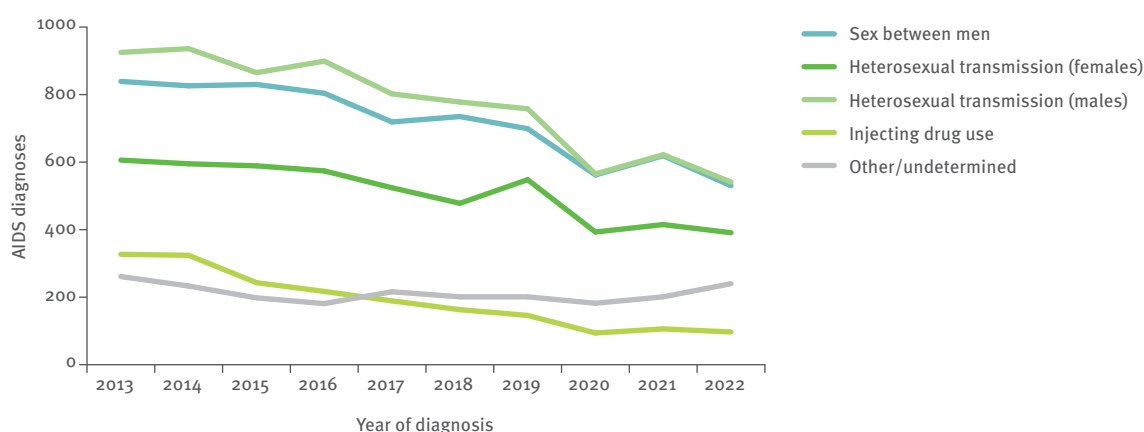
1.4. AIDS cases, morbidity and mortality

Although there have been improvements in the early diagnosis of HIV, 2 349 diagnoses of AIDS were reported by 26 EU/EEA countries¹⁵ in 2022 – a crude rate of 0.6 cases per 100 000 population (Table 13, Map 8). The highest rate was reported by Cyprus (3.8 per 100 000 population; 34 cases) followed by Latvia (3.1 per 100 000; 58 cases).

The rate of reported AIDS cases has halved over the past decade (excluding Germany, Liechtenstein and Sweden who did not report consistently over the period) to 0.6 per 100 000, a significant reduction from the 1.2 per 100 000 reported in 2013 (Table 13; Figure 1.19). This decline is noted in both men and women; however, it is more pronounced in men. Among men, the rate decreased from 1.8 per 100 000 population in 2013 to 1.0 per 100 000 population in 2022, while among women, the decline was from 0.6 per 100 000 population in 2013 to 0.3 per 100 000 in 2022 (Tables 14–15). When considering different transmission routes, the decrease is observed across all cases with known route of transmission, and higher among men infected through

¹⁵ This includes all EU/EEA countries except Germany, Liechtenstein, and Sweden.

Figure 1.19: AIDS diagnoses, by transmission mode, EU/EEA, 2013–2022



Notes: Data from Germany, Italy, Liechtenstein, and Sweden are excluded due to inconsistent reporting during the previous decade. HIV diagnoses reported by Poland excluded due to incomplete reporting on transmission mode during some years of the previous decade.

heterosexual contact (Figure 1.18). There represents an increase in AIDS diagnoses among those with other or undetermined route of transmission.

The most common AIDS-indicative diseases diagnosed in 2022 in the EU/EEA were *Pneumocystis pneumonia* (21.2% of all AIDS-indicative diseases), wasting syndrome due to HIV (13.9%) and oesophageal candidiasis (10.7%) (Table 16). Combined pulmonary and/or extrapulmonary tuberculosis (TB) made up 12.1% of AIDS-indicative diseases.

Twenty-six EU/EEA countries (all but Germany, Italy, Liechtenstein, and Sweden) reported data on deaths of those diagnosed with AIDS. Overall, 767 people were reported to have died due to AIDS-related causes during 2022 (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 44.1% since 2013, when there were 1373 deaths (excluding data from Germany and Italy, which have not reported consistently over time). However, delays in reporting affect the latest figures and under-reporting affected the reporting of AIDS deaths throughout the previous decade. From the beginning of the HIV epidemic to the end of 2022, the cumulative total of people diagnosed with AIDS in the EU/EEA was 346 712 (Table 13). The cumulative total of cases reported as known to have died from AIDS-related causes by the end of 2022 was 183 383 (Table 17).

1.5. HIV testing

Ten countries (Belgium, Czechia, Denmark, Estonia, Greece, Latvia, Lithuania, Poland, Portugal and Slovenia) consistently reported data on HIV tests performed during the period 2013–2022, excluding unlinked anonymous testing and testing of blood donations. The number of tests performed in the countries consistently reporting testing activity has increased by 16.3% against 2021 and 11.8% against 2019 (Table 18). It is important to note that 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

Surveillance data for the year 2022 indicate a notable increase in reported HIV diagnoses in the EU/EEA, with a rate of 5.1 per 100 000 population, a 30.8% increase on the 2021 rate, but a slight decrease of 3.8% compared to the 2019 rate. It is crucial to emphasise that 16.6% of the diagnoses reported for 2022 were categorised as ‘previous positive’. This category includes individuals who have previously received an HIV diagnosis, either in another country or within a different setting in the reporting country before the current reporting year. Previous positive diagnoses are counted when individuals enter, re-enter, or re-engage with the healthcare

system within the reporting country and, although data on these cases do not provide an indication of recent HIV infection trends, they do provide important information for healthcare and resource planning. Previous positive cases reported in 2022 are probably underestimated due to a low completeness rate for the variable that identifies HIV status as a previous positive or a first-time diagnosis within EU/EEA countries.

However, the increase in HIV cases in 2022 can be attributed to a range of other factors in addition to the reporting of previous positive diagnoses. The lifting of COVID-19 restrictions and ongoing conflicts close to Europe’s borders, including the movement of people from Ukraine, have significantly increased the influx of individuals arriving in EU/EEA countries and movement between EU/EEA countries. In addition, the post-pandemic period expanded delivery of HIV testing services in some settings, as well as the implementation of new testing strategies to identify those previously undiagnosed. This may also have contributed to the increase in HIV diagnoses during this period.

The increase in HIV previous positive diagnosis has had a considerable impact on the epidemiological profile and the trends among those reported in 2022 when counted together with the newly diagnosed cases. However, in order to understand the epidemiology of HIV in EU/EEA countries, it is important to distinguish between people who were previously diagnosed and those who are newly diagnosed, as both populations have a distinct epidemiological profile. Previous positive diagnoses include a higher proportion of women, in older age groups, originating mainly from Central and Eastern Europe, who were primarily infected through heterosexual contact and were on ART, resulting in a lower proportion of late diagnoses. Newly-diagnosed HIV cases are predominantly younger men, with a higher proportion of diagnosis in the acute and early stages of the infection among MSM, and a higher representation of late diagnosis among those infected through heterosexual contact.

The rates of AIDS and AIDS-related deaths in the EU/EEA have decreased significantly over the past decade. In 2022, the reported AIDS cases maintained the same rate as in 2021, remaining at 0.6 per 100 000 population. However, when compared to the rate in 2019, this rate reflected a significant reduction of 14%. With regard to AIDS-related deaths, there was a 2.0% decrease against the numbers for 2021, but a more significant decrease of 44.5% compared to 2019. This decline is probably a result of improved access to treatment and enhanced case management. It is important to note that many individuals with previous positive diagnoses were already on ART in their respective countries or regions prior to coming to the EU/EEA countries. Consequently, the increase in the number of these diagnoses in 2022 does not result in an impact on either the AIDS or AIDS-related death rates within the EU/EEA region for this year.

Heterosexual contact emerged as the main mode of HIV transmission in 2022. This transmission mode also

constituted a significant proportion of previous positive diagnoses, particularly among women. The upsurge in HIV diagnoses, especially the previous positive cases, is largely attributed to refugees arriving from Ukraine following the onset of regional conflict. The influx of patients, particularly from Ukraine, has introduced new challenges to HIV care, as this population may have different needs in terms of mental health and social support, requiring special considerations for transitioning to new ART regimens (as many were on treatment regimens that are not available in EU/EEA countries) [1]. In addition, individuals who are aware of their HIV-positive status may be hesitant to seek treatment due to challenges in accessing the healthcare system or concerns related to stigma and discrimination [2].

A decline in HIV diagnoses among MSM has been evident across most EU/EEA countries since 2014. However, there has been a slight increase in HIV diagnoses within this population in 2022, particularly among migrants coming from Latin America and the Caribbean, and Central and Eastern Europe. Therefore, it is important to reinforce and tailor successful prevention and testing programmes targeting this population. These programmes should focus on promoting the uptake of regular, easy-to-access HIV testing, accompanied by immediate linkage to care and treatment for those found positive. They should also provide condoms, peer support and access to PrEP for high-risk HIV-negative men as part of comprehensive sexual health services. This approach has proven to result in higher rates of viral suppression and a subsequent decline in HIV transmission [3, 4]. In addition, expanding and adapting the use of PrEP is crucial for reducing HIV transmission within this population, emphasising the need to extend the strategy to those who would benefit [4–6]. It is noted that in many of the countries with increasing trends in HIV among MSM, PrEP programmes are only being implemented on a very small scale, or not at all [5].

Migrants (or people originating from outside of the reporting country) constituted a considerable proportion (48.3%) of HIV diagnoses in the EU/EEA in 2022. While the proportion of migrants from most regions has remained relatively stable since 2013, diagnoses among people originating from countries in Central and Eastern Europe increased from 37.0% in 2021 to 48.3% in 2022. As described above, this includes a high proportion of previous positive diagnoses. It is important to highlight that the HIV diagnoses reported not only include previous positive individuals from Central and Eastern Europe, but also those who were newly diagnosed upon their arrival in the EU/EEA, having been undiagnosed prior to migration. Therefore, Central and Eastern Europe strategies to increase access to testing and linkage to care need to be designed, implemented and scaled-up in hosting countries. It is important to recognise the emerging evidence that a significant proportion of migrants, even those originating from areas with high HIV endemicity, acquire HIV after arrival in the EU/EEA [7–9]. This indicates the need for specific and non-stigmatising HIV prevention campaigns for migrants

from the moment of their arrival, including the offer of HIV testing to migrants who have recently arrived in the EU/EEA [10].

Transmission of HIV among people who inject drugs continues to remain at a low level across most EU/EEA countries, with a minor uptick in the number of HIV diagnoses noted in 2022. This increase is significantly smaller than the increases observed in other modes of transmission, thanks to the presence of well-established and effective harm-reduction programmes in most EU/EEA countries. It is worth considering that this slight increase could potentially be attributed to the reporting of previous positive diagnoses, as 24.4% of all individuals infected through drug injection fall into this category. This slight increase was observed in most EU/EEA countries; Austria, Cyprus, Greece, Portugal and Romania have experienced a decline of more than 30% in 2022. Moreover, when considering the entire EU/EEA region, there was a 6% reduction compared to the numbers reported in 2019. This reinforces the importance of maintaining adequate scale and coverage of harm-reduction services and recognising that trends can change quickly for this group in the absence of effective prevention delivered at scale [11, 12]. Furthermore, enhancing access to testing for other blood-transmitted infections, such as HCV and HBV, which are prevalent among this population, serves as an indispensable and integrated preventive strategy towards achieving the Sustainable Development Goal (SDG) among this key population by 2030 [13].

This is the first time that data on HIV diagnoses in transgender individuals is described for the EU/EEA, largely because France, the Netherlands and Ireland have made strides in collecting and reporting data related to this population. It is interesting to note that most HIV diagnoses in transgender individuals were in young people, with a median age of 33.3 years and predominantly originating from Latin America and the Caribbean (70.3%). However, it is still challenging to draw robust conclusions for HIV prevention and control from the limited data currently available on transgender individuals. This limitation arises from the fact that most EU/EEA countries either do not collect specific information on this population or, in some cases, classify transgender identity as ‘unknown’ gender. Collecting more comprehensive information is imperative to better delineate the epidemiological profile of this population, allowing for the design and tailoring of more effective prevention strategies.

It is estimated that about 766 049 people are living with HIV in the EU/EEA, of which around 684 551 (89%) are diagnosed [13]. 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 [14]. Modelled estimates also indicate that it takes an average of 2.9 years from HIV infection to diagnosis in the EU/EEA, varying by

geographical area from 2.2 to 3.6 years [15]. In addition to the clinical and personal benefits for the person diagnosed, early diagnosis and effective ART can also help sexual and injecting partners by inhibiting onward HIV transmission [16].

Almost half of those newly diagnosed (49.7%) have a CD4 cell count below 350 cells per mm³, including 28.8% of cases with advanced HIV infection (CD4 below 200 cells/mm³). These data indicate that people would have been infected many years previously, suggesting problems with access to, and uptake of HIV testing for some segments of the population, and indicating 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 augmenting routine testing for health conditions associated with HIV (indicator condition-guided testing), increasing HIV testing during screening for other sexually transmitted infections, and continuing to expand community-based testing, self-testing/home-sampling and partner notification. The development of European Standards of HIV Care and European guidance on setting-based approaches for HIV and viral hepatitis testing, including best practices for effective implementation, can promote more uniform and improved care quality across the region and can help countries seeking to implement more effective testing programmes [17, 18]. Testing not only provides a gateway to HIV treatment for people found to be positive but can also serve as an entry point for high-risk HIV-negative people to effective prevention, including PrEP.

Despite clear evidence of the benefits for the health of HIV-positive people of introducing ART early [19] 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 [20]. 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 98% of those diagnosed who had evidence of linkage to care were linked to care within three months of HIV diagnosis [21]. Timely linkage to care following HIV diagnosis is crucial, as delayed access can result in poor patient outcomes [22]. Once linked to care, there is evidence that high proportions of people diagnosed with HIV in the EU/EEA have access to ART and achieve viral suppression [22].

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

Programmes for the prevention and control of HIV infection adapted to key populations and maintained to scale remain important in EU/EEA countries. For most EU/EEA countries, this means a strong focus on women and MSM. Migrants, both those from countries in Central and Eastern Europe, Sub-Saharan Africa and others, are also a key vulnerable population who need specific prevention and control efforts in most EU/EEA countries. Given the increasing evidence of post-migration HIV acquisition, it is important that migrant-sensitive services for prevention and HIV testing, combined with policies that promote and ensure linkage and access to care, are delivered in all EU/EEA countries. Harm-reduction programmes among people who inject drugs, and their sexual partners are crucial and should be maintained and scaled up where service coverage is low, particularly when patterns of drug use change.

It is essential to emphasise that one of the limitations encountered during the analysis of HIV data from 2022 pertains to the observed data incompleteness. Recent years have seen a worrying trend in reduced data completeness for the variable HIV transmission route, with more than one quarter (27.3%) of cases reported in 2022 lacking this important information. Information on probable route of transmission is crucial to better inform HIV prevention interventions and programme planning. Greater efforts to improve collaboration with clinicians and follow-up with other data providers may improve the transmission data. The absence of standardisation and consistent collection of the HIV status variable, which distinguishes between first-time diagnoses and previous positive diagnoses, has also presented challenges in interpreting the data from 2022. Achieving a consensus among EU/EEA countries regarding the collection, inclusion in surveillance systems, and analysis of previous positive cases is crucial. This is of the utmost importance, considering the distinct epidemiological profile and special healthcare needs of people who were previously diagnosed, compared to those individuals newly diagnosed with HIV. Enhancing the standards of data collection within surveillance systems will not only yield more accurate and actionable data, but also serve as a powerful strategic resource for tailoring prevention strategies to reach those in need.

References

- Massmann R, Groh T, Jilich D, Bartková D, Bartovská Z, Chmelář J, et al. HIV-positive Ukrainian refugees in the Czech Republic. *AIDS*. 2023 Oct 1;37(12):1811-1818. doi: 10.1097/QAD.0000000000003633.
- 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 from: <https://www.ecdc.europa.eu/en/publications-data/hiv-stigma-survey>
- Brown AE, Mohammed H, Ogaz D, Kirwan PD, Yung M, Nash SG. Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: testing or treatment or pre-exposure prophylaxis (PrEP)? *Euro Surveill*. 2017;22(25). doi:10.2807/1560-7917.
- Nwokolo N, Whitlock G, MacOwan A. Not just PrEP: other reasons for London's HIV decline. *Lancet HIV* 2017;4(4):e153. doi:10.1016/S2352-3018(17)30044-9.
- Hayes R, Schmidt AJ, Pharris A, Azad Y, Brown AE, Weatherburn P et al. and the ECDC Dublin Monitoring Network. Estimating the 'PrEP gap': how implementation and access to PrEP differ between countries in Europe and Central Asia in 2019. *Euro Surveill*. 2019;24(41). doi.org/10.2807/1560-7917.
- European Centre for Disease Prevention and Control (ECDC). Monitoring HIV pre-exposure prophylaxis programmes in the EU/EEA. Stockholm: ECDC; 2022. Available from: <https://www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea>
- Rice BD, Elford J, Yin Z, Delpech VC. A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV. *AIDS* 2012;26(15):1961-6. doi:10.1097/QAD.0b013e3283578b80.
- Pantazis N, Rosinska M, van Sighem A, Quinten C, Noori T, Burns F et al. Discriminating Between Premigration and Postmigration HIV Acquisition Using Surveillance Data. *J Acquir Immune Defic Syndr*. 2021 Oct 1;88(2):117-124. doi:10.1097/QAI.0000000000002745.
- Fakoya I, Alvarez-del Arco D, Woode-Owusu M, Monge S, Rivero-Montesdeoca Y, Delpech V et al. A systematic review of post-migration acquisition of HIV among migrants from countries with generalised HIV epidemics living in Europe: implications for effectively managing HIV prevention programmes and policy. *BMC Public Health* 2016;15:561. doi:10.1186/s12889-015-1852-9.
- European Centre for Disease Prevention and Control (ECDC). Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants in the EU/EEA. Stockholm: ECDC; 2019. Available from: <https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-screening-and-vaccination-infectious-diseases-newly>
- European Centre for Disease Prevention and Control (ECDC). Prevention of infections among people who inject drugs. Stockholm: ECDC; 2012. Available from: www.ecdc.europa.eu/en/publications-data/ecdc-and-emcdda-technical-guidance-prevention-and-control-infectious-diseases-o
- European Centre for Disease Prevention and Control (ECDC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Prevention and control of infectious diseases among people who inject drugs: 2023 update. Stockholm: ECDC/EMCDDA; 2023. Available from: <https://www.ecdc.europa.eu/en/publications-data/prevention-and-control-infectious-diseases-among-people-who-inject-drugs-2023>
- European Centre for Disease Prevention and Control (ECDC). Continuum of HIV care. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 progress report. Stockholm: ECDC; 2022; October 2023 [publication pending].
- European Centre for Disease Prevention and Control (ECDC). Dublin Declaration data, 2020. [Unpublished].
- van Sighem A, Pharris A, Quinten C, Noori T, Amato-Gauci AJ, the ECDC HIV/AIDS Surveillance and Dublin Declaration Monitoring Networks. Reduction in undiagnosed HIV infection in the European Union/European Economic Area, 2012 to 2016. *Euro Surveill*. 2017;22(48):pii=17-00771. Available from: <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2017.22.48.17-00771>
- Paraskevis D, Nikolopoulos G, Tsiara C, Paraskeva D, Antoniadou A, Lazanas M et al. HIV-1 outbreak among injecting drug users in Greece, 2011: a preliminary report. *Euro Surveill*. 2011;16(36):pii=19962. Available at: <https://www.eurosurveillance.org/content/10.2807/ese.16.36.19962-en>
- World Health Organization (WHO). Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach. Second edition. Geneva: WHO; 2017. Available from: <https://apps.who.int/iris/handle/10665/208825>
- European Centre for Disease Prevention and Control (ECDC). Public health guidance on HIV, hepatitis B and C testing in the EU/EEA. Stockholm: ECDC; 2018. Available from: www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea
- INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. *N Engl J Med*. 2016;373(9):795-807. Available from: <https://pubmed.ncbi.nlm.nih.gov/26192873/>
- Earnshaw VA, Smith LR, Chaudoir SR, Lee IC, Copenhaver MM. Stereotypes about people living with HIV: Implications for perceptions of HIV risk and testing frequency among at-risk populations. *AIDS Educ Prev* 2012;24:574-581 doi: 10.1521/aeap.2012.24.6.574
- Croxford S, Yin Z, Burns F, Copas A, Town K, Desai S et al. Linkage to HIV care following diagnosis in the WHO European Region: a systematic review and meta-analysis, 2006-2017. *PLoS One* 2018;13(2):e0192403. Available from: <https://doi.org/10.1371/journal.pone.0192403>
- European Centre for Disease Prevention and Control (ECDC). Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and central Asia: thematic report on the HIV continuum of care. Stockholm: ECDC. Available from: <https://www.ecdc.europa.eu/en/publications-data/hiv-continuum-care-monitoring-implementation-dublin-declaration>

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 2022, 110 486 people in the WHO European Region were diagnosed with HIV, corresponding to a rate of 12.4 per 100 000 population (see Table A, Table 1). This number includes HIV diagnoses reported by 49 countries¹⁶ to the joint ECDC and WHO Regional Office for Europe surveillance system. It brings the cumulative number of reported HIV diagnoses in the Region since reporting began in the 1980s to 2 454 878. As in previous years, most (72%) of the 110 486 people diagnosed with HIV in 2022 were from the East of the Region (79 144), 20% were from the West (22 397) and 8% from the Centre (8 945). The rate was also highest in the East (30.7 per 100 000 population); more than six times higher than in the West (5.1 per 100 000) and almost seven times higher than in the Centre (4.5 per 100 000) (see Table A, Table 1). For men, the average rate across the Region was 16.4 per 100 000 population (Table 2) and for women 8.5 per 100 000 population (Table 3).

Rates of HIV diagnoses varied widely across countries in the WHO European Region in 2022. The highest rates per 100 000 population (more than 15.0) were observed in the Russian Federation (38.4) followed by Ukraine (29.8), the Republic of Moldova (28.4), Cyprus (24.1), Kazakhstan (20.7), Armenia (19.2), Estonia (18.8), Ireland (17.5), Belarus (17.2), Georgia (16.5) and Kyrgyzstan (16.5). The lowest rates (2.0 and under) were reported by Slovenia (2.0), North Macedonia (2.0), and Bosnia and Herzegovina (1.7).

The largest proportion of people diagnosed in the 49 reporting countries was in the age group 30–39 years (36%), while 6% were young people aged 15–24 years, and 17% were 50 years or above at diagnosis (see Table A, Table 9, Figure 2.1).

The male-to-female ratio was 1.8, lowest in the East (1.6), higher in the West (2.4), and highest in the Centre (2.9). The highest male-to-female ratios (more than 10.0) at the country level among countries with more than 10 cases were observed in Bosnia and Herzegovina (12.5), Serbia (12.2), and Malta (11.0), and the lowest in Czechia (1.0), Estonia (1.1), Norway (1.3), Republic of Moldova (1.4) and Denmark (1.4).

Data on transmission mode, which was available for 48 countries¹⁷ (see Table A, Tables 4–8, Figure 2.2) provide

information on risk exposure among people diagnosed with HIV. The data for 2022 indicate the following:

WHO European Region

- Heterosexual contact was still the main reported mode of HIV transmission in the WHO European Region, accounting for more than half (61%) of people diagnosed in 2022 (67 588) and 69% of HIV diagnoses in 2022 with a known mode of transmission (Table 6). Among those, 8% originated from countries with generalised epidemics (data not shown).
- Injecting drug use was the second most common transmission mode, accounting for 16% of HIV diagnoses (17 753) and 18% of HIV diagnoses with a known mode of transmission (Table 5).
- Sex between men accounted for 11% of diagnoses overall (12 481) and 13% of HIV diagnoses with a known mode of transmission (Table 4).
- Less than one percent (0.56%, 615) of cases were infected through MTCT (0.62% of those with a known mode of transmission) (Table 7) and 0.1% (86) through other transmission routes (nosocomial infection, transfusion, or use of other blood products) (Table 8).
- Transmission mode was reported as unknown or missing for 11% (11 948 cases) (Table 8). Reporting completeness regarding transmission mode varies greatly across the Region, with information lacking for 2% of HIV diagnoses in the East, 53% in the Centre, and 24% in the West.

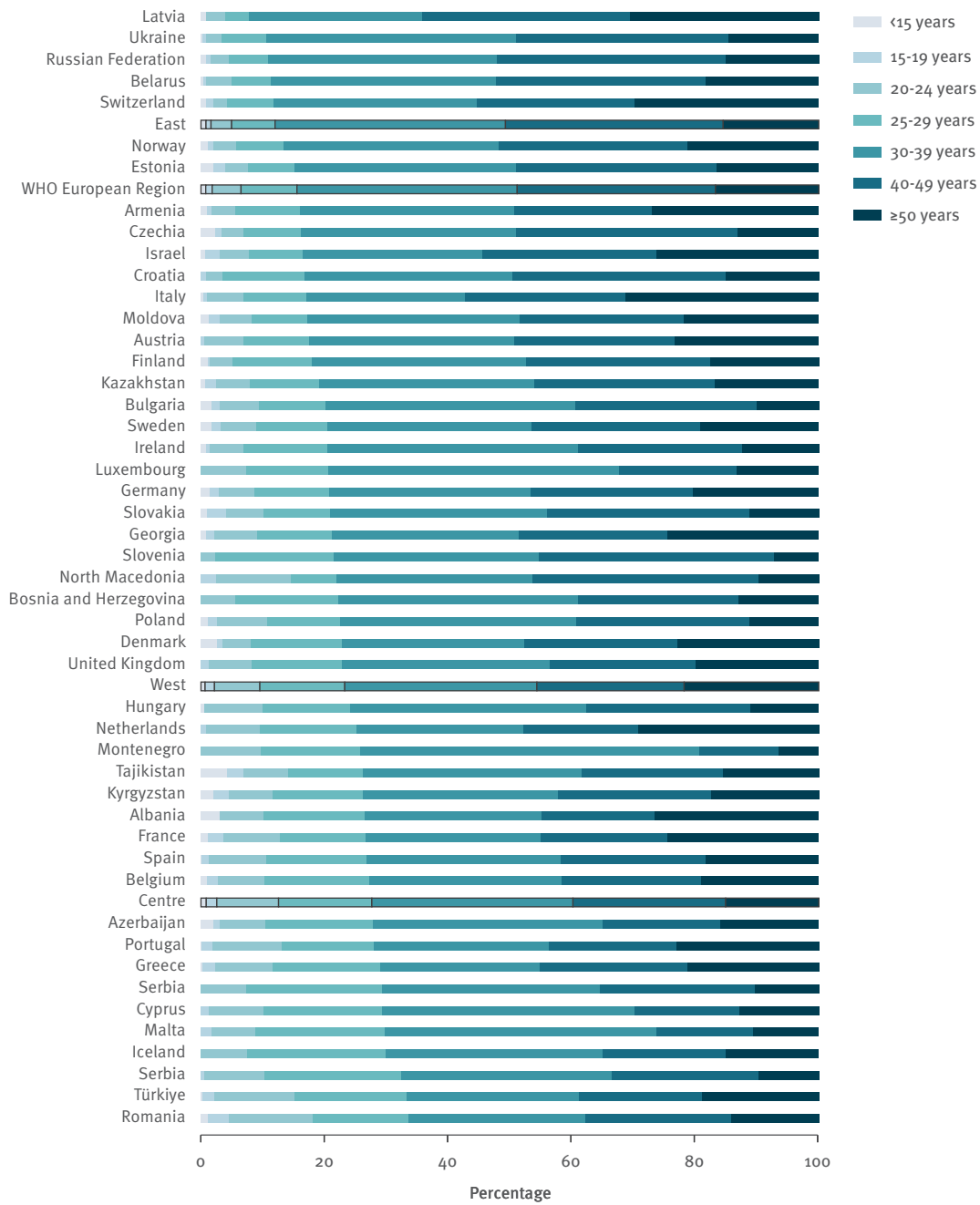
East

- In total, 72% of those diagnosed in 2022 and 74% of diagnoses with a known mode of transmission were infected heterosexually (57 272), making this the main route of transmission reported in all countries in the East (Table 6).
- Overall, 21% of those diagnosed in 2022 and 22% of HIV diagnoses with a known route of transmission were infected through injecting drug use (16 724) (Table 5), with transmission through injecting drug use accounting for 30% or more of diagnoses with a known transmission mode in Ukraine (31%).
- In total, 4% were infected through sex between men (2 921) (Table 4), however Armenia, Azerbaijan, Georgia, and Lithuania reported that sex between men accounted for 10% or more of HIV diagnoses with a known transmission mode.
- The percentage of cases diagnosed as infected through MTCT was 0.4% (297) (Table 7), and only one case was infected through other transmission routes (nosocomial infection, transfusion, or use of other blood products).

¹⁶ No data were received from Andorra, Monaco, 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.

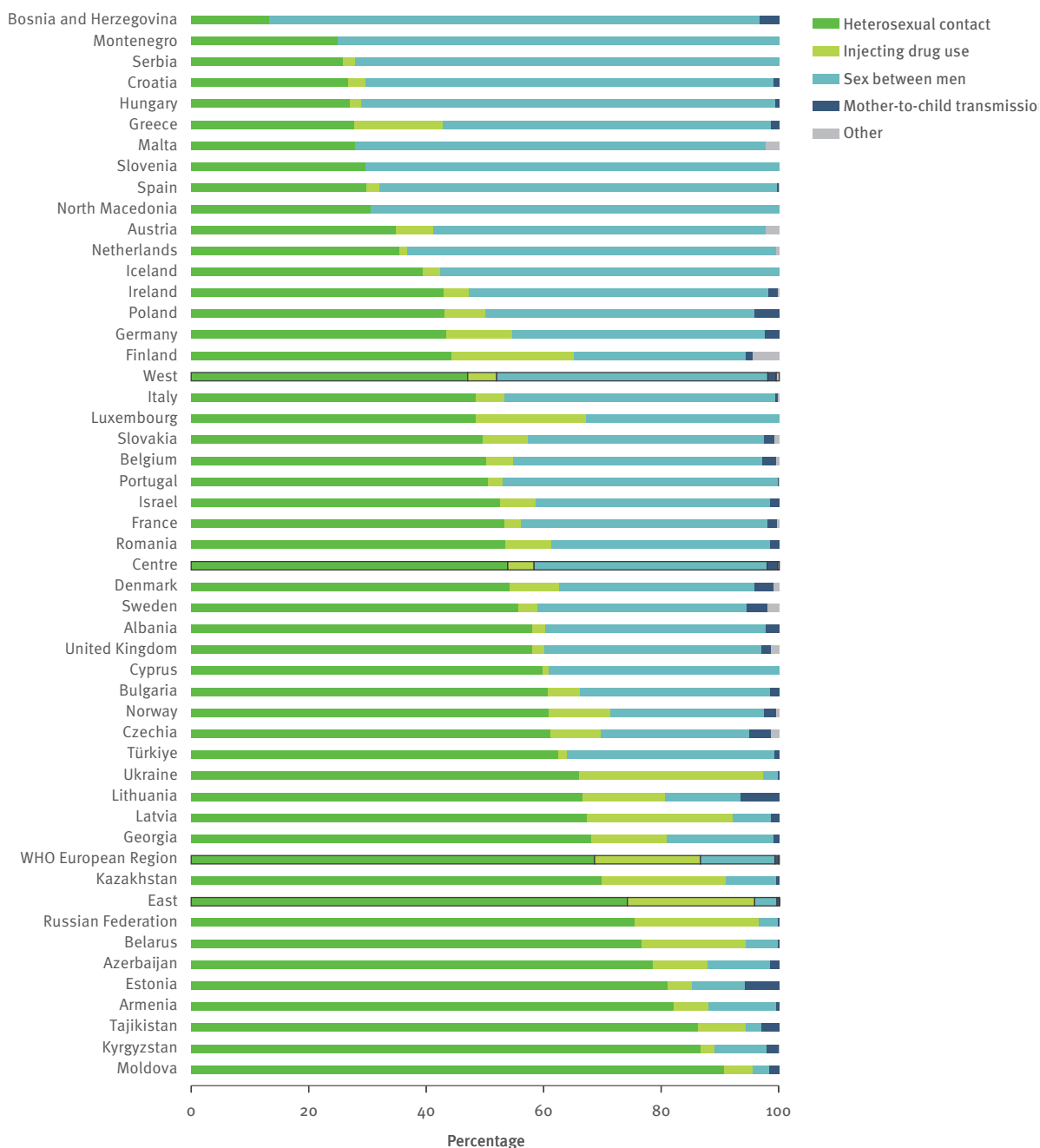
¹⁷ Data on transmission mode was not reported by Switzerland in 2022.

Figure 2.1: Percentage of HIV diagnoses, by country and age group, WHO European Region, 2022 (n=110 402)



Note: Graph organises countries in order of proportion of population <30 years. Liechtenstein and San Marino reported one case for 2022 and are 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 2022



Note: No data from Andorra, Monaco, Turkmenistan, Uzbekistan.
Unknown route of transmission is excluded from the proportions presented here.

- Transmission mode was reported as unknown or missing for only 2% of those diagnosed across the 13 countries in the East of the Region (1929). Nevertheless, at the country level, transmission-mode information was lacking for 15% or more of cases in three countries: Estonia (52%), Latvia (38%), and the Republic of Moldova (23%).

Centre

- In total, 19% of those diagnosed with HIV in 2022 and 40% of HIV diagnoses with a known route of transmission were infected through sex between men (1674) (Table 4). In 2022, sex between men was the predominant mode of transmission reported by eight countries (Bosnia and Herzegovina, Croatia, Hungary, Montenegro, North Macedonia, Serbia, Slovenia and Poland) (Figure 2.2).
- Overall, 25% of those diagnosed in 2022 and 54% of diagnoses with a known route of transmission were infected through heterosexual transmission (2272) (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, 20% were previously diagnosed, 41% were born abroad and 3% originated from countries with generalised epidemics (Table 11).
- A total of 2% of those diagnosed and 4% of HIV diagnoses with a known route of transmission were infected through injecting drug use (189) (Table 5).
- Of those with a known route of transmission, 2% were infected through MTCT (75) (Table 7).
- Transmission mode was unknown for 53% of those diagnosed in 2022 (4724) (Table 8). The two countries with the highest number of HIV diagnoses in 2022 (Türkiye and Poland) together accounted for 66% of all HIV diagnoses reported in the Centre and also had the highest percentage of HIV diagnoses with an unknown transmission mode (Poland 79% and Türkiye 67%).

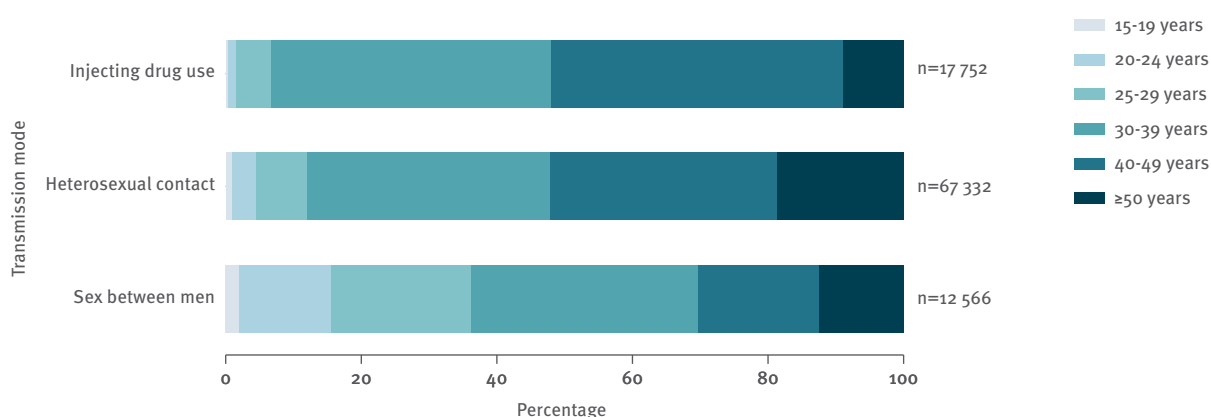
West

- In total, 35% of all people diagnosed in 2022 and 46% of those with a known mode of transmission were infected through sex between men (7886) (Table 4).
- Overall, 36% of all people diagnosed in 2022 and 47% of those with a known mode of transmission were infected heterosexually (8044) (Table 6). Of these, 17% were previously diagnosed, 70% were born abroad, and 27% originated from countries with generalised epidemics (Table 11).
- Of all those diagnosed in 2022, 4% were infected through injecting drug use (840) (Table 5);
- MTCT accounted for 1.1% of all diagnoses and 1.4% of those with a known route of transmission (243 cases) (Table 7). Of these, 17% were previously diagnosed, 92% were born abroad, and 31% originated from countries with a generalised epidemic (Table 11).
- Transmission mode was unknown for 24% of all diagnoses in 2022 (5295).

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 30–39-year-olds accounted for most HIV diagnoses among those infected through injecting drug use (41%), reported heterosexual transmission (36%) and sex between men (33%). Conversely, people aged over 50 years accounted for 19% of all heterosexual transmission, but only 13% and 9% of injecting drug use and sex between men, respectively (Figure 2.3).

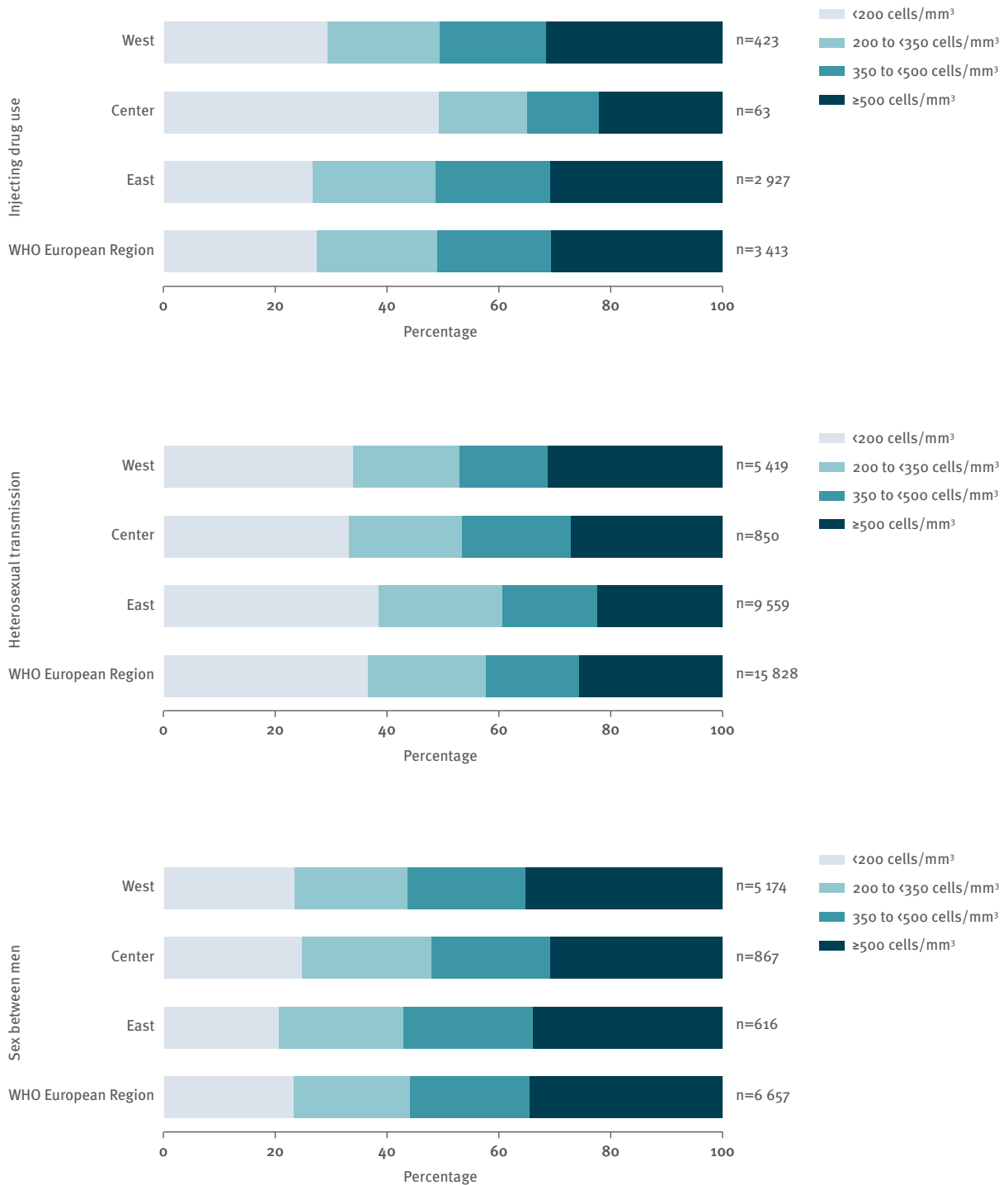
Forty-six countries provided information on the country of birth, country of nationality, or region of origin for 50696 (92.3%) HIV diagnoses in 2022 (Table 10). In the WHO European Region, 14602 HIV diagnoses (26.7% of the total HIV diagnoses and 28.8% of those with known information on region of origin) were reported among people originating from outside the reporting country.

Figure 2.3: HIV diagnoses, by age group and transmission mode, WHO European Region, 2022 (n=97650)



No data from Andorra, Monaco, Turkmenistan and Uzbekistan.

Figure 2.4: HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, WHO European Region, 2022



No data from No data from Andorra, Hungary, Malta, Monaco, Poland, San Marino, Turkmenistan, Uzbekistan. Data from the Russian Federation excluded due to incomplete reporting on transmission mode.

This is slightly more than a 50% increase compared to 2021. The same year-on-year increase in diagnoses among people of foreign origin was observed in all sub-regions; it increased from 50.0% to 60.3% in the West, from 15.8% to 29.9% in the Centre, and from 0.8% to 2.2% in the East.

While there was a substantial increase in the diagnoses originating from three regions: Central and Eastern Europe, Sub-Saharan Africa, and Latin America, and the Caribbean, the share of diagnoses among those originating from Central and Eastern Europe almost doubled in 2022 compared to 2021 (37.6% in 2022 versus 20.9% in 2021). Of 5 491 HIV diagnoses in 2022 originating from this sub-region, 4 562 (83.0%) were diagnosed in the EU/EEA countries, and of them, 34.5% (1 575) were reported as having previous positive diagnoses. Section 1.2 describes the characteristics of the previous positive diagnoses from the EU/EEA countries in more detail.

Forty-four countries provided information on CD4 cell count at the time of HIV diagnosis in 2022¹⁸. Information was reported for 36 643 people over 14 years of age at diagnosis (covering 71% of all HIV diagnoses in the reporting countries) (Table 12). More than half (51%) of all individuals diagnosed in 2022, where a CD4 cell count at diagnosis was reported, were considered to have been diagnosed late, with a count of below 350 CD4 cells per mm³, including 30% of cases considered to have advanced HIV infection (CD4 cell count below 200 cells/mm³), which is comparable to the results from previous years, albeit with a slight decrease. However, the regional average excludes data from the Russian Federation, where a CD4 cell count at diagnosis was reported among 95% of HIV diagnoses, and only 30.8% are detected once their CD4 cell counts have fallen below 350 cells/mm³ and 15.1% below 200 cells/mm³. The percentage of those who were diagnosed late (CD4 cell count of below 350/mm³) 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 (74%), Albania (73%), Estonia (67%), Montenegro (64%), Denmark (63%), Romania (63%), North Macedonia (62%) and Latvia (62). Those with the lowest percentages (40% or less) were Cyprus (22%), Czechia (25%), Iceland (30%), Finland (31%), Belgium (31%), Norway (33%), Azerbaijan (35%), Sweden (36%), Slovakia (37%), the United Kingdom (37%) and Lithuania (38%).

The percentage of late diagnoses also varied across transmission categories and was highest for people with reported heterosexual transmission (55%; 61% for men and 54% for women) and as a result of injecting drug use (47%), 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 (55%) than the Centre (45%) and West (46%). In the Centre, the high proportion

of late diagnoses is mostly driven by the high proportion among people infected through injecting drug use.

The percentage of people diagnosed with less than 350 CD4 cells per mm³ increased with age, ranging from 36% among both people aged 15–19 years and those aged 20–24 years at diagnosis, respectively, to 67% among people aged 50 years or above. Overall, the percentage of late diagnoses by gender was similar (53% for both men and women), but this is confounded by transmission mode and, for men, it conceals the difference between MSM (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 was mostly stable during the period 2013–2019, with minor fluctuations between 16 and 18 per 100 000 population, however it fell sharply in 2020 and 2021, to 12.0 and 11.9 per 100 000, respectively (Figure 2.5), and then increased slightly in 2022 to 12.4 per 100 000. The decline observed in 2020 and 2021 compared to previous years is probably due, in part, to decreased case detection as a result of the public health and social measures introduced by countries in response to the COVID-19 pandemic. Meanwhile, the increase in 2022 could have been due to a rebound in HIV testing and case detection after the pandemic subsided, and the increased movement of people within and from outside of Europe. For this reason, while we still compare 2022 data to the previous years, trends presented in this chapter are preliminary and should be interpreted with caution.

The number of diagnosed women decreased by 26% in the WHO European Region, from 52 788 in 2013 to 39 070 in 2022, and the number of diagnosed men decreased by 21%, from 90 208 to 71 118 (Tables 2 and 3). The overall trend largely reflects the situation in the Russian Federation where diagnoses have decreased since 2019 by 31%. The other countries have seen significant variations, particularly in 2022, when several countries had dramatic increases in the number of diagnosed cases originating from Central and Eastern Europe, including previous positive cases. For example, the number of women diagnosed in Czechia was more than ten times higher in 2022 than in 2013 and over twice as high as in 2021. Similar large increases between 2013 and 2022 were observed in Poland, Slovakia, Cyprus, Iceland, and Ireland in both males and females. Conversely, a large (over 50%) decrease among males was observed in Italy, Luxemburg, Netherlands, and Portugal. Among females, the largest decrease between 2013 and 2022 was observed in Italy, the Netherlands, Portugal, and Romania.

Forty countries consistently reported data on transmission mode for the period 2013–2022 (Figure 2.6–2.9).

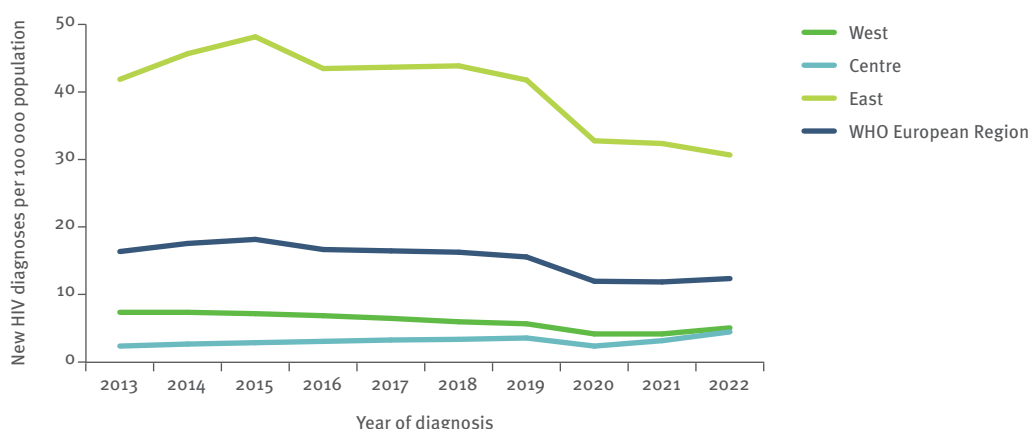
Data on transmission mode from the countries with consistent data indicate the following (Figures 2.6–2.9).

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

WHO European Region

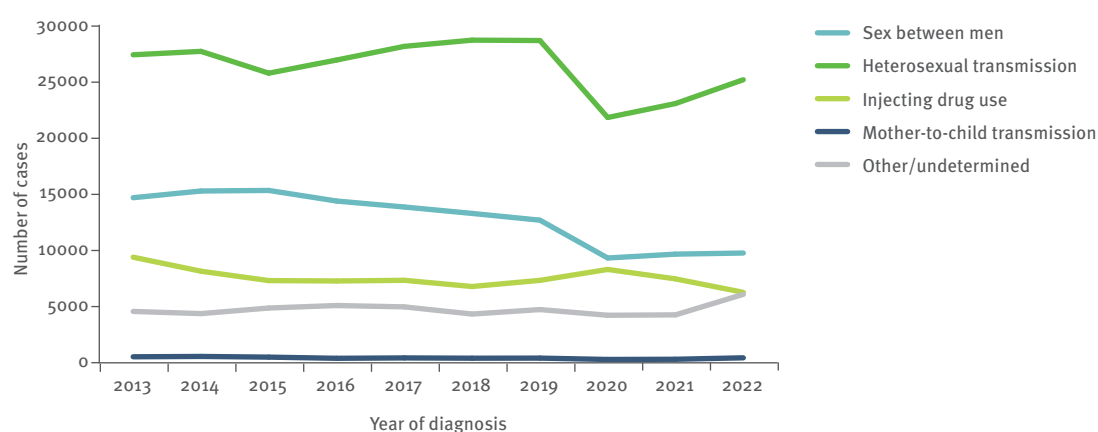
- The proportion of all HIV diagnoses attributed to heterosexual contact increased from 48% of cases in 2013 to 53% in 2022. The number of HIV diagnoses attributed to heterosexual contact in countries reporting consistently showed an increasing trend between 2011 and 2019, followed by a sharp decline (23%) in 2020 and an increase (15%) in 2022 compared to 2020.
- The proportion of all HIV diagnoses attributed to sex between men decreased from 26% to 20% over the same period. Overall, the number of HIV diagnoses reported among MSM in countries reporting consistently declined between 2015 and 2020, but has increased slightly since 2021.
- While the number of diagnoses in people infected through injecting drug use has shown a stable decline since 2012, it increased by 15% in 2020 compared to 2019, with a reversal and an 11% decrease in 2021.
- The decreasing trend continued in 2022. Overall, the proportion of all HIV diagnoses attributed to injecting drug use remained stable at 17% in both 2013 and 2022.
- The number of HIV diagnoses in children infected through MTCT decreased by 17% over the previous decade, from 536 in 2013 to 445 in 2022, representing 0.9% of all diagnoses in both 2013 and 2022.
- Of the diagnoses in people infected by other means, nosocomial infections increased from 25 cases in 2013 to 28 in 2022, while HIV diagnoses attributed to transfusion of blood and its products decreased from 82 cases in 2013 to 72 cases in 2022.
- The number of HIV diagnoses for which information on transmission mode was unknown or missing increased by 34%, from 4 459 in 2013 to 5 983 in 2022 – representing 8% of all HIV diagnoses in 2013 and 13% in 2022.

Figure 2.5: HIV diagnoses per 100 000 population, by year of diagnosis, WHO European Region, 2013–2022



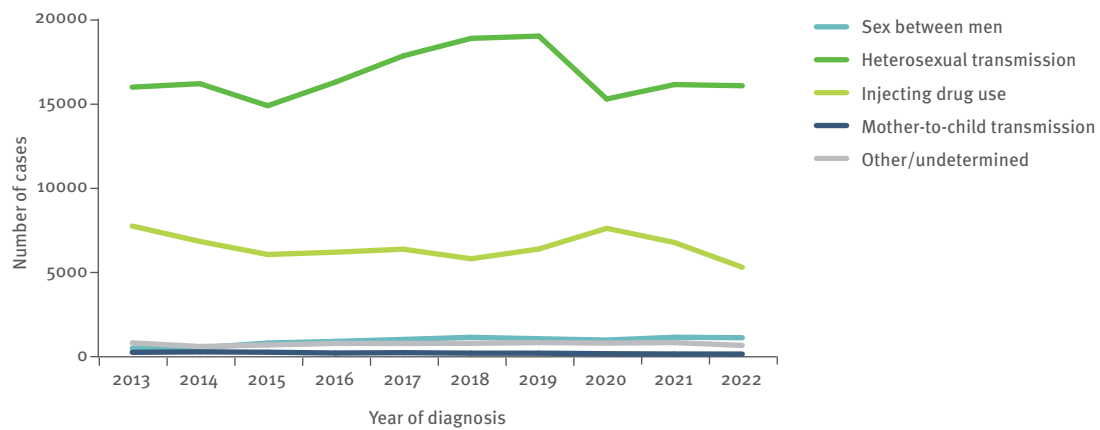
Note: data from Andorra, Monaco, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period.

Figure 2.6: HIV diagnoses, by transmission mode and year of diagnosis, WHO European Region, 2013–2022



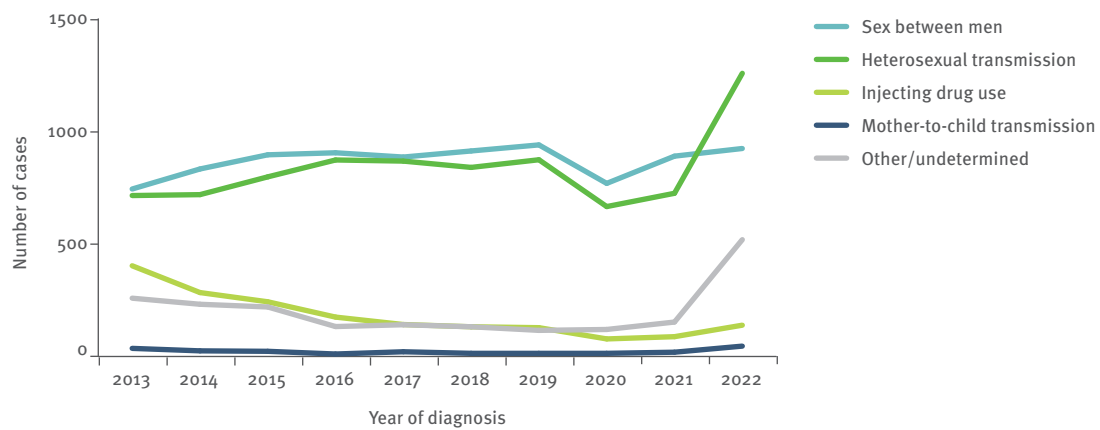
Note: data from Andorra, Estonia, Iceland, Israel, Malta, Monaco, Poland, Russian Federation, San Marino, Switzerland, Turkiye, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period

Figure 2.7: HIV diagnoses, by transmission mode and year of diagnosis, East, 2013–2022



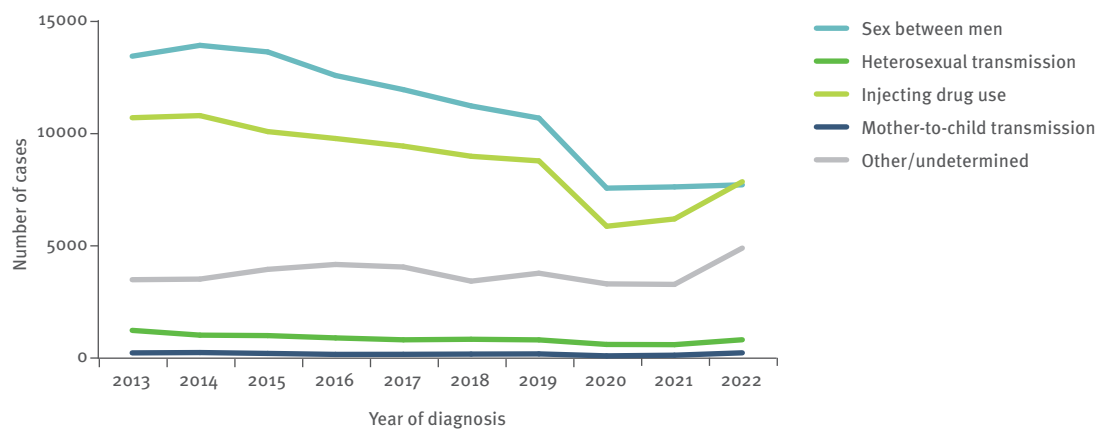
Note: data from Estonia, Russian Federation, Turkmenistan and Uzbekistan excluded due to inconsistent reporting during the period.

Figure 2.8: HIV diagnoses, by transmission mode and year of diagnosis, Centre, 2013–2022



Note: data from Poland and Türkiye excluded due to inconsistent reporting during the period.

Figure 2.9: HIV diagnoses, by transmission mode and year of diagnosis, West, 2013–2022



Note: data from Andorra, Monaco, Israel, San Marino, and Switzerland excluded due to incomplete/inconsistent reporting during the period.

East

- The number of HIV diagnoses in people with reported heterosexual transmission increased slightly (1%), from 15 972 in 2013 to 16 055 in 2022. At the same time, the percentage of all HIV diagnoses attributed to heterosexual contact increased from 48% of cases in 2013 to 53% in 2022.
- The number of diagnoses in people infected through injecting drug use decreased by 32%, from 7 746 in 2013 to 5 303 in 2022. The percentage of all HIV diagnoses attributed to injecting drug use decreased from 31% in 2013 to 23% in 2022.
- The number of diagnoses in people infected through sex between men increased more than two-fold, from 509 in 2013 to 1 128 in 2022. Yet despite this increase, the percentage of all HIV diagnoses attributed to sex between men has remained low, at 2% in 2013 and 5% in 2022.
- The number of children infected through MTCT decreased by 39%, from 265 in 2013 to 161 in 2022, representing 1.0% of HIV diagnoses in 2013 and 0.7% in 2022.
- The number of HIV diagnoses for which the mode of transmission was unknown decreased by 18%, from 823 in 2012 to 673 in 2022, although the percentage of HIV diagnoses with unknown mode of transmission remained low and stable overall at 3% between 2013 and 2022.

Centre

- The number of diagnoses in those infected as a result of sex between men increased from 744 to 924. However, the percentage of HIV diagnoses attributed to sex between men decreased slightly, from 34% in 2013 to 32% in 2022.
- Following the general decline in reported HIV cases in 2020, the number of HIV diagnoses in those infected through heterosexual transmission increased sharply in 2022, resulting in a 76% increase between 2013 and 2022 (from 715 to 1 258). The percentage of HIV diagnoses attributed to heterosexual transmission was 33% in 2013 and 44% in 2022. The proportion of people infected through heterosexual transmission originating outside the reporting country has increased dramatically in recent years, from 13% in 2021 to 40% in 2022. The share of previously diagnosed individuals has also increased – from 3% in 2021 to 20% in 2022.
- The number of HIV diagnoses in those infected as a result of injecting drug use was 403 in 2013 and 139 in 2022. The percentage of HIV diagnoses attributed to injecting drug use was 19% in 2013 and 5% in 2022. It is interesting to note that in 2021, the proportion of people infected through injection drug use originating outside the reporting country was 14%, while in 2022, this proportion was 48%.
- The number of HIV diagnoses as a result of MTCT decreased consistently between 2013 and 2020,

before increased rapidly in the last two years, from 14 cases in 2020 to 46 in 2022.

- Among countries with consistent reporting, the number of HIV diagnoses reported with unknown transmission mode in 2022 was 508, a dramatic increase compared to 258 in 2013 and 150 in 2021. The percentage of HIV diagnoses with missing information on transmission mode increased from 12% in 2013 to 18% in 2023 for the 13 countries included in the trend assessment.

West

- HIV diagnoses of people infected through sex between men decreased by 43%, from 13 416 in 2013 to 7 702 in 2022. The percentage of HIV diagnoses attributed to sex between men decreased from 46% in 2013 to 36% in 2022.
- HIV diagnoses of people with reported heterosexual transmission decreased by 27%, from 10 682 to 7 841, with the steepest decline among women and foreign-born heterosexual people, the latter being due mainly to sharp decreases among migrants originating from countries with generalised HIV epidemics (data not shown; see also Figures 1.11 and 1.12 and Section 1.2 Trends in HIV diagnoses in Chapter 1). The percentage of HIV diagnoses attributed to heterosexual contact decreased from 37% of cases in 2013 to 36% in 2022. The proportion of people infected through heterosexual transmission originating outside the reporting country increased from 66% in 2021 to 73% in 2022. The share of previously diagnosed individuals also increased, from 12% in 2021 to 17% in 2022.
- HIV diagnoses of people infected through injecting drug use decreased by 34%, from 1 235 in 2013 to 819 in 2022, representing 4% of HIV diagnoses in both 2013 and 2022.
- Diagnoses of children infected through MTCT decreased consistently between 2013 and 2021, but increased dramatically in 2022 to reach levels similar to those in 2013 (238 diagnoses, compared to 235 in 2013). This may be due to the increasing trend among previous positive individuals; however, when analysing data on known previous positive status, the share of previously diagnosed children did not change substantially, increasing from 39% in 2021 to 40% in 2022.
- The number of HIV diagnoses with missing information on transmission mode increased from 3 401 in 2013 to 4 803 in 2022, corresponding to 12% of HIV diagnoses in 2013 and 22% in 2022. Delays in the reporting of probable modes of transmission to national and European surveillance systems intensify the increase.

2.1.3. AIDS cases, morbidity and mortality

In 2022, 7 642 people in 44 countries of the WHO European Region¹⁹ were diagnosed with AIDS, which corresponds to a rate of 1.1 per 100 000 population (Table 13). Of the 7 642 people who received a diagnosis of AIDS in 2022, 65% (4 944) were diagnosed in the East, 24% (1 873) in the West and 11% (825) in the Centre of the Region. The rate was also highest in the East (4.4 per 100 000 population), almost nine times higher than that in the West (0.5 per 100 000) and 11-times higher than in the Centre (0.3 per 100 000 population).

The rate of AIDS diagnoses varied widely among the countries, with the highest rates (3.0 or above) reported in Armenia (8.3), the Republic of Moldova (7.9) Ukraine (7.3), Georgia (5.7), Belarus (4.4), Cyprus (3.8) and Latvia (3.1), and the lowest rates (under 0.3) reported in Türkiye (0.1)²⁰, Israel (0.1), Slovakia (0.1), Slovenia (0.3), Finland (0.3), Denmark (0.3), Poland (0.3) and the United Kingdom (0.3). Malta and San Marino reported zero cases.

TB represented 12% of all reported AIDS-defining illness events in 2022, ranging from 11% of reports in the West to 12% in the Centre and 14% in the East.

In the 43 countries with consistent AIDS data²¹, the overall rate of AIDS diagnoses in the Region decreased by 58% between 2013 and 2022, from 2.6 per 100 000 population (16 475 cases) to 1.1 per 100 000 (7 168 cases) (Figure 2.10).

¹⁹ 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.

²⁰ AIDS data for Türkiye only include those diagnosed with AIDS at the time of HIV diagnosis and are therefore not comparable with AIDS data from other countries.

²¹ Data from Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, Portugal, the Russian Federation, Sweden, Turkmenistan and Uzbekistan are excluded, or not reported.

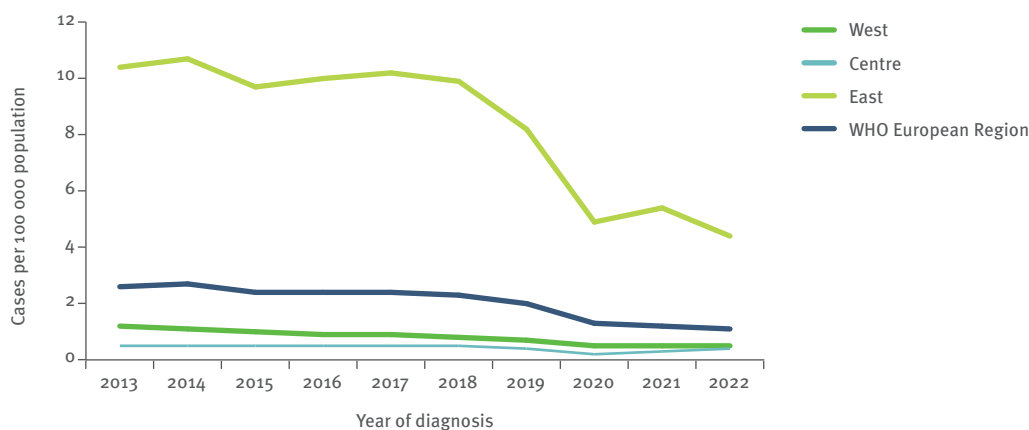
AIDS trends varied across the three sub-regions. Despite the 2021 data representing the first year-on-year increase in the last five years in the East, the decreasing trend, re-established in 2022, and the overall downward trend continues, with the rate decreasing by 58%, from 10.4 in 2013 to 4.4 in 2022. In the Centre, the rate decreased by 200%, from 0.5 in 2013 to 0.4 in 2022. However, it should be noted that the rate in Centre has been increasing in past two years – from 0.2 in 2020, to 0.3 in 2021 and 0.4 in 2022. In the West, the steady downward trend continued, with a 58% decrease from 1.2 in 2013 to 0.5 in 2022 (Figure 2.10).

A total of 44 countries in the Region²² provided information on AIDS-related deaths or deaths among people previously diagnosed with AIDS²³, with 3 023 people reported to have died during 2022. This represents a 50% decrease compared with the 6 043 deaths reported for the same countries in 2013. Of the 1 629 deaths in 2022, 70% were reported from the East of the Region, 19% from the West, and 11% 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 AIDS mortality burden in the European Region. According to a country survey from 2006, only about one third of countries in the WHO European Region were able to match their HIV/AIDS registries with their national mortality or vital statistics registries [1].

²² 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.

²³ 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.

Figure 2.10: New AIDS diagnoses per 100 000 population, by geographical area and year of diagnosis, WHO European Region, 2013–2022



Note: No data received from Andorra, Bosnia and Herzegovina, Germany, Monaco, North Macedonia, Russian Federation, Sweden, Turkmenistan and Uzbekistan.

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 numbers provided are collected in a heterogeneous manner, and comparisons between country testing rates should be made with caution. In 2022, a total of 76 266 730 HIV tests were reported by 27 countries (13 in the East, eight in the Centre and six 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 2022, the Russian Federation reported a total of 47 205 207 HIV tests, accounting for 62% 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).

Although the overall number of tests performed in the Region increased by 56%, from 44 429 846 in 2013 to 69 472 112 in 2022, in the 25 countries with data available throughout the decade, the number of tests performed decreased by 16% between 2019 and 2020, but then increased by 30% between 2020 and 2022 (Table 18). This is probably a consequence of a reduction in HIV testing services during 2020 due to the COVID-19 pandemic and the subsequent lift of the COVID-related restrictions in 2021 and 2022. Increases in large countries with high numbers tested, such as Belarus, Kazakhstan, the Russian Federation and Türkiye, have had a considerable impact on the overall increase since 2013. The number of tests more than doubled in a few countries, although information on testing yield or coverage among key populations at higher risk of HIV infection was not collected from countries.

The number of HIV tests from the twelve consistently reporting countries in the East of the Region increased by 57%, from 36 005 755 in 2013 to 56 496 428 in 2022 (Table 18). Information on the types of population tested is not available, but an increased number of HIV tests does not necessarily generate higher testing yields if large numbers of HIV tests are performed among people at low risk of HIV infection.

Over the last decade, the rate of HIV diagnoses in the Centre increased by 87%, while the number of HIV tests increased by 57% (from 7 305 986 in 2013 to 11 442 944 in 2022) in the eight countries for which consistent data were available²⁴.

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

²⁴ The nine countries are Czechia, Poland, Romania, Slovakia, Slovenia, Albania, North Macedonia, Serbia and Türkiye.

2.3. Conclusions

The 2022 HIV surveillance data indicate a wide variation in epidemic patterns and trends across the WHO European Region. Overall, HIV diagnoses slightly increased in the WHO European Region in 2022, with a rate of 12.4 per 100 000 population, a 4.2% increase compared with the 2021 rate but still a 20.5% decrease compared to the 2019 rate. However, this overall trend masks very different trends across the Region. The overall trend largely reflects the situation in the Russian Federation where diagnoses have decreased since 2019 by 31%. However, in total, 37 of 49 countries reported an increase in HIV diagnoses in 2022 compared to 2021, and several countries recorded the highest number of HIV diagnoses reported in a single year.

When comparing the number of HIV diagnoses with the estimated number of new HIV infections over the past decade, it is evident that more people are becoming infected with HIV than are being diagnosed. This indicates that the number of people living with undiagnosed HIV in the region is increasing. The widening gap between estimated new infections and actual diagnoses can be addressed by further scale-up of testing to reach the right populations.

The increase in HIV diagnoses in 2022 can be attributed to a range of factors, including the resumption of normal testing services after the COVID-19 pandemic, expanded and more targeted HIV testing services in some settings, and the implementation of new testing strategies to identify those who are undiagnosed. Another factor is the increased movement²⁵ of people living with HIV throughout Europe, especially in EU/EEA countries. In all, 16.6% of the diagnoses reported in EU/EEA countries in 2022 were previously positive. However, the number of previous positives is probably underestimated, as the variable identifying them had a completeness of 51.4% in 2022. 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.

The increase in previously positive individuals has had a considerable impact on the epidemiological profile and the trends among those reported in 2022, specifically for the EU/EEA countries from the West and 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, who were primarily infected through heterosexual contact and were on antiretroviral therapy (ART). Their prior access to care resulted in a lower proportion of late diagnoses among this group of people living with HIV (PLHIV).

²⁵ Population movements in this report include the influx of refugees and the migration of people in European countries from within and outside the WHO European Region.

When excluding previous positive individuals from people diagnosed with HIV in 2022, the population predominantly consists of younger men, with a higher proportion of diagnosis in the acute and early stages of the infection among MSM and a higher representation of late diagnosis among those infected through heterosexual contact. Therefore, although heterosexual contact emerged as the main route of HIV transmission in 2022 in the Centre and the West, this is most probably due to a significant proportion of previous positive diagnoses, particularly among women originating from Central and Eastern Europe. Consequently, trends on reported modes of transmission should be interpreted with caution.

In the East, several countries (Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, and the Republic of Moldova) recorded the highest number of HIV diagnoses reported in a single year. None of these countries reported a substantial increase in the number of cases originating from outside the country, and over 90% of their HIV diagnoses originate from the reporting country. The countries reported a rebound in HIV testing and case detection since the pandemic subsided because of their focus on increasing case detection with introducing new testing policies to close the gap on undiagnosed people.

Heterosexual transmission remains the main transmission route in the East. Although the reported transmission through sex between men remains low in absolute terms in the East, it has increased more than two-fold during the decade – the largest increase in any transmission category and any sub-region of the Region. There is some evidence to suggest that a proportion of men reported as heterosexually infected may, in fact, be men who have sex with men or people with a history of drug injection who may have been misclassified as heterosexually infected [2, 3]. With the support of the Robert Koch Institute, a WHO Collaborating Centre for viral hepatitis and HIV, WHO's Regional Office for Europe is supporting countries in conducting studies to assess the quality of the reported modes of transmission. The study is currently being implemented in Kyrgyzstan and is planned to be conducted in other countries in the East.

Despite the increasing trend in heterosexual transmission due to the factors described earlier, HIV diagnoses among MSM are seeing an upward trend in the Centre of the Region. Eight of the fifteen countries in the Centre reported sex between men as the predominant mode of transmission. Drug-injection-related transmission remains low, but past outbreaks [4–8] suggest that HIV prevention services for people who inject drugs continue to be important and must be maintained with sufficient coverage to prevent further outbreaks. The percentage of young people among the new diagnoses is also higher in this part of the Region than elsewhere. HIV prevention, diagnostics and treatment interventions should accommodate the needs of key populations, particularly MSM, with relevant evidence-based interventions. These interventions include condom and lubricant programming; diversified HIV testing services; assisted

voluntary partner notification, PrEP; prevention and management of co-infections (particularly sexually transmitted infections) and rapid HIV treatment initiation. Services should be patient-centred and provided in a friendly environment, preferably with the involvement of civil society along the entire HIV continuum of services, ranging from HIV prevention to adherence and ART.

In the West Region, there was a clear decline in the overall rate of HIV diagnoses during the previous decade, resulting primarily from decreases in diagnoses among MSM in specific countries (Austria, Belgium, Denmark, the Netherlands, Norway, Spain, and the United Kingdom) and among people infected heterosexually, particularly women and people originating from countries with generalised HIV epidemics. However, surveillance data indicate a considerable increase in reported HIV diagnoses in 2022 from this part of the Region. This is due to a combination of different factors, mainly increased population movement throughout the year and expanded testing services during the post-pandemic period to find undiagnosed people. 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 Ukraine, has introduced new challenges to HIV care, as this population may have different needs for mental health and social support and require special considerations around transitioning to new ART regimens (many were on treatment regimens that were not available in EU/EEA countries) [9]. 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 [10].

A little more than half of HIV diagnoses (50.6%) have a CD4 cell count below 350 cells per mm³, including 29.7% of cases with advanced HIV infection (CD4 below 200 cells/mm³). However, the regional average excludes data from the Russian Federation, where a CD4 cell count at diagnosis was reported among 95% of HIV diagnoses, and only 30.8% of those diagnosed with HIV are detected once their CD4 cell counts have fallen below 350 cells/mm³ and 15.1% below 200 cells/mm³. Once again, it is significant that the 2022 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 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 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. 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, home sampling, routine indicator condition-guided HIV testing offered in the health system, and assisted partner notifications. HIV testing should also be available in settings such as prisons, drug-dependence treatment programmes, sexual and reproductive health clinics, and migrant health services, depending on the local context. Support for timely linkage to HIV treatment and care is essential to reduce late diagnosis and ensure progress towards the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO 95–95–95 targets, improving treatment outcomes and reducing HIV transmission.

It is estimated that around 3 000 000 [CI 2 600 000 – 3 300 000] people are living with HIV in the WHO European Region, around 2 100 000 (70%) of whom know their status [11].

2022 HIV data reveals a significant issue with data quality, completeness, and lack of standardisation for the ‘HIV Status’ variable, differentiating new HIV diagnoses from previous positives. This complicates the 2022 data interpretation. Achieving consensus among countries in the Region on the collection, recording, and reporting of previous positive cases is paramount. This is critical due to the different epidemiological profiles and healthcare needs of previously diagnosed individuals. Improving data recording and reporting standards within surveillance systems will ensure accuracy and help with the planning of tailored prevention strategies.

In September 2022, the Member States endorsed Regional Action Plans for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030 at the 72nd session of the WHO Regional Committee for Europe [12]. The Plans outline the visions, goals, and actions required to respond to these epidemics and are designed to strategically combine disease-specific approaches with people at the heart of the responses. They will operationalise the Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections for the period 2022–2030 through region-specific actions and align the responses with the European Programme of Work, 2020–2025 – ‘United Action for Better Health’. The plans set ambitious targets for 2030 and interim targets for 2025. The ambitious targets will be met by:

- using a partnership-based approach with primary health care, civil society and public health institutions to deliver quality, differentiated and people-centred services;
- prioritising key populations and focusing on reducing social and structural barriers to accessing services;

- enabling rapid recovery following acute or prolonged emergencies and future-proofing for health emergencies;
- supporting country-owned sustainability with adequate domestic financing of services and commodities, and a community workforce equipped to provide quality care;
- making data-driven decisions based on comprehensive surveillance and quality strategic information;
- refocusing testing to advance early diagnosis based on epidemiology and evidence; decentralising and using a full range of testing strategies to advance early, and accurate confirmed diagnosis;
- rapidly scaling up use of the new HIV and viral hepatitis treatment regimens and models of care;
- using innovative combination prevention approaches via a broad range of service delivery platforms.

WHO is working with Member States to increase the uptake of HIV testing and treatment guidance and innovative combination HIV prevention approaches in key populations. It is also working to eliminate MTCT of HIV viral hepatitis B and syphilis, and to strengthen HIV surveillance and reporting and other key priorities, as highlighted in the Action Plans.

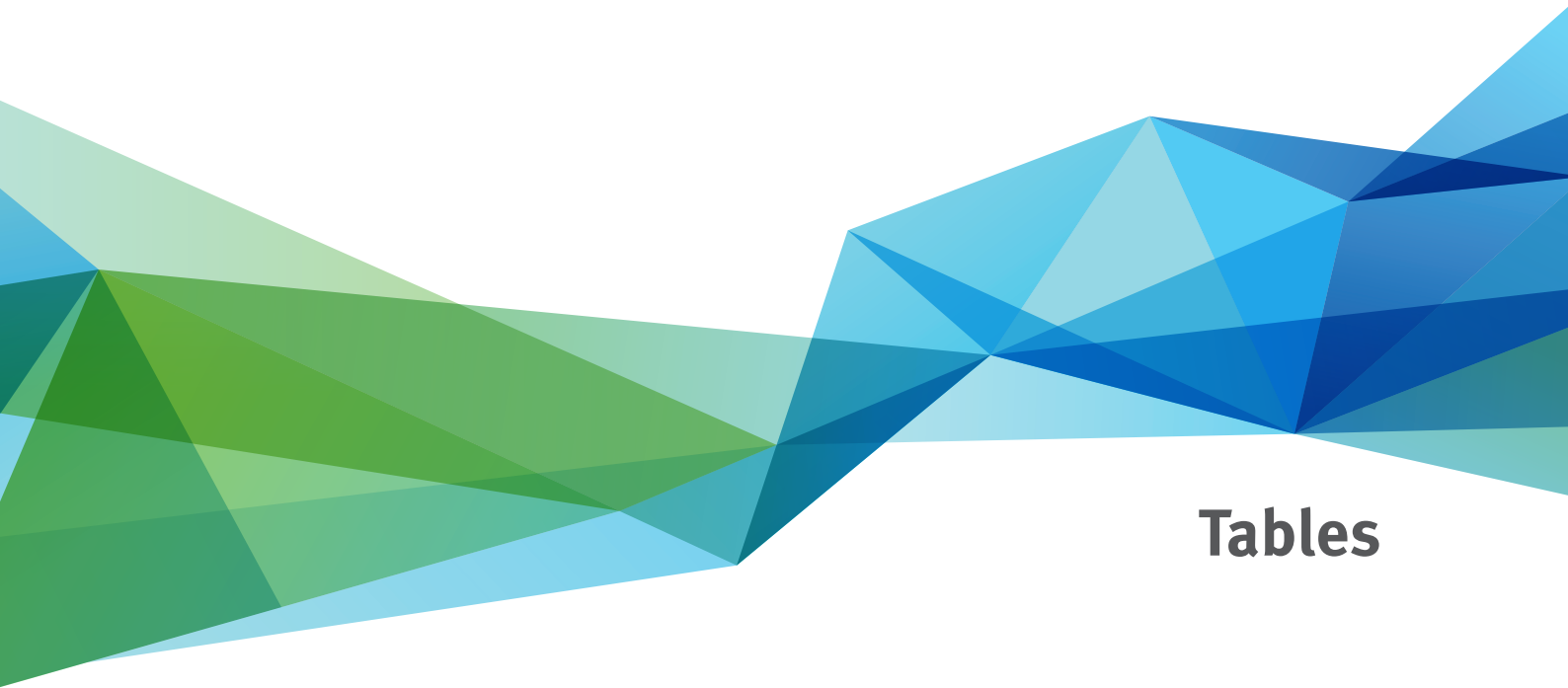
WHO Regional Office of Europe, with ECDC and other partners, will continue to support Member States in their efforts to accelerate progress toward reaching the Sustainable Development Goals for HIV through dedicated guidance, workshops, webinars, and other technical support focused on high-impact surveillance,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

References²⁶

1. Santé publique France. EuroHIV 2006 survey on HIV and AIDS surveillance in the WHO European Region. Saint-Maurice: Institut de veille sanitaire (French National Institute of Health Surveillance); 2007. Available from: <https://www.santepubliquefrance.fr/maladies-et-traumatismes/infections-sexuellement-transmissibles/vih-sida/documents/rapport-synthese/eurohiv-2006-survey-on-hiv-and-aids-surveillance-in-the-who-european-region>
2. Čakalo JI, Božičević I, Vitek CR, Mandel JS, Salyuk TO, Rutherford GW. Misclassification of men with reported HIV infection in Ukraine. *AIDS Behav.* 2015;19:1938–40. doi:10.1007/s10461-015-1112-0.
3. Dumchev K, Kornilova M, Kulchynska R, Azarskova M, Vitek C. Improved ascertainment of modes of HIV transmission in Ukraine indicates importance of drug injecting and homosexual risk. *BMC Public Health* 2020;20(1):1288. doi:10.1186/s12889-020-09373-2.
4. Hedrich D, Kalamara E, Sfetcu O, Pharris A, Noor A, Wiessing L et al. Human immunodeficiency virus among people who inject drugs: is risk increasing in Europe? *Euro Surveill.* 2013;18(48). doi:10.2807/1560-7917.
5. Giese C, Igoe D, Gibbons Z, Hurley C, Stokes S, McNamara S et al. Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2016. *Euro Surveill.* 2016;20(40). doi:10.2807/1560-7917.
6. European Centre for Disease Prevention and Control (ECDC)/European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). HIV in people who inject drugs – joint technical mission to Luxembourg. Stockholm: ECDC/EMCDDA; 2018. Available from: <https://sante.public.lu/fr/publications/h/hiv-joint-technical-mission.html>

²⁶ All online references were accessed on 26 October 2023.

7. McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN et al. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. *Lancet HIV* 2019;6(5):e315–24. doi: 10.1016/S2352-3018(19)30036-0.
8. Des Jarlais DC, Sypsa V, Feelemyer J, Abagiu AO, Arendt V, Broz D et al. HIV outbreaks among people who inject drugs in Europe, North America, and Israel. *Lancet HIV* 2020;7(6):e434–42. doi: 10.1016/S2352-3018(20)30082-5.
9. Massmann R, Groh T, Jilich D, Bartková D, Bartovská Z, Chmelář J, et al. HIV-positive Ukrainian refugees in the Czech Republic. *AIDS*. 2023 Oct 1;37(12):1811-1818. doi: 10.1097/QAD.0000000000003633.
10. WHO Regional Office for Europe (WHO/Europe). Standardized protocol for clinical management and medical data-sharing for people living with HIV among refugees from Ukraine. Copenhagen: WHO Regional Office for Europe; 2022. Available from: <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-5288-45052-64211>
11. UNAIDS. The path that ends AIDS: UNAIDS Global AIDS Update 2023. Geneva: Joint United Nations Programme on HIV/AIDS; 2023. Available from: https://www.unaids.org/sites/default/files/media_asset/2023-unaids-global-aids-update_en.pdf
12. Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030. Copenhagen: WHO Regional Office for Europe; 2023. Available from: <https://www.who.int/europe/publications/i/item/9789289058957>



Tables

Table 1: HIV diagnoses and rates per 100 000 population, by country and year of diagnosis (2013–2022) 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	2013		2014		2015		2016		2017	
			N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA												
West	Austria	1980	325	3.8	316	3.7	336	3.9	306	3.5	323	2.2
West	Belgium	1985	1201	10.8	1125	10.1	1112	9.9	1003	8.9	960	8.5
Centre	Bulgaria	1986	200	2.7	247	3.4	227	3.2	202	2.8	241	3.4
Centre	Croatia	1985	85	2.0	92	2.2	117	2.8	108	2.6	106	2.6
Centre	Cyprus	1986	54	6.2	56	6.5	80	9.4	80	9.4	85	9.9
Centre	Czechia	1985	235	2.2	232	2.2	266	2.5	286	2.7	254	2.4
West	Denmark	1990	233	4.2	256	4.5	277	4.9	244	4.3	242	4.2
East	Estonia	1988	325	24.6	291	22.1	270	20.5	229	17.4	219	16.6
West	Finland	1980	157	2.9	181	3.3	174	3.2	180	3.3	158	2.9
West	France	2003	5579	8.5	5696	8.6	5317	8.0	5443	8.2	5388	8.1
West	Germany	1993	3245	4.0	3533	4.4	3648	4.5	3396	4.1	3171	3.8
West	Greece	1984	899	8.2	785	7.2	783	7.2	654	6.1	645	6.0
Centre	Hungary	1985	240	2.4	271	2.7	271	2.7	228	2.3	223	2.3
West	Iceland	1983	11	3.4	11	3.4	12	3.6	28	8.4	24	7.1
West	Ireland	1985	341	7.4	370	8.0	487	10.4	502	10.6	488	10.2
West	Italy	1985	3858	6.5	3854	6.3	3625	6.0	3723	6.1	3610	6.0
East	Latvia	1987	340	16.8	356	17.8	405	20.4	374	19.0	379	19.4
	Liechtenstein	1985	0	0.0	1	2.7	0	0	2	5.3	0	0.0
East	Lithuania	1988	177	6.0	141	4.8	157	5.4	214	7.4	263	9.2
West	Luxembourg ^c	1983	136	25.3	169	30.7	153	27.2	159	27.6	133	22.5
West	Malta	2001	36	8.5	40	9.3	61	13.9	63	14.0	45	9.8
West	Netherlands	1980	1200	7.2	1077	6.4	1090	6.4	996	5.9	959	5.6
West	Norway	1984	233	4.6	267	5.2	221	4.3	220	4.2	213	4.1
Centre	Poland	1985	1100	2.9	1135	3.0	1278	3.4	1317	3.5	1422	3.7
West	Portugal	1985	1844	17.6	1540	14.8	1629	15.7	1593	15.4	1475	14.3
Centre	Romania	1987	1044	5.2	931	4.7	914	4.6	807	4.1	834	4.2
Centre	Slovakia	1985	83	1.5	86	1.6	86	1.6	88	1.6	72	1.3
Centre	Slovenia	1985	48	2.3	54	2.6	53	2.6	62	3.0	43	2.1
West	Spain	2003	4378	9.4	4489	9.7	4287	9.2	4364	9.4	4284	9.2
West	Sweden	1983	457	4.8	473	4.9	447	4.6	429	4.4	434	4.3
	Total EU/EEA		28 064	6.3	28 075	6.3	27 783	6.2	27 300	6.1	26 693	5.8
Non-EU/EEA												
Centre	Albania	1993	120	4.2	79	2.7	96	3.3	127	4.4	94	3.3
West	Andorra	2004	5	7.0	5	7.0	3	4.2	3	4.1	6	8.1
East	Armenia ^c	1988	238	8.2	334	11.6	294	10.2	303	10.6	358	12.6
East	Azerbaijan	1987	514	5.3	604	6.2	727	7.4	556	5.6	567	5.6
East	Belarus	1981	1533	15.8	1811	18.7	2305	23.8	2391	24.6	2468	25.4
Centre	Bosnia and Herzegovina	1986	3	0.1	23	0.6	15	0.4	24	0.7	15	0.4
East	Georgia	1989	490	12.9	564	14.9	717	19.0	718	19.0	631	16.7
West	Israel	1981	466	6.0	461	5.9	413	5.2	370	4.5	419	5.0
East	Kazakhstan	1987	2130	12.3	2341	13.3	2475	13.9	2898	16.0	3012	16.4
East	Kyrgyzstan	1987	500	8.7	648	11.1	620	10.5	749	12.4	836	13.7
East	Moldova	1987	706	20.7	831	24.9	818	25.0	832	25.8	835	26.3
West	Monaco	1987	0	0.0	1	2.8	1	2.7	0	0.0	3	8.1
Centre	Montenegro	1993	11	1.7	20	3.2	20	3.2	34	5.4	27	4.3
Centre	North Macedonia	1987	15	0.7	1	0.0	25	1.2	30	1.4	44	2.1
East	Russian Federation ^d	2009	81 698	56.8	92 613	64.2	100 220	69.3	86 855	59.9	85 802	59.0
West	San Marino	1985	1	3.0	3	9.0	2	6.0	2	5.9	1	2.9
Centre	Serbia	1984	162	1.7	144	1.5	188	2.0	187	2.0	190	2.1
Centre	Serbia excluding Kosovo ^e	1984	159	2.1	138	1.8	185	2.5	176	2.3	187	2.5
Centre	Kosovo ^e	1999	3	0.2	6	0.3	3	0.2	11	0.6	3	0.2
West	Switzerland	1985	597	7.4	521	6.4	548	6.6	540	6.4	459	5.4
East	Tajikistan	1991	817	10.0	986	11.8	1149	13.5	1038	11.9	1205	13.5
Centre	Türkiye	1985	1313	1.7	1838	2.4	2107	2.6	2437	3.0	2844	3.5
East	Turkmenistan	1990	-	-	-	-	-	-	-	-	-	-
East	Ukraine	1987	17 844	39.4	15 796	35.0	13 000	30.4	14 233	33.4	15 606	36.8
West	United Kingdom	1981	5973	9.3	6336	9.8	6207	9.5	5347	8.1	4770	7.2
East	Uzbekistan	1981	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA		115 136	27.1	125 960	29.4	131 950	30.8	119 674	27.7	120 192	27.7
WHO European Region												
	West		31175	7.4	31509	7.4	30833	7.2	29565	6.9	28210	6.5
	Centre		4713	2.4	5209	2.7	5743	2.9	6017	3.1	6494	3.3
	East		107312	41.9	117316	45.7	123157	48.2	111390	43.5	112181	43.7
	Total WHO European Region		143 200	16.4	154 034	17.6	159 733	18.2	146 972	16.7	146 885	16.5

a Country-specific comments are in Annex 5.

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

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

d 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.

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

	2018		2019		2020		2021		2022		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	222	1.3	251	1.4	173	1.0	188	0.8	189	2.1	10979	Austria
	957	8.4	989	8.6	765	5.3	791	4.5	1060	9.1	36942	Belgium
	311	4.4	258	3.7	199	2.9	237	3.4	328	4.8	4080	Bulgaria
	94	2.3	102	2.5	75	1.8	77	1.9	113	2.9	1998	Croatia
	78	9.0	100	11.4	106	11.9	149	16.6	218	24.1	1799	Cyprus
	208	2.0	222	2.1	251	2.3	233	2.2	870	8.3	4944	Czechia
	219	3.8	190	3.3	161	2.8	139	2.4	258	4.4	8558	Denmark
	190	14.4	178	13.4	147	11.1	125	9.4	250	18.8	10601	Estonia
	153	2.8	148	2.7	134	2.4	162	2.9	273	4.9	4781	Finland
	5109	7.6	5129	7.6	3570	5.3	3627	5.4	4158	6.1	105420	France
	2886	3.5	3126	3.8	2468	3.0	2258	2.7	3239	3.9	79377	Germany
	725	6.7	669	6.2	623	5.8	572	5.4	565	5.4	17784	Greece
	229	2.3	238	2.4	201	2.1	226	2.3	224	2.3	4685	Hungary
	38	10.9	28	7.8	34	9.3	20	5.4	40	10.6	545	Iceland
	523	10.8	533	10.9	435	8.8	403	8.0	887	17.5	11601	Ireland
	3029	5.0	2504	4.2	1406	2.4	1850	3.1	1888	3.2	55189	Italy
	333	17.2	304	15.8	257	13.5	212	11.2	229	12.2	8716	Latvia
	0	0.0	0	0.0	0	0.0	1	2.6	1	2.5	69	Liechtenstein
	160	5.7	151	5.4	139	5.0	121	4.3	252	9.0	3835	Lithuania
	113	18.8	104	16.9	64	10.2	88	13.9	71	11.0	3510	Luxembourg ^c
	73	15.3	80	16.2	82	15.9	45	8.7	60	11.5	772	Malta
	839	4.9	733	4.2	509	2.9	486	2.8	431	2.5	30732	Netherlands
	191	3.6	172	3.2	137	2.6	102	1.9	245	4.5	7138	Norway
	1213	3.2	1558	4.1	954	2.5	1367	3.6	2050	5.4	30056	Poland
	1311	12.7	1295	12.6	967	9.4	1072	10.4	804	7.8	66146	Portugal
	768	3.9	779	4.0	522	2.7	639	3.3	670	3.5	27190	Romania
	102	1.9	104	1.9	103	1.9	115	2.1	197	3.6	1492	Slovakia
	38	1.8	34	1.6	29	1.4	35	1.7	42	2.0	1053	Slovenia
	4015	8.6	3879	8.2	2843	6.0	2981	6.3	2937	6.2	66942	Spain
	481	4.8	449	4.4	360	3.5	352	3.4	446	4.3	14657	Sweden
	24608	5.3	24307	5.3	17714	3.8	18673	3.9	22995	5.1	621591	Total EU/EEA
												Non-EU/EEA
	102	3.5	101	3.5	96	3.3	104	3.6	98	3.4	1602	Albania
	12	16.0	-	-	-	-	-	-	-	-	96	Andorra
	429	15.1	448	15.9	369	13.2	425	15.2	535	19.2	5114	Armenia ^c
	656	6.5	721	7.0	559	5.4	690	6.7	766	7.4	10144	Azerbaijan
	2386	24.6	2137	22.1	1427	14.8	1496	15.6	1644	17.2	33776	Belarus
	24	0.7	33	1.0	17	0.5	37	1.1	54	1.7	440	Bosnia and Herzegovina
	672	17.8	668	17.7	530	14.1	530	14.1	617	16.5	9779	Georgia
	454	5.4	410	4.8	375	4.3	407	4.6	456	5.0	11746	Israel
	3213	17.3	3667	19.6	3468	18.3	3589	18.7	4006	20.7	50475	Kazakhstan
	868	13.9	844	13.3	674	10.5	841	12.9	1094	16.5	12246	Kyrgyzstan
	905	28.8	922	29.7	680	22.0	792	25.9	929	28.4	16080	Moldova
	0	0.0	-	-	-	-	-	-	-	-	40	Monaco
	27	4.3	26	4.1	15	2.4	14	2.2	31	4.9	371	Montenegro
	45	2.1	66	3.1	29	1.4	43	2.0	41	2.0	382	North Macedonia
	85995	59.0	80124	55.0	59598	40.9	58340	40.2	55573	38.4	1054769	Russian Federation ^d
	3	8.8	0	0.0	0	0.0	0	0.0	1	3.0	94	San Marino
	195	2.1	227	2.5	134	1.5	187	2.1	185	2.1	4758	Serbia
	187	2.5	222	3.0	132	1.8	178	2.4	164	2.3	4600	Serbia excluding Kosovo ^e
	8	0.4	5	0.3	2	0.1	9	0.5	21	1.2	158	Kosovo ^e
	441	5.2	427	5.0	295	3.4	322	3.7	349	4.0	37894	Switzerland
	1421	15.6	1320	14.1	1084	11.4	922	9.5	1037	10.4	15029	Tajikistan
	3248	3.9	3229	3.9	2076	2.5	2920	3.4	3824	4.5	31286	Türkiye
	-	-	-	-	-	-	-	-	-	-	2	Turkmenistan
	15656	37.1	16239	38.7	15576	37.3	15335	37.0	12212	29.8	337384	Ukraine
	4654	7.0	4261	6.4	3335	5.0	3398	5.1	4040	6.0	175831	United Kingdom
	-	-	-	-	-	-	-	-	-	-	24018	Uzbekistan
	121406	27.8	115870	26.5	90337	20.6	90392	20.6	87492	19.9	1833356	Total non-EU/EEA
												WHO European Region
	26448	6.0	25377	5.7	18736	4.2	19263	4.2	22397	5.1	746774	West
	6682	3.4	7077	3.6	4807	2.4	6383	3.2	8945	4.5	116136	Centre
	112884	43.9	107723	41.8	84508	32.8	83418	32.4	79144	30.7	1591968	East
	146014	16.3	140177	15.6	108051	12.0	109064	11.9	110486	12.4	2454878	Total WHO European Region

Table 2: HIV diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2013		2014		2015		2016		2017	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	274	6.6	246	5.9	291	6.9	254	5.9	270	6.3
West	Belgium	831	15.2	788	14.3	765	13.8	707	12.7	645	11.5
Centre	Bulgaria	161	4.5	201	5.7	194	5.5	169	4.9	218	6.3
Centre	Croatia	77	3.7	83	4.0	111	5.4	104	5.1	101	5.0
Centre	Cyprus	46	10.9	49	11.7	72	17.5	65	15.8	65	15.6
Centre	Czechia	211	4.1	209	4.0	248	4.8	262	5.1	230	4.4
West	Denmark	178	6.4	196	7.0	205	7.3	191	6.7	192	6.7
East	Estonia	200	32.5	182	29.6	167	27.2	139	22.5	146	23.6
West	Finland	102	3.8	138	5.1	131	4.9	121	4.5	101	3.7
West	France	3737	11.8	3825	11.9	3559	11.1	3585	11.1	3509	10.9
West	Germany	2664	6.8	2869	7.3	2891	7.3	2671	6.6	2516	6.2
West	Greece	810	15.1	684	12.9	690	13.1	541	10.4	535	10.2
Centre	Hungary	191	4.1	216	4.6	196	4.2	171	3.6	149	3.2
West	Iceland	8	5.0	9	5.5	10	6.1	22	13.2	21	12.3
West	Ireland	257	11.3	269	11.7	373	16.1	390	16.7	371	15.7
West	Italy	3009	10.4	3061	10.4	2808	9.5	2863	9.7	2741	9.3
East	Latvia	203	21.9	244	26.6	270	29.6	236	26.1	245	27.4
	Liechtenstein	0	0.0	1	5.4	0	0.0	2	10.7	0	0.0
East	Lithuania	125	9.1	90	6.6	115	8.5	165	12.4	220	16.8
West	Luxembourg ^c	111	41.4	112	40.7	118	41.8	123	42.5	99	33.4
West	Malta	30	14.3	36	16.8	53	24.0	51	22.5	35	15.1
West	Netherlands	1020	12.3	901	10.8	909	10.9	844	10.0	808	9.5
West	Norway	158	6.2	199	7.8	145	5.6	157	6.0	155	5.9
Centre	Poland	937	5.1	933	5.1	1084	5.9	1149	6.3	1258	6.8
West	Portugal	1312	26.3	1105	22.3	1210	24.6	1157	23.6	1064	21.8
Centre	Romania	741	7.6	655	6.7	671	6.9	593	6.1	621	6.5
Centre	Slovakia	71	2.7	75	2.8	76	2.9	81	3.1	66	2.5
Centre	Slovenia	41	4.0	48	4.7	46	4.5	60	5.9	40	3.9
West	Spain	3731	16.3	3828	16.8	3673	16.1	3705	16.2	3649	16.0
West	Sweden	293	6.1	273	5.7	276	5.7	269	5.5	273	5.4
	Total EU/EEA	21529	9.9	21525	9.8	21357	9.8	20847	9.5	20343	9.2
Non-EU/EEA											
Centre	Albania	82	5.7	61	4.2	67	4.6	104	7.2	69	4.8
West	Andorra	4	11.1	5	13.8	3	8.3	3	8.2	3	8.0
East	Armenia	161	12.1	217	16.4	205	15.6	212	16.3	254	19.6
East	Azerbaijan	329	7.0	375	7.8	495	10.2	355	7.2	359	7.2
East	Belarus	802	17.9	1052	23.5	1395	31.1	1490	33.2	1540	34.3
Centre	Bosnia and Herzegovina	3	0.2	20	1.1	14	0.8	22	1.3	15	0.9
East	Georgia	367	20.6	413	23.2	545	30.7	552	31.1	492	27.7
West	Israel	348	9.1	329	8.4	292	7.3	258	6.4	299	7.2
East	Kazakhstan	1202	14.5	1334	15.9	1442	16.9	1684	19.5	1821	20.7
East	Kyrgyzstan	289	10.3	366	12.8	343	11.8	435	14.7	490	16.3
East	Moldova	382	23.5	452	28.5	462	29.6	471	30.7	468	30.9
West	Monaco	0	0.0	1	5.6	1	5.5	0	0.0	3	16.5
Centre	Montenegro	11	3.6	17	5.5	18	5.8	32	10.4	24	7.8
Centre	North Macedonia	15	1.4	1	0.1	24	2.3	28	2.7	44	4.2
East	Russian Federation	48025	72.0	55469	82.9	62118	92.6	53689	79.8	53209	78.8
West	San Marino	0	0.0	3	18.5	2	12.2	2	12.2	1	6.0
Centre	Serbia	148	3.3	127	2.8	182	4.0	171	3.8	179	4.0
Centre	Serbia excluding Kosovo ^d	146	4.0	121	3.3	180	5.0	160	4.5	176	4.9
Centre	Kosovo ^d	2	0.2	6	0.7	2	0.2	11	1.2	3	0.3
West	Switzerland	436	10.9	385	9.5	421	10.3	420	10.1	352	8.4
East	Tajikistan	490	12.0	557	13.3	680	15.9	620	14.1	735	16.4
Centre	Türkiye	1072	2.8	1497	3.8	1770	4.4	2065	5.1	2389	5.8
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	10011	47.8	8991	43.1	7519	32.7	8369	42.4	9298	47.3
West	United Kingdom	4502	14.2	4730	14.8	4731	14.7	4070	12.6	3532	10.8
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	68679	33.7	76402	37.2	82729	39.6	75052	36.2	75576	36.2
WHO European Region											
	West	23815	11.5	23992	11.5	23557	11.3	22404	10.7	21174	10.0
	Centre	3807	4.0	4192	4.4	4773	4.9	5076	5.2	5468	5.6
	East	62586	52.3	69742	58.1	75756	61.8	68417	57.1	69277	57.6
	Total WHO European Region	90208	21.4	97926	23.1	104086	24.3	95897	22.4	95919	22.4

a Country-specific comments are in Annex 5

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

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

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

	2018		2019		2020		2021		2022		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	184	4.2	212	4.9	142	3.2	157	3.6	155	3.5	8 446	Austria
	658	11.7	678	12.0	527	9.3	590	10.4	681	11.9	23 722	Belgium
	276	8.1	217	6.4	168	5.0	205	6.1	215	6.5	3 257	Bulgaria
	88	4.4	97	4.9	66	3.3	71	3.6	89	4.8	1 767	Croatia
	65	15.4	69	16.1	87	20.0	115	26.3	154	34.9	1 337	Cyprus
	186	3.6	192	3.7	203	3.9	201	3.8	435	8.4	3 930	Czechia
	170	5.9	146	5.1	133	4.6	115	4.0	149	5.1	6 273	Denmark
	131	21.1	113	18.1	88	14.0	80	12.7	130	20.5	7 040	Estonia
	104	3.8	111	4.1	99	3.6	119	4.4	171	6.2	3 431	Finland
	3 269	10.1	3 272	10.1	2 403	7.4	2 421	7.4	2 689	8.2	68 142	France
	2 237	5.5	2 442	6.0	1 906	4.6	1 799	4.4	2 236	5.4	62 474	Germany
	584	11.2	522	10.0	500	9.6	463	8.9	450	8.8	14 801	Greece
	195	4.2	208	4.4	166	3.5	182	3.9	179	3.9	3 654	Hungary
	24	13.5	23	12.6	28	15.0	14	7.4	30	15.5	400	Iceland
	411	17.2	397	16.3	344	14.0	311	12.6	582	23.2	7 114	Ireland
	2 372	8.1	2 000	6.9	1 120	3.9	1 471	5.1	1 486	5.2	42 214	Italy
	226	25.4	185	20.9	162	18.4	136	15.5	154	17.7	5 872	Latvia
	0	0.0	0	0.0	0	0.0	1	5.2	1	5.1	43	Liechtenstein
	117	9.0	110	8.5	97	7.4	93	7.1	152	11.6	2 971	Lithuania
	83	27.4	78	25.3	48	15.2	69	21.6	45	13.8	2 577	Luxembourg ^c
	62	25.8	55	21.8	67	25.2	41	15.4	55	20.4	615	Malta
	699	8.2	587	6.8	400	4.6	392	4.5	339	3.9	24 506	Netherlands
	122	4.6	112	4.2	91	3.4	64	2.4	136	5.0	4 799	Norway
	1 050	5.7	1 325	7.2	798	4.3	1 122	6.1	1 331	7.3	23 619	Poland
	945	19.4	915	18.9	704	14.5	755	15.5	606	12.3	47 719	Portugal
	575	6.0	581	6.1	399	4.2	496	5.3	533	5.8	16 882	Romania
	94	3.5	93	3.5	90	3.4	100	3.8	117	4.4	1 253	Slovakia
	37	3.6	28	2.7	22	2.1	29	2.7	37	3.5	921	Slovenia
	3 441	15.0	3 350	14.5	2 451	10.6	2 550	11.0	2 512	10.8	55 729	Spain
	306	6.0	288	5.6	226	4.3	232	4.4	265	5.0	9 755	Sweden
	18 711	8.5	18 406	8.3	13 535	6.1	14 394	6.5	16 114	7.3	455 263	Total EU/EEA
	76	5.3	74	5.1	70	4.9	73	5.1	71	5.0	1 162	Albania
	8	21.0	-	-	-	-	-	-	-	-	78	Andorra
	293	22.8	313	24.6	251	19.8	297	23.6	390	31.2	3 564	Armenia
	437	8.7	473	9.4	386	7.6	472	9.3	524	10.3	7 227	Azerbaijan
	1 499	33.5	1 354	30.3	899	20.2	926	21.0	1 028	23.4	20 524	Belarus
	22	1.3	30	1.8	14	0.9	35	2.2	50	3.1	384	Bosnia and Herzegovina
	506	28.5	508	28.6	403	22.7	403	22.8	454	25.8	7 308	Georgia
	299	7.1	270	6.3	263	6.0	289	6.5	300	6.7	7 810	Israel
	2 004	22.5	2 413	26.8	2 295	25.2	2 346	25.4	2 689	28.8	32 796	Kazakhstan
	537	17.6	491	15.8	383	12.1	513	16.0	660	20.3	7 753	Kyrgyzstan
	537	35.9	544	36.8	398	27.2	455	31.3	537	34.5	9 307	Moldova
	0	0.0	-	-	-	-	-	-	-	-	26	Monaco
	24	7.8	24	7.8	14	4.6	13	4.2	28	9.2	325	Montenegro
	45	4.3	64	6.1	29	2.8	41	3.9	35	3.4	353	North Macedonia
	52 720	78.0	49 177	72.6	36 659	54.2	33 543	49.8	33 396	49.7	633 192	Russian Federation
	2	12.0	0	0.0	0	0.0	0	0.0	1	6.1	74	San Marino
	181	4.1	208	4.7	125	2.8	180	4.1	171	3.9	3 960	Serbia
	174	4.9	204	5.7	124	3.5	172	4.9	151	4.4	3 837	Serbia excluding Kosovo ^d
	7	0.8	4	0.5	1	0.1	8	0.9	20	2.3	123	Kosovo ^d
	339	8.0	331	7.8	230	5.4	240	5.6	243	5.6	24 375	Switzerland
	875	19.1	771	16.4	645	13.4	574	11.7	662	13.2	9 574	Tajikistan
	2 717	6.5	2 748	6.6	1 763	4.2	2 445	5.8	3 181	7.4	25 487	Türkiye
	-	-	-	-	-	-	-	-	-	-	-	Turkmenistan
	9 517	48.7	9 906	50.9	9 868	44.1	9 797	51.0	8 095	42.6	202 924	Ukraine
	3 443	10.5	3 147	9.5	2 450	7.4	2 420	7.3	2 560	7.7	123 999	United Kingdom
	-	-	-	-	-	-	-	-	-	-	16 234	Uzbekistan
	76 081	36.3	72 846	34.6	57 145	26.7	55 062	26.1	55 075	26.0	1 138 437	Total non-EU/EEA
	19 762	9.3	18 936	8.9	14 132	6.6	14 512	6.8	15 691	7.3	539 079	West
	5 631	5.8	5 958	6.1	4 014	4.1	5 308	5.4	6 626	6.8	88 291	Centre
	69 399	57.6	66 358	54.9	52 534	42.4	49 635	41.1	48 871	40.5	966 287	East
	94 792	22.0	91 252	21.2	70 680	16.2	69 455	16.1	71 188	16.4	1 593 657	Total WHO European Region

Table 3: HIV diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2013		2014		2015		2016		2017	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	51	1.2	70	1.6	45	1.0	52	1.2	53	1.2
West	Belgium	368	6.5	336	5.9	341	6.0	296	5.2	311	5.4
Centre	Bulgaria	39	1.0	46	1.2	33	0.9	33	0.9	23	0.6
Centre	Croatia	8	0.4	9	0.4	6	0.3	4	0.2	5	0.2
Centre	Cyprus	8	1.8	7	1.6	8	1.8	15	3.4	20	4.6
Centre	Czechia	24	0.4	23	0.4	18	0.3	24	0.4	24	0.4
West	Denmark	55	1.9	60	2.1	72	2.5	53	1.8	50	1.7
East	Estonia	125	17.8	109	15.6	103	14.7	90	12.9	73	10.5
West	Finland	55	2.0	43	1.6	43	1.5	59	2.1	57	2.0
West	France	1820	5.4	1844	5.4	1718	5.0	1812	5.3	1813	5.3
West	Germany	580	1.4	662	1.6	754	1.8	721	1.7	651	1.6
West	Greece	89	1.6	101	1.8	93	1.7	113	2.0	110	2.0
Centre	Hungary	17	0.3	20	0.4	26	0.5	21	0.4	18	0.4
West	Iceland	3	1.9	2	1.2	2	1.2	6	3.6	3	1.8
West	Ireland	84	3.6	101	4.3	113	4.8	112	4.7	115	4.8
West	Italy	849	2.8	793	2.5	817	2.6	860	2.8	869	2.8
East	Latvia	137	12.5	112	10.3	135	12.6	138	13.0	134	12.7
	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	52	3.2	51	3.2	42	2.7	49	3.1	43	2.8
West	Luxembourg ^c	25	9.3	57	20.8	35	12.5	36	12.5	34	11.6
West	Malta	6	2.8	4	1.9	8	3.6	11	4.9	10	4.4
West	Netherlands	167	2.0	168	2.0	160	1.9	144	1.7	136	1.6
West	Norway	75	3.0	68	2.7	76	3.0	63	2.4	58	2.2
Centre	Poland	150	0.8	189	1.0	175	0.9	141	0.7	161	0.8
West	Portugal	532	9.7	435	8.0	419	7.7	436	8.0	411	7.6
Centre	Romania	303	3.0	276	2.7	243	2.4	214	2.1	213	2.1
Centre	Slovakia	12	0.4	11	0.4	10	0.4	7	0.3	6	0.2
Centre	Slovenia	7	0.7	5	0.5	7	0.7	2	0.2	3	0.3
West	Spain	647	2.7	661	2.8	614	2.6	659	2.8	635	2.7
West	Sweden	163	3.4	198	4.1	171	3.5	160	3.3	161	3.2
	Total EU/EEA	6451	2.8	6461	2.8	6287	2.7	6331	2.7	6200	2.7
Non-EU/EEA											
Centre	Albania	38	2.6	18	1.3	29	2.0	23	1.6	25	1.7
West	Andorra	1	2.8	0	0.0	0	0.0	0	0.0	3	8.2
East	Armenia	77	4.9	117	7.5	89	5.7	91	5.8	104	6.7
East	Azerbaijan	185	3.8	229	4.6	232	4.6	201	4.0	208	4.1
East	Belarus	731	14.0	759	14.6	910	17.4	901	17.3	928	17.8
Centre	Bosnia and Herzegovina	0	0.0	3	0.2	1	0.1	2	0.1	0	0.0
East	Georgia	123	6.1	151	7.6	172	8.6	166	8.3	139	7.0
West	Israel	116	3.0	130	3.3	121	3.0	110	2.7	119	2.9
East	Kazakhstan	928	10.2	1007	11.0	1033	11.1	1214	12.9	1191	12.5
East	Kyrgyzstan	210	7.2	282	9.5	277	9.2	314	10.2	346	11.1
East	Moldova	324	18.1	379	21.6	356	20.7	361	21.3	367	22.0
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	0	0.0	3	0.9	2	0.6	2	0.6	2	0.6
Centre	North Macedonia	0	0.0	0	0.0	1	0.1	1	0.1	0	0.0
East	Russian Federation	33673	43.6	37144	48.0	38102	49.1	33166	42.6	32593	41.8
West	San Marino	1	5.8	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	14	0.3	17	0.4	6	0.1	16	0.3	11	0.2
Centre	Serbia excluding Kosovo ^d	13	0.3	17	0.4	5	0.1	16	0.4	11	0.3
Centre	Kosovo ^d	1	0.1	0	0.0	1	0.1	0	0.0	0	0.0
West	Switzerland	155	3.8	128	3.1	121	2.9	113	2.7	102	2.4
East	Tajikistan	327	8.1	429	10.3	469	11.0	418	9.6	470	10.6
Centre	Türkiye	241	0.6	341	0.9	337	0.8	372	0.9	455	1.1
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	7722	31.7	6683	27.5	5481	27.7	5864	25.6	6308	27.7
West	United Kingdom	1471	4.5	1605	4.9	1454	4.4	1255	3.8	1209	3.6
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	46337	21.2	49425	22.4	49193	22.4	44590	20.0	44580	20.1
WHO European Region											
	West	7313	3.4	7466	3.4	7177	3.3	7071	3.2	6910	3.2
	Centre	861	0.9	968	1.0	902	0.9	877	0.9	966	1.0
	East	44614	32.7	47452	34.7	47401	35.7	42973	31.5	42904	31.4
	Total WHO European Region	52788	11.8	55886	12.4	55480	12.3	50921	11.2	50780	11.2

a Country-specific comments are in Annex 5

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

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

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

	2 018		2 019		2 020		2 021		2 022		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	38	0.8	39	0.9	31	0.7	31	0.7	34	0.7	2533	Austria
	294	5.1	307	5.3	230	3.9	193	3.3	345	5.9	12 880	Belgium
	35	1.0	41	1.1	31	0.9	32	0.9	113	3.2	823	Bulgaria
	6	0.3	5	0.2	9	0.4	6	0.3	23	1.1	230	Croatia
	13	2.9	31	6.9	19	4.2	34	7.4	64	13.8	462	Cyprus
	22	0.4	30	0.6	48	0.9	32	0.6	435	8.2	1014	Czechia
	49	1.7	44	1.5	28	1.0	24	0.8	109	3.7	2 284	Denmark
	59	8.5	65	9.3	59	8.4	45	6.4	120	17.2	3 549	Estonia
	49	1.8	37	1.3	35	1.3	43	1.5	102	3.6	1 350	Finland
	1 765	5.1	1 778	5.1	1 089	3.1	1 115	3.2	1 371	3.9	36 529	France
	641	1.5	680	1.6	560	1.3	458	1.1	997	2.4	16 091	Germany
	141	2.5	147	2.7	123	2.2	109	2.0	115	2.2	2 976	Greece
	8	0.2	16	0.3	15	0.3	19	0.4	26	0.5	446	Hungary
	14	8.2	5	2.9	6	3.4	5	2.8	10	5.5	144	Iceland
	106	4.3	133	5.4	86	3.4	84	3.3	297	11.6	3 251	Ireland
	657	2.1	504	1.6	286	0.9	379	1.2	402	1.3	12 971	Italy
	107	10.2	119	11.5	95	9.3	76	7.5	75	7.5	2 844	Latvia
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	Liechtenstein
	43	2.8	41	2.7	42	2.8	28	1.9	100	6.7	864	Lithuania
	30	10.0	26	8.5	14	4.5	19	6.0	26	8.1	921	Luxembourg ^e
	11	4.7	15	6.2	15	6.0	4	1.6	5	2.0	146	Malta
	120	1.4	126	1.4	93	1.1	81	0.9	77	0.9	5 893	Netherlands
	69	2.6	60	2.3	46	1.7	38	1.4	109	4.1	2 339	Norway
	153	0.8	226	1.2	149	0.8	226	1.2	704	3.6	5 760	Poland
	366	6.7	380	7.0	263	4.8	317	5.8	198	3.6	18 419	Portugal
	193	1.9	198	2.0	123	1.2	143	1.5	137	1.4	10 308	Romania
	8	0.3	11	0.4	11	0.4	14	0.5	77	2.8	233	Slovakia
	1	0.1	6	0.6	7	0.7	5	0.5	5	0.5	130	Slovenia
	574	2.4	523	2.2	391	1.6	416	1.7	419	1.7	11 185	Spain
	175	3.5	161	3.2	134	2.6	119	2.3	181	3.5	4 892	Sweden
	5 747	2.5	5 754	2.5	4 038	1.7	4 095	1.8	6 676	2.9	161 490	Total EU/EEA
												Non-EU/EEA
	26	1.8	27	1.9	26	1.8	31	2.2	27	1.9	440	Albania
	4	10.8	-	-	-	-	-	-	-	-	18	Andorra
	136	8.8	135	8.7	118	7.7	128	8.3	145	9.5	1 550	Armenia
	219	4.3	248	4.8	173	3.3	218	4.2	242	4.6	2 917	Azerbaijan
	887	17.0	783	15.0	528	10.2	570	11.0	616	12.0	13 252	Belarus
	2	0.1	3	0.2	3	0.2	2	0.1	4	0.2	53	Bosnia and Herzegovina
	166	8.3	160	8.0	127	6.4	127	6.4	163	8.2	2 471	Georgia
	154	3.6	140	3.2	112	2.5	118	2.6	156	3.4	3 822	Israel
	1 209	12.5	1 254	12.9	1 173	11.9	1 243	12.5	1 317	13.1	17 679	Kazakhstan
	331	10.4	352	10.9	291	8.9	328	9.9	434	12.9	4 484	Kyrgyzstan
	368	22.3	378	23.2	282	17.4	337	21.0	392	22.9	6 773	Moldova
	0	0.0	-	-	-	-	-	-	-	-	14	Monaco
	3	0.9	2	0.6	1	0.3	1	0.3	3	0.9	45	Montenegro
	0	0.0	2	0.2	0	0.0	2	0.2	4	0.4	23	North Macedonia
	33 275	42.6	30 947	39.7	22 939	29.4	24 797	31.9	22 177	28.6	421 577	Russian Federation
	1	5.7	0	0.0	0	0.0	0	0.0	0	0.0	20	San Marino
	14	0.3	19	0.4	9	0.2	7	0.1	14	0.3	798	Serbia
	13	0.3	18	0.5	8	0.2	6	0.2	13	0.3	763	Serbia excluding Kosovo ^d
	1	0.1	1	0.1	1	0.1	1	0.1	1	0.1	35	Kosovo ^d
	97	2.3	89	2.1	60	1.4	77	1.8	103	2.3	10 761	Switzerland
	546	12.0	549	11.8	439	9.3	348	7.2	375	7.6	5 455	Tajikistan
	531	1.3	481	1.2	313	0.7	475	1.1	643	1.5	5 797	Türkiye
	-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
	6 139	27.1	6 333	28.1	5 708	29.5	5 538	24.9	4 117	18.7	132 552	Ukraine
	1 192	3.5	1 100	3.3	879	2.6	967	2.8	1 462	4.3	51 690	United Kingdom
	-	-	-	-	-	-	-	-	-	-	7 783	Uzbekistan
	45 300	20.1	43 002	18.9	33 181	14.8	35 314	15.5	32 394	14.2	689 975	Total non-EU/EEA
												WHO European Region
	6 547	3.0	6 294	2.9	4 481	2.0	4 597	2.1	6 518	2.9	201 129	West
	1 015	1.0	1 098	1.1	764	0.8	1 029	1.0	2 279	2.3	26 562	Centre
	43 485	31.8	41 364	30.2	31 974	23.9	33 783	24.7	30 273	22.1	623 751	East
	51 047	11.2	48 756	10.6	37 219	8.2	39 409	8.6	39 070	8.5	851 442	Total WHO European Region

Table 4: HIV diagnoses in men infected through sex with men, by country and year of diagnosis (2013–2022) 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
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
EU/EEA												
West	Austria	177	155	172	175	196	122	133	81	101	97	4447
West	Belgium	497	438	447	414	360	362	354	267	311	340	10482
Centre	Bulgaria	72	98	111	96	120	170	122	96	111	106	1354
Centre	Croatia	70	79	99	95	97	82	82	57	63	70	1369
Centre	Cyprus	35	39	51	47	47	44	41	62	80	84	816
Centre	Czechia	180	171	211	213	182	137	151	145	143	179	2906
West	Denmark	116	132	126	121	123	110	99	80	60	71	3583
East	Estonia	9	3	18	9	16	11	16	8	9	11	207
West	Finland	43	55	53	48	32	38	37	34	37	46	1399
West	France	1598	1668	1471	1346	1426	1495	1484	1175	1144	1145	27963
West	Germany	1785	1968	1891	1736	1626	1425	1459	1011	998	1047	37570
West	Greece	406	419	462	326	312	306	287	277	258	249	9234
Centre	Hungary	163	176	134	119	111	146	167	128	144	112	2730
West	Iceland	0	0	0	8	4	15	15	19	10	19	195
West	Ireland	160	178	251	274	261	296	268	217	187	354	4202
West	Italy	1526	1570	1458	1418	1385	1187	1111	638	731	773	19727
East	Latvia	27	28	34	24	24	20	18	11	11	9	464
	Liechtenstein	0	1	0	0	0	0	0	0	1	0	4
East	Lithuania	31	12	29	29	21	19	20	18	21	29	366
West	Luxembourg ^c	68	58	52	57	41	51	40	23	42	21	1370
West	Malta	16	25	45	38	23	38	0	30	20	30	302
West	Netherlands	827	709	712	663	622	539	425	304	271	235	17993
West	Norway	98	115	70	87	88	73	61	63	36	59	2373
Centre	Poland	280	337	358	414	394	313	350	196	228	199	4888
West	Portugal	594	525	675	622	565	502	508	414	412	355	13638
Centre	Romania	105	143	140	153	175	168	191	149	202	199	2217
Centre	Slovakia	58	53	55	60	52	60	51	50	49	47	821
Centre	Slovenia	28	35	37	50	28	29	20	14	21	26	674
West	Spain	2334	2567	2443	2510	2517	2406	2371	1642	1664	1617	34917
West	Sweden	147	119	118	136	128	158	152	116	119	127	4760
	Total EU/EEA	11450	11876	11723	11288	10976	10322	10033	7325	7484	7656	212971
Non-EU/EEA												
Centre	Albania	11	9	13	11	6	8	29	22	18	33	231
West	Andorra	3	4	2	3	2	4	-	-	-	-	38
East	Armenia	13	10	12	17	17	41	50	35	42	61	325
East	Azerbaijan	11	12	35	17	41	45	50	56	64	80	453
East	Belarus	41	53	58	71	72	103	82	79	81	88	849
Centre	Bosnia and Herzegovina	3	16	10	18	12	14	23	9	16	25	201
East	Georgia	69	67	161	131	130	154	97	105	112	110	1287
West	Israel	172	151	141	129	150	133	121	135	143	135	3130
East	Kazakhstan	37	47	82	121	145	163	206	223	273	325	1761
East	Kyrgyzstan	14	18	23	37	45	47	38	42	89	90	456
East	Moldova	4	9	10	18	29	32	29	18	19	20	229
West	Monaco	0	1	1	0	2	0	-	-	-	-	18
Centre	Montenegro	6	13	14	25	22	18	15	11	6	18	211
Centre	North Macedonia	13	1	21	18	34	37	48	26	37	25	277
East	Russian Federation	0	0	0	0	0	0	0	1499	1391	1782	4672
West	San Marino	0	0	0	0	0	0	0	0	0	0	21
Centre	Serbia	106	92	138	120	126	144	182	109	147	106	2094
Centre	Serbia excluding Kosovo ^d	105	87	136	117	126	142	179	108	140	97	2052
Centre	Kosovo ^d	1	5	2	3	-	2	3	1	7	9	42
West	Switzerland	0	0	2	0	0	0	0	0	0	0	8
East	Tajikistan	0	3	3	11	13	24	11	13	19	27	126
Centre	Türkiye	187	281	350	403	494	540	539	297	351	445	4306
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	262	277	368	435	490	506	467	390	428	289	4614
West	United Kingdom	3040	3222	3205	2626	2249	2137	1877	1212	1238	1166	78521
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	29
	Total non-EU/EEA	3992	4286	4649	4211	4079	4150	3864	4281	4474	4825	103857
WHO European Region												
West	West	13607	14079	13797	12737	12112	11397	10802	7738	7782	7886	275891
Centre	Centre	1317	1543	1742	1842	1900	1910	2011	1371	1616	1674	25095
East	East	518	539	833	920	1043	1165	1084	2497	2559	2921	15838
	Total WHO European Region	15442	16161	16372	15499	15055	14472	13897	11606	11957	12481	316824

a Country-specific comments are in Annex 5.

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

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

d Without prejudice to positions on status, and in line with UNSCR 1244 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 (2013–2022) 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
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
EU/EEA												
West	Austria	30	29	33	18	18	15	21	15	16	11	2154
West	Belgium	21	17	16	8	14	21	14	5	16	37	915
Centre	Bulgaria	33	48	29	22	33	34	37	15	14	18	678
Centre	Croatia	0	0	2	0	0	0	1	3	1	3	75
Centre	Cyprus	0	3	1	2	0	1	3	3	5	2	29
Centre	Czechia	6	10	5	7	5	8	8	14	7	60	223
West	Denmark	13	11	8	9	6	6	4	1	10	18	592
East	Estonia	81	67	55	31	15	24	20	10	5	5	4235
West	Finland	3	7	7	6	10	6	8	4	10	33	465
West	France	114	106	80	69	74	76	90	59	52	77	2401
West	Germany	115	131	148	138	119	151	165	171	120	270	4980
West	Greece	268	120	97	101	94	124	89	87	95	67	2296
Centre	Hungary	1	1	2	3	1	1	1	1	0	3	36
West	Iceland	1	1	0	9	3	2	2	0	1	1	71
West	Ireland	21	27	51	20	18	14	19	11	8	30	1735
West	Italy	181	143	121	114	104	113	104	50	80	82	2964
East	Latvia	77	80	93	63	81	75	45	41	27	35	3583
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	5
East	Lithuania	65	39	46	88	143	55	51	31	29	32	2009
West	Luxembourg ^c	9	35	25	34	16	13	4	5	5	12	419
West	Malta	3	0	0	1	0	0	0	0	0	0	10
West	Netherlands	8	1	3	5	7	2	9	2	5	5	876
West	Norway	8	7	8	8	7	6	8	8	4	24	684
Centre	Poland	47	50	51	39	30	22	24	11	14	30	6463
West	Portugal	123	65	66	51	38	37	47	29	27	20	19590
Centre	Romania	361	218	200	139	102	86	76	40	55	42	1953
Centre	Slovakia	0	1	3	1	0	1	0	0	1	9	28
Centre	Slovenia	2	2	1	1	0	0	2	1	4	0	31
West	Spain	190	159	131	146	127	121	97	65	53	55	4023
West	Sweden	13	14	15	26	20	23	21	13	3	12	1339
	Total EU/EEA	1794	1392	1297	1159	1085	1037	970	695	667	993	64862
Non-EU/EEA												
Centre	Albania	0	1	0	0	0	0	0	0	1	2	8
West	Andorra	0	0	0	0	0	0	-	-	-	-	11
East	Armenia	33	42	37	35	39	33	38	22	24	31	811
East	Azerbaijan	204	185	184	163	101	108	102	87	96	70	3560
East	Belarus	201	376	790	600	485	391	363	222	221	287	10296
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	0	19
East	Georgia	172	194	187	204	150	96	115	62	69	79	3276
West	Israel	72	44	39	25	34	34	19	23	12	20	1368
East	Kazakhstan	729	779	826	900	900	920	1219	1059	848	809	21532
East	Kyrgyzstan	182	179	162	209	205	138	105	47	37	24	4018
East	Moldova	22	61	38	40	42	59	39	17	29	35	3016
West	Monaco	0	0	0	0	0	0	-	-	-	-	8
Centre	Montenegro	0	0	0	0	1	1	0	1	0	0	9
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Russian Federation	0	0	0	0	0	0	0	15 203	16 702	11 416	43 321
West	San Marino	0	0	0	0	0	0	0	0	0	0	11
Centre	Serbia	11	5	4	1	4	2	3		3	3	990
Centre	Serbia excluding Kosovo ^d	11	5	4	1	4	2	3	0	3	3	988
Centre	Kosovo ^d	-	-	-	-	-	-	-	-	-	-	2
West	Switzerland	0	0	0	1	0	0	0	0	0	0	1
East	Tajikistan	214	227	248	202	252	199	135	83	76	81	3952
Centre	Türkiye	4	10	13	8	14	24	10	14	11	17	220
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	5847	4670	3449	3692	3975	3734	4174	5938	5312	3820	143979
West	United Kingdom	118	151	194	147	144	112	113	85	97	66	6797
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	11390
	Total non-EU/EEA	7809	6924	6171	6227	6346	5851	6435	22 863	23 538	16 760	258 595
WHO European Region												
West	West	1311	1068	1042	936	853	876	834	633	614	840	53710
Centre	Centre	465	349	311	223	190	180	165	103	116	189	10764
East	East	7827	6899	6115	6227	6388	5832	6406	22 822	23 475	16 724	258 978
	Total WHO European Region	9603	8316	7468	7386	7431	6888	7405	23 558	24 205	17 753	323 452

a Country-specific comments are in Annex 5.

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

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

d Without prejudice to positions on status, and in line with UNSCR 1244 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 (2013–2022) 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
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
EU/EEA												
West	Austria	94	110	109	89	92	65	80	64	58	60	3478
West	Belgium	450	433	398	373	380	357	387	272	259	403	14 626
Centre	Bulgaria	70	93	86	84	85	104	98	84	110	199	1955
Centre	Croatia	13	12	13	12	8	10	13	11	11	27	454
Centre	Cyprus	16	10	26	27	32	32	50	38	59	128	873
Centre	Czechia	45	45	46	54	59	56	55	82	70	434	1462
West	Denmark	90	102	126	100	93	91	87	65	48	116	3750
East	Estonia	188	162	144	116	89	67	79	72	34	98	1918
West	Finland	67	70	79	83	70	55	44	40	33	70	1834
West	France	2 206	2 211	1 793	1 658	1 720	1 968	1 902	1 279	1 313	1 459	42 130
West	Germany	624	819	973	886	794	757	773	533	447	1 061	18 730
West	Greece	126	144	130	147	157	178	194	135	122	124	4 090
Centre	Hungary	25	28	22	28	23	13	28	26	22	43	621
West	Iceland	0	0	0	9	2	15	6	10	7	13	162
West	Ireland	132	127	132	143	168	167	167	100	90	299	4 118
West	Italy	1 706	1 668	1 640	1 767	1 658	1 253	1 095	600	814	812	24 917
East	Latvia	125	133	156	144	136	112	112	108	67	95	2 549
	Liechtenstein	0	0	0	1	0	0	0	0	0	0	13
East	Lithuania	60	74	65	70	72	67	59	68	56	152	1 101
West	Luxembourg ^c	48	65	59	59	63	47	51	29	38	31	1 460
West	Malta	10	9	15	21	17	14	0	14	7	12	229
West	Netherlands	275	271	283	245	225	196	205	154	137	133	9 041
West	Norway	123	140	138	120	115	101	100	66	58	138	3 783
Centre	Poland	90	110	113	110	103	73	98	63	81	187	2 289
West	Portugal	1 072	898	840	869	826	724	695	479	576	383	30 561
Centre	Romania	411	434	483	500	534	496	490	314	332	286	9 181
Centre	Slovakia	21	18	23	18	15	19	28	16	22	58	350
Centre	Slovenia	9	6	10	10	11	8	10	11	9	11	199
West	Spain	1 183	1 131	1 055	1 090	1 141	1 047	1 094	697	779	712	20 300
West	Sweden	218	229	211	202	212	213	204	148	133	199	6 554
	Total EU/EEA	9 497	9 552	9 168	9 035	8 900	8 305	8 204	5 578	5 792	7 743	212 728
Non-EU/EEA												
Centre	Albania	101	62	77	115	87	80	71	73	79	51	1 264
West	Andorra	1	0	0	0	2	7	-	-	-	-	30
East	Armenia	179	272	236	244	290	343	303	352	352	435	3 832
East	Azerbaijan	275	378	445	343	373	475	539	407	513	592	5 455
East	Belarus	1 265	1 349	1 416	1 671	1 868	1 861	1 659	1 098	1 159	1 240	21 926
Centre	Bosnia and Herzegovina	0	7	4	6	2	10	10	6	3	4	152
East	Georgia	240	294	357	372	342	411	445	351	341	415	4 984
West	Israel	175	206	201	195	187	218	183	159	180	178	5 807
East	Kazakhstan	1 268	1 391	1 439	1 749	1 869	2 061	2 126	2 032	2 286	2 679	24 936
East	Kyrgyzstan	277	395	386	425	484	547	561	475	611	881	6 381
East	Moldova	337	616	578	547	561	617	683	404	462	650	10 211
West	Monaco	0	0	0	0	1	0	-	-	-	-	13
Centre	Montenegro	2	4	4	9	4	6	4	2	3	6	106
Centre	North Macedonia	2	0	4	10	8	6	17	3	5	11	85
East	Russian Federation	0	0	0	0	0	0	0	38 937	38 381	41 119	118 437
West	San Marino	0	0	0	0	0	0	0	0	0	0	23
Centre	Serbia	22	35	28	35	31	35	24	13	12	38	969
Centre	Serbia excluding Kosovo ^d	20	34	28	30	29	30	22	12	12	26	891
Centre	Kosovo ^d	2	1	-	5	2	5	2	1	-	12	78
West	Switzerland	0	0	0	0	0	0	0	0	0	0	9
East	Tajikistan	474	628	751	703	807	1 051	970	884	752	863	9 440
Centre	Türkiye	428	495	583	646	775	951	806	536	666	789	9 367
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	11 472	10 648	9 043	10 005	11 025	11 317	11 491	9 140	9 526	8 053	180 760
West	United Kingdom	2 268	2 359	2 100	1 928	1 708	1 750	1 687	1 200	1 281	1 841	75 924
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	4 711
	Total non-EU/EEA	18 786	19 139	17 652	19 003	20 424	21 746	21 628	56 023	56 612	59 845	484 822
WHO European Region												
West	West	10 868	10 992	10 282	9 984	9 631	9 223	8 954	6 044	6 380	8 044	271 569
Centre	Centre	1 255	1 359	1 522	1 664	1 777	1 899	1 802	1 278	1 484	2 272	29 327
East	East	16 160	16 340	15 016	16 389	17 916	18 929	19 076	54 279	54 540	57 272	396 641
	Total WHO European Region	28 283	28 691	26 820	28 037	29 324	30 051	29 832	61 601	62 404	67 588	697 537

a Country-specific comments are in Annex 5.

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

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

d Without prejudice to positions on status, and in line with UNSCR 1244 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 (2013–2022) 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
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
EU/EEA												
West	Austria	0	1	0	1	1	1	0	0	1	0	68
West	Belgium	13	15	18	15	9	8	9	11	10	19	902
Centre	Bulgaria	5	1	1	0	3	3	1	4	2	5	39
Centre	Croatia	0	1	0	0	0	0	0	1	0	1	16
Centre	Cyprus	0	0	1	0	0	0	1	0	4	0	9
Centre	Czechia	0	1	0	2	0	0	0	0	0	26	35
West	Denmark	5	5	4	1	5	2	0	2	3	7	125
East	Estonia	2	5	1	0	0	0	0	3	4	7	68
West	Finland	2	2	3	2	0	2	4	1	1	2	41
West	France	36	54	48	30	27	40	55	25	36	47	771
West	Germany	23	26	29	24	18	20	14	11	11	61	561
West	Greece	0	1	0	4	1	1	4	3	1	6	79
Centre	Hungary	1	1	2	1	2	0	0	0	3	1	21
West	Iceland	0	0	0	0	0	2	1	0	0	0	4
West	Ireland	3	2	5	3	0	4	3	2	3	12	109
West	Italy	13	15	16	11	16	12	3	7	3	7	233
East	Latvia	10	4	3	6	3	5	2	5	1	2	90
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	1
East	Lithuania	1	2	0	1	1	0	0	0	1	15	23
West	Luxembourg ^c	2	3	0	0	0	0	2	1	1	0	32
West	Malta	0	0	0	2	0	2	0	1	0	0	5
West	Netherlands	12	15	12	7	9	7	6	2	4	0	415
West	Norway	1	3	2	2	2	6	2	0	4	5	102
Centre	Poland	4	3	8	1	3	2	5	3	1	18	246
West	Portugal	10	8	6	5	6	1	0	1	2	1	528
Centre	Romania	24	18	18	7	15	9	11	7	7	8	796
Centre	Slovakia	0	0	0	0	0	0	0	0	0	2	2
Centre	Slovenia	0	0	0	0	0	0	0	1	0	0	9
West	Spain	18	4	3	9	4	8	8	0	5	5	157
West	Sweden	7	7	15	10	14	12	12	9	12	13	307
	Total EU/EEA	192	197	195	144	139	147	143	100	120	270	5794
Non-EU/EEA												
Centre	Albania	6	3	1	1	1	2	1	1	3	2	42
West	Andorra	0	0	0	0	0	0	-	-	-	-	1
East	Armenia	5	7	4	1	5	6	3	9	3	3	49
East	Azerbaijan	10	18	16	10	11	9	4	2	7	12	154
East	Belarus	16	15	26	20	13	4	10	5	5	4	332
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	1	1
East	Georgia	4	5	6	4	3	6	3	3	2	6	119
West	Israel	9	9	4	4	6	7	3	3	9	5	283
East	Kazakhstan	36	22	25	24	34	24	26	23	30	22	471
East	Kyrgyzstan	10	18	23	16	16	23	21	12	25	20	313
East	Moldova	13	19	14	10	11	13	19	12	12	12	245
West	Monaco	0	0	0	0	0	0	-	-	-	-	1
Centre	Montenegro	0	0	0	0	0	0	0	0	0	0	4
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Russian Federation	0	0	0	0	0	0	0	162	153	129	444
West	San Marino	0	0	0	0	0	0	0	0	0	0	1
Centre	Serbia	4	1	1	2	-	1	2	-	2	-	55
Centre	Serbia excluding Kosovo ^d	4	1	0	2	0	0	2	0	1	0	49
Centre	Kosovo ^d	-	-	1	-	-	1	-	-	1	-	6
West	Switzerland	0	0	0	0	0	0	0	0	0	0	0
East	Tajikistan	49	59	56	54	60	53	47	43	31	30	582
Centre	Türkiye	11	22	23	15	12	13	15	12	15	11	220
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	0
East	Ukraine	111	122	98	77	86	71	79	67	48	35	2450
West	United Kingdom	90	89	50	44	59	58	68	28	35	53	3008
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	363
	Total non-EU/EEA	374	409	347	282	317	290	301	382	380	345	9140
WHO European Region												
	West	244	259	215	174	177	193	194	107	141	243	7733
	Centre	55	51	55	29	36	30	36	29	37	75	1497
	East	267	296	272	223	243	214	214	346	322	297	5703
	Total WHO European Region	566	606	542	426	456	437	444	482	500	615	14933

a Country-specific comments are in Annex 5.

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

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

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

Table 8: HIV diagnoses in 2022, by country of report, transmission mode and sex, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Sex between men		Injecting drug users			Heterosexual			Mother to child transmission		
		Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b
EU/EEA												
West	Austria	97	97	3	8	11	26	34	60	0	0	0
West	Belgium	323	340	7	30	37	233	153	403	10	9	19
Centre	Bulgaria	106	106	2	16	18	109	90	199	2	3	5
Centre	Croatia	69	70	0	3	3	18	9	27	1	0	1
Centre	Cyprus	84	84	0	2	2	63	65	128	0	0	0
Centre	Czechia	179	179	27	33	60	303	131	434	12	14	26
West	Denmark	71	71	4	14	18	79	37	116	7	0	7
East	Estonia	11	11	2	3	5	63	35	98	2	5	7
West	Finland	46	46	8	25	33	41	29	70	2	0	2
West	France	1145	1145	19	56	77	879	580	1459	20	27	47
West	Germany	1047	1047	82	188	270	752	308	1061	33	28	61
West	Greece	249	249	15	52	67	72	52	124	1	5	6
Centre	Hungary	112	112	0	3	3	20	23	43	0	1	1
West	Iceland	19	19	0	1	1	8	5	13	0	0	0
West	Ireland	350	354	6	24	30	211	85	299	10	2	12
West	Italy	773	773	12	70	82	338	474	812	2	5	7
East	Latvia	9	9	4	31	35	40	55	95	1	1	2
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	29	29	7	25	32	77	75	152	9	6	15
West	Luxembourg ^c	21	21	3	9	12	19	12	31	0	0	0
West	Malta	30	30	0	0	0	4	8	12	0	0	0
West	Netherlands	221	235	0	5	5	69	64	133	0	0	0
West	Norway	59	59	9	15	24	90	48	138	2	3	5
Centre	Poland	199	199	6	24	30	112	75	187	5	13	18
West	Portugal	355	355	1	19	20	184	199	383	1	0	1
Centre	Romania	199	199	6	36	42	84	202	286	3	5	8
Centre	Slovakia	46	47	4	5	9	38	20	58	1	1	2
Centre	Slovenia	26	26	0	0	0	4	7	11	0	0	0
West	Spain	1611	1617	9	46	55	303	409	712	2	3	5
West	Sweden	127	127	1	11	12	122	77	199	8	5	13
	Total EU/EEA	7613	7656	237	754	993	4361	3361	7743	134	136	270
Non-EU/EEA												
Centre	Albania	33	33	0	2	2	27	24	51	0	2	2
West	Andorra	-	0	-	-	0	-	-	0	-	-	0
East	Armenia	61	61	1	30	31	142	293	435	1	2	3
East	Azerbaijan	80	80	3	67	70	223	369	592	11	1	12
East	Belarus	88	88	51	236	287	554	686	1240	1	3	4
Centre	Bosnia and Herzegovina	25	25	0	0	0	1	3	4	1	0	1
East	Georgia	110	110	3	76	79	153	262	415	4	2	6
West	Israel	135	135	9	11	20	95	83	178	1	4	5
East	Kazakhstan	325	325	122	687	809	1125	1554	2679	8	14	22
East	Kyrgyzstan	90	90	2	22	24	396	485	881	12	8	20
East	Moldova	20	20	5	30	35	296	354	650	5	7	12
West	Monaco	-	0	-	-	0	-	-	0	-	-	0
Centre	Montenegro	18	18	0	0	0	3	3	6	0	0	0
Centre	North Macedonia	23	25	0	0	0	4	7	11	0	0	0
East	Russian Federation	1782	1782	1607	9809	11416	20081	21038	41119	72	57	129
West	San Marino	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	106	106	1	2	3	12	26	38	-	-	0
Centre	Serbia excluding Kosovo ^d	97	97	1	2	3	11	15	26	0	0	0
Centre	Kosovo ^d	9	9	-	-	0	1	11	12	-	-	0
West	Switzerland	0	0	0	0	0	0	0	0	0	0	0
East	Tajikistan	27	27	1	80	81	338	525	863	17	13	30
Centre	Türkiye	445	445	1	16	17	147	642	789	5	6	11
East	Turkmenistan	-	0	-	-	0	-	-	0	-	-	0
East	Ukraine	289	289	612	3208	3820	3480	4573	8053	17	18	35
West	United Kingdom	1163	1166	8	57	66	1143	692	1841	31	22	53
East	Uzbekistan	-	0	-	-	0	-	-	0	-	-	0
	Total non-EU/EEA	4820	4825	2426	14333	16760	28220	31619	59845	186	159	345
WHO European Region												
	West	7842	7886	196	641	840	4668	3349	8044	130	113	243
	Centre	1670	1674	47	142	189	945	1327	2272	30	45	75
	East	2921	2921	2420	14304	16724	26968	30304	57272	160	137	297
	Total WHO European Region	12433	12481	2663	15087	17753	32581	34980	67588	320	295	615

a Country-specific comments are in Annex 5

b Totals include transgender and persons with unknown gender and may, therefore, not equal the sum of the columns or may differ slightly from the totals presented for 2022 in tables 4–7.

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

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

	Nosocomial			Haemophilic/transfusion			Unknown			Total ^b	Country, territory or area ^a
	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b		
											EU/EEA
	1	0	1	2	1	3	2	15	17	189	Austria
	0	0	0	1	3	4	94	163	257	1060	Belgium
	0	0	0	0	0	0	0	0	0	328	Bulgaria
	0	0	0	0	0	0	4	8	12	113	Croatia
	0	0	0	0	0	0	1	3	4	218	Cyprus
	2	2	4	4	2	6	87	74	161	870	Czechia
	0	0	0	1	1	2	18	26	44	258	Denmark
	0	0	0	0	0	0	53	76	129	250	Estonia
	1	1	2	2	3	5	48	67	115	273	Finland
	0	0	0	6	3	9	447	878	1421	4158	France
	0	0	0	0	0	0	130	665	800	3239	Germany
	0	0	0	0	0	0	27	92	119	565	Greece
	0	0	0	0	0	0	6	40	65	224	Hungary
	0	0	0	0	0	0	2	5	7	40	Iceland
	0	0	0	0	1	1	70	120	191	887	Ireland
	0	0	0	1	2	3	49	162	211	1888	Italy
	0	0	0	0	0	0	30	58	88	229	Latvia
	0	0	0	0	0	0	0	1	1	1	Liechtenstein
	0	0	0	0	0	0	7	17	24	252	Lithuania
	0	0	0	0	0	0	4	3	7	71	Luxembourg ^c
	0	0	0	1	0	1	0	17	17	60	Malta
	0	2	2	0	0	0	8	47	56	431	Netherlands
	1	0	1	0	0	0	7	11	18	245	Norway
	0	0	0	0	0	0	581	1020	1616	2050	Poland
	0	0	0	1	0	1	11	33	44	804	Portugal
	0	0	0	0	0	0	44	91	135	670	Romania
	0	0	0	0	1	1	34	44	80	197	Slovakia
	0	0	0	0	0	0	1	4	5	42	Slovenia
	0	0	0	0	3	3	105	440	545	2937	Spain
	0	0	0	2	5	7	48	40	88	446	Sweden
	5	5	10	21	25	46	1918	4220	6277	22995	Total EU/EEA
											Non-EU/EEA
	0	0	0	0	0	0	0	10	10	98	Albania
	-	-	0	-	-	0	-	-	0	0	Andorra
	0	0	0	0	0	0	1	4	5	535	Armenia
	0	0	0	0	0	0	5	7	12	766	Azerbaijan
	0	0	0	0	0	0	10	15	25	1644	Belarus
	0	0	0	0	0	0	2	22	24	54	Bosnia and Herzegovina
	0	0	0	0	0	0	3	4	7	617	Georgia
	0	0	0	0	0	0	51	67	118	456	Israel
	0	0	0	0	0	0	62	109	171	4006	Kazakhstan
	1	0	1	0	0	0	23	55	78	1094	Kyrgyzstan
	0	0	0	0	0	0	86	126	212	929	Moldova
	-	-	0	-	-	0	-	-	0	0	Monaco
	0	0	0	0	0	0	0	7	7	31	Montenegro
	0	0	0	0	0	0	0	5	5	41	North Macedonia
	0	0	0	0	0	0	417	710	1127	55573	Russian Federation
	0	0	0	0	0	0	0	1	1	1	San Marino
	-	-	0	-	-	0	1	37	38	185	Serbia
	0	0	0	0	0	0	1	37	38	164	Serbia excluding Kosovo ^d
	-	-	0	-	-	0	-	-	0	21	Kosovo ^d
	0	0	0	0	0	0	103	243	349	349	Switzerland
	0	0	0	0	0	0	19	17	36	1037	Tajikistan
	0	0	0	0	0	0	490	2072	2562	3824	Türkiye
	-	-	0	-	-	0	-	-	0	0	Turkmenistan
	0	0	0	0	0	0	8	7	15	12212	Ukraine
	6	11	17	15	12	27	259	603	870	4040	United Kingdom
	-	-	0	-	-	0	-	-	0	0	Uzbekistan
	7	11	18	15	12	27	1540	4121	5672	87492	Total non-EU/EEA
											WHO European Region
	9	14	23	32	34	66	1483	3698	5295	22397	West
	2	2	4	4	3	7	1251	3437	4724	8945	Centre
	1	0	1	0	0	0	724	1205	1929	79144	East
	12	16	28	36	37	73	3458	8340	11948	110486	Total WHO European Region

Table 9: HIV diagnoses in 2022, by country of report, age and sex, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	<15 years			15–19 years			20–24 years			25–29 years		
		Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b	Female	Male	Total ^b
EU/EEA													
West	Austria	0	0	0	1	0	1	0	12	12	3	17	20
West	Belgium	6	5	11	10	8	18	23	53	80	42	129	179
Centre	Bulgaria	3	3	6	3	1	4	6	15	21	9	26	35
Centre	Croatia	0	0	0	1	0	1	1	2	3	2	13	15
Centre	Cyprus	0	0	0	2	1	3	7	12	19	16	26	42
Centre	Czechia	9	11	20	4	6	10	12	18	30	30	51	81
West	Denmark	7	0	7	1	1	2	5	7	12	14	24	38
East	Estonia	2	3	5	1	4	5	4	5	9	9	10	19
West	Finland	2	1	3	0	1	1	5	5	10	13	22	35
West	France	12	33	45	41	66	108	124	241	377	170	378	579
West	Germany	24	23	47	23	26	49	54	127	183	92	296	388
West	Greece	1	1	2	3	8	11	9	44	53	16	82	98
Centre	Hungary	0	1	1	0	0	0	1	18	19	1	27	28
West	Iceland	0	0	0	0	0	0	1	2	3	0	9	9
West	Ireland	6	1	7	4	2	6	9	38	48	18	102	121
West	Italy	2	5	7	4	9	13	24	85	109	47	147	194
East	Latvia	1	1	2	0	0	0	1	6	7	2	7	9
	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	8	5	13	0	1	1	3	5	8	4	11	15
West	Luxembourg ^c	0	0	0	0	0	0	2	3	5	2	7	9
West	Malta	0	0	0	0	1	1	0	4	4	2	10	12
West	Netherlands	0	0	0	1	3	4	14	23	37	12	53	68
West	Norway	0	3	3	2	0	2	5	4	9	8	11	19
Centre	Poland	8	16	24	14	15	29	28	134	164	60	180	241
West	Portugal	1	0	1	3	11	14	16	75	91	19	100	119
Centre	Romania	3	5	8	5	18	23	21	70	91	19	84	103
Centre	Slovakia	1	1	2	3	3	6	3	9	12	2	19	21
Centre	Slovenia	0	0	0	0	0	0	0	1	1	2	6	8
West	Spain	2	2	4	3	29	32	32	244	276	48	428	476
West	Sweden	3	5	8	4	2	6	4	22	26	19	32	51
	Total EU/EEA	101	125	226	133	216	350	414	1284	1719	681	2307	3032
Non-EU/EEA													
Centre	Albania	0	3	3	0	0	0	1	6	7	3	13	16
West	Andorra	-	-	0	-	-	0	-	-	0	-	-	0
East	Armenia	2	3	5	1	3	4	9	12	21	13	43	56
East	Azerbaijan	13	2	15	2	7	9	13	43	56	33	101	134
East	Belarus	4	3	7	4	4	8	21	46	67	51	54	105
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	3	3	0	9	9
East	Georgia	3	2	5	4	5	9	9	33	42	10	65	75
West	Israel	1	2	3	2	9	11	2	19	21	5	35	40
East	Kazakhstan	11	16	27	25	47	72	57	160	217	113	335	448
East	Kyrgyzstan	13	9	22	9	19	28	30	47	77	42	118	160
East	Moldova	5	7	12	12	5	17	30	17	47	36	48	84
West	Monaco	-	-	0	-	-	0	-	-	0	-	-	0
Centre	Montenegro	0	0	0	0	0	0	0	3	3	0	5	5
Centre	North Macedonia	0	0	0	0	0	1	0	5	5	0	3	3
East	Russia	240	211	451	243	151	394	909	792	1701	1508	1955	3463
West	San Marino	0	0	0	0	0	0	0	0	0	0	0	0
Centre	Serbia	-	-	0	-	1	1	2	16	18	1	40	41
Centre	Serbia excluding Kosovo ^d	0	0	0	0	0	0	1	11	12	1	35	36
Centre	Kosovo ^d	-	-	0	-	1	1	1	5	6	-	5	5
West	Switzerland	1	2	3	3	1	4	2	6	8	5	20	26
East	Tajikistan	22	21	43	18	11	29	28	47	75	48	77	125
Centre	Türkiye	5	7	12	10	64	74	58	435	493	87	608	695
East	Turkmenistan	-	-	0	-	-	0	-	-	0	-	-	0
East	Ukraine	18	16	34	53	24	77	148	159	307	343	529	872
West	United Kingdom	0	0	0	19	36	55	63	214	278	168	419	592
East	Uzbekistan	-	-	0	-	-	0	-	-	0	-	-	0
	Total non-EU/EEA	338	304	642	405	387	793	1382	2063	3446	2466	4477	6949
WHO European Region													
	West	68	83	151	124	213	338	394	1228	1642	703	2321	3073
	Centre	29	47	76	42	109	152	140	747	889	232	1110	1343
	East	342	299	641	372	281	653	1262	1372	2634	2212	3353	5565
	Total WHO European Region	439	429	868	538	603	1143	1796	3347	5165	3147	6784	9981

a Country-specific comments are in Annex 5

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

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

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

Table 10: Origin of those diagnosed with HIV in 2022 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	88	46.6	12	6.3	57	30.2	9	4.8
West	Belgium	211	19.9	66	6.2	181	17.1	221	20.8
Centre	Bulgaria	230	70.1	6	1.8	90	27.4	1	0.3
Centre	Croatia	65	57.5	3	2.7	38	33.6	0	0.0
Centre	Cyprus	59	27.1	18	8.3	37	17.0	91	41.7
Centre	Czechia	126	14.5	5	0.6	719	82.6	2	0.2
West	Denmark	51	19.8	21	8.1	121	46.9	19	7.4
East	Estonia	31	12.4	0	0.0	130	52.0	2	0.8
West	Finland	46	16.8	4	1.5	57	20.9	8	2.9
West	France	1179	28.4	80	1.9	245	5.9	1145	27.5
West	Germany	1139	35.2	90	2.8	1108	34.2	302	9.3
West	Greece	348	61.6	13	2.3	95	16.8	68	12.0
Centre	Hungary	148	66.1	3	1.3	41	18.3	1	0.4
West	Iceland	1	2.5	1	2.5	16	40.0	4	10.0
West	Ireland	92	10.4	23	2.6	177	20.0	198	22.3
West	Italy	1292	68.4	22	1.2	143	7.6	198	10.5
East	Latvia	-	-	-	-	-	-	-	-
	Liechtenstein	0	0.0	1	100.0	0	0.0	0	0.0
East	Lithuania	133	52.8	0	0.0	116	46.0	2	0.8
West	Luxembourg ^c	11	15.5	15	21.1	10	14.1	21	29.6
West	Malta	-	-	-	-	-	-	-	-
West	Netherlands	208	48.3	14	3.2	73	16.9	46	10.7
West	Norway	37	15.1	3	1.2	136	55.5	36	14.7
Centre	Poland	757	36.9	1	0.0	627	30.6	9	0.4
West	Portugal	389	48.4	21	2.6	9	1.1	139	17.3
Centre	Romania	650	97.0	2	0.3	4	0.6	2	0.3
Centre	Slovakia	22	11.2	0	0.0	79	40.1	0	0.0
Centre	Slovenia	29	69.0	0	0.0	9	21.4	1	2.4
West	Spain	1507	51.3	80	2.7	101	3.4	149	5.1
West	Sweden	64	14.3	14	3.1	143	32.1	107	24.0
	Total EU/EEA	8913	39.3	518	2.3	4562	20.1	2781	12.2
Non-EU/EEA									
Centre	Albania	96	98.0	0	0.0	0	0.0	0	0.0
West	Andorra	-	-	-	-	-	-	-	-
East	Armenia	535	100.0	0	0.0	0	0.0	0	0.0
East	Azerbaijan	749	97.8	1	0.1	15	2.0	0	0.0
East	Belarus	1644	100.0	0	0.0	0	0.0	0	0.0
Centre	Bosnia and Herzegovina	48	88.9	0	0.0	1	1.9	5	9.3
East	Georgia	616	99.8	0	0.0	1	0.2	0	0.0
West	Israel	153	33.6	5	1.1	158	34.6	57	12.5
East	Kazakhstan	3879	96.8	0	0.0	107	2.7	0	0.0
East	Kyrgyzstan	1006	92.0	3	0.3	77	7.0	0	0.0
East	Moldova	917	98.7	0	0.0	12	1.3	0	0.0
West	Monaco	-	-	-	-	-	-	-	-
Centre	Montenegro	30	96.8	0	0.0	1	3.2	0	0.0
Centre	North Macedonia	40	97.6	1	2.4	0	0.0	0	0.0
East	Russian Federation	-	-	-	-	-	-	-	-
West	San Marino	-	-	-	-	-	-	-	-
Centre	Serbia	180	97.3	-	-	2	1.1	-	-
Centre	Serbia excluding Kosovo ^d	160	97.6	0	0.0	2	1.2	0	0.0
Centre	Kosovo ^d	20	95.2	-	-	-	-	-	-
West	Switzerland	86	24.6	34	9.7	54	15.5	31	8.9
East	Tajikistan	1025	98.8	0	0.0	2	0.2	0	0.0
Centre	Türkiye	3169	82.9	98	2.6	184	4.8	118	3.1
East	Turkmenistan	-	-	-	-	-	-	-	-
East	Ukraine	12212	100.0	0	0.0	0	0.0	0	0.0
West	United Kingdom	796	19.7	106	2.6	315	7.8	1216	30.1
East	Uzbekistan	-	-	-	-	-	-	-	-
	Total non-EU/EEA	27181	85.2	248	0.8	929	2.9	1427	4.5
WHO European Region									
	West	7698	34.5	624	2.8	3199	14.3	3974	17.8
	Centre	5649	63.2	137	1.5	1832	20.5	230	2.6
	East	22747	97.5	4	0.0	460	2.0	4	0.0
	Total WHO European Region	36094	66.1	765	1.4	5491	10.1	4208	7.7

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

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

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

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

	Latin America & Caribbean		South & South-East Asia		Other		Unknown		Total ^b	Country, territory or area ^a
	N	%	N	%	N	%	N	%		
	7	3.7	9	4.8	5	2.6	2	1.1	189	EU/EEA
	150	14.2	19	1.8	25	2.4	187	17.6	1060	Austria
	0	0.0	0	0.0	1	0.3	0	0.0	328	Belgium
	4	3.5	1	0.9	2	1.8	0	0.0	113	Bulgaria
	0	0.0	4	1.8	8	3.7	1	0.5	218	Croatia
	13	1.5	4	0.5	1	0.1	0	0.0	870	Cyprus
	14	5.4	23	8.9	6	2.3	3	1.2	258	Czechia
	0	0.0	3	1.2	1	0.4	83	33.2	250	Denmark
	5	1.8	21	7.7	8	2.9	124	45.4	273	Estonia
	308	7.4	52	1.3	182	4.4	967	23.3	4158	Finland
	147	4.5	113	3.5	76	2.3	264	8.2	3239	France
	12	2.1	19	3.4	10	1.8	0	0.0	565	Germany
	8	3.6	3	1.3	2	0.9	18	8.0	224	Greece
	9	22.5	3	7.5	6	15.0	0	0.0	40	Hungary
	220	24.8	23	2.6	10	1.1	144	16.2	887	Iceland
	155	8.2	31	1.6	37	2.0	10	0.5	1888	Ireland
	-	-	-	-	-	-	-	-	-	Italy
	0	0.0	0	0.0	0	0.0	0	0.0	1	Latvia
	0	0.0	0	0.0	1	0.4	0	0.0	252	Liechtenstein
	5	7.0	2	2.8	7	9.9	0	0.0	71	Lithuania
	-	-	-	-	-	-	-	-	-	Luxembourg ^c
	48	11.1	24	5.6	16	3.7	2	0.5	431	Malta
	9	3.7	17	6.9	7	2.9	0	0.0	245	Netherlands
	2	0.1	3	0.1	1	0.0	650	31.7	2050	Norway
	191	23.8	2	0.2	3	0.4	50	6.2	804	Poland
	0	0.0	0	0.0	0	0.0	12	1.8	670	Portugal
	1	0.5	0	0.0	0	0.0	95	48.2	197	Romania
	0	0.0	1	2.4	0	0.0	2	4.8	42	Slovakia
	931	31.7	28	1.0	80	2.7	61	2.1	2937	Slovenia
	32	7.2	51	11.4	20	4.5	15	3.4	446	Spain
	2271	10.0	456	2.0	515	2.3	2690	11.8	22706	Total EU/EEA
										Non-EU/EEA
	0	0.0	0	0.0	2	2.0	0	0.0	98	Albania
	-	-	-	-	-	-	-	-	-	Andorra
	0	0.0	0	0.0	0	0.0	0	0.0	535	Armenia
	0	0.0	1	0.1	0	0.0	0	0.0	766	Azerbaijan
	0	0.0	0	0.0	0	0.0	0	0.0	1644	Belarus
	0	0.0	0	0.0	0	0.0	0	0.0	54	Bosnia and Herzegovina
	0	0.0	0	0.0	0	0.0	0	0.0	617	Georgia
	12	2.6	10	2.2	60	13.2	1	0.2	456	Israel
	0	0.0	1	0.0	19	0.5	0	0.0	4006	Kazakhstan
	0	0.0	4	0.4	0	0.0	4	0.4	1094	Kyrgyzstan
	0	0.0	0	0.0	0	0.0	0	0.0	929	Moldova
	-	-	-	-	-	-	-	-	-	Monaco
	0	0.0	0	0.0	0	0.0	0	0.0	31	Montenegro
	0	0.0	0	0.0	0	0.0	0	0.0	41	North Macedonia
	-	-	-	-	-	-	-	-	-	Russian Federation
	-	-	-	-	-	-	-	-	-	San Marino
	2	1.1	-	-	1	0.5	-	-	185	Serbia
	2	1.2	0	0.0	0	0.0	0	0.0	164	Serbia excluding Kosovo ^d
	-	-	-	-	1	4.8	-	-	21	Kosovo ^d
	13	3.7	5	1.4	6	1.7	120	34.4	349	Switzerland
	0	0.0	0	0.0	10	1.0	0	0.0	1037	Tajikistan
	21	0.5	27	0.7	100	2.6	107	2.8	3824	Türkiye
	-	-	-	-	-	-	-	-	-	Turkmenistan
	0	0.0	0	0.0	0	0.0	0	0.0	12212	Ukraine
	224	5.5	307	7.6	71	1.8	1005	24.9	4040	United Kingdom
	-	-	-	-	-	-	-	-	-	Uzbekistan
	272	0.9	355	1.1	269	0.8	1237	3.9	31918	Total non-EU/EEA
										WHO European Region
	2492	11.2	759	3.4	635	2.8	2955	13.2	22336	West
	51	0.6	43	0.5	118	1.3	885	9.9	8945	Centre
	0	0.0	9	0.0	31	0.1	87	0.4	23342	East
	2543	4.7	811	1.5	784	1.4	3927	7.2	54623	Total WHO European Region

Table 11: HIV diagnoses, by geographical area, transmission mode and country or subcontinent of origin, in cases reported in 2022

Transmission mode	Country of report		Western Europe		Central & Eastern Europe		Sub-Saharan Africa	
	N	%	N	%	N	%	N	%
EU/EEA								
Sex between men	4 191	54.7	306	4.0	606	7.9	277	3.6
Injecting drug use	419	42.2	19	1.9	430	43.3	7	0.7
Heterosexual contact	2 407	31.1	111	1.4	2 186	28.2	2 046	26.4
Mother-to-child	34	12.6	3	1.1	137	50.7	72	26.7
Haemophiliac/transfusion recipient	3	6.5	3	6.5	21	45.7	7	15.2
Nosocomial infection	1	10.0	-	-	8	80.0	-	-
Other/undetermined	1 858	29.6	76	1.2	1 174	18.7	372	5.9
Total EU-EEA	8 913	38.8	518	2.3	4 562	19.8	2 781	12.1
Non-EU/EEA								
Sex between men	2 156	70.9	68	2.2	152	5.0	79	2.6
Injecting drug use	5 264	98.5	1	0.0	61	1.1	2	0.0
Heterosexual contact	16 819	89.8	47	0.3	375	2.0	1 049	5.6
Mother-to-child	153	70.8	3	1.4	9	4.2	39	18.1
Haemophiliac/transfusion recipient	2	7.4	-	-	10	37.0	8	29.6
Nosocomial infection	5	27.8	-	-	1	5.6	10	55.6
Other/undetermined	2 782	61.2	129	2.8	321	7.1	240	5.3
Total non-EU/EEA	27 181	85.2	248	0.8	929	2.9	1 427	4.5
West								
Sex between men	3 930	49.8	348	4.4	579	7.3	329	4.2
Injecting drug use	338	40.2	20	2.4	383	45.6	9	1.1
Heterosexual contact	2 165	26.9	133	1.7	1 503	18.7	3 007	37.4
Mother-to-child	19	7.8	6	2.5	82	33.7	107	44.0
Haemophiliac/transfusion recipient	5	7.6	3	4.5	24	36.4	15	22.7
Nosocomial infection	5	21.7	-	-	5	21.7	10	43.5
Other/undetermined	1 236	23.3	114	2.2	623	11.8	497	9.4
Total West	7 698	34.4	624	2.8	3 199	14.3	3 974	17.7
Centre								
Sex between men	1 335	79.7	25	1.5	137	8.2	27	1.6
Injecting drug use	97	51.3	-	-	85	45.0	-	-
Heterosexual contact	1 336	58.8	22	1.0	764	33.6	87	3.8
Mother-to-child	25	33.3	-	-	45	60.0	3	4.0
Haemophiliac/transfusion recipient	-	-	-	-	7	100.0	-	-
Nosocomial infection	-	-	-	-	4	100.0	-	-
Other/undetermined	2 856	60.5	90	1.9	790	16.7	113	2.4
Total Centre	5 649	63.2	137	1.5	1 832	20.5	230	2.6
East								
Sex between men	1 082	95.0	1	0.1	42	3.7	-	-
Injecting drug use	5 248	98.9	-	-	23	0.4	-	-
Heterosexual contact	15 725	97.4	3	0.0	294	1.8	1	0.0
Mother-to-child	143	85.1	-	-	19	11.3	1	0.6
Haemophiliac/transfusion recipient	1	100.0	-	-	-	-	-	-
Nosocomial infection	548	68.3	-	-	82	10.2	2	0.2
Other/undetermined	-	-	-	-	-	-	-	-
Total East	22 747	96.5	4	0.0	460	2.0	4	0.0
Total WHO European Region	72 188	65.7	1 531	1.4	10 982	10.0	8 416	7.7

	Latin America & Caribbean		South & South-East Asia		Other		Unknown		Total	Transmission mode
	N	%	N	%	N	%	N	%		
										EU/EEA
	1529	20.0	218	2.8	243	3.2	286	3.7	7656	Men who have sex with men
	18	1.8	14	1.4	11	1.1	75	7.6	993	Injecting drug use
	419	5.4	135	1.7	145	1.9	294	3.8	7743	Heterosexual contact
	4	1.5	1	0.4	3	1.1	16	5.9	270	Mother-to-child
	4	8.7	1	2.2	3	6.5	4	8.7	46	Haemophiliac/transfusion recipient
	-	-	1	10.0	-	-	-	-	10	Nosocomial infection
	297	4.7	86	1.4	110	1.8	2304	36.7	6277	Other/undetermined
	2271	9.9	456	2.0	515	2.2	2979	13.0	22995	Total EU-EEA
										Non-EU/EEA
	156	5.1	182	6.0	51	1.7	199	6.5	3043	Men who have sex with men
	3	0.1	3	0.1	3	0.1	7	0.1	5344	Injecting drug use
	54	0.3	101	0.5	62	0.3	219	1.2	18726	Heterosexual contact
	2	0.9	4	1.9	3	1.4	3	1.4	216	Mother-to-child
	1	3.7	2	7.4	1	3.7	3	11.1	27	Haemophiliac/transfusion recipient
	-	-	2	11.1	-	-	-	-	18	Nosocomial infection
	56	1.2	61	1.3	149	3.3	806	17.7	4544	Other/undetermined
	272	0.9	355	1.1	269	0.8	1237	3.9	31918	Total non-EU/EEA
										West
	1654	21.0	381	4.8	277	3.5	388	4.9	7886	Men who have sex with men
	20	2.4	16	1.9	12	1.4	42	5.0	840	Injecting drug use
	470	5.8	226	2.8	169	2.1	371	4.6	8044	Heterosexual contact
	6	2.5	4	1.6	5	2.1	14	5.8	243	Mother-to-child
	5	7.6	3	4.5	4	6.1	7	10.6	66	Haemophiliac/transfusion recipient
	-	-	3	13.0	-	-	-	-	23	Nosocomial infection
	337	6.4	126	2.4	168	3.2	2193	41.4	5294	Other/undetermined
	2492	11.1	759	3.4	635	2.8	3015	13.5	22396	Total West
										Centre
	31	1.9	14	0.8	17	1.0	88	5.3	1674	Men who have sex with men
	1	0.5	1	0.5	-	-	5	2.6	189	Injecting drug use
	3	0.1	6	0.3	14	0.6	40	1.8	2272	Heterosexual contact
	-	-	1	1.3	1	1.3	-	-	75	Mother-to-child
	-	-	-	-	-	-	-	-	7	Haemophiliac/transfusion recipient
	-	-	-	-	-	-	-	-	4	Nosocomial infection
	16	0.3	21	0.4	86	1.8	752	15.9	4724	Other/undetermined
	51	0.6	43	0.5	118	1.3	885	9.9	8945	Total Centre
										East
	-	-	5	0.4	-	-	9	0.8	1139	Men who have sex with men
	-	-	-	-	2	0.0	35	0.7	5308	Injecting drug use
	-	-	4	0.0	24	0.1	102	0.6	16153	Heterosexual contact
	-	-	-	-	-	-	5	3.0	168	Mother-to-child
	-	-	-	-	-	-	-	-	1	Haemophiliac/transfusion recipient
	-	-	-	-	5	0.6	165	20.6	802	Nosocomial infection
	-	-	-	-	-	-	-	-	-	Other/undetermined
	0	0.0	9	0.0	31	0.1	316	1.3	23571	Total East
	5086	4.6	1622	1.5	1568	1.4	8432	7.7	109825	Total WHO European Region

Table 12: Percentage of HIV diagnoses (2022) among persons ≥14 years reported with information about CD4 cell count, by CD4 cell count level (<200 and <350 cells per mm³ blood) and by transmission mode in cases with CD4 <350, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Number of cases with CD4	Completeness (%) CD4 ^b	CD4 <200 (%)		CD4 <350 (%)		CD4 <350 per mm ³ blood (%)		
				N	%	N	%	Heterosexual ^b	Injecting drug user ^b	Sex between men ^b
EU/EEA										
West	Austria	186	98.4	64	34.4	101	54.3	58.3	90.9	46.3
West	Belgium	752	71.9	119	15.8	232	30.9	40.2	20.7	22.7
Centre	Bulgaria	245	76.1	73	29.8	116	47.3	47.5	80.0	43.8
Centre	Croatia	66	58.4	28	42.4	38	57.6	70.0	-	54.9
Centre	Cyprus	198	90.8	27	13.6	44	22.2	29.8	-	12.5
Centre	Czechia	705	82.9	90	12.8	173	24.5	25.7	14.0	26.9
West	Denmark	94	82.5	39	41.5	59	62.8	68.9	80.0	54.1
East	Estonia	15	6.1	6	40.0	10	66.7	72.7	-	-
West	Finland	168	62.2	31	18.5	52	31.0	30.3	28.6	29.3
West	France	2368	57.6	652	27.5	1193	50.4	55.8	29.0	42.8
West	Germany	1073	33.8	339	31.6	489	45.6	40.7	38.5	43.8
West	Greece	377	67.0	126	33.4	198	52.5	74.4	49.0	41.9
Centre	Hungary	-	-	-	-	-	-	-	-	-
West	Iceland	23	57.5	3	13.0	7	30.4	18.2	-	40.0
West	Ireland	150	42.7	47	31.3	76	50.6	66.0	75.0	44.3
West	Italy	1813	96.4	739	40.8	1056	58.2	63.9	50.0	51.1
East	Latvia	84	37.0	42	50.0	52	61.9	66.7	38.5	28.6
	Liechtenstein	1	100.0	1	100.0	1	100.0	-	-	-
East	Lithuania	189	79.1	43	22.8	72	38.1	39.1	21.1	37.0
West	Luxembourg	64	94.1	13	20.3	29	45.3	57.1	25.0	38.9
West	Malta	-	-	-	-	-	-	-	-	-
West	Netherlands	392	91.0	121	30.9	203	51.8	61.6	-	42.1
West	Norway	234	96.7	44	18.8	76	32.5	32.8	33.3	32.2
Centre	Poland	-	-	-	-	-	-	-	-	-
West	Portugal	654	81.4	215	32.9	367	56.1	61.9	77.8	46.9
Centre	Romania	630	95.2	237	37.6	396	62.9	65.1	59.0	52.6
Centre	Slovakia	38	19.6	7	18.4	14	36.8	44.4	-	33.3
Centre	Slovenia	36	85.7	8	22.2	16	44.4	60.0	-	40.0
West	Spain	2602	88.7	711	27.3	1262	48.5	57.3	60.0	42.3
West	Sweden	316	72.3	61	19.3	115	36.4	38.7	25.0	31.2
	Total EU/EEA	13 473	68.2	3 886	28.8	6 451	47.9	52.1	42.2	42.1
Non-EU/EEA										
Centre	Albania	77	81.1	35	45.5	56	72.7	74.4	100.0	67.7
West	Andorra	-	-	-	-	-	-	-	-	-
East	Armenia	391	73.8	167	42.7	233	59.6	61.1	78.3	42.2
East	Azerbaijan	663	88.3	126	19.0	234	35.3	36.2	40.0	27.0
East	Belarus	1469	89.7	323	22.0	616	41.9	43.2	35.6	41.4
Centre	Bosnia and Herzegovina	35	64.8	19	54.3	26	74.3	100.0	-	100.0
East	Georgia	515	84.2	155	30.1	269	52.2	53.7	62.5	41.6
West	Israel	281	62.3	59	21.0	113	40.2	44.2	37.5	41.3
East	Kazakhstan	3569	89.7	865	24.2	1834	51.4	54.4	40.6	50.5
East	Kyrgyzstan	842	78.5	260	30.9	459	54.5	56.5	66.7	33.3
East	Moldova	794	86.6	274	34.5	465	58.6	59.6	52.9	40.0
West	Monaco	-	-	-	-	-	-	-	-	-
Centre	Montenegro	22	71.0	10	45.5	14	63.6	66.7	-	53.8
Centre	North Macedonia	39	95.1	11	28.2	24	61.5	72.7	-	47.8
East	Russian Federation ^c	52 707	95.0	7 952	15.1	16 226	30.8	-	-	-
West	San Marino	-	-	-	-	-	-	-	-	-
Centre	Serbia	165	89.2	59	35.8	94	57.0	51.6	66.7	54.0
Centre	Serbia excluding Kosovo ^d	152	92.7	57	37.5	88	57.9	52.0	66.7	54.8
Centre	Kosovo ^d	13	61.9	2	15.4	6	46.2	50.0	-	42.9
West	Switzerland	202	58.4	66	32.7	119	58.9	-	-	-
East	Tajikistan	926	93.2	312	33.7	535	57.8	56.7	66.2	48.1
Centre	Türkiye	483	12.7	102	21.1	208	43.1	41.7	100.0	31.5
East	Turkmenistan	-	-	-	-	-	-	-	-	-
East	Ukraine	9 083	74.6	3 384	37.3	5 432	59.8	64.5	49.2	47.7
West	United Kingdom	3 615	89.5	760	21.0	1 345	37.2	40.6	59.0	32.9
East	Uzbekistan	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	23 171	73.0	6 987	30.2	12 076	52.1	56.0	47.5	39.7
WHO European Region										
	West	15 364	71.5	4 209	27.4	7 096	46.2	50.4	45.5	40.9
	Centre	2 739	41.4	706	25.8	1 219	44.5	43.7	42.0	41.8
	East	18 540	79.3	5 957	32.1	10 211	55.1	58.0	47.2	43.9
	Total WHO European Region	36 643	71.2	10 872	29.7	18 526	50.6	55.0	46.8	41.4

^a Country-specific comments are in Annex 5.

^b There is some variation by country for CD4 cell count completeness by transmission group and numbers of cases by transmission mode and therefore percentages based on 5 or less cases are censored.

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

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

	2018		2019		2020		2021		2022		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	53	0.6	60	0.7	47	0.1	53	0.1	43	0.5	3471	Austria
	60	0.5	85	0.7	60	0.5	60	0.1	42	0.4	5422	Belgium
	57	0.8	68	1.0	42	0.6	38	0.5	54	0.8	924	Bulgaria
	30	0.7	20	0.5	12	0.3	23	0.6	19	0.5	453	Croatia
	73	8.4	83	9.5	70	7.9	94	10.5	34	3.8	980	Cyprus
	39	0.4	38	0.4	44	0.4	55	0.5	66	0.6	842	Czechia
	26	0.4	22	0.4	25	0.4	17	0.3	20	0.3	2862	Denmark
	25	1.9	30	2.3	23	1.7	11	0.8	13	1.0	614	Estonia
	21	0.4	18	0.3	12	0.2	16	0.3	15	0.3	787	Finland
	550	0.8	583	0.9	447	0.7	464	0.7	449	0.7	74 708	France
	242	0.3	74	0.1	-	-	-	-	-	-	32 203	Germany
	104	1.0	93	0.9	102	1.0	86	0.8	71	0.7	4 378	Greece
	57	0.6	53	0.5	42	0.4	50	0.5	43	0.4	1 189	Hungary
	2	0.6	4	1.1	2	0.5	2	0.5	2	0.5	83	Iceland
	13	0.3	11	0.2	11	0.2	17	0.3	21	0.4	1 357	Ireland
	722	1.2	647	1.1	413	0.7	448	0.8	403	0.7	72 556	Italy
	99	5.1	90	4.7	55	2.9	39	2.1	58	3.1	2 229	Latvia
	0	0.0	0	0.0	0	0.0	0	0.0	-	-	12	Liechtenstein
	37	1.3	21	0.8	23	0.8	38	1.4	25	0.9	697	Lithuania
	8	1.3	5	0.8	14	2.2	19	3.0	7	1.1	593	Luxembourg
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	114	Malta
	188	1.1	173	1.0	157	0.9	141	0.8	104	0.6	8 164	Netherlands
	12	0.2	19	0.4	11	0.2	23	0.4	20	0.4	1 257	Norway
	111	0.3	95	0.3	52	0.1	62	0.2	114	0.3	4 010	Poland
	278	2.7	242	2.4	215	2.1	239	2.3	138	1.3	23 640	Portugal
	323	1.7	312	1.6	202	1.0	211	1.1	276	1.4	11 431	Romania
	11	0.2	3	0.1	4	0.1	3	0.1	8	0.1	134	Slovakia
	10	0.5	9	0.4	6	0.3	5	0.2	7	0.3	297	Slovenia
	391	1.1	284	0.7	375	0.9	251	0.6	297	0.7	89 123	Spain
	-	-	-	-	-	-	-	-	-	-	2 182	Sweden
	3542	0.8	3142	0.7	2466	0.6	2465	0.6	2349	0.6	346 712	Total EU-EEA
												Non-EU/EEA
	47	1.6	38	1.3	18	0.6	48	1.7	46	1.6	759	Albania
	0	0.0	-	-	-	-	-	-	-	-	15	Andorra
	211	7.4	173	6.1	152	5.4	197	7.1	230	8.3	2 448	Armenia
	182	1.8	196	1.9	105	1.0	109	1.1	91	0.9	2 829	Azerbaijan
	382	3.9	380	3.9	220	2.3	286	3.0	422	4.4	7 767	Belarus
	13	0.4	10	0.3	-	-	-	-	-	-	178	Bosnia and Herzegovina
	273	7.2	264	7.0	181	4.8	217	5.8	215	5.7	4 877	Georgia
	42	0.5	29	0.3	33	0.4	33	0.4	13	0.1	1 833	Israel
	433	2.3	451	2.4	469	2.5	459	2.4	428	2.2	5 472	Kazakhstan
	60	1.0	51	0.8	53	0.8	73	1.1	94	1.4	958	Kyrgyzstan
	365	11.6	285	9.2	199	6.5	199	6.5	259	7.9	5 092	Moldova
	0	0.0	-	-	-	-	-	-	-	-	51	Monaco
	14	2.2	10	1.6	4	0.6	8	1.3	16	2.6	190	Montenegro
	4	0.2	-	-	-	-	-	-	-	-	170	North Macedonia
	-	-	-	-	-	-	-	-	-	-	0	Russian Federation
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	San Marino
	70	0.8	77	0.8	34	0.4	53	0.6	58	0.6	2 270	Serbia
	62	0.8	72	1.0	32	0.4	50	0.7	52	0.7	2 174	Serbia excluding Kosovo ^c
	8	0.4	5	0.3	2	0.1	3	0.2	6	0.3	96	Kosovo ^c
	65	0.8	70	0.8	42	0.5	39	0.4	37	0.4	10 239	Switzerland
	212	2.3	157	1.7	110	1.2	128	1.3	99	1.0	2 554	Tajikistan
	108	0.1	112	0.1	46	0.1	80	0.1	84	0.1	2 007	Türkiye
	-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
	8 839	20.9	7 511	17.9	4 139	9.9	4 151	10.0	3 010	7.3	129 857	Ukraine
	256	0.4	263	0.4	184	0.3	248	0.4	191	0.3	30 793	United Kingdom
	-	-	-	-	-	-	-	-	-	-	651	Uzbekistan
	11 576	4.0	10 077	3.5	5 989	2.0	6 328	2.2	5 293	1.7	218 287	Total non-EU/EEA
												WHO European Region
	3 033	0.7	2 682	0.6	2 150	0.6	2 156	0.5	1 873	0.5	365 854	West
	967	0.5	928	0.5	576	0.3	730	0.4	825	0.4	25 834	Centre
	11 118	9.9	9 609	8.6	5 729	5.1	5 907	5.3	4 944	4.4	173 299	East
	15 118	2.1	13 219	1.8	8 455	1.2	8 793	1.2	7 642	1.1	564 987	Total WHO European Region

Table 14: AIDS diagnoses in males and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2013		2014		2015		2016		2017	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	50	1.2	57	1.4	57	1.4	49	1.1	54	1.3
West	Belgium	67	1.2	85	1.5	63	1.1	44	0.8	44	0.8
Centre	Bulgaria	53	1.5	52	1.5	39	1.1	39	1.1	39	1.1
Centre	Croatia	14	0.7	1	0.0	1	0.0	21	1.0	19	0.9
Centre	Cyprus	16	3.8	51	12.2	63	15.3	64	15.5	49	11.8
Centre	Czechia	27	0.5	23	0.4	30	0.6	39	0.8	44	0.8
West	Denmark	29	1.0	24	0.9	28	1.0	19	0.7	25	0.9
East	Estonia	19	3.1	13	2.1	11	1.8	23	3.7	15	2.4
West	Finland	17	0.6	14	0.5	13	0.5	25	0.9	10	0.4
West	France	528	1.7	449	1.4	426	1.3	346	1.1	360	1.1
West	Germany	350	0.9	335	0.8	297	0.7	249	0.6	231	0.6
West	Greece	121	2.3	106	2.0	114	2.2	109	2.1	94	1.8
Centre	Hungary	38	0.8	41	0.9	37	0.8	45	1.0	36	0.8
West	Iceland	1	0.6	0	0.0	0	0.0	4	2.4	0	0.0
West	Ireland	23	1.0	22	1.0	16	0.7	12	0.5	15	0.6
West	Italy	813	2.8	713	2.4	687	2.3	669	2.3	587	2.0
East	Latvia	90	9.7	110	12.0	89	9.8	90	10.0	73	8.2
	Liechtenstein	0	0.0	1	5.4	0	0.0	0	0.0	0	0.0
East	Lithuania	31	2.3	29	2.1	26	1.9	41	3.1	46	3.5
West	Luxembourg	18	6.7	10	3.6	10	3.5	16	5.5	7	2.4
West	Malta	1	0.5	4	1.9	2	0.9	5	2.2	0	0.0
West	Netherlands	227	2.7	181	2.2	211	2.5	165	2.0	168	2.0
West	Norway	19	0.7	36	1.4	15	0.6	15	0.6	11	0.4
Centre	Poland	131	0.7	115	0.6	97	0.5	90	0.5	94	0.5
West	Portugal	374	7.5	302	6.1	252	5.1	283	5.8	220	4.5
Centre	Romania	248	2.5	294	3.0	256	2.6	257	2.7	243	2.5
Centre	Slovakia	6	0.2	3	0.1	7	0.3	10	0.4	9	0.3
Centre	Slovenia	10	1.0	16	1.6	11	1.1	8	0.8	7	0.7
West	Spain	671	2.9	547	2.7	490	2.4	437	2.6	408	2.4
West	Sweden	-	-	-	-	-	-	-	-	-	-
	Total EU/EEA	3992	1.8	3634	1.7	3348	1.6	3174	1.5	2908	1.4
Non-EU/EEA											
Centre	Albania	50	3.5	36	2.5	50	3.5	50	3.5	24	1.7
West	Andorra	2	5.5	0	0.0	2	5.5	0	0.0	1	2.7
East	Armenia	104	7.8	129	9.8	129	9.8	116	8.9	111	8.6
East	Azerbaijan	162	3.4	162	3.4	150	3.1	125	2.5	114	2.3
East	Belarus	369	8.2	308	6.9	278	6.2	311	6.9	274	6.1
Centre	Bosnia and Herzegovina	6	0.3	7	0.4	7	0.4	7	0.4	4	0.2
East	Georgia	219	12.3	201	11.3	196	11.0	196	11.0	193	10.9
West	Israel	38	1.0	48	1.2	26	0.7	29	0.7	23	0.6
East	Kazakhstan	190	2.3	185	2.2	181	2.1	231	2.7	225	2.6
East	Kyrgyzstan	46	1.6	46	1.6	43	1.5	23	0.8	22	0.7
East	Moldova	217	13.4	183	11.5	179	11.5	210	13.7	167	11.0
West	Monaco	0	0.0	1	5.6	0	0.0	0	0.0	0	0.0
Centre	Montenegro	7	2.3	4	1.3	11	3.6	15	4.9	12	3.9
Centre	North Macedonia	9	0.9	13	1.2	5	0.5	6	0.6	2	0.2
East	Russian Federation	-	-	-	-	-	-	-	-	-	-
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	42	0.9	43	1.0	47	1.0	57	1.3	59	1.3
Centre	Serbia excluding Kosovo ^c	40	1.1	42	1.2	45	1.2	52	1.4	53	1.5
Centre	Kosovo ^c	2	0.2	1	0.1	2	0.2	5	0.6	6	0.7
West	Switzerland	74	1.9	63	1.6	52	1.3	49	1.2	55	1.3
East	Tajikistan	140	3.4	157	3.8	187	4.4	173	3.9	182	4.1
Centre	Türkiye	77	0.2	99	0.3	92	0.2	86	0.2	103	0.3
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	6 013	28.7	6 119	29.3	5 328	23.2	5 462	27.7	5 612	28.6
West	United Kingdom	247	0.8	250	0.8	299	0.9	223	0.7	185	0.6
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	8 012	5.8	8 054	5.8	7 262	5.1	7 369	5.3	7 368	5.2
WHO European Region											
	West	3670	1.8	3247	1.6	3060	1.5	2748	1.3	2498	1.2
	Centre	734	0.8	798	0.8	753	0.8	794	0.8	744	0.8
	East	7600	14.4	7642	14.4	6797	12.2	7001	13.3	7034	13.3
	Total WHO European Region	12 004	3.4	11 687	3.3	10 610	3.0	10 543	3.0	10 276	2.9

a Country-specific comments are in Annex 5.

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

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

	2018		2019		2020		2021		2022		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	43	1.0	46	1.1	36	0.8	43	1.0	29	0.7	2636	Austria
	35	0.6	58	1.0	39	0.7	34	0.6	23	0.4	3572	Belgium
	48	1.4	56	1.6	31	0.9	35	1.0	45	1.4	732	Bulgaria
	28	1.4	18	0.9	11	0.6	22	1.1	18	1.0	409	Croatia
	63	14.9	58	13.6	56	12.9	71	16.2	18	4.1	772	Cyprus
	35	0.7	27	0.5	36	0.7	45	0.9	50	1.0	681	Czechia
	21	0.7	15	0.5	21	0.7	14	0.5	11	0.4	2418	Denmark
	19	3.1	21	3.4	18	2.9	9	1.4	11	1.7	447	Estonia
	17	0.6	12	0.4	7	0.3	9	0.3	12	0.4	624	Finland
	389	1.2	406	1.3	317	1.0	322	1.0	289	0.9	58342	France
	191	0.5	55	0.1	-	-	-	-	-	-	27494	Germany
	91	1.7	70	1.3	86	1.6	63	1.2	53	1.0	3634	Greece
	54	1.2	46	1.0	35	0.7	39	0.8	32	0.7	1020	Hungary
	0	0.0	3	1.6	2	1.1	2	1.1	1	0.5	70	Iceland
	12	0.5	7	0.3	8	0.3	15	0.6	17	0.7	1043	Ireland
	565	1.9	524	1.8	303	1.0	346	1.2	299	1.0	55932	Italy
	63	7.1	53	6.0	39	4.4	24	2.7	42	4.8	1533	Latvia
	0	0.0	0	0.0	0	0.0	0	0.0	-	-	11	Liechtenstein
	29	2.2	16	1.2	18	1.4	29	2.2	17	1.3	558	Lithuania
	7	2.3	3	1.0	9	2.9	15	4.7	5	1.5	447	Luxembourg
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	100	Malta
	146	1.7	136	1.6	118	1.4	113	1.3	81	0.9	6489	Netherlands
	9	0.3	14	0.5	10	0.4	13	0.5	11	0.4	969	Norway
	86	0.5	80	0.4	39	0.2	50	0.3	84	0.5	3168	Poland
	184	3.8	161	3.3	159	3.3	157	3.2	105	2.1	18526	Portugal
	236	2.5	217	2.3	148	1.6	149	1.6	221	2.4	6980	Romania
	11	0.4	3	0.1	4	0.2	3	0.1	5	0.2	118	Slovakia
	10	1.0	5	0.5	4	0.4	3	0.3	7	0.7	259	Slovenia
	325	1.9	229	1.1	310	1.5	198	1.0	243	1.2	71059	Spain
	-	-	-	-	-	-	-	-	-	-	1781	Sweden
	2717	1.3	2339	1.1	1864	1.0	1823	1.0	1729	1.0	271824	Total EU-EEA
												Non-EU/EEA
	35	2.4	25	1.7	16	1.1	37	2.6	33	2.3	582	Albania
	0	0.0	-	-	-	-	-	-	-	-	11	Andorra
	147	11.4	127	10.0	113	8.9	146	11.6	173	13.8	1820	Armenia
	122	2.4	150	3.0	77	1.5	82	1.6	63	1.2	2297	Azerbaijan
	229	5.1	241	5.4	143	3.2	184	4.2	244	5.4	4886	Belarus
	13	0.8	8	0.5	-	-	-	-	-	-	148	Bosnia and Herzegovina
	172	9.7	198	11.2	134	7.6	163	9.2	168	9.5	3594	Georgia
	32	0.8	20	0.5	25	0.6	24	0.5	5	0.1	1313	Israel
	279	3.1	293	3.3	293	3.2	289	3.1	271	2.9	3676	Kazakhstan
	37	1.2	28	0.9	27	0.9	41	1.3	55	1.7	650	Kyrgyzstan
	213	14.3	180	12.2	123	8.4	120	8.3	152	9.8	3083	Moldova
	0	0.0	-	-	-	-	-	-	-	-	40	Monaco
	14	4.5	10	3.3	3	1.0	7	2.3	15	4.9	166	Montenegro
	4	0.4	-	-	-	-	-	-	-	-	127	North Macedonia
	-	-	-	-	-	-	-	-	-	-	0	Russian Federation
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	San Marino
	62	1.4	61	1.4	28	0.6	52	1.2	53	1.2	1785	Serbia
	55	1.5	57	1.6	27	0.8	49	1.4	48	1.4	1710	Serbia excluding Kosovo ^c
	7	0.8	4	0.5	1	0.1	3	0.3	5	0.6	75	Kosovo ^c
	50	1.2	57	1.3	36	0.8	29	0.7	28	0.6	7638	Switzerland
	149	3.2	109	2.3	87	1.8	97	2.0	70	1.4	1867	Tajikistan
	91	0.2	92	0.2	33	0.1	73	0.2	71	0.2	1671	Türkiye
	-	-	-	-	-	-	-	-	-	-	0	Turkmenistan
	5405	27.6	4661	24.0	2479	11.1	2513	13.1	1895	10.0	62615	Ukraine
	190	0.6	202	0.6	148	0.4	179	0.5	124	0.4	23977	United Kingdom
	-	-	-	-	-	-	-	-	-	-	494	Uzbekistan
	7244	5.1	6462	4.5	3765	2.6	4036	2.8	3420	2.3	127051	Total non-EU/EEA
												WHO European Region
	2307	1.1	2018	1.0	1634	1.0	1576	0.9	1336	0.8	288136	West
	790	0.8	706	0.7	444	0.5	586	0.6	652	0.7	18618	Centre
	6864	13.0	6077	11.4	3551	6.3	3697	6.9	3161	5.9	92110	East
	9961	2.8	8801	2.4	5629	1.7	5859	1.8	5149	1.5	398864	Total WHO European Region

Table 15: AIDS diagnoses in females and rates per 100 000 population, by country and year of diagnosis (2013–2022) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	2013		2014		2015		2016		2017	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	19	0.4	26	0.6	19	0.4	18	0.4	13	0.3
West	Belgium	37	0.7	51	0.9	42	0.7	33	0.6	21	0.4
Centre	Bulgaria	18	0.5	12	0.3	6	0.2	3	0.1	10	0.3
Centre	Croatia	3	0.1	0	0.0	0	0.0	1	0.0	1	0.0
Centre	Cyprus	5	1.1	3	0.7	8	1.8	12	2.8	18	4.1
Centre	Czechia	6	0.1	9	0.2	8	0.1	6	0.1	10	0.2
West	Denmark	9	0.3	6	0.2	12	0.4	5	0.2	4	0.1
East	Estonia	7	1.0	5	0.7	7	1.0	17	2.4	5	0.7
West	Finland	3	0.1	6	0.2	6	0.2	5	0.2	8	0.3
West	France	201	0.6	212	0.6	186	0.5	174	0.5	143	0.4
West	Germany	91	0.2	58	0.1	65	0.2	61	0.1	64	0.2
West	Greece	21	0.4	23	0.4	25	0.4	34	0.6	28	0.5
Centre	Hungary	4	0.1	10	0.2	6	0.1	8	0.2	16	0.3
West	Iceland	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
West	Ireland	8	0.3	10	0.4	5	0.2	3	0.1	6	0.2
West	Italy	265	0.9	218	0.7	186	0.6	205	0.7	215	0.7
East	Latvia	43	3.9	61	5.6	43	4.0	24	2.3	45	4.3
	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	13	0.8	8	0.5	9	0.6	7	0.4	8	0.5
West	Luxembourg	1	0.4	5	1.8	8	2.8	3	1.0	2	0.7
West	Malta	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
West	Netherlands	50	0.6	38	0.4	46	0.5	45	0.5	37	0.4
West	Norway	9	0.4	9	0.4	7	0.3	7	0.3	3	0.1
Centre	Poland	31	0.2	34	0.2	31	0.2	12	0.1	15	0.1
West	Portugal	164	3.0	90	1.6	99	1.8	112	2.1	87	1.6
Centre	Romania	117	1.1	122	1.2	111	1.1	97	1.0	87	0.9
Centre	Slovakia	0	0.0	1	0.0	1	0.0	0	0.0	0	0.0
Centre	Slovenia	1	0.1	1	0.1	0	0.0	2	0.2	0	0.0
West	Spain	187	0.8	132	0.6	117	0.6	103	0.6	102	0.6
West	Sweden	-	-	-	-	-	-	-	-	-	-
	Total EU/EEA	1313	0.6	1150	0.5	1053	0.5	997	0.5	948	0.4
Non-EU/EEA											
Centre	Albania	15	1.0	14	1.0	15	1.0	8	0.6	9	0.6
West	Andorra	1	2.8	0	0.0	1	2.8	0	0.0	1	2.7
East	Armenia	41	2.6	47	3.0	34	2.2	47	3.0	33	2.1
East	Azerbaijan	27	0.6	38	0.8	43	0.9	36	0.7	54	1.1
East	Belarus	178	3.4	166	3.2	212	4.1	201	3.9	165	3.2
Centre	Bosnia and Herzegovina	1	0.1	1	0.1	1	0.1	1	0.1	0	0.0
East	Georgia	84	4.2	67	3.4	74	3.7	73	3.7	64	3.2
West	Israel	11	0.3	22	0.6	19	0.5	18	0.4	10	0.2
East	Kazakhstan	68	0.7	66	0.7	92	1.0	119	1.3	137	1.4
East	Kyrgyzstan	16	0.5	24	0.8	22	0.7	13	0.4	22	0.7
East	Moldova	160	8.9	116	6.6	114	6.6	156	9.2	107	6.4
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	0	0.0	3	0.9	0	0.0	0	0.0	1	0.3
Centre	North Macedonia	1	0.1	3	0.3	1	0.1	2	0.2	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	8	0.2	6	0.1	3	0.1	4	0.1	6	0.1
Centre	Serbia excluding Kosovo ^c	7	0.2	6	0.2	2	0.1	4	0.1	6	0.2
Centre	Kosovo ^c	1	0.1	-	0.0	1	0.1	-	0.0	-	0.0
West	Switzerland	32	0.8	16	0.4	12	0.3	21	0.5	17	0.4
East	Tajikistan	52	1.3	72	1.7	94	2.2	65	1.5	83	1.9
Centre	Türkiye	19	0.0	26	0.1	26	0.1	13	0.0	18	0.0
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-
East	Ukraine	3349	13.7	3725	15.4	3140	15.9	3390	14.8	3696	16.2
West	United Kingdom	100	0.3	119	0.4	102	0.3	74	0.2	75	0.2
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-
	Total non-EU/EEA	4163	2.9	4531	3.1	4005	2.8	4241	2.9	4498	3.1
WHO European Region											
	West	1209	0.6	1041	0.5	957	0.5	921	0.4	836	0.4
	Centre	229	0.2	245	0.3	217	0.2	169	0.2	191	0.2
	East	4038	6.8	4395	7.4	3884	7.0	4148	7.1	4419	7.5
	Total WHO European Region	5476	1.5	5681	1.6	5058	1.4	5238	1.4	5446	1.5

a Country-specific comments are in Annex 5.

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

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

	2018		2019		2020		2021		2022		Cumulative total ^b	Country, territory or area ^a
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
												EU/EEA
	10	0.2	14	0.3	11	0.2	10	0.2	14	0.3	835	Austria
	25	0.4	27	0.5	21	0.4	25	0.4	18	0.3	1847	Belgium
	9	0.2	12	0.3	11	0.3	3	0.1	9	0.3	192	Bulgaria
	2	0.1	2	0.1	1	0.0	1	0.0	1	0.0	44	Croatia
	10	2.3	25	5.6	14	3.1	23	5.0	16	3.5	208	Cyprus
	4	0.1	11	0.2	8	0.1	10	0.2	16	0.3	161	Czechia
	5	0.2	7	0.2	4	0.1	3	0.1	9	0.3	444	Denmark
	6	0.9	9	1.3	5	0.7	2	0.3	2	0.3	167	Estonia
	4	0.1	6	0.2	5	0.2	7	0.3	3	0.1	163	Finland
	158	0.5	169	0.5	125	0.4	136	0.4	153	0.4	16 277	France
	51	0.1	19	0.0	-	-	-	-	-	-	4 709	Germany
	13	0.2	23	0.4	16	0.3	23	0.4	18	0.3	744	Greece
	3	0.1	7	0.1	7	0.1	11	0.2	11	0.2	169	Hungary
	2	1.2	1	0.6	0	0.0	0	0.0	1	0.5	13	Iceland
	1	0.0	4	0.2	3	0.1	2	0.1	4	0.2	312	Ireland
	157	0.5	123	0.4	110	0.4	102	0.3	104	0.3	16 624	Italy
	36	3.4	37	3.6	16	1.6	15	1.5	16	1.6	696	Latvia
	0	0.0	0	0.0	0	0.0	0	0.0	-	-	1	Liechtenstein
	8	0.5	5	0.3	5	0.3	9	0.6	8	0.5	139	Lithuania
	1	0.3	2	0.7	5	1.6	4	1.3	2	0.6	144	Luxembourg
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	Malta
	36	0.4	33	0.4	37	0.4	25	0.3	22	0.2	1 605	Netherlands
	3	0.1	5	0.2	1	0.0	10	0.4	9	0.3	288	Norway
	25	0.1	15	0.1	13	0.1	12	0.1	30	0.2	842	Poland
	94	1.7	81	1.5	56	1.0	82	1.5	33	0.6	5 113	Portugal
	87	0.9	95	1.0	54	0.5	62	0.6	55	0.6	4 451	Romania
	0	0.0	0	0.0	0	0.0	0	0.0	3	0.1	16	Slovakia
	0	0.0	4	0.4	2	0.2	2	0.2	0	0.0	38	Slovenia
	64	0.4	55	0.3	65	0.3	53	0.3	53	0.3	18 057	Spain
	-	-	-	-	-	-	-	-	-	-	401	Sweden
	814	0.4	791	0.4	595	0.3	632	0.3	610	0.3	74 714	Total EU-EEA
												Non-EU/EEA
	12	0.8	13	0.9	2	0.1	11	0.8	13	0.9	177	Albania
	0	0.0	-	-	-	-	-	-	-	-	4	Andorra
	64	4.1	46	3.0	39	2.5	51	3.3	57	3.7	628	Armenia
	60	1.2	46	0.9	28	0.5	27	0.5	28	0.5	532	Azerbaijan
	153	2.9	139	2.7	77	1.5	102	2.0	178	0.0	2 881	Belarus
	0	0.0	2	0.1	-	-	-	-	-	-	28	Bosnia and Herzegovina
	101	5.1	66	3.3	47	2.4	54	2.7	47	2.4	1 283	Georgia
	10	0.2	9	0.2	8	0.2	9	0.2	8	0.2	520	Israel
	154	1.6	158	1.6	176	1.8	170	1.7	157	1.6	1 796	Kazakhstan
	23	0.7	23	0.7	26	0.8	32	1.0	39	1.2	308	Kyrgyzstan
	152	9.2	105	6.4	76	4.7	79	4.9	107	6.2	2 009	Moldova
	0	0.0	-	-	-	-	-	-	-	-	11	Monaco
	0	0.0	0	0.0	1	0.3	1	0.3	1	0.3	24	Montenegro
	0	0.0	-	-	-	-	-	-	-	-	36	North Macedonia
	-	-	-	-	-	-	-	-	-	-	0	Russian Federation
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	San Marino
	8	0.2	16	0.3	6	0.1	1	0.0	5	0.1	485	Serbia
	7	0.2	15	0.4	5	0.1	1	0.0	4	0.1	464	Serbia excluding Kosovo ^c
	1	0.1	1	0.1	1	0.1	-	0.0	1	0.1	21	Kosovo ^c
	14	0.3	12	0.3	6	0.1	10	0.2	9	0.2	2 596	Switzerland
	63	1.4	48	1.0	23	0.5	31	0.6	29	0.6	687	Tajikistan
	17	0.0	20	0.0	13	0.0	7	0.0	13	0.0	336	Türkiye
	-	-	-	-	-	-	-	-	-	-	1	Turkmenistan
	3 434	15.2	2 850	12.7	1 660	8.6	1 638	7.4	1 115	5.1	36 308	Ukraine
	66	0.2	61	0.2	36	0.1	69	0.2	67	0.2	6 812	United Kingdom
	-	-	-	-	-	-	-	-	-	-	157	Uzbekistan
	4 331	3.0	3 614	2.4	2 224	1.5	2 292	1.6	1 873	1.2	60 284	Total non-EU/EEA
												WHO European Region
	714	0.3	651	0.3	509	0.3	570	0.3	527	0.3	77 535	West
	177	0.2	222	0.2	132	0.1	144	0.2	173	0.2	7 207	Centre
	4 254	7.2	3 532	6.0	2 178	3.9	2 210	3.7	1 783	3.0	50 255	East
	5 145	1.4	4 405	1.2	2 819	0.9	2 924	0.9	2 483	0.7	134 997	Total WHO European Region

Table 16: The most common AIDS-indicative diseases diagnosed in 2022^a, ordered by frequency

Diseases	Men		Women		Children		Total	
	N	%	N	%	N	%	N	%
EU/EEA								
<i>Pneumocystis carinii</i> pneumonia	479	21.5	160	20.8	4	11.8	643	21.2
Wasting syndrome due to HIV	311	14.0	101	13.1	10	29.4	422	13.9
Candidiasis; oesophageal	240	10.8	83	10.8	1	2.9	324	10.7
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	156	7.0	72	9.3	4	11.8	232	7.7
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	144	6.5	55	7.1	1	2.9	200	6.6
Kaposi's sarcoma	169	7.6	17	2.2	0	0.0	186	6.1
Toxoplasmosis of brain in a patient over one month of age	114	5.1	49	6.4	0	0.0	163	5.4
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	86	3.9	48	6.2	0	0.0	134	4.4
Encephalopathy; HIV-related	85	3.8	32	4.2	4	11.8	121	4.0
Progressive multifocal leukoencephalopathy	49	2.2	14	1.8	1	2.9	64	2.1
Non-EU/EEA								
Wasting syndrome due to HIV	124	11.0	55	11.7	2	11.8	181	11.2
Candidiasis; oesophageal	108	9.6	47	10.0	0	0.0	155	9.6
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	102	9.1	34	7.2	2	11.8	138	8.5
Kaposi's sarcoma	96	8.5	32	6.8	0	0.0	128	7.9
<i>Pneumocystis carinii</i> pneumonia	81	7.2	36	7.6	2	11.8	119	7.4
Encephalopathy; HIV-related	45	4.0	15	3.2	0	0.0	60	3.7
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	44	3.9	11	2.3	1	5.9	56	3.5
Candidiasis of bronchi; trachea; or lungs	35	3.1	15	3.2	0	0.0	50	3.1
Toxoplasmosis of brain in a patient over one month of age	19	1.7	11	2.3	0	0.0	30	1.9
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	17	1.5	11	2.3	1	5.9	29	1.8
West								
<i>Pneumocystis carinii</i> pneumonia	400	23.6	137	21.3	3	33.3	540	23.0
Candidiasis; oesophageal	194	11.5	62	9.7	0	0.0	256	10.9
Kaposi's sarcoma	190	11.2	38	5.9	0	0.0	228	9.7
Wasting syndrome due to HIV	150	8.9	59	9.2	2	22.2	211	9.0
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	132	7.8	47	7.3	1	11.1	180	7.7
Toxoplasmosis of brain in a patient over one month of age	92	5.4	51	7.9	0	0.0	143	6.1
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	89	5.3	46	7.2	1	11.1	136	5.8
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	73	4.3	46	7.2	0	0.0	119	5.1
Encephalopathy; HIV-related	49	2.9	21	3.3	0	0.0	70	3.0
Cytomegalovirus retinitis (with loss of vision)	31	1.8	15	2.3	0	0.0	46	2.0
Centre								
Wasting syndrome due to HIV	200	23.4	52	23.5	8	28.6	260	23.6
<i>Pneumocystis carinii</i> pneumonia	106	12.4	25	11.3	1	3.6	132	12.0
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	73	8.5	23	10.4	3	10.7	99	9.0
Candidiasis; oesophageal	59	6.9	27	12.2	1	3.6	87	7.9
Encephalopathy; HIV-related	53	6.2	12	5.4	4	14.3	69	6.3
Kaposi's sarcoma	54	6.3	4	1.8	0	0.0	58	5.3
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	33	3.9	5	2.3	2	7.1	40	3.6
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	24	2.8	9	4.1	0	0.0	33	3.0
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	25	2.9	7	3.2	0	0.0	32	2.9
Toxoplasmosis of brain in a patient over one month of age	26	3.0	6	2.7	0	0.0	32	2.9
East								
Candidiasis; oesophageal	95	11.8	41	10.8	0	0.0	136	11.4
<i>Mycobacterium tuberculosis</i> ; pulmonary in an adult or an adolescent (aged 13 years or over)	96	11.9	37	9.8	2	14.3	135	11.3
Wasting syndrome due to HIV	85	10.6	45	11.9	2	14.3	132	11.0
<i>Pneumocystis carinii</i> pneumonia	54	6.7	34	9.0	2	14.3	90	7.5
Encephalopathy; HIV-related	28	3.5	14	3.7	0	0.0	42	3.5
<i>Mycobacterium tuberculosis</i> ; extrapulmonary	33	4.1	4	1.1	1	7.1	38	3.2
Kaposi's sarcoma	21	2.6	7	1.8	0	0.0	28	2.3
Candidiasis of bronchi; trachea; or lungs	15	1.9	9	2.4	0	0.0	24	2.0
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	9	1.1	8	2.1	1	7.1	18	1.5
Toxoplasmosis of brain in a patient over one month of age	15	1.9	3	0.8	0	0.0	18	1.5

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 geographic area, country and year of death (2013–2022) and cumulative totals in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^b	Year of diagnosis										Cumulative total ^c
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
EU/EEA												
West	Austria	41	42	37	32	43	40	42	27	52	15	1774
West	Belgium	36	34	21	27	19	16	31	28	22	32	2234
Centre	Bulgaria	14	13	8	9	10	9	17	6	13	11	239
Centre	Croatia	6	0	4	3	2	2	4	4	9	6	172
Centre	Cyprus	5	4	3	2	1	0	2	3	5	1	132
Centre	Czechia	13	15	12	18	20	18	8	24	23	19	378
West	Denmark	4	0	1	2	1	2	1	2	4	4	1812
East	Estonia	2	2	2	2	4	4	1	6	5	2	134
West	Finland	8	5	6	5	9	6	1	0	2	2	242
West	France	134	127	103	129	129	189	200	190	180	158	37682
West	Germany	111	101	76	77	71	71	34	-	-	-	14970
West	Greece	43	48	51	42	44	42	37	44	35	30	2055
Centre	Hungary	11	19	11	11	9	18	19	10	15	21	505
West	Iceland	0	0	0	1	0	0	0	1	0	0	41
West	Ireland	0	0	1	1	1	0	2	2	1	3	425
West	Italy ^b	653	573	561	533	511	505	514	528	-	-	47408
East	Latvia	107	75	45	41	37	29	30	13	11	21	943
	Liechtenstein	0	0	0	0	0	0	0	0	0	-	6
East	Lithuania	18	16	12	23	15	14	5	12	18	16	287
West	Luxembourg	5	4	5	7	2	2	7	7	3	8	264
West	Malta	0	1	1	3	0	0	0	0	0	0	65
West	Netherlands	85	89	90	100	90	82	86	84	94	82	2359
West	Norway	2	3	2	0	2	1	1	0	0	1	635
Centre	Poland	48	42	41	27	20	23	15	15	6	23	1472
West	Portugal	273	207	177	189	168	159	115	74	94	68	11050
Centre	Romania	200	240	199	199	201	181	177	149	151	204	5476
Centre	Slovakia	0	0	4	2	1	3	2	1	0	0	52
Centre	Slovenia	7	4	6	3	2	1	2	0	2	3	124
West	Spain ^b	311	234	185	179	110	81	29	48	38	37	49124
West	Sweden	-	-	-	-	-	-	-	-	-	-	1323
	Total EU/EEA	2137	1898	1664	1667	1522	1498	1382	1278	783	767	183383
Non-EU/EEA												
Centre	Albania	10	13	13	12	4	11	8	4	11	10	209
West	Andorra	0	0	3	0	0	0	-	-	-	-	4
East	Armenia	45	50	62	53	74	61	61	52	65	52	812
East	Azerbaijan	43	54	41	36	29	35	31	25	17	30	1259
East	Belarus	261	291	263	319	278	259	260	229	184	128	4599
Centre	Bosnia and Herzegovina	2	1	5	2	0	2	2	-	-	-	69
East	Georgia	82	68	70	132	96	100	77	106	78	85	1571
West	Israel	33	34	26	31	16	17	13	14	11	6	1081
East	Kazakhstan	190	161	209	235	255	283	306	316	302	278	3946
East	Kyrgyzstan	45	44	40	35	46	43	24	34	51	51	614
East	Moldova	141	150	130	125	104	84	100	138	102	87	2034
West	Monaco	0	0	0	0	0	0	-	-	-	-	18
Centre	Montenegro	1	2	6	2	4	2	4	1	4	2	67
Centre	North Macedonia	3	0	0	0	2	1	-	-	-	-	67
East	Russian Federation	-	-	-	-	-	-	-	-	-	-	0
West	San Marino	0	0	0	0	0	0	0	0	0	0	8
Centre	Serbia	21	13	13	14	13	30	24	18	16	20	1254
Centre	Serbia excluding Kosovo ^d	20	13	12	11	13	29	22	18	16	20	1206
Centre	Kosovo ^d	1	-	1	3	-	1	2	-	-	-	48
West	Switzerland	0	0	0	0	0	0	0	0	0	0	0
East	Tajikistan	113	105	128	133	186	147	116	102	79	72	1507
Centre	Türkiye	10	11	4	4	5	8	4	1	1	7	129
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	1
East	Ukraine	3514	3426	3032	3253	3298	3448	2977	2114	1928	1293	56768
West	United Kingdom	161	150	116	105	110	92	104	129	146	135	17107
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	323
	Total non-EU/EEA	4675	4573	4161	4491	4520	4623	4111	3283	2995	2256	91447
WHO European Region												
	West	1900	1652	1462	1463	1326	1305	1217	1178	682	581	191681
	Centre	351	377	329	308	294	309	288	236	256	327	10345
	East	4561	4442	4034	4387	4422	4507	3988	3147	2840	2115	74798
	Total WHO European Region	6812	6471	5825	6158	6042	6121	5493	4561	3778	3023	276824

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

b Country-specific comments are in Annex 5. 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 cases reported by country since the start of reporting

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

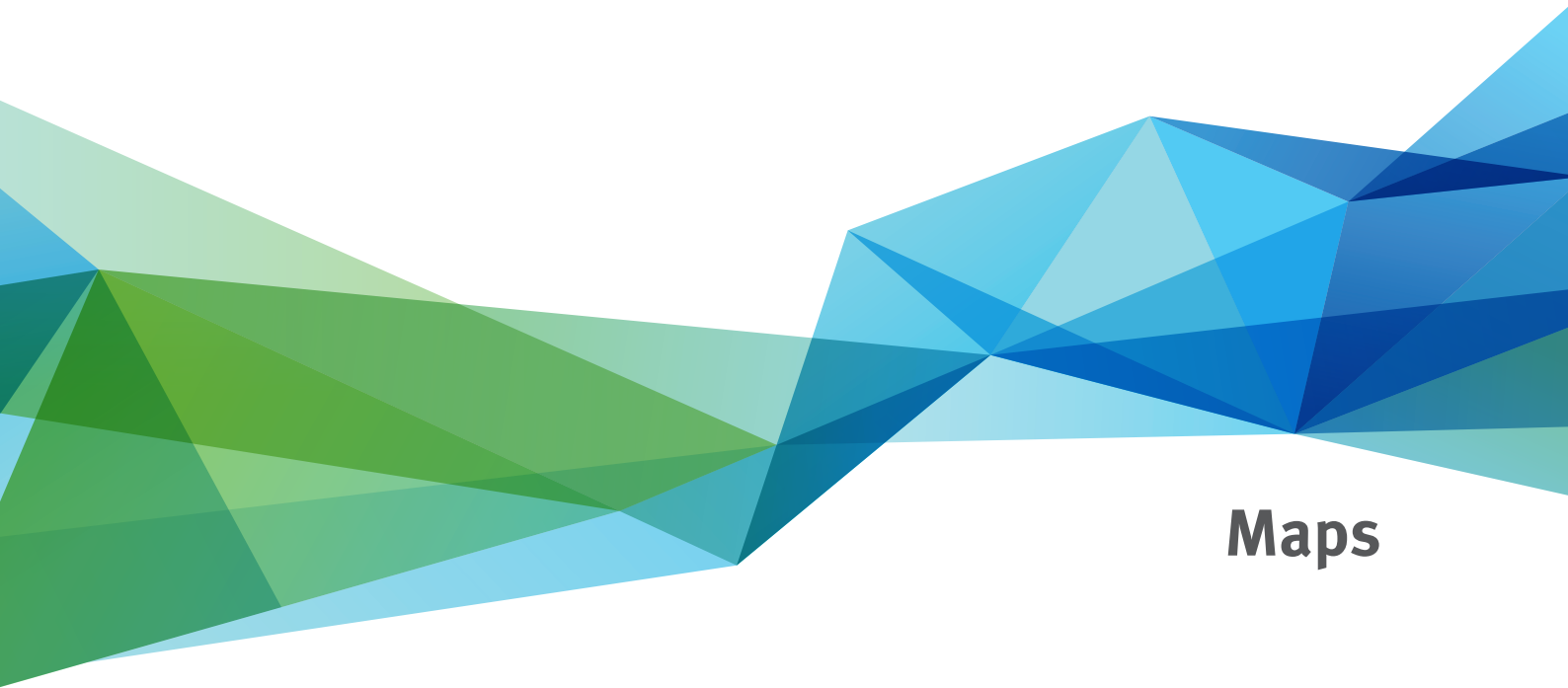
Table 18: Number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by country and year (2013–2022) and number of tests per 1 000 population in 2022, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area ^a	Number of HIV tests										Tests/1 000 population
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
EU/EEA												
West	Austria	-	-	-	-	-	-	-	-	-	-	-
West	Belgium	695 433	697 684	692 679	726 457	715 536	734 506	763 413	629 063	694 792	706 294	61
Centre	Bulgaria	-	230 000	290 000	-	-	360 000	360 000	340 000	-	-	-
Centre	Croatia	-	-	-	-	-	-	-	-	-	-	-
Centre	Cyprus	50 235	-	-	52 385	-	-	-	37 326	41 900	-	-
Centre	Czechia	341 583	349 448	345 274	350 234	351 650	353 425	359 327	329 433	386 943	431 832	41
West	Denmark	137 537	151 970	153 050	163 779	158 331	155 609	158 009	144 859	146 263	149 263	25
East	Estonia	82 279	82 266	87 587	90 136	102 863	112 487	125 273	105 285	106 051	115 538	87
West	Finland	-	-	-	-	-	-	-	-	-	-	-
West	France	5 272 434	5 331 924	5 445 116	5 554 910	5 693 655	5 917 179	6 336 669	5 437 180	5 971 751	6 496 118	-
West	Germany	-	-	-	-	-	-	-	-	-	-	-
West	Greece ^b	32 241	240 116	192 150	196 257	176 966	187 627	305 433	250 450	263 046	236 911	23
Centre	Hungary	95 861	93 289	91 793	-	-	-	-	-	-	-	-
West	Iceland	-	-	-	-	-	-	-	-	-	-	-
West	Ireland ^b	150 597	168 028	178 267	192 956	223 609	239 571	247 490	206 516	224 072	-	-
West	Italy	-	-	-	-	-	-	-	-	-	-	-
East	Latvia	58 302	60 614	65 552	79 715	82 608	90 368	98 651	93 036	103 843	119 274	64
	Liechtenstein	-	-	-	-	-	-	-	-	-	-	-
East	Lithuania	102 161	108 781	105 486	104 132	113 917	109 825	133 810	112 489	125 918	129 082	46
West	Luxembourg	-	-	-	71 200	100 529	-	-	-	-	-	-
West	Malta	-	-	-	-	-	-	-	-	-	-	-
West	Netherlands	-	-	-	-	-	-	-	-	-	-	-
West	Norway	-	-	-	-	-	-	-	-	-	-	-
Centre	Poland	313 341	272 102	318 458	440 365	430 662	385 173	432 929	432 074	460 882	699 717	19
West	Portugal ^b	248 890	260 437	282 800	281 992	291 305	308 328	352 926	272 310	333 382	437 645	42
Centre	Romania	302 898	332 422	346 032	360 893	338 898	323 468	334 410	-	-	-	-
Centre	Slovakia	114 574	126 187	127 109	104 876	111 340	177 498	-	-	-	-	-
Centre	Slovenia	33 457	35 498	34 366	35 788	37 315	38 570	40 462	23 798	40 147	51 143	24
West	Spain	-	-	-	-	-	-	-	-	-	-	-
West	Sweden	-	-	-	-	-	-	-	-	-	-	-
Non-EU/EEA												
Centre	Albania	3 063	4 156	5 442	5 582	7 149	11 219	13 261	11 864	10 776	24 972	9
West	Andorra	2 310	2 378	2 212	2 340	2 591	2 712	-	-	-	-	-
East	Armenia	83 431	94 122	117 012	99 270	119 628	132 509	164 933	159 281	156 175	208 833	-
East	Azerbaijan	482 282	612 860	714 621	500 469	657 704	753 568	722 136	665 000	664 614	774 714	78
East	Belarus	770 136	1 157 072	1 249 712	1 464 386	1 514 635	1 627 169	1 488 199	1 242 389	1 316 274	1 488 640	156
Centre	Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-
East	Georgia	18 091	86 290	78 261	119 868	207 175	188 142	441 119	-	422 900	298 500	80
West	Israel	-	-	-	-	-	-	-	-	-	-	-
East	Kazakhstan	2 127 136	2 190 757	2 388 347	2 587 065	2 742 741	2 760 324	2 877 706	2 877 706	3 315 560	3 581 123	185
East	Kyrgyzstan	370 160	410 331	376 284	331 609	376 431	356 765	424 087	367 948	546 133	612 785	-
East	Moldova	146 105	133 476	146 762	124 010	160 947	154 575	182 196	152 500	141 100	273 666	84
West	Monaco	-	-	-	-	-	-	-	-	-	-	-
Centre	Montenegro	6 970	6 571	6 607	6 324	5 606	6 890	6 575	5 375	6 372	6 831	-
Centre	North Macedonia	24 562	27 430	28 601	30 211	36 248	34 634	40 596	34 439	40 879	39 596	19
East	Russian Federation ^b	28 327 314	29 878 681	30 750 547	32 855 597	36 445 059	40 485 246	41 900 729	36 110 128	41 277 712	47 205 207	326
West	San Marino	4 004	3 427	1 548	3 600	3 685	3 411	2 200	1 550	630	2 627	78
Centre	Serbia	67 079	56 282	63 189	68 426	80 918	81 530	90 508	64 332	86 166	96 389	-
Centre	Serbia excluding Kosovo ^c	65 829	56 282	61 877	65 827	76 367	76 653	88 490	63 090	82 737	89 317	13
Centre	Kosovo ^c	1 250	-	1 312	2 599	4 551	4 877	2 018	1 242	3 429	7 072	4
West	Switzerland	-	-	-	-	-	-	-	-	-	-	-
East	Tajikistan	514 701	634 791	597 426	509 092	612 123	780 688	1 062 509	836 487	909 536	919 083	92
Centre	Türkiye	6 515 931	6 663 547	7 203 959	6 263 020	7 107 551	7 457 674	10 257 015	7 067 571	9 379 998	10 092 464	118
East	Turkmenistan	-	-	-	-	-	-	-	-	-	-	-
East	Ukraine	2 941 748	1 853 626	1 695 926	1 697 479	1 816 023	1 868 565	1 961 711	1 501 984	1 428 952	1 068 483	26
West	United Kingdom	-	-	-	-	-	-	-	-	-	-	-
East	Uzbekistan	-	-	-	-	-	-	-	-	-	-	-

a Country-specific comments are in Annex 5.

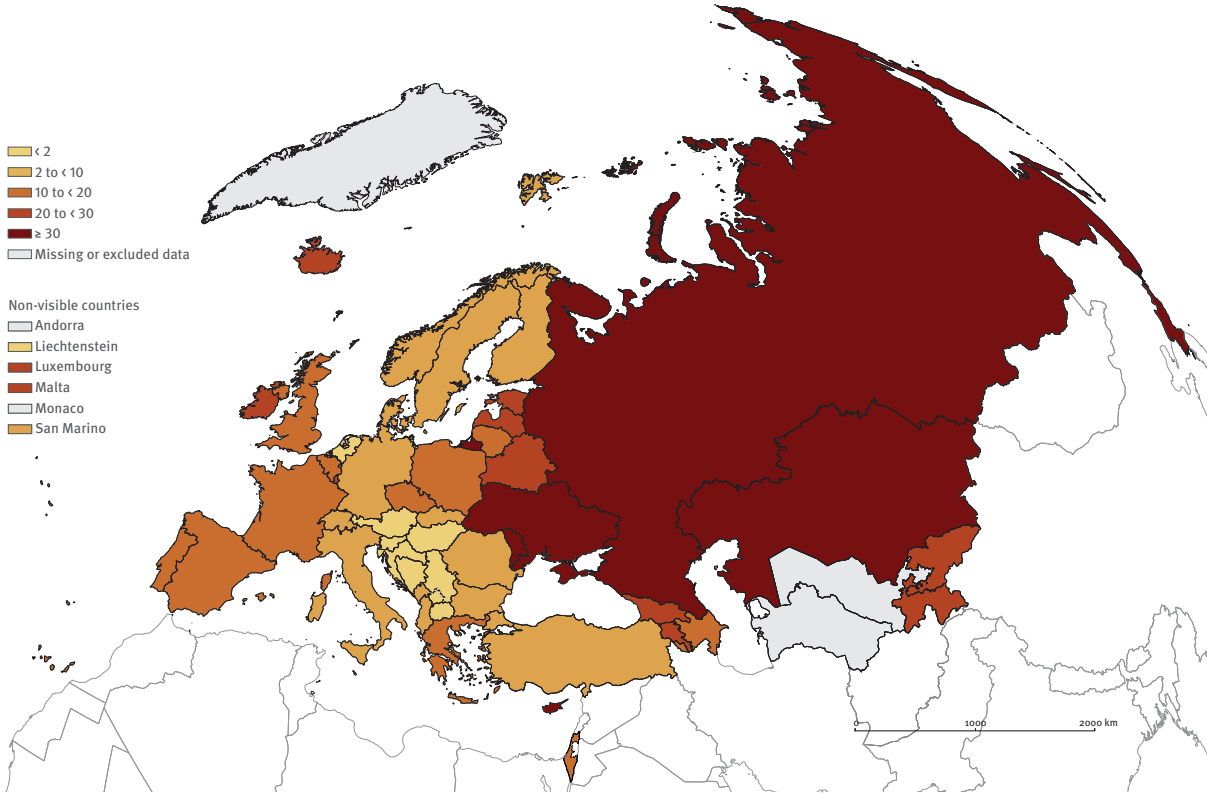
b HIV tests in Greece refer only to those performed in reference centres and do not include all tests carried out in public hospitals or private laboratories. The number of tests in Portugal refer to those requested or performed at public primary health-care centres and voluntary counselling and testing (public and Nongovernmental organization) and do not include those requested in hospitals and private sector. Number of tests in Ireland include antenatal tests in the total and, for 2018, include community based rapid testing. HIV tests in the Russian Federation include blood donors.

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

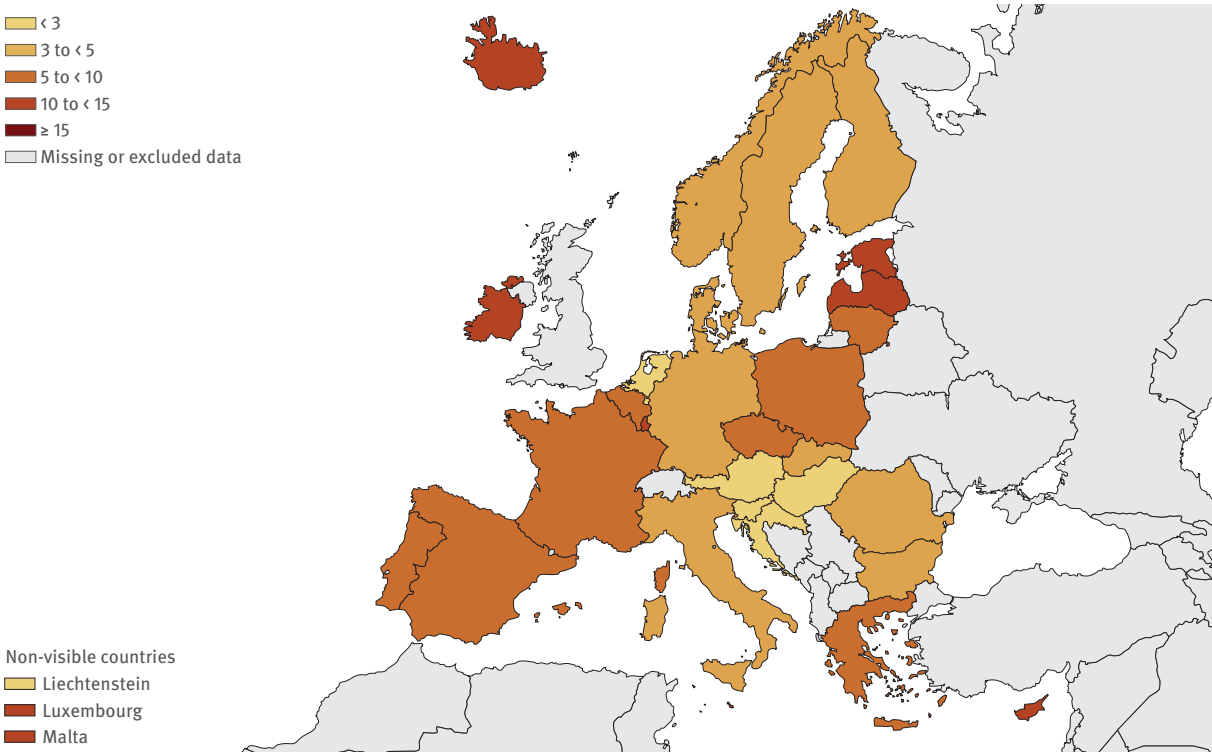


Maps

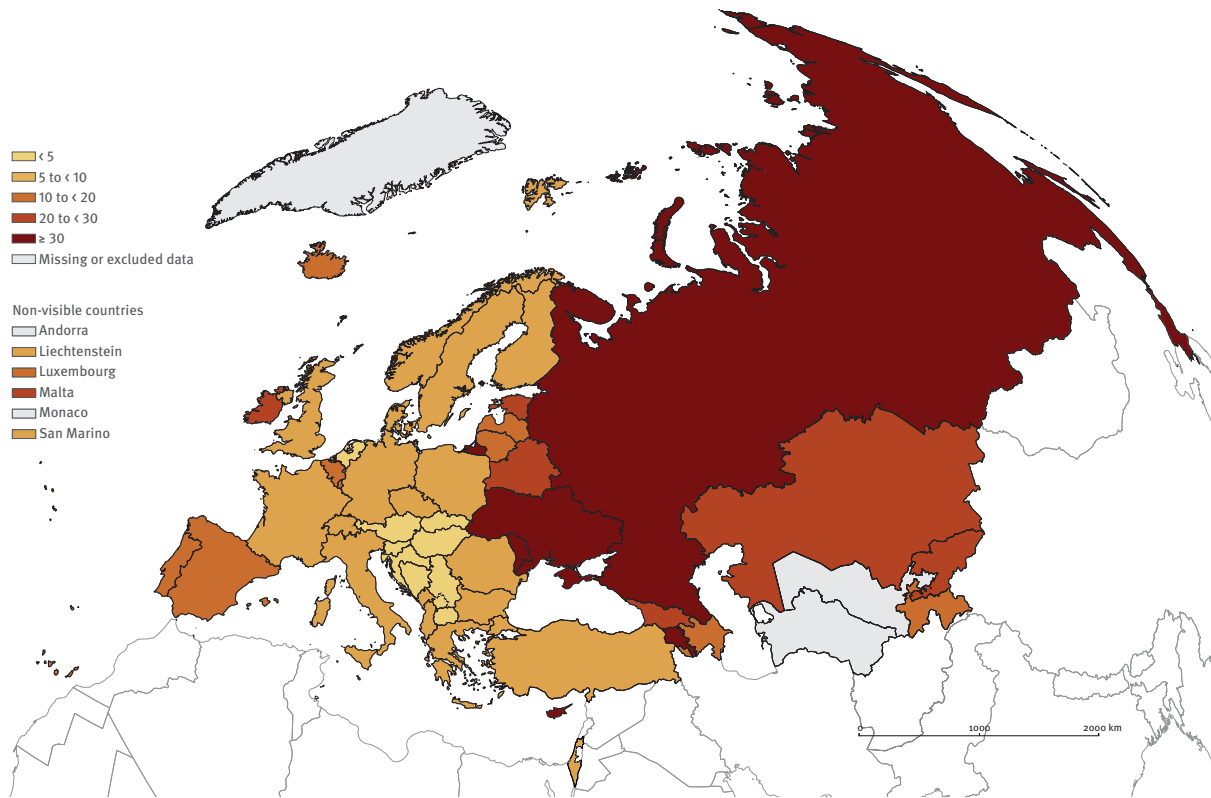
Map 1a: HIV diagnoses per 100 000 population, 2022



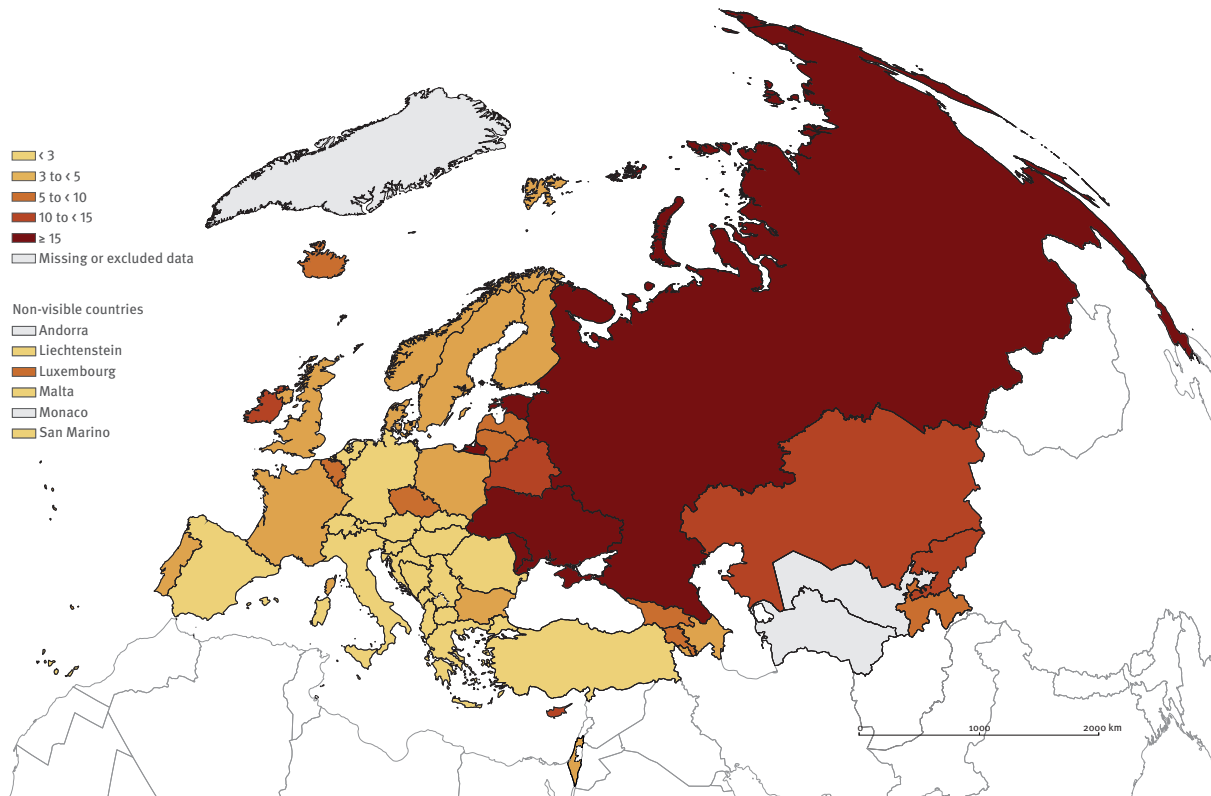
Map 1b: HIV diagnoses per 100 000 population, 2022, EU/EEA



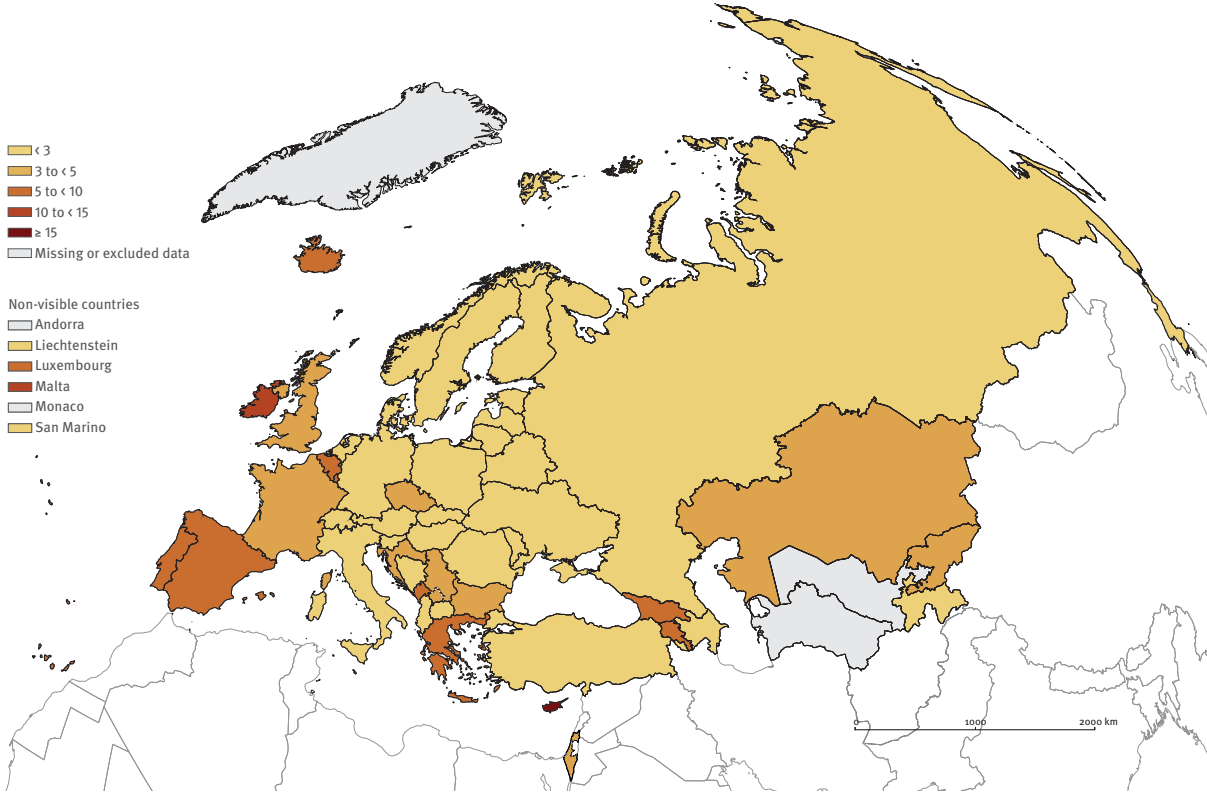
Map 2: HIV diagnoses in men per 100 000 male population, 2022



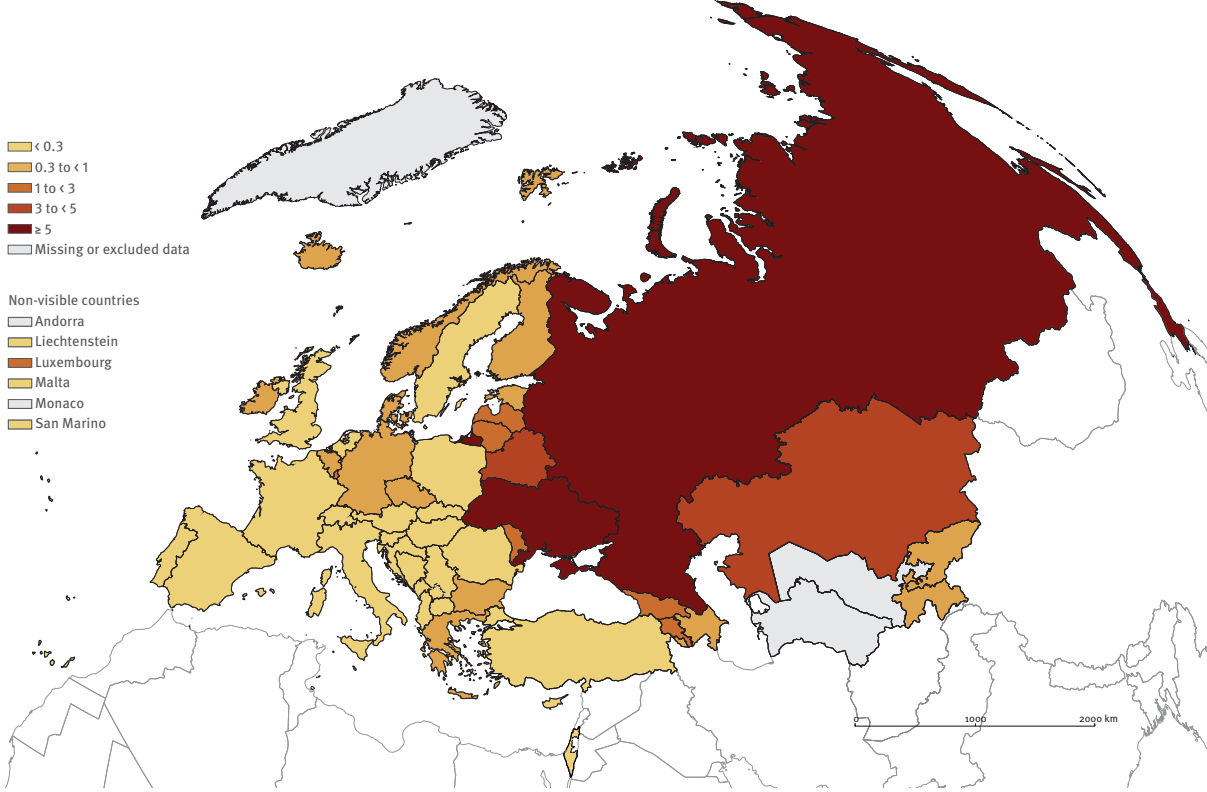
Map 3: HIV diagnoses in women per 100 000 female population, 2022



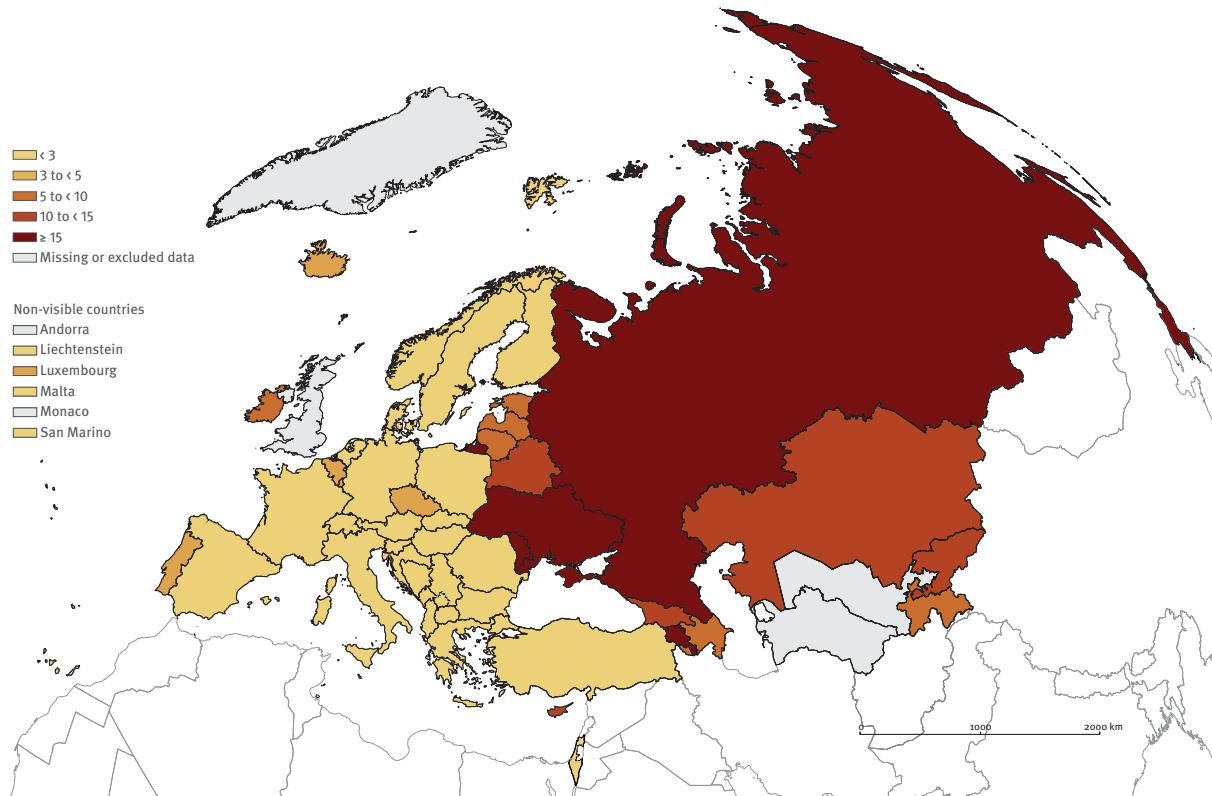
Map 4: HIV diagnoses in men who have sex with men per 100 000 male population, 2022



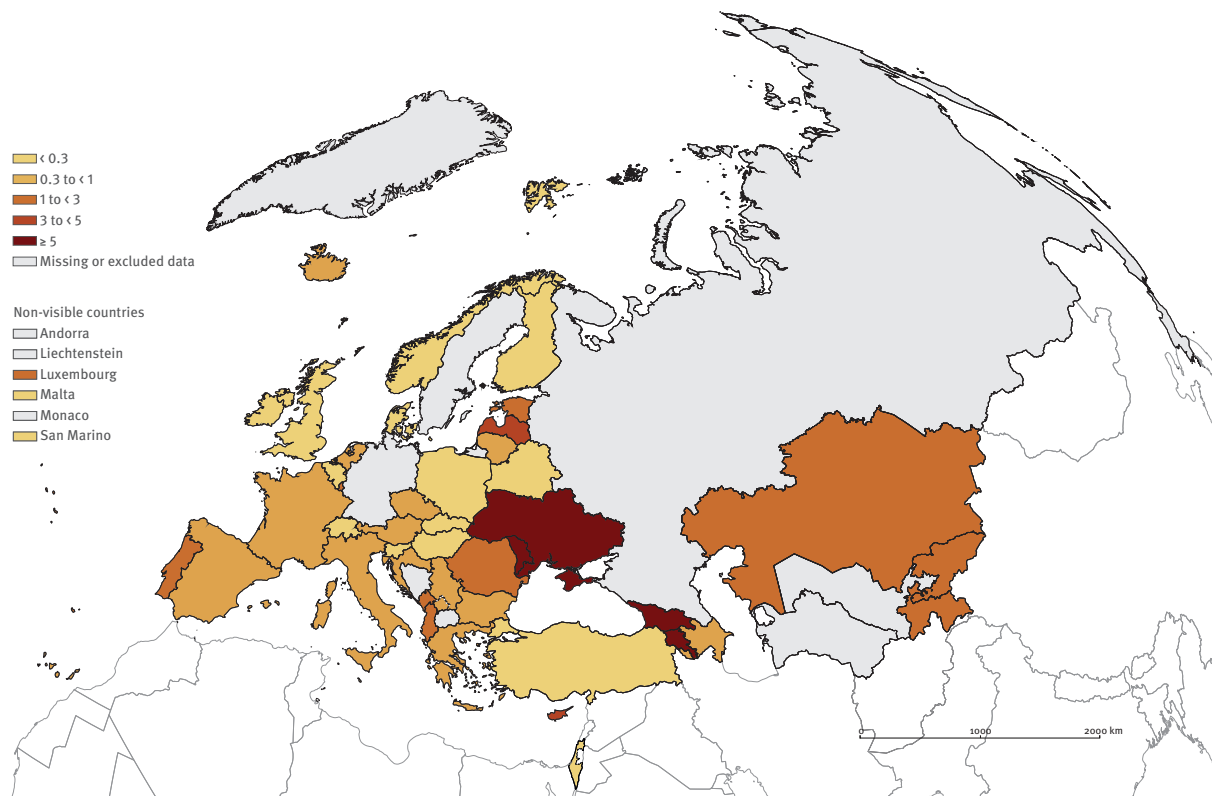
Map 5: HIV diagnoses acquired through injecting drug use per 100 000 population, 2022

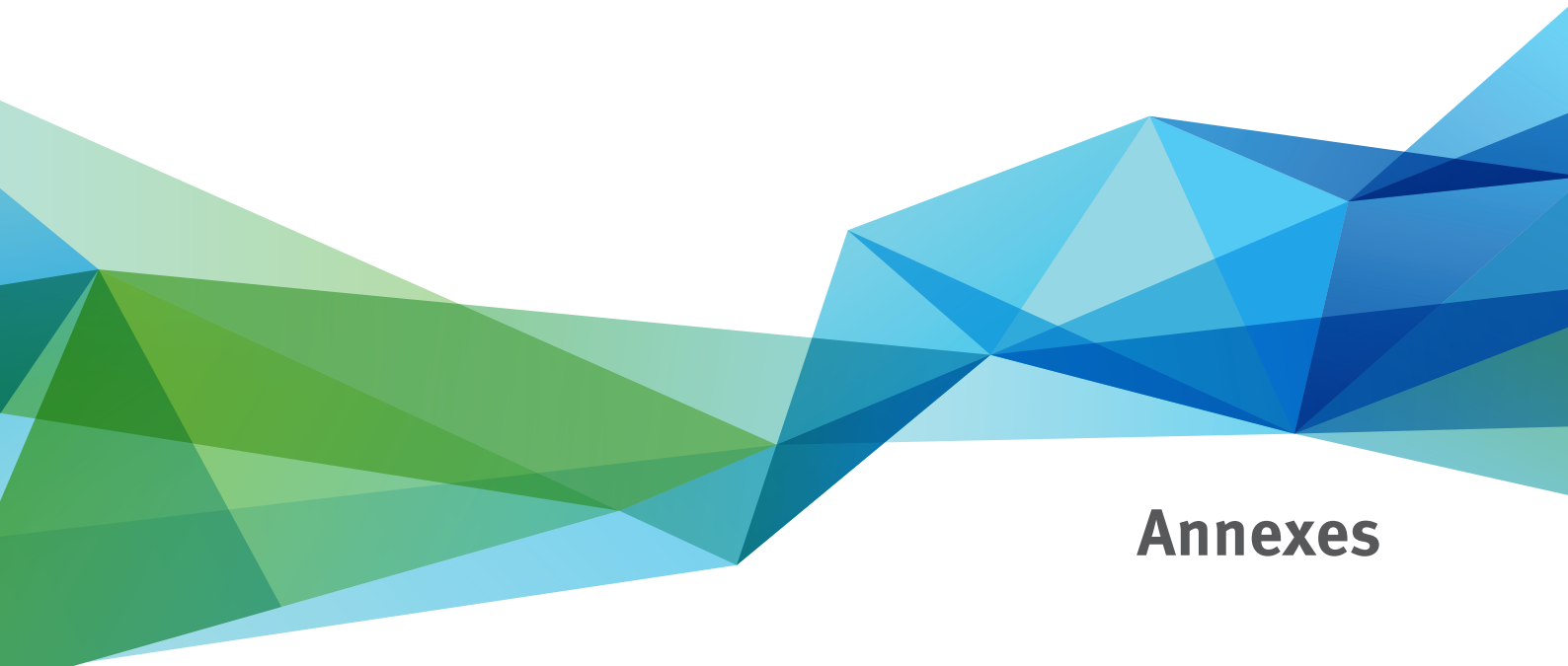


Map 6: HIV diagnoses acquired through heterosexual transmission per 100 000 population, 2022



Map 7: AIDS diagnoses reported per 100 000 population, 2022





Annexes

Annex 1: Framework for data collection, validation and presentation

1. Reporting

The Member States' Coordinating Competent Bodies in European Union (EU) and European Economic Area (EEA) (jointly referred to as EU/EEA) countries have nominated national operational contact points for HIV/AIDS surveillance to work on reporting surveillance data to the joint European Centre for Disease Prevention and Control (ECDC) and 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 in a number of countries may differ across the WHO European Region, but the EU and WHO case definitions are compatible for surveillance purposes. Since 2016, the case definitions have been changed in the Russian Federation. Updated forms (N61) of the Federal Statistical Surveillance are submitted by medical facilities to the Ministry of Health and include the number of individuals newly diagnosed with HIV infection; 2009–2015 data therefore cannot be directly compared to 2016–2022 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 the TESSy system for 2022 (or previous years for some of the countries – see Table 1). Andorra, Bosnia and Herzegovina, Germany, Liechtenstein, Monaco, North Macedonia, the Russian Federation, Sweden, Turkmenistan and Uzbekistan did

not report any AIDS data for 2022 (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.

1.1. Surveillance systems – data sources

To describe the national source of data and specify the national surveillance system from which the reported data originate, information on the country data source is included as a compulsory part of reporting (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.

2. Data collection and validation

2.1. Data collection 2022

The 2022 data submission for HIV and AIDS surveillance took place between 12 March and 5 October 2023. Data presented in this report were extracted from TESSy on 5 October 2022.

2.2. Individual country datasets

Data were uploaded, validated and approved in the joint database for HIV/AIDS surveillance by the reporting countries. Once the data were submitted, individual datasets were reviewed by ECDC and 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.

3. Data re-coding and adjustments

3.1. Dates used for data presentation

HIV and AIDS data are presented in this report by date of diagnosis. If countries could not provide this date or preferred to present their data by the date of statistics

to avoid discrepancies with their national surveillance reports, this date was used instead. This was the case for four countries: Armenia, Belarus, Türkiye and Ukraine.

3.2. Region of origin

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

3.3. Origin of reported cases

Cases originating from countries outside of the reporting country are highlighted in some of the analyses presented here. This approach has been taken to inform epidemiological understanding and guide public health resource allocation and prevention efforts. To compare the impact of the epidemic on all transmission modes, cases reported as originating from regions or countries of Sub-Saharan Africa were used as a proxy for countries

with generalised HIV epidemics (in Tables 10, 11 and in selected figures).

3.4. 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.

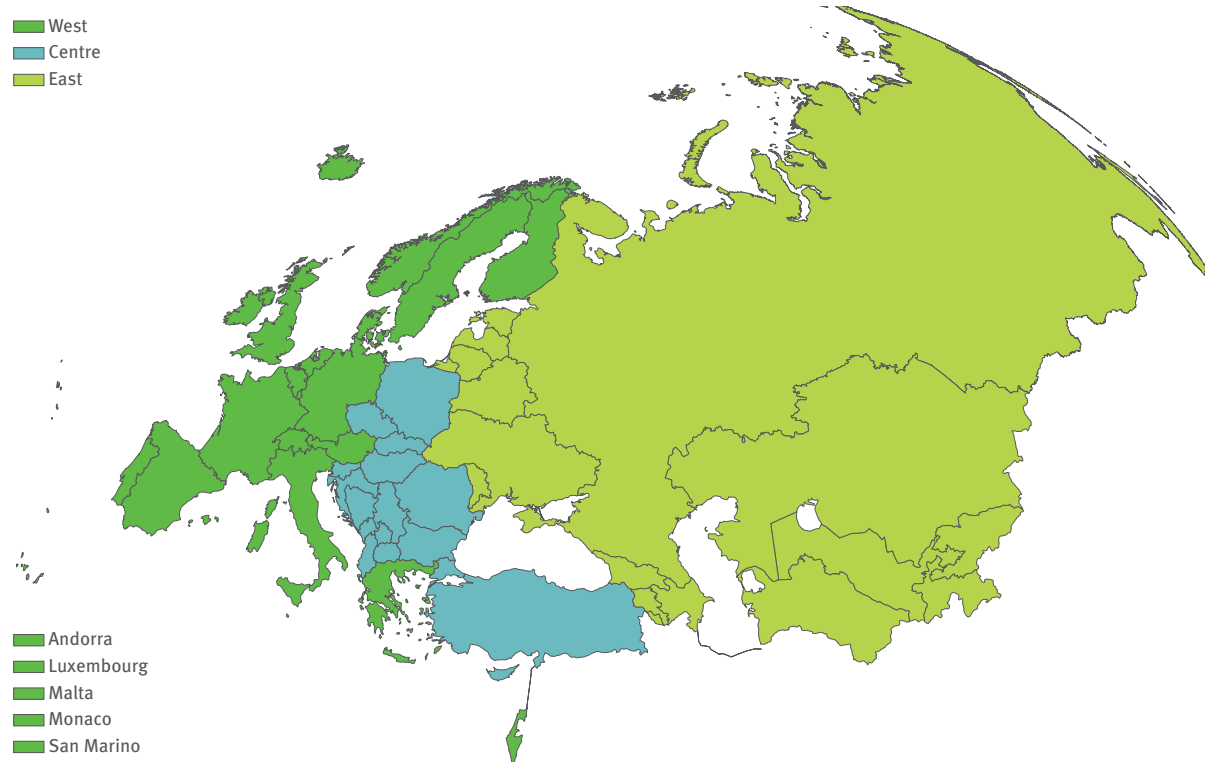
4. Data presentation

4.1. Geographical presentation

Data are presented for the WHO European Region and the EU/EEA. The EU comprises 27 Member States and the EEA an additional three countries (Iceland, Liechtenstein and Norway) which are included in the overview of the EU/EEA.

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

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*, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

* Countries constituting the European Union as of 2022.

previous reports on HIV/AIDS surveillance in Europe: West (23 countries), Centre (15 countries) and East (15 countries) (Figure A1.1). The division reflects similarities in epidemiological dynamics such as epidemic levels, trends over time and transmission patterns. 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 Kosovo¹ in all figures, although these are stratified in tables to allow separate epidemiological presentation of the reported data.

4.2. Population data and rates

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

The population estimates up to 2022 were derived from Eurostat for all EU/EEA countries and from the United Nations Population Division for non-EU/EEA countries² [3]. The Eurostat data are from May 2022 [4] and the United Nations Population Division statistics are from the 2022 round of estimates [5]. 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.

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 male and female population denominators from the sources described above. For maps presenting figures for men who have sex with men, rates were calculated using the male population.

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

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).

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 the report in Tables 1, 2, 3 and elsewhere in the report may differ from the data presented in national statistics.

4.3. Trend data

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

When presenting HIV trends for 2013–2022, countries reporting data inconsistently (Andorra, Monaco, Turkmenistan and Uzbekistan) and those reporting on transmission mode inconsistently or incompletely (such as Poland, Russia and Türkiye) were excluded from relevant figures reporting trends by transmission mode.

AIDS trends for 2013–2022 excluded countries not reporting consistently over the period (Andorra, Germany, Monaco, Russian Federation, Sweden, Turkmenistan, 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 about cases already reported). The limitations described below, the country comments in Annex 5 and the information on HIV and AIDS case reporting systems available in Annex 4 and 5 should be taken into account when interpreting the data presented here.

Official reports of HIV diagnoses do not represent true incidence. Reported HIV diagnoses include recently infected individuals, 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 2022.

In 2022, 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 10% (Iceland and Italy) to around 40% (Germany and the United Kingdom) [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 (F. Cazein, personal communication, 2021).

References

1. World Health Organization (WHO). WHO case definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV-related disease in adults and children. Geneva: WHO; 2007. Available from: <https://apps.who.int/iris/handle/10665/43699>
2. European Commission (EC). European Commission Decision 2002/253/EC laying down case definitions for reporting communicable diseases to the Community network under Decision No 2119/98/EC of the European Parliament and of the Council. OJ L 27.09.12:6–7. Available from: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2002D0253:20120927:EN:PDF>
3. United Nations. World population prospects: the 2017 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017.
4. Eurostat [online database]. Brussels: Eurostat; 2022. Available from: <http://ec.europa.eu/eurostat/data/database>
5. United Nations. World population prospects: the 2022 revision, medium variant. In: United Nations Department of Economic and Social Affairs, Population Division. New York (NY): United Nations Department of Economic and Social Affairs, Population Division; 2022. Available from: <https://population.un.org/wpp/>
6. United Nations. World population prospects: the 2017 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017.
7. EuroHIV. EuroHIV 2006 survey on HIV and AIDS surveillance in the WHO European Region. Saint-Maurice: Institut de veille sanitaire. French National Institute of Health Surveillance; 2007.

Annex 2

Completeness of variables for data reported in 2021 and 2022

	2021				2022			
	Number of countries	Completeness %	Minimal	Maximal	Number of countries	Completeness %	Minimal	Maximal
EU/EEA Countries								
Age	30	99.4	89.8	100	30	99.6	88.8	100
Gender	30	99.0	88.9	100	30	99.1	91.5	100
Transmission	30	75.5	23.8	100	29	72.7	21.2	100
Country of birth or region of origin	28	85.7	34.8	100	28	87.1	51.8	100
CD4 cell count	27	64.3	3.9	100	27	68.2	6.0	100
HIV status	21	56.4	0.0	100	23	51.4	0.0	100
WHO European Region								
Age	48	99.8	89.8	100	48	99.8	88.8	100
Gender	48	99.6	88.9	100	48	99.6	91.5	100
Transmission	47	83.8	0.0	100	47	80.2	0.0	100
Country of birth or region of origin	39	46.4	0.0	100	41	53.0	0.0	100
CD4 cell count	45	74.0	0.0	99.9	45	67.2	0.0	98.4
HIV status	29	21.5	0.0	100	32	26.7	0.0	100

Annex 3

Completeness by country and variable, 2022

Area	Country ^a	Date of diagnosis	Age	Gender	Transmission	CD4 cell count	Country of birth/ region of origin ^b
EU/EEA							
West	Austria	100.0	100	91.0	98.4	98.9	100
West	Belgium	99.7	96.8	75.8	71.4	82.4	100
Centre	Bulgaria	100	100	100	76.5	100	2.1
Centre	Croatia	100	99.1	89.4	58.4	100	70.8
Centre	Cyprus	100	100	98.2	90.8	99.5	93.1
Centre	Czechia	100	100	81.5	83.0	100	99.3
West	Denmark	100	100	82.9	36.4	98.8	100
East	Estonia	99.6	100	48.4	6.0	66.8	100
West	Finland	100	100	57.9	61.9	54.6	68.1
West	France	100	100.0	65.8	57.4	76.7	74.7
West	Germany	99.4	99.8	75.3	34.1	91.8	100.0
West	Greece	100	100	78.9	66.7	100	-
Centre	Hungary	88.8	91.5	71.0	-	92.0	-
West	Iceland	100	100	82.5	57.5	100	100
West	Ireland	99.9	99.1	78.5	17.0	83.8	78.7
West	Italy	100	100	88.8	96.3	99.5	-
East	Latvia	100	100	61.6	37.1	-	100
	Liechtenstein	100	100	-	100.0	100	100
East	Lithuania	100	100	90.5	79.8	100	42.9
West	Luxembourg	95.8	100	90.1	91.5	100	-
West	Malta	95.0	100	71.7	-	-	-
West	Netherlands	100	96.5	87.0	91.0	99.5	97.2
West	Norway	100	100	92.7	96.7	100	92.7
Centre	Poland	98.9	99.3	21.2	-	68.3	-
West	Portugal	100	100	94.5	81.5	93.8	4.9
Centre	Romania	100	100	79.9	94.6	98.2	-
Centre	Slovakia	99.5	98.5	59.4	19.8	51.8	86.3
Centre	Slovenia	100	100	88.1	85.7	95.2	61.9
West	Spain	100	99.8	81.4	88.7	97.9	-
West	Sweden	99.8	100.0	80.3	71.7	96.6	95.1
Non-EU/EEA							
Centre	Albania	100.0	100.0	89.8	81.1	100.0	100.0
West	Andorra	-	-	-	-	-	-
East	Armenia	100.0	100.0	99.1	73.8	100.0	100.0
East	Azerbaijan	100.0	100.0	98.4	88.3	100.0	100.0
East	Belarus	100.0	100.0	98.5	89.7	100.0	0.0
Centre	Bosnia and Herzegovina	100.0	100.0	55.6	64.8	100.0	9.3
East	Georgia	100.0	100.0	98.9	84.2	100.0	0.0
West	Israel	99.6	100.0	74.1	62.3	100.0	100.0
East	Kazakhstan	100.0	100.0	95.7	89.7	100.0	0.0
East	Kyrgyzstan	100.0	100.0	92.9	78.5	100.0	0.0
East	Moldova	100.0	100.0	77.2	86.6	100.0	0.0
West	Monaco	-	-	-	-	-	-
Centre	Montenegro	100.0	100.0	77.4	71.0	100.0	87.1
Centre	North Macedonia	100.0	95.1	87.8	95.1	100.0	0.0
East	Russia	100.0	100.0	98.0	95.0	100.0	-
West	San Marino	-	-	-	-	-	-
Centre	Serbia	100.0	100.0	79.5	89.2	100.0	0.0
Centre	Serbia excluding Kosovo ^c	100.0	100.0	76.8	92.7	100.0	0.0
Centre	Kosovo ^c	100.0	100.0	100.0	61.9	100.0	0.0
West	Switzerland	100.0	99.1	100.0	58.4	100.0	16.9
East	Tajikistan	100.0	100.0	96.5	93.2	100.0	0.0
Centre	Türkiye	100.0	100.0	33.0	12.7	100.0	0.0
East	Turkmenistan	-	-	-	-	-	-
East	Ukraine	100.0	100.0	99.9	74.6	100.0	0.0
West	United Kingdom	100.0	99.6	78.5	89.5	100.0	0.0
East	Uzbekistan	-	-	-	-	-	-

a Completeness not computed on countries, territories or areas with fewer than five diagnoses reported in 2022 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 For the purposes of this publication, all references, including in the bibliography, to "Kosovo" should be understood/read as "Kosovo (in accordance with Security Council resolution 1244 (1999))".

Annex 4a

HIV surveillance system overview: data source information

Country	HIV data source	Record type ^a for 2022 reporting	Period	Legal ^b	Coverage ^c	Comments
EU/EEA						
Austria	AT-HIV	HIVAIDS	1980–2022	V	Co	
Belgium	BE-HIV/AIDS	HIVAIDS	1985–2022	V	Co	
Bulgaria	BG-HIV	HIVAIDS	1986–2022	C	Co	HIV aggregate record type used through 2006; HIV record type 2007–2013
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2022	C	Co	
Croatia	HR-CNIPH	HIVAIDS	1985–2022	C	Co	HIV record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1985–2022	C	Co	
Denmark	DK-HIV	HIVAIDS	1990–2022	C	Co	HIV record type used 1990–2013
Estonia	EE-NAKIS	HIVAIDS	1988–2022	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	1980–2022	C	Co	HIV record type used prior to 2016
France	FR-HIVAIDS	HIVAIDS	2003–2022	C	Co	Although compulsory, HIV diagnoses are not exhaustively reported; underreporting was estimated around 30% until 2018, then increased (48% in 2021 and 43% in 2022). This underreporting is lower in hospitals (23% in 2022).
Germany	DE-SURVNET@RKI7,3-HIV		1993–2022	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	1984–2022	C	Co	
Hungary	HU-HIV/AIDS	HIVAIDS	1985–2022	C	Co	
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1983–2022	C	Co	HIV record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1985–2022	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	1985–2022	C	Co	See country comments about historical coverage; HIV aggregate record type used through 2009. Mortality statistics for 2021–2022 were unavailable.
Latvia	LV-HIV/AIDS	HIVAIDS	1987–2022	C	Co	HIV record type used 1987–2013; HIVAIDS record type used from 2014
Liechtenstein	LI-HIVAIDS	HIVAIDS	2022	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988–2022	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2022	V	Co	
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	2001–2022	C	Co	HIV record type used in years 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1980–2022	V	Co	
Norway	NO-MSIS_B	HIVAIDS	1984–2022	C	Co	HIV record type used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1985–2022	C	Co	
Portugal	PT-HIVAIDS	HIVAIDS	1985–2022	C	Co	
Romania	RO-RSS	HIVAIDS	1987–2022	C	Co	
Slovakia	SK-EPIIS	HIVAIDS	1985–2022	C	Co	HIV record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1985–2022	C	Co	
Spain	ES-HIV	HIV	2003–2022	C	Co	See country comments about historical coverage
Sweden	SE-SmiNet	HIVAIDS	1983–2022	C	Co	Data source SE-SweHIVReg used 1983–2009; HIV record type used prior to 2014
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2022	C	Co	
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	
Armenia	AM-NAC	HIVAIDS	1988–2022	V	Co	
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1987–2022	V	Se	
Belarus	BY-NAC	HIVAIDS	1981–2022	C	Co	HIVAIDS record type used only for HIV reporting (no linked HIV and AIDS reporting); HIV record type used in years 1981–2013
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986–2019	C	Co	HIV record type used in years 1993–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2022	C	Co	
Israel	IL-MOH	HIVAIDS	1981–2022	C	Co	
Kazakhstan	KZ-RCfAPC	HIVAIDS	1987–2022	NS/unk	NS/unk	
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1987–2022	V	Co	HIV record type used in years 1987–2000
Moldova	MD-NAC	HIVAIDS	1987–2022	V	Other	
Montenegro	ME-IOPH	HIVAIDS	1989–2022	C	Co	
Monaco	MC-MoSH-GEN	HIV	1987–2018	C	Co	
North Macedonia	MK-NHASS	HIVAIDS	1993–2018	C	Co	HIV record type used in years 1993–2016
Russia	RU-MOH	HIVAGGR	2009–2022	C	Co	
San Marino	SM-AIDS/HIV	HIVAGGR	1985–2022	C	Co	
Serbia ^d	RS-NAC	HIVAIDS	1984–2022	C	Co	HIV aggregate record type used in years 1984–2001
Switzerland	CH-FOPH	HIV	1985–2022	C	Co	
Tajikistan	TJ-RHAC	HIVAIDS	1991–2022	C	Co	
Türkiye	TR-MOH	HIV	1985–2022	C	Co	
Turkmenistan	TM-NAC	-	1990–2012	V	Co	
Ukraine	UA-NAC	HIVAIDS	1987–2022	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	1981–2022	V	Co	
Uzbekistan	UZ-RAC	-	1981–2010	V	Co	Did not report data 2011–2020; used HIV record type in years 1981–2010

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

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

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

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

Annex 4b

AIDS surveillance system overview: data source information

Country	AIDS Data source	Record type ^a for 2022 reporting	Period	Legal ^b	Coverage ^c	Comments
EU/EEA						
Austria	AT-AIDS	HIVAIDS	1982–2022	V	Co	
Belgium	BE-HIV/AIDS	HIVAIDS	1983–2022	V	Co	Did not report 2019 data
Bulgaria	BG-AIDS	HIVAIDS	1987–2022	C	Co	AIDS record type was used for cases prior to 2014
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2022	C	Co	
Croatia	HR-CNIPH	HIVAIDS	1986–2022	C	Co	AIDS record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1986–2022	C	Co	
Denmark	DK-HIV	HIVAIDS	1980–2022	C	Co	AIDS record type from data source DK-MIS used 1980–2013
Estonia	EE-NAKIS	HIVAIDS	1992–2022	C	Co	AIDS record type used prior to 2015
Finland	FI-NIDR	HIVAIDS	1983–2022	C	Co	AIDS record type used prior to 2016
France	FR-HIVAIDS; FR-AIDS	HIVAIDS	1982–2022	C	Co	Additional data from record type AIDS used for the years 1978–2022. 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 44% in 2022.
Germany	DE-AIDS		1981–2019	V	Co	Did not report 2020 data, AIDS record type used through 2016
Greece	EL-HIV/AIDS	HIVAIDS	1981–2022	C	Co	
Hungary	HU-HIV/AIDS	HIVAIDS	1986–2022	C	Co	
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1985–2022	C	Co	AIDS record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1983–2022	V	Co	Data source IE-HIV/AIDS and AIDS record type used for years 1981–2011
Italy	IT-COA-ISS	AIDS	1982–2022	C	Co	
Latvia	LV-AIDS	HIVAIDS	1990–2022	C	Co	Same data source in AIDS record type used for 1990–2013
Liechtenstein	LI-HIVAIDS	HIVAIDS	2022	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988–2022	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2022	V	Co	
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	1986–2022	C	Co	Same data source and AIDS record type used 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1999–2022	V	Co	
Norway	NO-MSIS_B	HIVAIDS	1983–2022	C	Co	Data source NO-MSIS-A and record type AIDS used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1986–2022	C	Co	
Portugal	PT-HIVAIDS	HIVAIDS	1985–2022	C	Co	
Romania	RO-RSS	HIVAIDS	1985–2022	C	Co	
Slovakia	SK-EPIS	HIVAIDS	1985–2022	C	Co	AIDS record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1986–2022	C	Co	
Spain	ES-AIDS	AIDS	1981–2022	C	Co	See country comments about coverage
Sweden			1982–2007	V	Co	AIDS surveillance discontinued in 2008
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2022	C	Co	
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	
Armenia	AM-NAC	HIVAIDS	1988–2022	V	Se	
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1995–2022	V	Co	
Belarus	BY-NAC	AIDS	1991–2022	C	Co	
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986–2019	C	Co	AIDS record type used in years 1986–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2022	C	Co	
Israel	IL-MOH	HIVAIDS	1981–2022	C	Co	
Kazakhstan	KZ-RCFAPC	HIVAIDS	1993–2022	NS	NS	
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1999–2022	V	Co	AIDS record type used in years 1987–2000
Moldova	MD-NAC	HIVAIDS	1989–2022	V	Co	
Montenegro	ME-IOPH	HIVAIDS	1990–2022	C	Co	
Monaco	MC-MoSH-GEN	AIDS	1985–2018	C	Co	
North Macedonia	MK-NHASS	HIVAIDS	1989–2018	C	Co	AIDS record type used in years 1993–2016
Russia	-	-	-	-	-	
San Marino	SM-AIDS/HIV	AIDS	1986–2022	C	Co	
Serbia ^d	RS-NAC	HIVAIDS	1985–2022	C	Co	AIDS record type used in years 1985–2001
Switzerland	CH-FOPH	AIDS	1980–2022	C	Co	
Tajikistan	TJ-RHAC	HIVAIDS	1998–2022	C	Co	
Türkiye	TR-MOH	AIDS	1985–2022	C	Co	
Turkmenistan	TM-NAC	-	2002–2012	V	Co	
Ukraine	UA-NAC	AIDSAGGR	1988–2022	V	Co	HIVAIDS record type used only for HIV reporting (i.e. no linked HIV and AIDS reporting).
United Kingdom	UK-HIVAIDS	HIVAIDS	1981–2022	V	Co	
Uzbekistan	UZ-RAC	-	1992–2010	V	Co	Did not report data 2011–2020; used AIDS record type in years 1992–2010

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

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

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

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

Annex 5

Country-specific comments regarding national HIV and AIDS reporting

Country	Comments
EU/EEA	
Austria	HIV surveillance in Austria is based on the AHIVCOS (HIV cohort study), which in 2021 represented 67 % of people who received ART in Austria.
Bulgaria	Case-based reporting of HIV is available from 2007 onwards.
Czechia	Foreigners with short-term stays in Czechia are not included in cases notified. There was a 3.7-fold increase in the number of cases in the Czech Republic in 2022 compared to 2021. The increase is clearly due to the arrival of Ukrainian refugees in connection with the
Estonia	The surveillance system was modified substantially in 2008. Previously, the probable mode of HIV transmission was not reported by Estonia (from 2003 to 2007, Estonia supplied partial information on people who inject drugs only).
France	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 the 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 44% in 2022 for AIDS (versus 38% over the 2010–2019 period), and 43% in 2022 for HIV (versus 31% over 2010–2019). Considering only reports in hospitals, HIV underreporting would be estimated at 23% in 2022. 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, after adjustment, is estimated between 4 233, ICI95% [4 139–4 326] and 5 738 [5 588–5 888], depending on whether the underreporting is considered globally or only in hospitals. The actual number of AIDS diagnoses is estimated at 796 [714–877].
Ireland	HIV was made a notifiable disease in September 2011. The HIV reporting system was modified substantially in 2012. AIDS cases and deaths among AIDS cases are now only reported if at the time of HIV diagnosis. HIV diagnoses include a growing proportion of so-called previous-positive people, who are transferring their HIV care when moving to Ireland and tested positive and were notified within the Irish system when moving to the country. There was a change in the implementation of the case definition in 2015 (requiring confirmatory testing on a single sample rather than two samples) which resulted in more people being notified to the surveillance system.
Italy	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 2017 due to lack of updated data from the national mortality register.
Liechtenstein	Liechtenstein is a small country with about 39 000 inhabitants. Due to a customs treaty with Switzerland, Liechtenstein adopted the Swiss Law of Epidemiology in 2015. Since then, all communicable diseases collected in Liechtenstein are reported to a Swiss database.
Luxembourg	HIV tests reported through 2010 include only tests performed at two major public laboratories, so underestimate the total number of HIV tests performed during those years. From 2011, tests reported include all laboratories in the country.
Malta	A new HIV reporting system started in 2004.
Netherlands	HIV surveillance is based on the ATHENA cohort, which includes 98% of people who entered HIV care in the Netherlands. Data collection started from 1996 onwards and HIV diagnoses before 1996 are incomplete. The national Dutch HIV monitoring report publishes slightly different figures than those displayed in the European report because migrants with a documented HIV diagnosis before arrival in Netherlands are excluded in the national report.
Poland	There were an increase in the number of cases in Poland due to the arrival of Ukraine war refugees, who account for 29,7% of reported cases in 2022 and it was 6-fold increase in the number of cases with information about country of birth for Ukraine citizens.
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. Data for 2020 and 2021 cases were not included in previous reports at country request and are now included in the report. In the current report, an excess of 85 cases has been found in the cumulative case count for Portugal. A preliminary assessment suggests that this discrepancy may be attributed to an issue regarding the upload. The corrected numbers will be reflected in the next year's ECDC/WHO report. Meanwhile, the accurate and official figures can be found in the national HIV report." (present tense because the national HIV report is going to be published and presented on Monday, 27th of November, earlier than the ECDC/WHO 2023 HIV Surveillance report.
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, without duplicates. Updates in the patients' data are made constantly with changes from HIV to AIDS. The national reporting addresses 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 solicited. The statistical evaluation is made with SPECTRUM. The national HIV/AIDS Registry is stored at The National Institute for Infectious Diseases "Prof. Dr. Matei Bals" through the Compartment for Monitoring and Evaluation of HIV/AIDS.
Spain	HIV reporting has existed since the 1980s in some of the 19 Autonomous Regions of Spain. For 2003–2011 data are available only for 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 and from two regions from 2015 to 2018. Due to the COVID-19 pandemic, in 2019 and 2020 some regions have reported provisional data and others have not reported HIV and/or AIDS data. Rates are based on the corresponding population for each year.
Sweden	Due to changes in the HIV/AIDS surveillance system, AIDS reporting has not been mandatory since 2005. Since 2008, AIDS data are not reported from Sweden because the national AIDS surveillance system had been discontinued.

Country	Comments
Non-EU/EEA	
Belarus	All data are presented by "date of statistics" (instead of "date of diagnosis").
Georgia	Data are presented by "date of statistics" (instead of "date of diagnosis").
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 HIV diagnoses registered in 2022 disaggregated by sex, age group and mode of transmission and data on testing for 2009–2022. Whereas data reported for 2009–2019 was limited to 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. Country also reported separately information about CD4 cell count at the time of diagnosis. These data were manually entered into the 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 2016–2022. 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.
Tajikistan	Due to technical problems, no data export for 2018 from Tajikistan was available.
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.
United Kingdom	Data for the UK in 2022 excludes diagnoses made at paediatric services and Northern Ireland services which were not available at the time of publication. Rises in HIV diagnoses in 2022 has been largely driven by increases in people who have been previously diagnosed abroad arriving in the UK and subsequently diagnosed in the UK. The majority of these people were rapidly linked to care, on treatment and virally suppressed.

Annex 6

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

Country	National institutions
EU/EEA	
Austria	Austrian Agency for Health and Food Safety; Federal Ministry of Social Affairs, Health, Care and Consumer Protection
Belgium	Scientific Institute of Public Health
Bulgaria	Ministry of Health
Croatia	Croatian National Institute of Public Health
Cyprus	Ministry of Health
Czechia	National Institute of Public Health
Denmark	Statens Serum Institut
Estonia	Health Board
Finland	National Public Health Institute (KTL)
France	Santé Publique France (French National Public Health Agency)
Germany	Robert Koch Institute
Greece	Hellenic Center for Disease Control and Prevention
Hungary	National Center for Epidemiology (Országos Epidemiológiai Központ)
Iceland	Health Protection Agency Centre for Infections
Ireland	Health Protection Surveillance Centre (HPSC)
Italy	Ministry of Health DG Prevention - Unit V
Latvia	Centre for Disease Prevention and Control of Latvia
Liechtenstein	Principality of Liechtenstein
Lithuania	National Public Health Center under the Ministry of Health
Luxembourg	National Service of Infectious Diseases, Centre Hospitalier
Malta	Department of Health Promotion and Disease Prevention
Netherlands	National Institute for Public Health and the Environment (RIVM)
Norway	Norwegian Institute of Public Health – Department of Infectious Disease Epidemiology
Poland	National Institute of Public Health 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 of Infectious Diseases
Azerbaijan	Azerbaijan AIDS Center
Belarus	National Centre for Hygiene, Epidemiology and Public Health
Bosnia and Herzegovina	Ministry of Civil Affairs of Bosnia and Herzegovina; Federal Ministry of Health; Ministry of Health and Social Welfare the Republica Srpska and Public Health Institutes of the Federation of Bosnia and Herzegovina and Republica Srpska
Georgia	Infectious Diseases, AIDS & Clinical Immunology Research Center
Israel	Ministry of Health
Kazakhstan	National Center for the Prevention and Control of AIDS
Kyrgyzstan	Republic Centre for AIDS Prevention and Control
Moldova	National AIDS Center; National Center for Preventative Care
Monaco	Ministry of Social Health
Montenegro	Institute of Public Health of Montenegro
North Macedonia	Public Health Institute
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

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

Annex 7

Demographic and clinical characteristics of previous positive diagnoses and newly HIV diagnosed by EU/EEA countries which were able to identify the HIV status, 2022

Diseases	Newly HIV diagnoses		Previous positive diagnoses		Unknown		Total
	N	%	N	%	N	%	N
Gender							
Female	1176	28.9	1553	44.0	519	35.4	3248
Male	2824	69.5	1896	53.8	945	64.5	5665
Unknown	65	1.6	77	2.2	2	0.1	144
Age group							
< 15 years	28	0.7	61	1.7	22	1.5	111
15–19	100	2.5	42	1.2	26	1.8	168
20–24	404	9.9	135	3.8	100	6.8	639
25–29	645	15.9	425	12.1	147	10.0	1217
30–39	1234	30.4	1211	34.3	442	30.2	2887
40–49	854	21.0	1012	28.7	360	24.6	2226
50+	800	19.7	634	18.0	368	25.1	1802
Unknown	0	-	6	0.2	1	0.1	7
Region of origin							
Sub-Saharan Africa	1033	25.4	710	20.1	91	6.2	1834
Central and eastern Europe	444	10.9	1575	44.7	69	4.7	2088
Western Europe	108	2.7	118	3.3	12	0.8	238
Latin America and Caribbean	275	6.8	467	13.2	23	1.6	765
South and south-east Asia	117	2.9	93	2.6	12	0.8	222
Reporting country	1653	40.7	251	7.1	109	7.4	2013
Other	181	4.5	70	2.0	25	1.7	276
Unknown	254	6.2	242	6.9	1125	76.7	1621
Route of transmission							
Heterosexual contact	1739	42.8	1591	45.1	123	8.4	3453
Heterosexual contact (males)	784	19.3	448	12.7	49	3.3	1281
Heterosexual contact (females)	947	23.3	1131	32.1	74	5.0	2152
Injecting drug use	75	1.8	226	6.4	10	0.7	311
Sex between men	1582	38.9	893	25.3	103	7.0	2578
MTCT	25	0.6	114	3.2	2	0.1	141
Nosocomial	1	0.0	6	0.2	0	0.0	7
Transfusion	10	0.2	25	0.7	0	0.0	35
Unknown	1425	35.1	1131	19.0	1277	83.8	2418
Acute infection or CD4 cell count per mm³ at HIV diagnosis							
Acute	700	17.2	9	0.3	212	14.5	921
<200	894	22.0	134	3.8	78	5.3	1106
200 to <350	597	14.7	175	5.0	37	2.5	809
350 to <500	542	13.3	272	7.7	25	1.7	839
500+	786	19.3	945	26.8	51	3.5	1782
Unknown	546	13.4	1991	56.5	1063	72.5	3600
AIDS							
	540	13.3	99	2.8	55	3.8	696
ART							
Yes	282	6.9	762	21.6	31	2.1	1075
No	43	1.1	6	0.2	1	0.1	50
unknown	3740	92.0	2758	78.2	1434	97.8	4235

The data for HIV cases reported in 2022 from the following EU/EEA countries have been included in this table: Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Iceland, Ireland, Norway, Slovakia, Slovenia, and Sweden.

MTCT: Mother to child transmission; ART: antiretroviral treatment.



Publications Office

EU publications

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



World Health
Organization

European Region

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

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

**European Centre for Disease
Prevention and Control (ECDC)**

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

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

Contact us
ECDC.Info@ecdc.europa.eu

🐦 Follow us on Twitter
[@ECDC_EU](https://twitter.com/ECDC_EU)

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

**World Health Organization
Regional Office for Europe**

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

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

Contact us
eucontact@who.int

🐦 Follow us on Twitter
[@WHO_EUROPE](https://twitter.com/WHO_EUROPE)

📘 Like our Facebook page
www.facebook.com/WHOEurope