TECHNICAL REPORT

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Abbreviations

ADC	AIDS-defining condition
AIDS	Acquired immunodeficiency syndrome
ECDC	European Centre for Disease Prevention and Control
EE	Eastern Europe
EU	European Union
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS
Eurostat	Statistical Office of the European Communities
HAART	Highly active antiretroviral therapy
HIV	Human Immunodeficiency Virus
IDU	Injecting drug use/rs
IOM	International Organization for Migration
LA	Latin America
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
PLWHA	People were living with HIV/AIDS
SSA	Sub-Saharan Africa
TB	Tuberculosis
UN	United Nations
UNAIDS	The United Nations Joint Programme on HIV/AIDS
WE	Western European
WHO	World Health Organization

1 Executive summary

Background, justification and objective

The global HIV/AIDS pandemic reflects the gross socio-economic and health inequalities between industrialised and non-industrialised countries. UNAIDS estimates that 33 million people were living with HIV/AIDS (PLWHA) in 2007; more than 96% of new HIV infections took place in low- and middle-income countries. Of all PLWHA, 22.5 million live in Sub-Saharan Africa (SSA), where adult HIV prevalence is 5%, considerably higher than the 0.8% world estimate. The Caribbean, with 1% prevalence, is the second most affected area and Eastern Europe, with 0.9% prevalence, ranks third.

According to International Organization for Migration (IOM), approximately 192 million people (3% of the world's population) were international migrants in 2006, of which 95 million were women. The United Nations defines as international migrant anyone who changes their country of usual residence. The most common reason to migrate is to seek economic improvement, thus the majority of migrants travel from developing to developed countries. The countries from where the largest numbers of migrants originated in 2006 were China, India and the Philippines, whereas USA, Russia, Germany, Ukraine and France were the top five countries receiving migrants. The EU, one of the wealthiest areas of the world, has received 64 million (8.8%) migrants, with substantial heterogeneity among countries. The EU is also proud of being one the regions of the world with the longest tradition of respect for human rights. However, as in many regions of the world, migrants living in the EU face severe integration problems. Migration and social exclusion make migrants highly vulnerable to HIV/AIDS and their related complications.

The HIV epidemic is a major public health problem in the EU; the number of HIV infections has not ceased to increase since HIV reporting mechanisms came in place around 1999. The predominant transmission route is heterosexual (53% of new HIV reports in 2006), followed by men who have sex with men (MSM) (37%) and by injecting drug users (IDU) (9%). It is worth highlighting 204 cases of HIV infection through mother-to-child transmission (MTCT) reported in 2006. Health inequalities, including those by migrant status, should be monitored to develop appropriate responses. Since 2000, former EuroHIV collects information about the geographical origin of reports. A substantial and increasing proportion of AIDS and HIV reports acquired through heterosexual intercourse are people with a different geographical origin from that of the country of report, largely from SSA. However, other groups of migrants may also be disproportionately affected by HIV/AIDS though data on these groups are lacking. The absolute and relative contribution of migrants to national HIV epidemics is heterogeneous across the EU and depends on migration patterns, colonial history, state of HIV epidemics in countries of origin and destination, and on health and social responses. Since early days in the epidemic it became clear that ensuring the rights of PLWHA was one of the main issues; it was unquestionable that science, human rights and a public health approach were keys elements for that.

In 2007, the Portuguese Presidency of the EU chose as its main theme the issue of migration and health. In the Council conclusions adopted in December 2007, ECDC was called upon to deliver a report on migration and infectious diseases. As a response to this call, ECDC initiated a series of reports which will form the *ECDC Report on Migration and Infectious Diseases in the EU*. The objectives of the current report, *Epidemiology of HIV and AIDS in migrant communities and ethnic minorities,* were to determine the burden of HIV infection in migrant populations and its contribution to the epidemiology of HIV in the period 1999–2006.

Methodology

Data from ECDC/former EuroHIV were used, globally and for each country, and absolute numbers and percentages of cases of AIDS and HIV were examined by geographical origin and year (1999–2006), stratified by sex and transmission categories. When information was not available at ECDC, key informants were contacted directly. The number of registered migrants by sex and year was obtained from public European databases, Eurostat, and National Statistics Offices in each of the participating countries, either consulting their web pages or writing to them directly.

Results

In 2006 6 746 AIDS cases were reported in the EU27 countries plus Norway and Iceland. The largest number of migrants was observed among heterosexually transmitted cases; of those with known geographical origin, 1 373 (50%) were from a country different to that reporting the case, 77% from SSA. Of 57 AIDS cases due to MTCT with known geographical origin, 23% were from SSA. Also, close to 20% of AIDS cases in MSM were migrants; the commonest origins were Latin America (LA) (106) and other Western European (WE) countries (52). Among 1 545 cases in IDU, 7% were migrants, largely from WE and North Africa & Middle East. The number of AIDS

cases in the region has experienced a 42% decline from 1999–2006 in natives and migrants from WE. Rising numbers of AIDS cases in 1999–2006 are observed in migrants from Eastern Europe (EE) (by 200%), SSA (by 89%) and LA (by 50%). AIDS cases are much more common in men than in women in the EU, though the male/female ratio is decreasing. Therefore, although the absolute numbers of men and women from SSA among AIDS cases reported in 2006 were 602 and 623 respectively, their proportions within the number of AIDS cases in males and females were 12% and 33%, respectively.

In 2006 26 712 HIV infections were reported in the EU27 plus Norway and Iceland, of which 29% did not record geographical origin. The largest number of migrants, both in absolute and relative terms, was observed among heterosexually transmitted cases. Of people with known geographical origin, 65% of the 8 354 HIV infections were from a country different to that reporting the case, of which the vast majority (5 046) were from SSA. Of 169 cases of HIV with known geographical origin due to MTCT, 41% were from SSA. Also, 18% of the 5 048 HIV infections with known geographical origin in MSM were migrants and the commonest regions were LA (215) and WE (247). Among 1 590 HIV infections in IDU with known geographical origin, 86% were native and 14% migrants, largely from WE (63) and EE (64). The number of HIV infections reported in Europe has experienced a marked increase in 1999–2006, both in natives and migrants. This increase has to be interpreted in the context of the implementation of HIV reporting in the EU, which is not yet complete.

HIV infections in the EU are globally much more common in men than in women, though male/female ratio is going down. The absolute numbers of men and women from SSA among HIV infections reported in 2006 were 1 764 and 2 989, respectively. Given that the total numbers of HIV infections in native men and women were 7 891 and 2 028, respectively, the ratio between SSA and native men was 0.1 and SSA and native women was 1.5. The number of HIV reports in women from SSA exceeds by close to 1 000 infections that of native women, though 2 910 HIV infections in females have unknown geographical origin. The number of women from SSA exceeds by over 1 000 that of SSA men. After SSA, men from WE account for the largest group (539), followed by LA (456). The most common countries of origin of HIV infections in female migrants, excluding SSA, differed from that of the men's, as women from South-East Asia and Caribbean accounted for 179 and 161 infections, respectively, while women from WE and EE and LA accounted for 85 and 111 cases each.

There is a huge heterogeneity between countries with regard to the proportion of migrants among the HIV infection cases. Among countries with HIV incidence below 20 cases per million, largely Central Europe, the contribution of migrants to the epidemic is low. For countries with HIV incidence between 21–49 cases per million, except for Lithuania, the proportion of migrants among HIV reported cases from 2006 is over 40%. Given the different populations sizes, numbers vary from 24 cases of HIV infection diagnosed in migrants in Cyprus to 258 diagnosed in Sweden. For countries with HIV incidence of 50–99 cases per million, except for Greece, the proportion of migrants among HIV reported cases is 40% in the Netherlands and Germany, close to 60% in Norway, around 65% in Ireland and France, and 70% in Belgium. In countries with HIV incidence of 100–199 cases per million, the proportion of migrants among reported HIV infections is around 30% in Austria, 71% in the UK, and as high as 80% in Luxembourg. In Portugal, the country with the highest HIV incidence in the EU, the proportion of migrants among HIV reports is approximately 20%.

In 1999–2006 16 222 tuberculosis (TB) cases were reported as initial AIDS-defining condition (ADC), of which 8 028 were diagnosed in migrants, 3 883 from SSA and 2 684 of unknown origin. There was a wide heterogeneity in the proportion of TB as ADC by geographical origin. The lower proportions were seen in North Americans (8%) and native people (16%), and the highest in SSA (40%), EE (40%), South-East Asia (32%), and LA (30%).

Of the approximate 495 million people registered with the National Population Offices of the 27 EU countries plus Norway, Iceland and Liechtenstein, around 32.5 millions (6.5%) are registered as non-nationals. Information on the nationality of these people is available for the 30 countries of this study except for Bulgaria, Estonia, France and Luxembourg. Of these 32.5 million registered migrants, half are from Europe (6.5 million are from WE, 7.4 from Central Europe, 2.3 million from EE), followed by LA (2.31 million) and the Caribbean (261 000), South and South-East Asia (2.25 million), North-Africa and the Middle East (2.19 million), and SSA (1.32 million).

Discussion and limitations

Migrant populations, largely people from SSA, represent a considerable and growing proportion of cases of both AIDS and HIV infection reported in the EU27 countries plus Norway and Iceland during 1999–2006. Although the proportion of migrants from SSA among heterosexual and MTCT reported cases are very high, a significant percentage of diagnoses in MSM is also related to migrants, largely from WE and LA and the Caribbean, highlighting the need to acknowledge the sexual diversity of migrants living with HIV/AIDS. The contribution of migrant populations to the AIDS and HIV epidemic is notably higher among female reports, highlighting the feminisation of the HIV/AIDS migrant epidemic in the EU. The reasons for female vulnerability to HIV infection have both social and biological bases. These figures call for action in gender-specific HIV prevention and treatment policies on national level. Closely linked to the high burden of HIV infection in women from SSA is the very high proportion of migrants from SSA among MTCT HIV reports in EU. While the decrease in perinatal HIV infections in

the EU represent an important achievement in public health, substantial challenges remain, particularly among migrant mothers.

There is an enormous diversity in the proportion of migrants with HIV infection in the different countries. For countries in EE and for some from Central Europe, this proportion is below 10% while for most Northern countries it is over 40%. For most countries in Western Europe, the proportion of migrants among those infected by HIV is between 20% and 40%. This pattern is consistent with migratory trends as the countries where the proportion of migrants among HIV cases is higher are also the countries where the proportion of migrants in the general population is also higher, largely driven by past colonial history and recent socio-economic and demographic imbalances. There is also a substantial and worrying proportion of cases whose geographical origin is unknown, particularly in the UK, France, Belgium and Germany.

The present data does not allow distinguishing between HIV infections acquired in the EU or abroad. Other reports suggest that most HIV infections in people from SSA are likely to have occurred in the countries of origin, by comparing the average duration of stay in Europe with the value of the CD4 cell count at HIV diagnosis. However, there is also evidence that people of SSA origin are becoming infected by HIV in EU countries. For other geographical origins, little data are available on where the infection took place, though for migrant injecting drug users evidence would favour their acquiring HIV in Europe. While discussing the country of probable infection is extremely controversial — as it has, unfortunately, given rise to overtly racist reactions — understanding where the HIV infection and the development of AIDS took place has important implications from a public health perspective: it may represent failure in primary HIV prevention, secondary HIV prevention, or both.

Late HIV diagnosis is a big problem in the EU and USA and the data suggest that this problem is even greater for the HIV-positive migrant population of non-Western origin. The number of AIDS cases reported in most EU countries has experienced a marked decline from the mid-1990s onwards, which has been largely attributed to the population impact of including having access to highly active antiretroviral treatment (HAART). However, for most migrants this decline is not observed, reflecting late diagnosis of HIV infection and poorer access and uptake of HAART, and may have a negative impact on the mortality of HIV positive migrant people in the EU. Furthermore, adequate treatment of HIV is also a strategy to prevent HIV transmission, given that people on HAART are less infectious. The approach treatment and prevention is also applicable to TB as prompt HIV testing would certainly decrease HIV-associated TB. As it has been well established, treatment of TB is equivalent to prevention of TB transmission and thus, of secondary cases.

Interpreting the contribution of migrants to the epidemiology of HIV in the region has limitations given the heterogeneity in the implementation of the HIV reporting systems and the poor completion of the variable ‘geographical origin’ in EU Member States. In fact, the very high proportion of missing values in this category is a caveat in the interpretation of figures calling for a reinforced HIV surveillance in the EU to assure the required quality standards

To conclude, the figures presented in this report are no surprise for those working in the field, especially when one examines the global HIV epidemiology and the global migration trends, both largely driven by global inequity. Controlling the HIV/AIDS epidemic should break down barriers to HIV prevention and treatment for migrants in the EU. The data provided and analysed in this report does confirm that failure of both primary and secondary HIV prevention is taking place and that decisive action is needed.

2 Background

2.1 Setting the scene

2.1.1 The global HIV/AIDS pandemic

The global HIV/AIDS pandemic has an uneven distribution worldwide and its prevalence, incidence and mortality reflect the gross socio-economic and health inequalities between industrialised and non-industrialised countries. In most parts of the world the HIV epidemic is closely linked to poverty and inequality in health. Some good news have been released in the last UNAIDS report, however, as the estimated number of people becoming infected each year has started to decrease, it still outnumbers by nearly three times the number of people who can start HAART worldwide. Although the UNAIDS/WHO's '3 by 5' initiative ('Treat 3 million by 2005') has been achieved, with two years delay, few countries are expected to meet the goal of universal access by 2010 [1].

Thirty three million people were estimated to be living with HIV/AIDS in the world in 2007 and the number of people living with HIV/AIDS (PLWHA) has not ceased to increase; in 1997, the global estimate of PLWHA was of 24 millions. More than 96% of the new HIV infections diagnosed in 2007 took place in low and middle income countries. Sub-Saharan Africa (SSA) is the area most severely hit by the HIV/AIDS pandemic [1]. Of the 33.2 million PLWHA in the world, 22.5 million live in SSA, where HIV prevalence rates in adult population aged 15–49 were estimated to be 5% in 2007, considerably higher than the 0.8% world estimate. The epidemic in SSA is largely a heterosexual epidemic, with an increasing number of women being infected as compared to men, as well as a significant number of vertically infected children. Of the 2.1 million people who died of AIDS in 2007, 1.6 million lived in SSA where universal access to HAART is still far to be achieved.

The Caribbean, with an adult HIV prevalence of 1%, is the second most affected region hit by the HIV/AIDS pandemic, with 230 000 PLWHA in 2007. There is, nevertheless, substantial heterogeneity within the islands; HIV prevalence is highest in the Dominican Republic [1]. Eastern Europe and Central Asia rank third in worldwide HIV prevalence, which in 2007 was 0.9%. This region has experienced one of the most explosive epidemics, largely driven by injecting drug use (IDU). Only in Eastern Europe in 2006, 59 866 cases of HIV infection were reported, resulting in a rate of 211 new HIV diagnoses per million inhabitants, over twice the rate of Western Europe (83 per million). The number of AIDS cases in this region continues to increase. In South and East Asia there are 4 million PLWHA, giving an overall HIV prevalence of 0.3%. In Latin America, HIV prevalence is around 0.5%, with 1.6 million PLWHA. Among high-income regions, North America reported 1.3 million PLWHA in 2007, with an overall prevalence of 0.6%, and Western and Central Europe had 760 000 PLWHA and a 0.3% HIV prevalence in the adult population [1]. Just recently, the US Centers for Disease Control and Prevention (CDC) have revised USA HIV/AIDS data. HIV prevalence in Afro-Americans (1.7%) and Hispanics (0.6%) are 7.6 and 2.6 times higher, respectively, than in whites (0.2%) [2]. Using BED-HIV-1 capture enzyme immunoassay, the estimated HIV incidence in 2006 was 11.5 per 100 000 whites, 29.3 in Hispanics and 83.7 per 100 000 blacks [3].

2.1.2 A look into the EU HIV/AIDS epidemic

The HIV epidemic continues to be a major public health problem within the European Union. The epidemiology of HIV and AIDS in the EU is dominated by the Western European epidemic pattern, given that 16 of the 27 countries lie in the west, eight in the centre and only three in the east [4].

The number of reported HIV infections in many of the 27 countries has not ceased to increase since new HIV reporting mechanisms came into place around 1999. This trend is observed in all transmission categories except for IDU, in which a slight but sustained decline is seen. The predominant mode of transmission is sex between men and women, accounting for 53% of new HIV reports in 2006, followed by sex between men (37% of HIV reports) and by IDU (9% of HIV reports). It is worth highlighting the 204 cases of HIV infection reported in 2006 through mother-to-child transmission.

There are, however, very distinct epidemics that merit being addressed specifically in order to be adequately understood and dealt with. Traditionally, the relative contribution of MSM to the HIV/AIDS epidemics has been larger in the north and the central parts of the EU, and that of IDU in the south and in the east. The countries with the largest HIV rates reported are Estonia (504 per million) and Portugal (205 per million). Rates in the UK (149 per million), Latvia (130 per million) and Luxembourg (119 per million) also rank among the highest in the EU [4]. Spain has incomplete HIV reporting but HIV infection rates from registries, which cover 33% of the population, show a rate of 78 cases per million and an overall descending trend secondary to major descends among IDU [5].

As regards to AIDS trends, a steady decline in AIDS incidence rates has been observed in most of the EU since 1997, as a result of the introduction of HAART, although AIDS incidence has increased in 11 of the 27 countries [4]. Overall, a 50% reduction in AIDS incidence has been observed from 1999 to 2006; this reduction is observed in all transmission categories, but is less marked in heterosexuals, in which the numbers of AIDS cases per year became stabilised since the late 1990s. The highest AIDS rates in 2006 were reported in Portugal (694 cases, 66 cases per million inhabitants), Spain (1 519, 35 cases per million inhabitants) and Latvia (61 cases, 27 cases per million inhabitants). Important reductions in HIV transmission rates have been also achieved in MTCT in most countries, largely due to antenatal HIV screening and treatment of both mother and child [4].

2.1.3 International migration at global scale: a look into the EU

Migration is a characteristic of mankind. People have migrated throughout history, but the migratory flows of the last 30 years are distinct to those of the past in terms of magnitude and velocity. Approximately 192 million people (3% of the world's population) were international migrants in 2006, of which 95 million were women [6]. The International Organization for Migration (IOM) estimates that the annual migratory increase is 2.9%. The United Nations (UN) defines as international migrant any person who changes his or her country of usual residence, but there is a huge heterogeneity in what EU Member States understand by the term migrant [6]. The term migrant is broad and encompasses many different situations. Although attempts to classify migration have been made, none is completely satisfactory. Migrants could be classified according to the main reason of their migration (economic migrants, students, political refugees, environmental migrants, etc), the intended duration of the migration (temporary, permanent, intermittent), the boundaries of the process (internal migration vs. international ones), and the legal and administrative processes (regularised or 'legal' migrants vs. undocumented or 'illegal' ones) [7]. In most occasions, many circumstances concur. In this document, the definition will be a very broad one, following UN recommendations, but will concentrate in the migration within and into the EU. The current report will use 'foreigner' as a synonym of 'migrant' and will refer to 'natives' to denominate people born in the countries reporting HIV/AIDS cases.

Although there are many reasons to migrate, the most common reason is to seek economic improvement. This may happen in contexts of war and political upheaval, where people may be granted refugee status, or in the context of natural disasters. For example, global warming is forcing thousands of people to leave their countries and the recently denominated term 'environmental refugee' has been proposed to identify these groups [6]. Forsyth et al have documented the relationship between political conflicts in SSA and the countries of origin of HIV-infected migrants from SSA in a Central London Hospital from 1985 to 2003 [8]. In many instances, emigration-push factors are not immediately related to acute crisis and are not always consequences of chronic poverty — people who migrate are not necessarily the most economically disadvantaged of their communities. The majority (75%) of migrants originate from developing countries and move to developed countries whose economies demand labour that cannot be met by the local working force. These migrants may be joined at a later stage by their families. Worldwide population growth is also imbalanced; it lies below 0.3% in developed countries and grows up to six times faster in developing ones. This demographic imbalance, coupled with the socio-economic gradient, makes people leave populated non-industrialised countries and favours its acceptance by industrialised countries with aged populations, in what is also known as 'replacement migration'. Finally, push and pull factors are also shaped by the historical and economic relations between countries where colonial and neo-colonial past play an important role [6].

The countries from which the largest numbers of migrants originated in 2006 were China, India and the Philippines whereas the USA, the Russian Federation, Germany, Ukraine and France were the top five countries to receive migrants. As few as twenty countries receive two-thirds of all international immigrants [6]. The feminisation of migration in industrialised countries is higher (52%) than in developing regions (46%) and this has to do with the fact that in developed countries female migrants can be admitted both as 'dependent' wives and as 'independent' women integrated into the workforce, whereas in developing countries women migrants are usually admitted only as required by the labour market [9].

Apart from economic migration, political and/or social dissidence are other common reasons that lead people to leave their countries. Within this group there are people who have been persecuted because of their political beliefs [8], their ethnicity, their gender [9] or their sexual identity [1]. None of these reasons are mutually exclusive and these people are not always considered as refugees. It has been described, for example, how Mexican gay men migrate to the USA to be able to express their sexual identity [10]. Likewise, these push factors are also operating in migrants coming to the EU.

A related concept, also difficult to define, is that of ethnic minority [11,12,13]. Sometimes, there are overlaps between populations belonging to ethnic minorities and migrants. Ethnic minorities include established minorities as well as those resulting from recent migratory waves. Migrants and their descendents, sometimes designated second- or third-generation migrants, often become part of the ethnic minority community. Bhopal and others define ethnicity as a construct reflecting the community's shared ancestral and geographical origins as well as

cultural traditions, religions and languages [14]. Although currently considered a better term than race, many authors warn that ethnic group is often used as a euphemism for race. Ethnic minority members who are born in an EU country are not, in most instances, classified as migrants but have distinct features [15]. Unfortunately, in many countries, in spite of being country nationals, they suffer discrimination in various spheres of social life such as access to education, work and legal defence [16,17].

The EU is one of the wealthiest areas of the world. The EU is densely populated and the demographic pyramid shows an aged population with a low growth rate. As a result, the EU is one of the regions that have received more migrants. The IOM estimates that there are approximately 64 million migrants in Europe, which account for 8.8% of the population in Europe [6]. The EU is also proud of being one the regions of the world with the longest tradition of respect for human rights. However, many of the migrants and ethnic minorities living in Europe still face severe integration problems and the current economic turbulence affecting the world can potentially exacerbate the structural and social determinants of migrants and ethnic minorities in the EU.

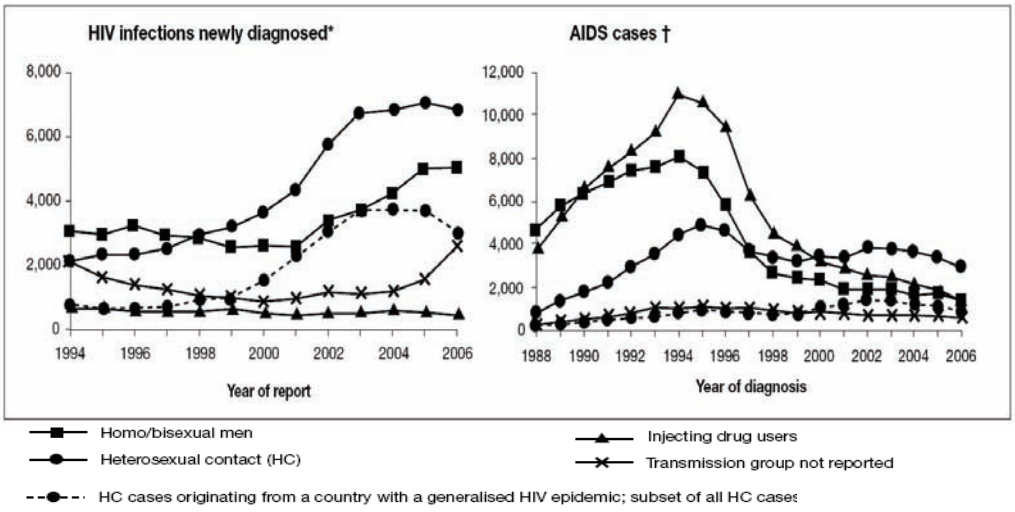
2.1.4 HIV infection in migrants and ethnic minorities in the EU

Migration places people in situations of heightened vulnerability to HIV/AIDS. Social exclusion, experienced by migrants, also makes these groups highly vulnerable to HIV/AIDS and their related complications [7,15,16]. Migrants are frequently affected by strong barriers to HIV/AIDS prevention and care, including cultural, socio-economic and language barriers. The absolute and relative contribution of migrants to national HIV epidemics is extremely heterogeneous across the EU, as it depends on migration patterns, strongly determined by economic development in the countries of origin and destination, further modified by colonial history, as well as on the state of the HIV epidemic both in the countries of origin and destination, and on the health and social responses to the epidemic. Applying the above framework to the UK, for example, a higher number of migrants from old UK colonies in SSA would be expected in the country and, given that HIV prevalence in the general adult population of the countries of Southern Africa is over 10%, a higher HIV prevalence in these groups of migrants would also be likely. In Spain, the highest numbers of migrants originate from the neighbouring country Morocco, followed by Ecuador, countries which have a lower HIV prevalence than Spain so their contribution to the epidemiology of HIV in Spain would be expected to be very small.

At the time of arrival into the country of emigration, most migrants tend to have better health than host country populations. This phenomenon, known as the 'healthy migrant effect', is a particular form of selection bias attributed to the various processes that labour migrants undergo before coming into the country of destination. Since most people go to another country expecting to work, those who most frequently migrate are the fittest, best able to survive the journey and pass the medical examinations they may have to undergo. With notable exceptions, immigrants' and nationals' health patterns tend to converge after some years after migration and for some health conditions, immigrants fare worse [9].

The expansion of the HIV/AIDS pandemic and its uneven distribution worldwide may be associated with a higher HIV prevalence in migrants originating from countries with established HIV epidemics compared to those of the countries of destination. This is yet another consequence of the overlap between health inequity and poverty that acts as one of the major push factors for emigration. This phenomenon has been reported worldwide. In the USA, blacks accounted for 49% of persons diagnosed with HIV/AIDS in 2006, Hispanic/Latinos accounted for 18% and whites for 30% [2]. In the EU an increase in the absolute and relative number of migrants originating from Sub-Saharan Africa among heterosexually acquired HIV infections has been reported over the last years (Figure 1). EuroHIV surveillance data also show slower reductions in AIDS incidence in SSA migrants [7]. In Norway, Sweden, Ireland and Belgium, over 50% of the newly reported HIV cases in heterosexuals in 2006 were of migrants (Figure 2) [4].

Figure 1 HIV infections newly diagnosed (1994–2006) and AIDS cases by geographical area and transmission group for the West WHO European Region. Data reported by 31 December 2006

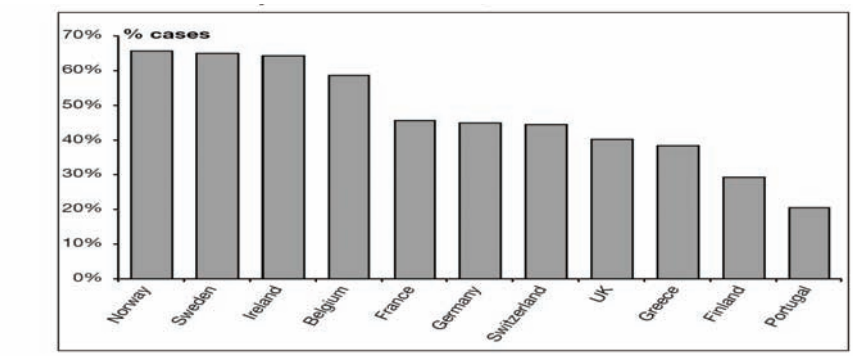


* HIV data by year of report. Countries excluded: Andorra, Austria, France, Greece, Italy, Malta, Monaco, Netherlands, Portugal, Spain.

† AIDS data by year of diagnosis adjusted for reporting delays: Countries excluded: Andorra, Monaco.

Source: EuroHIV End-year report 2006, nº 75

Figure 2 Percentage of individuals from countries with generalised epidemics among cases of HIV infection acquired heterosexually in 11 selected Western European countries, 2006



Source: EuroHIV End-year report 2006, nº 75

Prost et al, in a thorough review, have summarised available data in Europe and identified that the most common features affecting Sub-Saharan African migrants living with HIV/AIDS are as follows: more advanced disease at the time of HIV diagnosis, higher rates of TB, major difficulties related to their immigration status, social discrimination and stigma (which difficult access to HIV prevention and care), and high levels of poverty and unemployment [18].

As well as people from SSA, other groups of migrants may also be disproportionately affected by HIV/AIDS in Europe, but there is less available data on them. For example, in Spain, a country where an explosive HIV epidemic among Spanish IDU took place in the 1980s and early 1990s and where the contribution of migrants was until recently virtually negligible, an increase in both absolute and relative number of migrants from Latin America among HIV and AIDS reports in MSM has been reported in the last few years [19].

Data on HIV/AIDS in migrants from the UK suggest that migrants from SSA are likely to be already infected by HIV when arriving to Europe [20]. This conclusion can be drawn from analyses that have measured lymphocyte CD4 counts at the time of HIV diagnosis and have related those values to the time since arrival to the country. This is, again, no surprise for those working in the field given the extent of the pandemic in SSA. There is also evidence that migrants from SSA are also becoming infected in EU countries [21], or when they travel to their countries of origin. Fenton et al, in the Mayisha study, have documented the very high proportion of men and women who have engaged in unprotected sex when travelling to their home countries [22].

In some communities, and in generations following the migration, relationships with people originating from the country of their ancestors may also be close, either travelling to the country of origin or in the country of destination. Given that the majority of people tend to choose sexual partners within their own communities, sexual mixing may take place between migrants and members of the same ethnic minority, as described by Grass et al, among others [23].

2.2 Monitoring the epidemiology of HIV/AIDS in migrants and ethnic minorities

2.2.1 The purpose of monitoring HIV in migrants and ethnic minorities

Understanding the HIV/AIDS epidemic in male and female migrant populations in the EU requires access to data from health information systems and/or ad hoc studies. It is acknowledged that health inequalities, including those by migrant status and/or ethnicity, should be monitored in order to give visibility to these problems and develop responses. How to monitor migration/ethnic inequalities is, nevertheless difficult [11,12,13,15]. Bhopal and others recommend stating clearly what the purpose for collecting those data is. It is important to stress in this report that race/ethnicity should never be used as an intrinsic risk factor to study disease aetiology, since 'a racial biological determinism' to disease has been proven wrong in scientific literature and has often been associated to racist messages. Current genetic knowledge does not support the sociological construct of races. Even though the ultimate goal is that of surveillance — that is, collecting data to develop appropriate preventive and healthcare responses, monitor interventions and to inform public health policy — it is essential to acknowledge the potential misuse of data on the epidemiology of HIV/AIDS in migrants and ethnic minorities in promoting xenophobia and further stigmatisation of migrants and ethnic minorities affected by HIV/AIDS [15]. The consultation with affected communities and community-based organisations will facilitate the achievement of common goals and reduce the negative impact of HIV/AIDS in affected communities. As argued by Nancy Krieger in her editorial 'Counting Accountably', the answer is not to stop collecting racial/ethnic data but rather to end 'the racialisation' of these data, improve the quality of the data collected and ensure that public health research and programmes address racial discrimination [24].

2.2.2 Human rights in the public health approach to HIV/AIDS control

Since the very early days of the HIV/AIDS epidemic it became clear that ensuring the rights of the PLWHA was one of the pillars of the fight against the epidemic. It was unquestionable that science, human rights and a public health approach were the key elements to follow. Consolidated guidelines on HIV/AIDS and human rights were recently developed by the United Nations Office of the High Commissioner for Human Rights and the Joint United Programme on HIV/AIDS (UNAIDS) [25]. A few highlights:

- 'Each State has the obligation to ensure that laws, regulation and collective agreements should be enacted or reached so as to guarantee the following workplace rights: freedom from HIV screening for employment and training, confidentiality regarding all medical information including one's HIV status, and employment security for workers living with HIV until they are no longer able to work.'
- 'The right to liberty of movement encompasses the rights of everyone lawfully within a territory of a State to liberty of movement within that State and the freedom to choose his/her residence, as well as the rights of nationals to enter and leave their own country. Similarly, an alien lawfully within a State can only be expelled by a legal decision with due process protection.'
- 'There is no public health rationale for restricting liberty of movement or choice of residence on the grounds of HIV status. According to current international health regulations, the only disease which requires a certificate for international travel is yellow fever. Therefore, any restrictions on these rights based on suspected or real HIV status alone, including HIV screening of international travellers, are discriminatory and cannot be justified by public health concerns.'

These guidelines call upon governments to fulfil their obligations on non-discrimination, rights to health and employment in order to reduce the vulnerability of PLWHA. As previously mentioned, migrants are recognised as one of the most vulnerable groups to HIV infection and its consequences. Migrants from all over the world often have their right to confidential and non-discriminating HIV testing and counselling violated. Early diagnosis of HIV infection should be a right to all people, irrespective of their migrant status, but denial of entrance or work permit on the basis of their HIV result is against the above mentioned guidelines. CARAM Asia (Coordination of Action Research on AIDS and Mobility Asia) has denounced this situation in Asian countries in their report 'State of Health of Migrants 2007 – Mandatory testing'. Mandatory testing has no legal basis in the EU where mandatory testing is forbidden in many of the contexts that migrants may undergo along their migratory trajectory, such as application

for work permits and visas to enter countries of destination, resettlement and/or repatriation in the case of refugees and displaced people [1].

2.2.3 Difficulties to characterise the epidemiology of HIV in migrants and ethnic minorities

Most European countries have not traditionally collected information about ethnic background or migrant status of people in their health information systems. This contrasts with the USA, where variables on race and ethnicity have historically been collected, although also subject to intense debate on which the best approaches to do so are [12,13]. In this respect, HIV/AIDS are not exceptions and data broken down by ethnicity or migratory status have not traditionally been produced. In fact, if anything, tuberculosis and, since 2002, HIV/AIDS are the only diseases for which country of origin information has been collected in surveillance activities at European level [4,15]. Del Amo et al published a review paper in 2004 on the variables used to monitor HIV/AIDS in migrants and ethnic minorities in 15 EU countries. They have discussed the advantages and limitations of these variables, highlighted some of the data gathered by former EuroHIV, and drew recommendations to identify ways in which HIV/AIDS surveillance for vulnerable groups may be strengthened. The variables collected included nationality, country of birth, country of origin, country of residence, country of probable infection, race, ethnic group, date of arrival in the country, refugee status and country of origin of the partner, with most countries collecting more than one variable and some collecting none. The most commonly used variable was 'nationality', which was being collected by 12 of the 15 surveillance systems from the EU. 'Country or continent of birth' was collected in six countries and 'country of origin' was used in Belgium, Denmark and Spain. Ethnic group was used only in two countries. In Belgium, ethnic groups (used for AIDS but not for HIV reporting) were defined as 'White/Caucasian', 'Black/African', 'Hispanic/Latino', 'Asian', 'Mixed', 'Unknown' (EuroHIV, unpublished data). In the UK, the classification was changed in 1994 to the categories adopted by the Office of Population Censuses and Surveys (OPCS), which are: 'White, Black-African, Black-Caribbean, Black-Other, Indian/Bangladeshi/Pakistani/Asian or Oriental, Other/Mixed, Not Known'. Race was used only in the Portuguese HIV/AIDS surveillance forms together with nationality. Country of probable infection was recorded in Denmark, Finland, Norway, Portugal, Sweden and the UK (in the UK it was only reported for cases of heterosexual transmission) [15].

Former EuroHIV collected, from the very beginning of the epidemic, information on geographical origin of the cases of HIV/AIDS infected though heterosexual sex and through mother-to-child transmission. Such decision was based on the fact that persons originating from countries with generalised epidemics accounted for the majority of HIV/AIDS cases of heterosexual transmission reported in Western Europe. Given the need to monitor the epidemic in migrant populations in all transmission categories, national representatives for HIV/AIDS surveillance in Europe agreed to collect country of origin for all cases of HIV/AIDS from 2002. This decision was adopted after the completion of a special survey on HIV/AIDS cases reported during 1997–1999 [26]. The former EuroHIV recommended deriving this information from nationality or from country of birth. If both nationality and country of birth are available, it is recommended to use nationality [4]. There are obvious misclassification errors as different countries use different criteria to grant nationality, which complicates comparisons at an international level and across Europe. In fact, two persons from the same country of origin living in different European countries may well be classified differently, one as being a European national and the other not. Also, nationality cannot discriminate between ethnic origins of less recent migrant populations.

While efforts have been made to include country of origin in European HIV surveillance, monitoring HIV/AIDS in ethnic minorities has been less successful. This is not simply an issue that may affect second and third generation migrants as it has affected established ethnic minorities. For example, in Spain, the largest ethnic minority is the gypsy community, established in the country for more than 500 years and Spanish by nationality, but invisible in health information systems. While there is data suggesting that they have been strongly affected by the HIV epidemic, it has been impossible to quantify the magnitude of the problem.

Finally, as highlighted by Del Amo et al, attempts to calculate HIV/AIDS rates at population level are likely to yield biased overestimates, since appropriate denominators for either migrant or ethnic minority populations are often lacking. Undocumented migrants — the most deprived group and among the most vulnerable to HIV/AIDS — have a higher probability of appearing in the numerator, but are often missing from the denominator as they tend not to be registered [15]. The role of systematic selective HIV testing in migrants may also lead to relative overestimates of HIV prevalence when compared to groups not exposed to the same testing practices. As for ethnic minorities, this is simply impossible in most Western European countries, as population censuses do not collect ethnic background information, the UK being the exception.

In spite of the public health relevance of the question, no comprehensive analyses have so far been performed to identify the burden of infection by HIV and AIDS in migrant populations in the current EU, taking into account the heterogeneity within each of the countries. Therefore, the objectives of this report are to determine the burden of infection by HIV in migrant populations and its contribution to the epidemiology of HIV in the period 1999–2006.

3 Objective

To determine the burden of infection by HIV in migrant populations in the EU27, Norway, Lichtenstein and Iceland and its contribution to the epidemiology of HIV in the same countries in the period 1999–2006.

4 Methodology

4.1 Data sources of cases of AIDS and HIV

Processed data on AIDS and HIV cases were provided by ECDC for most of the countries in the form of tables. HIV/AIDS surveillance data for the WHO European Region had been regularly co-ordinated by former EuroHIV since 1984 and it is now based at ECDC. The last data update available from EuroHIV goes up to 2006. Data on AIDS are adjusted for reporting delays. Therefore data from the last three years may differ from the data published in national reports. Data for HIV is not adjusted for reporting delays.

Countries who had not reported full or partial HIV/AIDS data to EuroHIV were contacted directly and asked to resubmit their data. This was the case for HIV reporting in Austria, where the Austrian HIV Cohort was contacted, for example. Further details are described in Table 1.

Some of the minor inconsistencies between numbers in some tables and graphs are due to missing data either on the transmission category, sex or geographical origin.

Since 2000, EuroHIV collects information on the 'origin' of HIV/AIDS cases. 'Origin' refers to the geographical origin of the reported case. It is recommended to derive this information from nationality or from country of birth. If both nationality and country of birth are available, it is recommended to use nationality. The variable was classified as follows by former EuroHIV:

1 = Cases in people whose origin is the same as the reporting country

2 = West Europe

3 = Central Europe

4 = East Europe

(code using EuroHIV classification)

5 = Sub-Saharan Africa

6 = East Asia & Pacific

7 = Australia & New Zealand

8 = South & South-East Asia

9 = North Africa & Middle East

10 = North America

11 = Caribbean

12 = Latin America

98 = Foreigner, subcontinent unknown

99 = Unknown

For each country, and for all of them together, the absolute numbers and percentages of cases of AIDS and HIV by geographical origin and by year (1999–2006) stratified by sex and transmission categories were examined. Data were plotted in graphs and tables to characterise different population patterns and to assess trends.

Note: For HIV reporting, five countries (France, Greece, Malta, Netherlands and Portugal) have modified substantially their HIV surveillance systems and they are usually excluded from EuroHIV trend analyses. They have all been included in this report in order to verify the absolute and relative proportion of migrants within the EU rather than to interpret trends. Spain and Italy do not have nationwide HIV reporting systems for the years in question so current figures are an underestimate of HIV infections in

Europe although they may overestimate slightly the proportion of migrants within HIV and AIDS cases given that the large Italian and Spanish epidemics have a relatively low proportion of migrants within their PLWHA. Regional data from these countries are available, though. Transmission category for HIV infection has not been reported for Austrian and Estonia.

Table 1 Sources and availability of HIV/AIDS data by country

Country	Source AIDS data	Source HIV Data	Caveats
Austria	EuroHIV	Austrian HIV Cohort	No information on the country of origin nor transmission category of HIV reports to EuroHIV
Belgium	EuroHIV	EuroHIV	
Bulgaria	EuroHIV	No data	
Cyprus	EuroHIV	EuroHIV	
Czech Republic	EuroHIV	EuroHIV	
Denmark	EuroHIV	EuroHIV	
Estonia	EuroHIV	EuroHIV	No information on transmission category nor on country of origin of HIV cases
Finland	EuroHIV	EuroHIV	
France	EuroHIV	EuroHIV	
Germany	EuroHIV	EuroHIV	
Greece	EuroHIV	EuroHIV	
Hungary	EuroHIV	EuroHIV	
Iceland	EuroHIV	EuroHIV	
Ireland	EuroHIV	EuroHIV	
Italy	EuroHIV	No data	No national HIV reporting
Latvia	EuroHIV	EuroHIV	
Liechtenstein	No data	No data	
Lithuania	EuroHIV	EuroHIV	
Luxembourg	EuroHIV	EuroHIV	
Malta	EuroHIV	EuroHIV*	
Netherlands	EuroHIV	RIVM	
Norway	EuroHIV	EuroHIV	
Poland	EuroHIV	EuroHIV	
Portugal	EuroHIV	EuroHIV	
Romania	EuroHIV	No data	
Slovakia	EuroHIV	EuroHIV	
Slovenia	EuroHIV	EuroHIV	
Spain	EuroHIV	EuroHIV	No national HIV reporting – regional data
Sweden	EuroHIV	EuroHIV	
UK	EuroHIV	EuroHIV	

** Data not included in these analyses*

4.2 Data sources of the demographic figures

The number of registered migrants by sex and year was obtained from public European databases (Eurostat, National Statistics Offices in each of the participating countries), either consulting their web pages or writing to them directly when data were not available online. Figures were double checked for 10 of the participating countries and no discrepancies were found.

Most countries record the citizenship of their population and others record the country of birth. Differences by country can be seen in Table 2. Countries where information was double-checked are highlighted with a (*) in Table 2.

Whenever possible, the same time period (1999–2006) and the same classification of geographical origin used for HIV/AIDS cases were applied. As can be seen in Table 2, this was not always possible as some countries recorded information on the citizenship of their population at the time of census (i.e. Cyprus), where data were available for years 1992 and 2001. Data sources are presented in Table 2, and specific details for each country are mentioned in the country factsheets (see Annex 1).

Table 2 Sources and availability of demographic data by country

Country	First year	Last year	Variable	Source
Austria	31/12/02	31/12/06	Citizenship	National Statistics Office: UUwww.statistik.at Eurostat
Belgium	31/12/99	31/12/06	Citizenship	National Statistics Office: statbel.fgov.be Eurostat Personal contact: Paul Van Herck
Bulgaria	No data	31/12/06	No data	National Statistics Office: www.nsi.bg Eurostat Personal contact: Manoela Grozdanova & Tsvetana Yakimova
Cyprus*	01/01/92	01/01/01	Citizenship	National Statistics Office: www.mof.gov.cy Personal contact: Loukia Makri
Czech Republic	31/12/01	31/12/06	Citizenship	Eurostat
Denmark*	01/01/00	01/01/07	Country of birth	National Statistics Office: www.dst.dk
Estonia*	01/03/00	No data	Citizenship	Eurostat National Statistics Office: www.stat.ee Personal contact: Aime Lauk
Finland	31/12/99	31/12/06	Citizenship	National Statistics Office: www.tilastokeskus.fi
France*	31/12/99	31/12/06	Country of birth	National Statistics Office: www.insee.fr Demographic study: www.ined.fr Personal contact: Dominique Diguet
Germany	31/12/00	31/12/06	Citizenship	National Statistics Office: www.destatis.de Personal contact: Marita Köhn & Simone Balzer
Greece	01/01/98	01/01/06	Citizenship	National Statistics Office: www.statistics.gr
Hungary*	31/12/99	31/12/06	Citizenship	Eurostat Personal contact: Eleonora Forgacs
Iceland	01/01/00	01/01/07	Citizenship	National Statistics Office: www.statice.is
Ireland*	28/04/02	23/04/06	Citizenship	National Statistics Office: www.cso.ie Personal contact: Barbara O'Keeffe
Italy	31/12/03	31/12/06	Citizenship	National Statistics Office: www.istat.it
Latvia*	31/12/99	31/12/06	Country of birth	Eurostat National Statistics Office: www.csb.gov.lv Personal contact: Sandra Vitola
Liechtenstein	31/12/99	31/12/06	Citizenship	National Statistics Office: www.llv.li
Lithuania	01/01/01	01/01/06	Citizenship	National Statistics Office: www.stat.gov.lt Personal contact: Vilma Malinauskiene
Luxembourg	31/12/99	31/12/06	Citizenship	National Statistics Office: www.statistiques.public.lu Personal contact: Marie Jeanne Difino
Malta*	31/12/99	31/12/05	Citizenship	National Statistics Office: www.nso.gov.mt Personal contact: Margaret Bugeja
Netherlands	31/12/99	13/12/06	Citizenship	National Statistics Office: www.cbs.nl Personal contact: Ir. M.G. van Veen & Algie Lefeber

Norway	31/12/99	31/12/06	Citizenship	National Statistics Office: www.statbanks.ssb.no Eurostat
Poland	21/05/02	No data	Country of birth	National Statistics Office: www.stat.gov.pl
Portugal	31/12/00	31/12/06	Citizenship	National Statistics Office: www.ine.pt
Rumania	01/01/02	01/01/07	Citizenship	National Statistics Office: www.insse.ro Personal contact: Maria Radalescu
Slovakia	31/12/03	31/12/06	Citizenship	Eurostat
Slovenia*	31/12/03	31/12/06	Citizenship	Eurostat
Spain	01/01/00	01/01/07	Citizenship	National Statistics Office: www.ine.es
Sweden	31/12/99	31/12/06	Citizenship	National Statistics Office: www.scb.se
UK*	01/01/03	01/01/05	Citizenship	Eurostat National Statistics Office: www.statistics.gov.uk Personal contact: Liz Tennant

5 Results

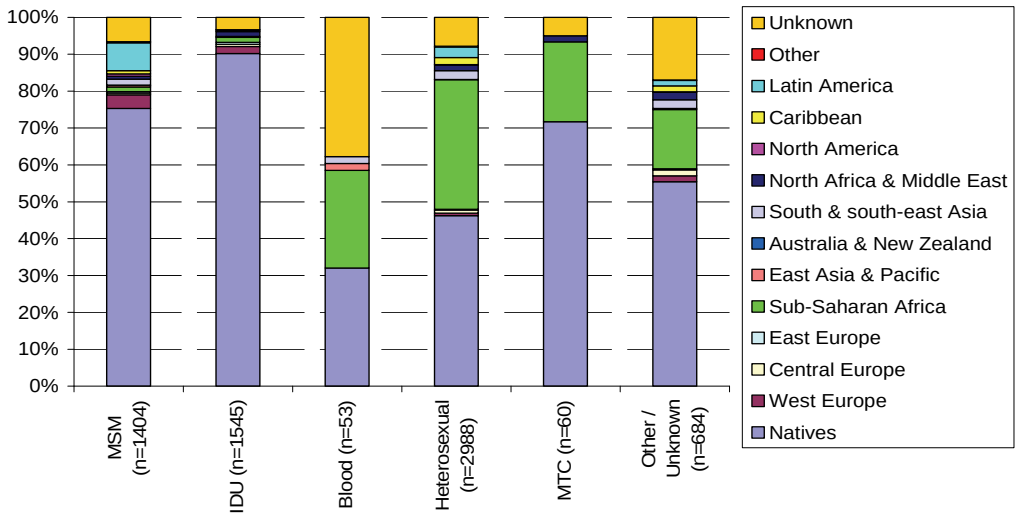
5.1 Common trends in HIV/AIDS epidemiology in EU27, Norway, Liechtenstein and Iceland

The global figures for HIV and AIDS surveillance available from the EU27 countries plus Norway, Lichtenstein and Iceland are described in this section, according to the geographical origin of the cases and trends from 1999 to 2006. There is substantial heterogeneity in the global figures and it is necessary to look at country specific data, which are presented in individual factsheets per country, together with demographic figures on migration.

5.1.1 Geographical origin of AIDS cases within transmission categories in 2006

In 2006, 6 746 AIDS cases were reported in the EU27 plus Norway and Iceland. Figure 3 describes the proportion of migrants according to their geographical origin within each of the transmission categories. The largest number of migrants, both in absolute and relative terms, is observed among heterosexually transmitted cases. Of those with known geographical origin, 1 373 (50%) of the 2 754 AIDS cases were from a country different to that reporting the case, the vast majority (1 050 cases, 77%) from Sub-Saharan Africa. Of the 57 cases of AIDS due to MTCT with known geographical origin, 13 (23%) were children from Sub-Saharan Africa. Also, close to 20% (244) of the 1 404 AIDS cases diagnosed in MSM were migrants, and the most common regions of origin were Latin America (106) and other Western European countries (52). Among the 1 545 cases in IDU, 100 (7%) were migrants, largely from other Western European countries and North Africa & Middle East. The proportion of cases among these three transmission categories in which the geographical origin was not known was well below 10%. Of the 684 cases classified as other/unknown transmission categories, 99% were unknown.

Figure 3 Relative distribution of the geographical origin of AIDS cases reported in 27 EU countries plus Norway and Iceland in each transmission category, 2006



5.1.2 AIDS cases by sex according to geographical origin, 1999–2006

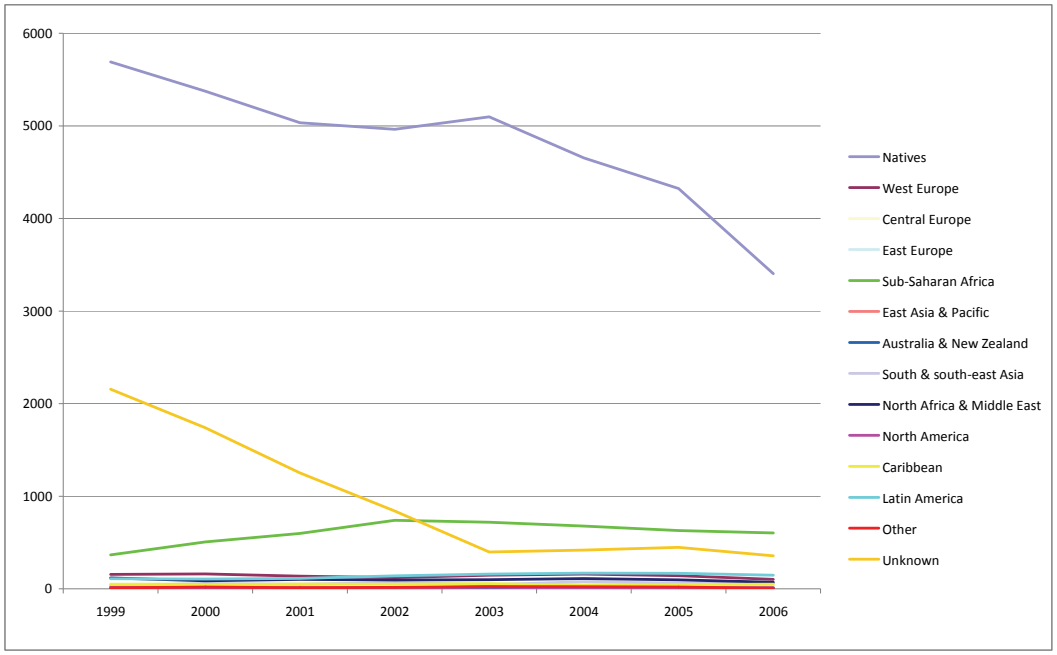
The number of AIDS cases reported in EU27 countries plus Norway, Lichtenstein and Iceland has experienced a 42% decline from 1999 to 2006 in people whose country of origin was the same as the country of report, and this has been largely attributed to the population effectiveness of HAART (Figure 3, Table 3). A similar descending trend (by 40%) is seen in migrants from a Western European country. Rising numbers of reported AIDS cases between 1999 and 2006 are observed in people whose geographical origin is Eastern Europe (by 200%), SSA (by 89%) and Latin America (by 50%) (Table 3). In 2006, people from SSA, with 1 225 cases, represented the second largest group among the total of 6 746 AIDS reports in the EU. The third largest group, with 209 AIDS cases, are people from Latin America. As for the rest of the geographical origins within the AIDS cases, the numbers are considerably smaller than those whose origin is SSA, Latin America or another west European country and, it is worth noting the clear upward trend in AIDS cases from Asia (Table 3). Fortunately, the number of people whose country of origin is not reported has gone down by 81%.

Table 3 Cumulative number of AIDS cases reported in the EU27 countries plus Norway and Iceland by sex (1999–2006). Distribution by geographical origin and sex of cases reported in 2006 and percentual change from cases reported in 1999

1999–2006	**Total**	**Male**	**Female**	
Cumulative AIDS cases	75 021	55 664	19 357	25.8% female
Cases in migrants	26 098	17 125	8 973	34.4% female
2006	**Total**	**Male**	**Female**	
AIDS cases	6 746	4 885	1 861	27.6% female
Cases in migrants	2 472	1 478	994	40.2% female
Geographical origin of cases	**Total**	**Male**	**Female**	**Change (1999–2006)**
Country of report	4 276	3 404	872	Decrease 41.6%
West Europe	113	104	9	Decrease 40.2%
Central Europe	55	36	19	Decrease 24.7%
East Europe	24	19	5	Increase of 200%
Sub-Saharan Africa	1 225	602	623	Increase of 89.0%
East Asia & Pacific	10	10	0	Increase of 42.9%
Australia & New Zealand	1	1	0	N/A
South & South-East Asia	120	61	59	Increase of 90.5%
North Africa & Middle East	92	72	20	Decrease of 34.3%
North America	14	14	0	Decrease of 26.3%
Caribbean	78	51	27	Decrease of 2.5%
Latin America	209	149	60	Increase of 50.4%
Other	11	7	4	Decrease of 31.3%
Unknown	518	355	163	Decrease of 81.4%

Breaking these figures by sex (Figures 4a and 4b) allows a deeper look at the different contributions in absolute and relative terms of male and female migrants to the numbers of AIDS cases reported in the EU. First, AIDS cases are much more common in men than in women in the EU although the ratio male to female is decreasing: it was 3.2 in 1999 and 2.6 in 2006. Therefore, although the absolute numbers of men and women from SSA among AIDS cases reported in 2006 were 602 and 623, respectively, the proportions within the total number of AIDS cases in males and females were 12% and 33%, respectively. As for Latin Americans, there were 149 AIDS cases reported in men in 2006 and a lower number (60) of women. These differences are explained by the different HIV transmission routes operating within each geographical origin; a largely heterosexual epidemic in SSA compared to the Latin-American epidemic where both heterosexual and homosexual transmission are taking place. Differences by sex are seen in the proportional increases in AIDS cases of SSA origin; while the increase from 1999 to 2006 in men was of 64%, women experienced a 123% increase in the same period. AIDS cases in women from Asia have experienced a 90% increase from 1999 to 2006 and have a similar magnitude to AIDS cases in women from Latin America.

Figure 4a Absolute number of AIDS cases reported in men from EU27 plus Norway and Iceland according to geographical origin, 1999–2006



Detail of Figure 4a excluding 'Natives', 'Sub-Saharan Africa' and 'Unknown'

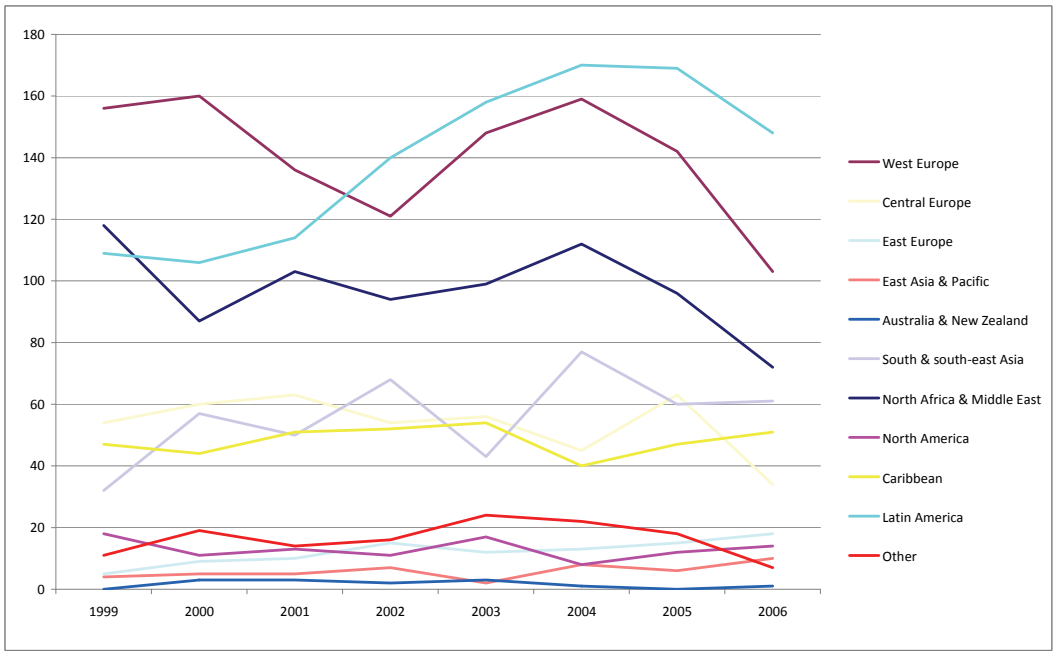
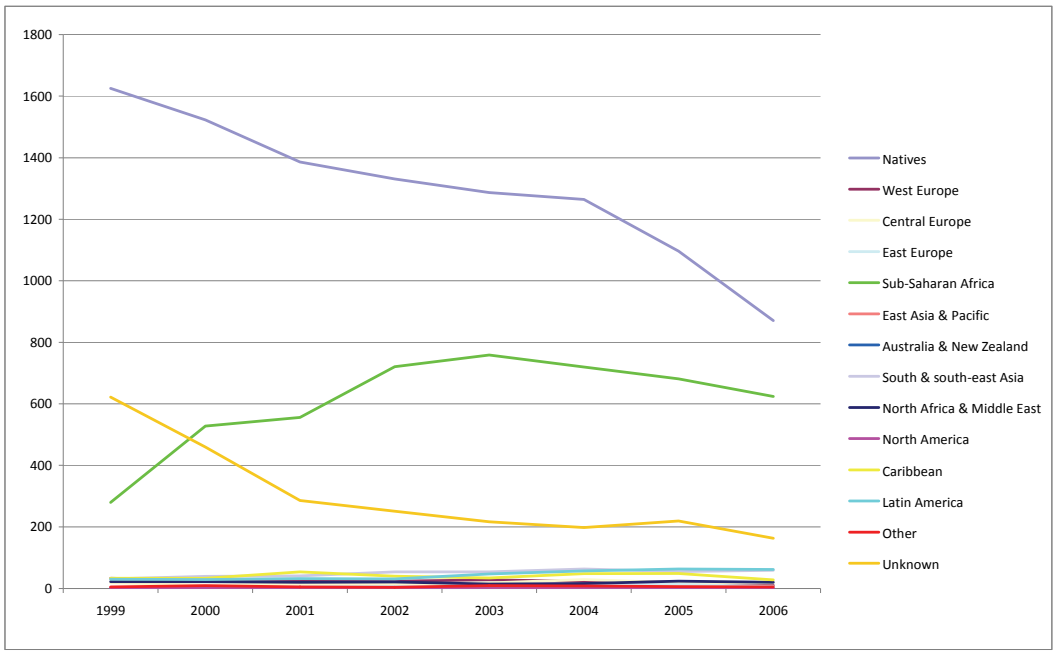
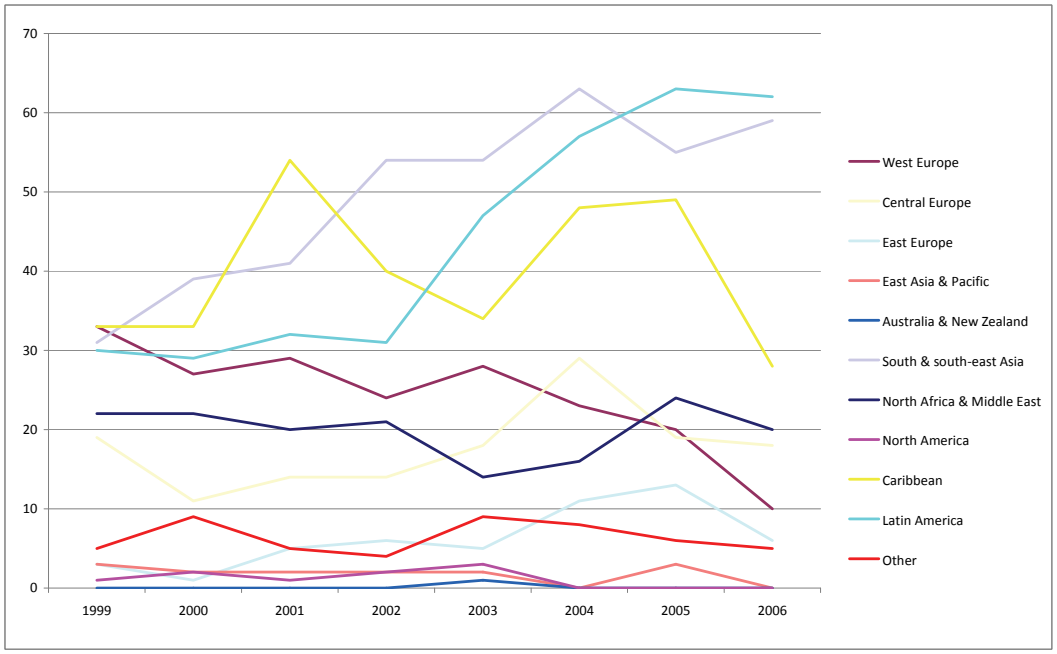


Figure 4b Absolute number of AIDS cases reported in women from EU27 plus Norway and Iceland according to geographical origin, 1999–2006



Detail of Figure 4b excluding 'Natives', 'Sub-Saharan Africa' and 'Unknown'

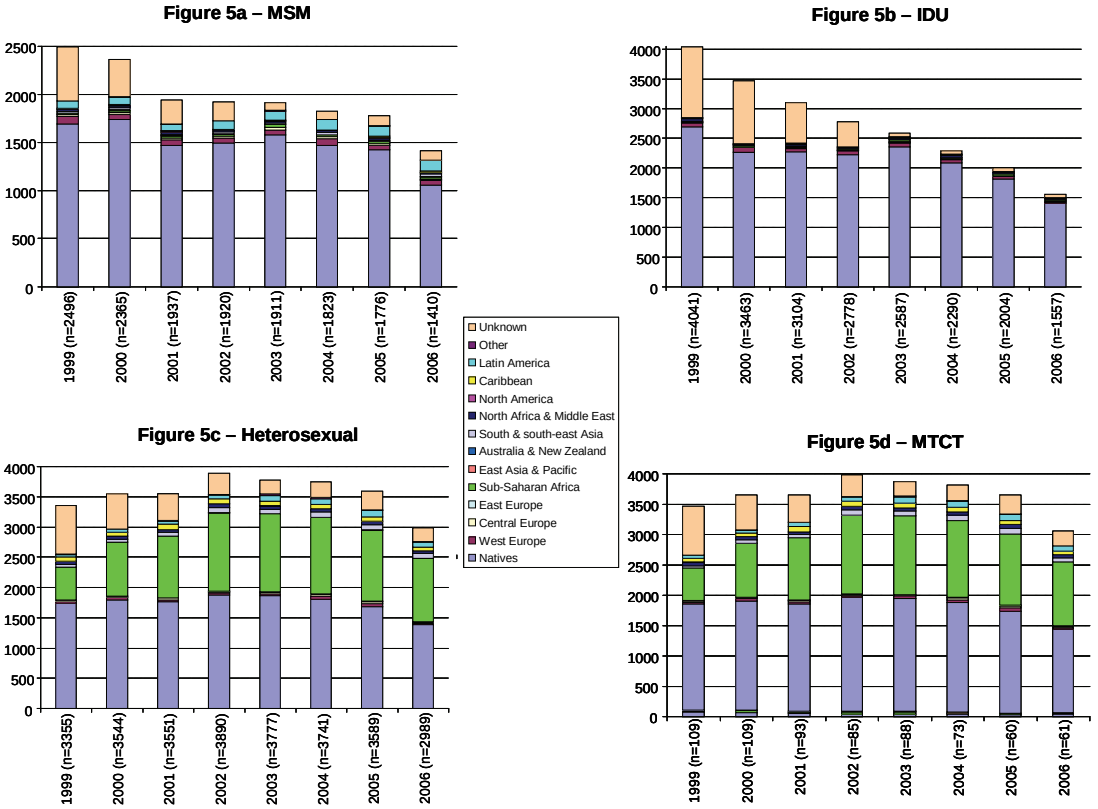


5.1.3 AIDS cases by geographical origin within transmission categories, 1999–2006

Figure 5a shows the decreasing trend in AIDS cases in native MSM from 1999 to 2006 and the stabilised trend of migrant MSM AIDS cases. Marked declines in the number of AIDS cases in IDU are seen, largely in natives (Figure 5b). As for AIDS cases in heterosexuals, a mild increase was observed from 1999 to 2002 to experience a slight descend from 2002 onwards. Within native heterosexuals, there were 367 less AIDS cases reported from 1999 to 2006 (a 21% decrease), while a clear increase, both in absolute (510) and relative terms (94%), is observed in AIDS cases from Sub-Saharan Africa in the same period (Figure 5c). Finally, among AIDS cases due to MTCT

(Figure 5d), a decrease is observed in native cases from 1999 (75 cases) to 2002 (40 cases) to remain stable from then on. The trends among MTCT AIDS cases of Sub-Saharan African origin (179; 26% of 678 MTCT cases) do not show a clear decreasing trend and their relative contribution to all MTCT cases has gone up from 18% in 1999 to 24% in 2006.

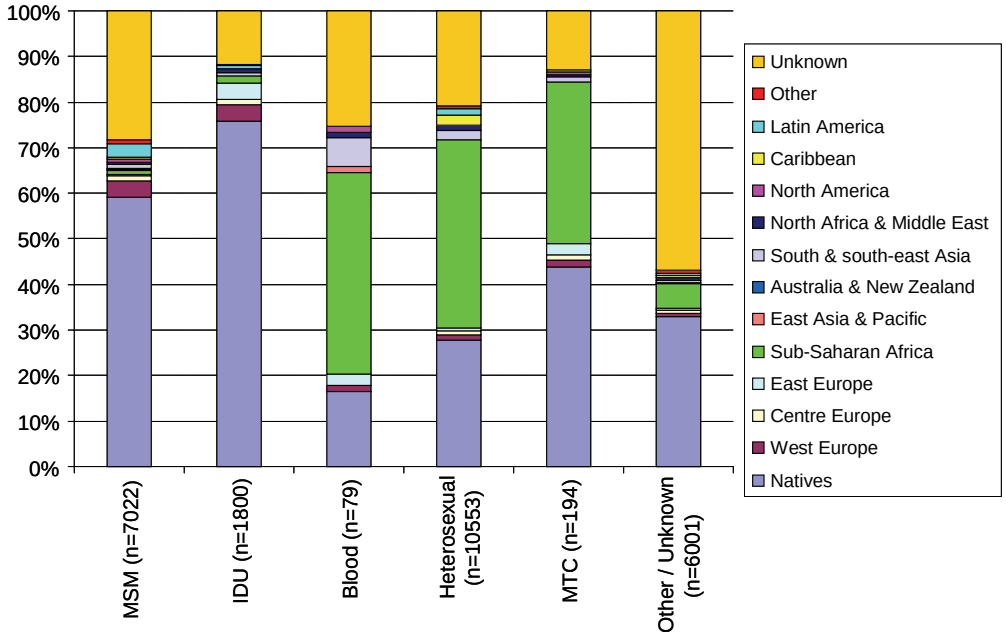
Figure 5 Trends in AIDS cases by geographical origin within each transmission category, 1999–2006



5.1.4 Geographical origin of HIV infections within transmission categories in 2006

In 2006, 26 712 HIV infections were reported in the EU27 plus Norway and Iceland. Figure 6 describes the proportion of migrants within each of the transmission categories for HIV infections reported in 2006 which recorded information on transmission category and country of origin (the countries above except the Netherlands and Austria). It is worth highlighting that 7 812 (29%) HIV reports from 2006 did not record the geographical origin of the case. The largest number of migrants, both in absolute and relative terms, is observed among heterosexually transmitted cases. Out of people with known geographical origin, 5 429 (65%) of the 8 354 HIV infections were from a country different to that reporting the case, of which the vast majority (5 046) were from Sub-Saharan Africa. Of the 169 cases of HIV with known geographical origin due to MTCT, 85 (50%) were natives and 69 (41%) were from Sub-Saharan Africa. Also, 896 (18%) of the 5 048 HIV infections with known geographical origin diagnosed in MSM were migrants and the most common regions of origin were Latin America (215) and other Western European countries (247), though the number of cases of unknown geographical origin was very high (1 974, 28%). Among the 1 590 HIV infections in IDU with known geographical origin, 1 366 (86%) were native and 224 (14%) foreigners, largely from Western (63), Eastern (64) and Central Europe (22), and from North Africa and the Middle East (16). This category had the smallest proportion of subjects from unknown origin 210 (12%). Practically all subjects grouped together with the other and unknown transmission categories had unknown transmission categories.

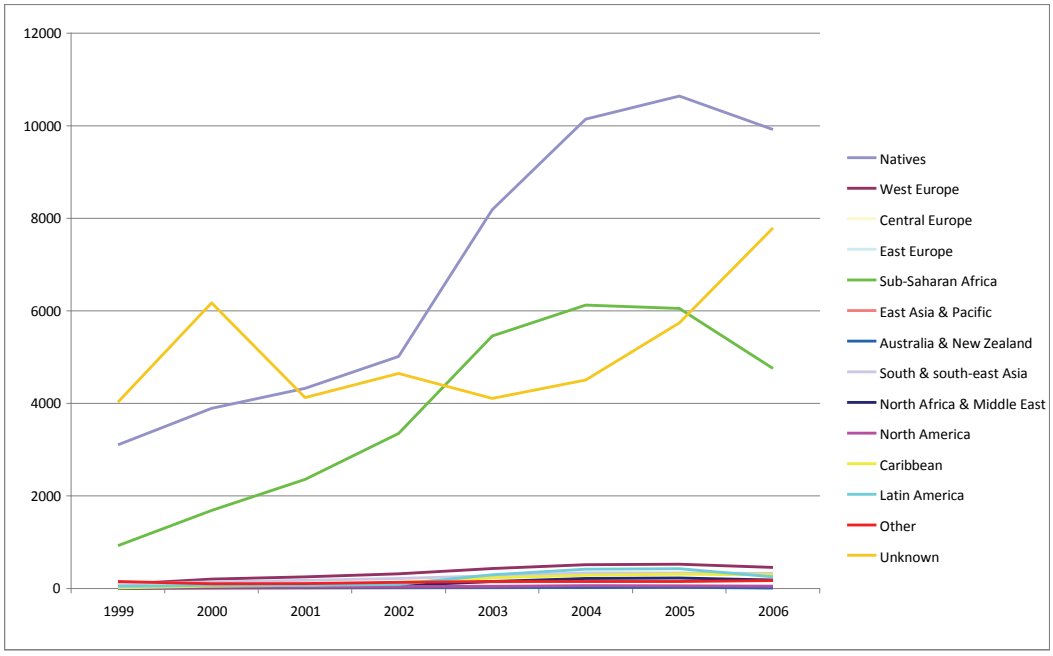
Figure 6 Relative distribution of the geographical origin of HIV cases reported in EU27 plus Norway and Iceland in each transmission category, 2006



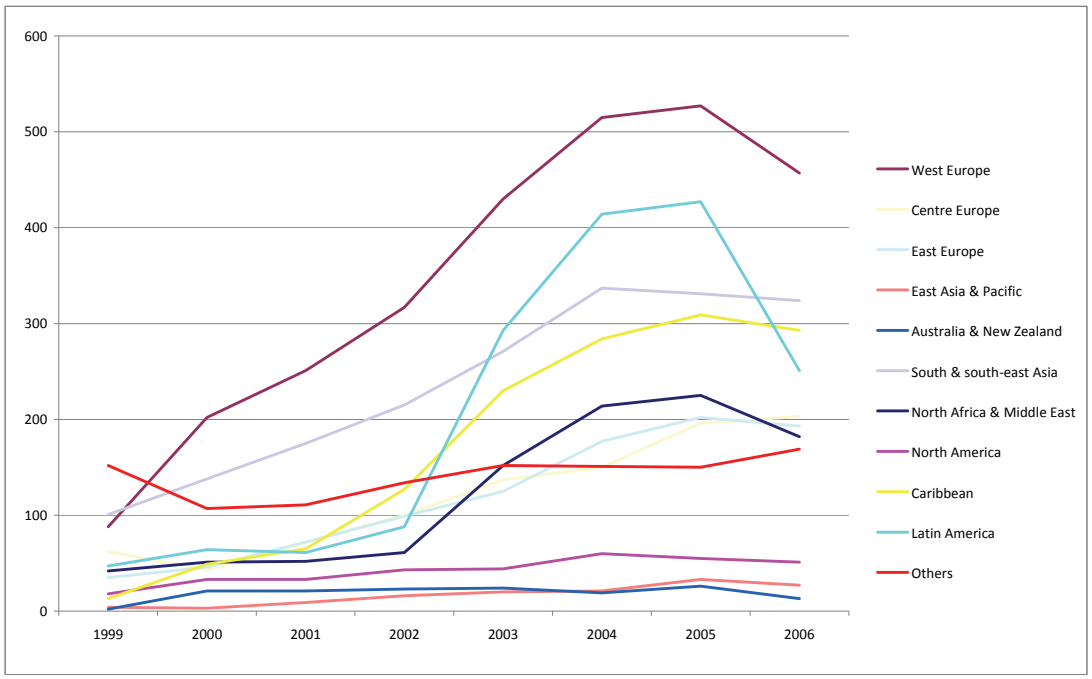
5.1.5 HIV cases by sex according to geographical origin, 1999–2006

The number of HIV infections reported in Europe has experienced a marked increase from 1999 to 2006, both in people whose country of origin was the same as the country of report, and in people of foreign origin (Figure 7). This increase, though probably reflecting an upward trend, has to be interpreted in the context of the implementation of the HIV reporting systems in the EU, which is not yet complete, as countries like Spain and Italy still do not have nationwide representative HIV surveillance systems. Changes in the HIV reporting systems may be also distorting the trends. Finally, the apparent decrease in 2006 has to be confirmed with further data from 2007 as it could be reflecting reporting delays.

Figure 7 Absolute number of HIV cases reported in EU27 plus Norway and Iceland according to geographical origin, 1999–2006



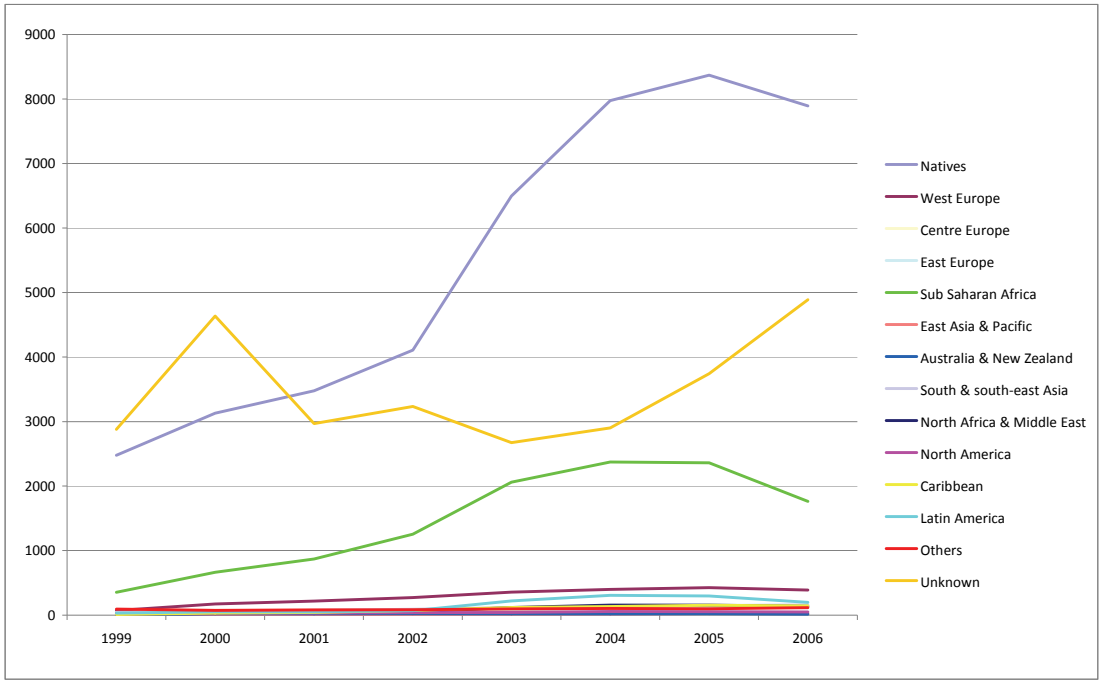
Detail of Figure 7 excluding 'Natives', 'Sub-Saharan Africa' and 'Unknown'



People from SSA represent, after native diagnoses, the second largest group among HIV infections reported in the EU. The third largest group, with a considerable distance from SSA, is that of HIV cases coming from another Western European country followed by those from Latin America, South-East Asia and the Caribbean. Contrary to AIDS reporting, the number of HIV-infected people whose country of origin is not reported is alarmingly going up, after an improvement in the collection of this variable from 1999 to 2000. Overall, 4 029 HIV cases of unknown geographical origin were reported in 1999 (47% of all HIV reports) and 7 794 in 2006, representing a 32% of all reports for that year. This, together with the very high proportion of people with unknown transmission category (31% in 2006), compromises the functions of HIV surveillance in the EU.

Breaking these figures by sex (Figures 7a and 7b) allows having a deeper look at the different contributions in absolute and relative terms of male and female migrants to the numbers of HIV infections reported in the EU. HIV infections are much more common in men than in women in the EU, although the male to female ratio is going down: from 2.4 in 1999 to 1.9 in 2006. The absolute numbers of men and women from SSA among HIV infections reported in 2006 were 1 764 and 2 989, respectively. Given the numbers of HIV infections in men and women whose geographical origin was that of the country of report in 2006 were 7 891 and 2 028, respectively, the ratio between SSA and native men was 0.1, and 1.5 for the women. The number of HIV reports in women from SSA exceeds by close to 1 000 infections that of women whose geographical origin is the same as the county of report, although, with the very large number of missing geographical origin (2 910 HIV infections in females), is not possible to quantify this properly. Also, the number of women from SSA exceeds by well over a thousand cases that of men from SSA in 2006.

Figure 7a Absolute number of HIV cases reported in men from EU27 plus Norway and Iceland according to geographical origin, 1999–2006



Detail of Figure 7a excluding 'Natives', 'Sub-Saharan Africa' and 'Unknown'

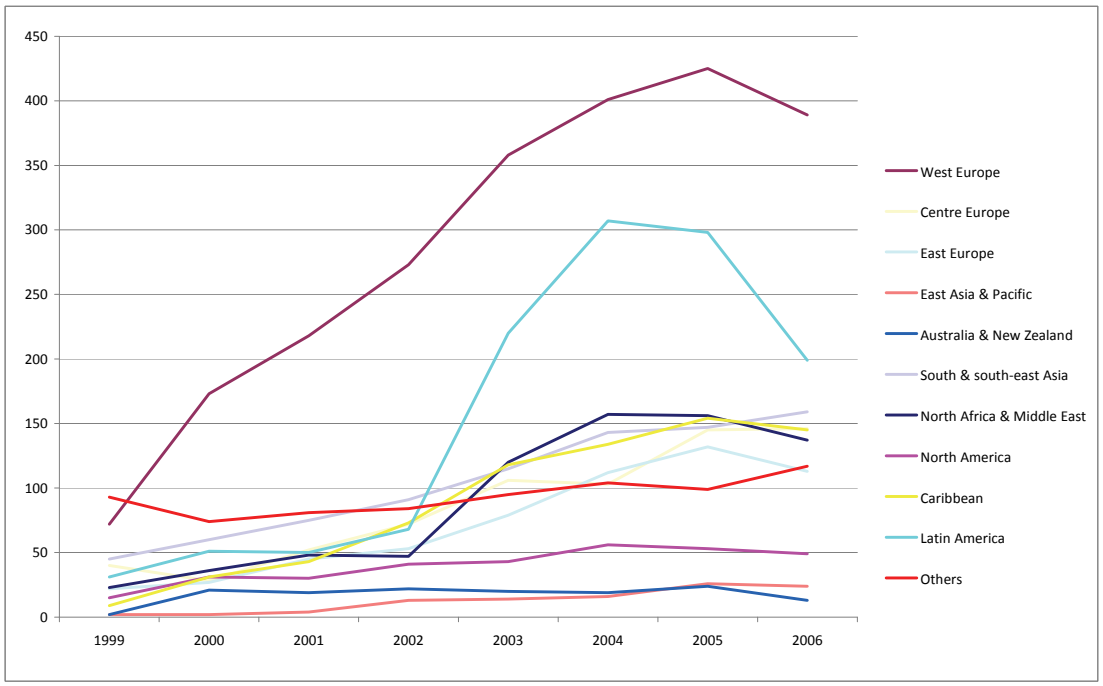
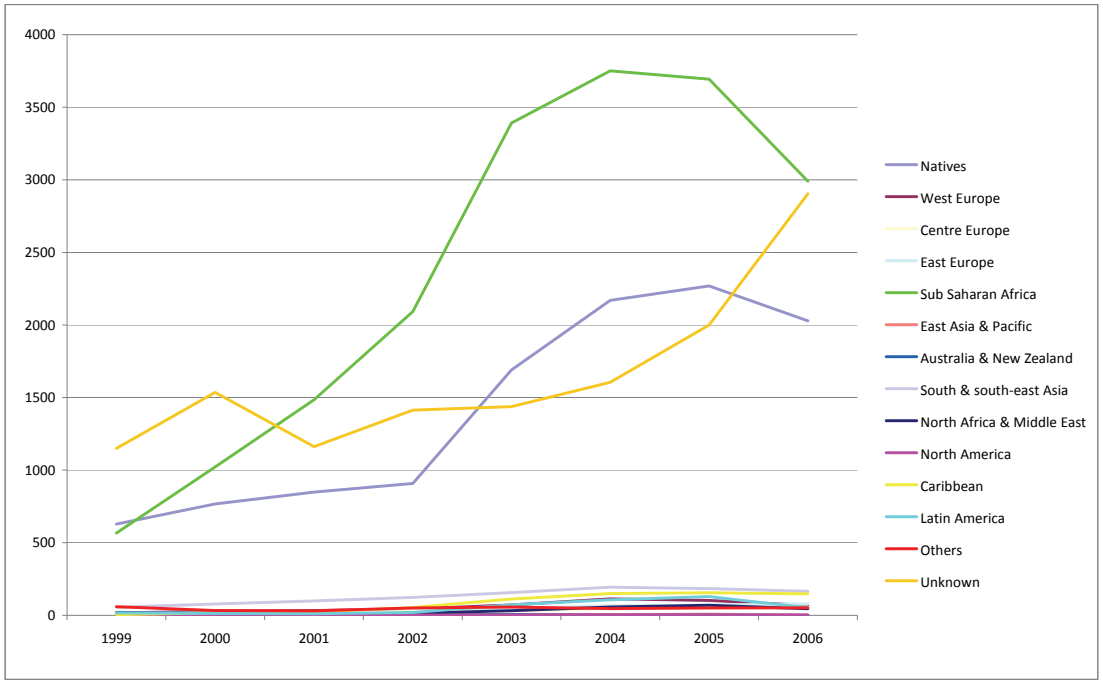
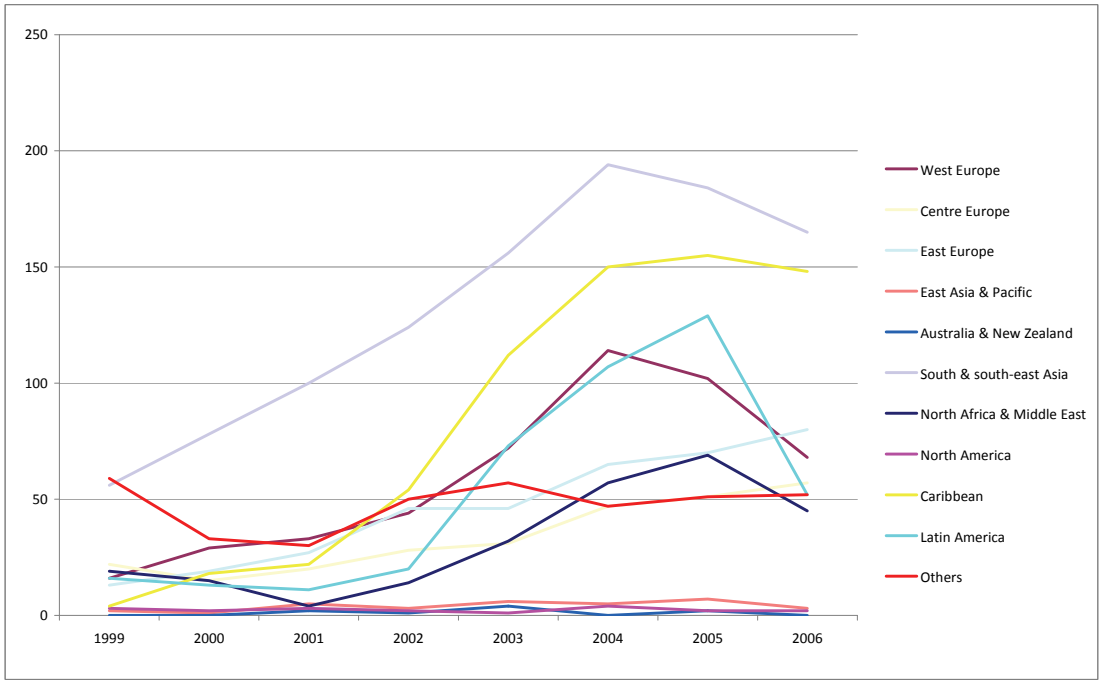


Figure 7b Absolute number of HIV cases reported in women from EU27 plus Norway and Iceland according to geographical origin, 1999–2006



Detail of Figure 7b excluding 'Natives', 'Sub-Saharan Africa' and 'Unknown'



Looking at the most common geographical origins of male foreigners after SSA, men from Western Europe is the next group that stands out, with 539 HIV reported cases in 2006, followed by those from Latin America, with 456 infections (Table 4). The most common countries of origin of HIV infections reported in female migrants in 2006, excluding SSA, differed from that of the men's as women from South-East Asia and the Caribbean accounted for 179 and 161 infections, respectively, while women from Latin America and Eastern Europe accounted for approximately 111 and 85 cases, respectively (Table 4).

Table 4 Number of HIV infections reported in 23 EU countries* plus Norway and Iceland by sex and geographical origin, 2006

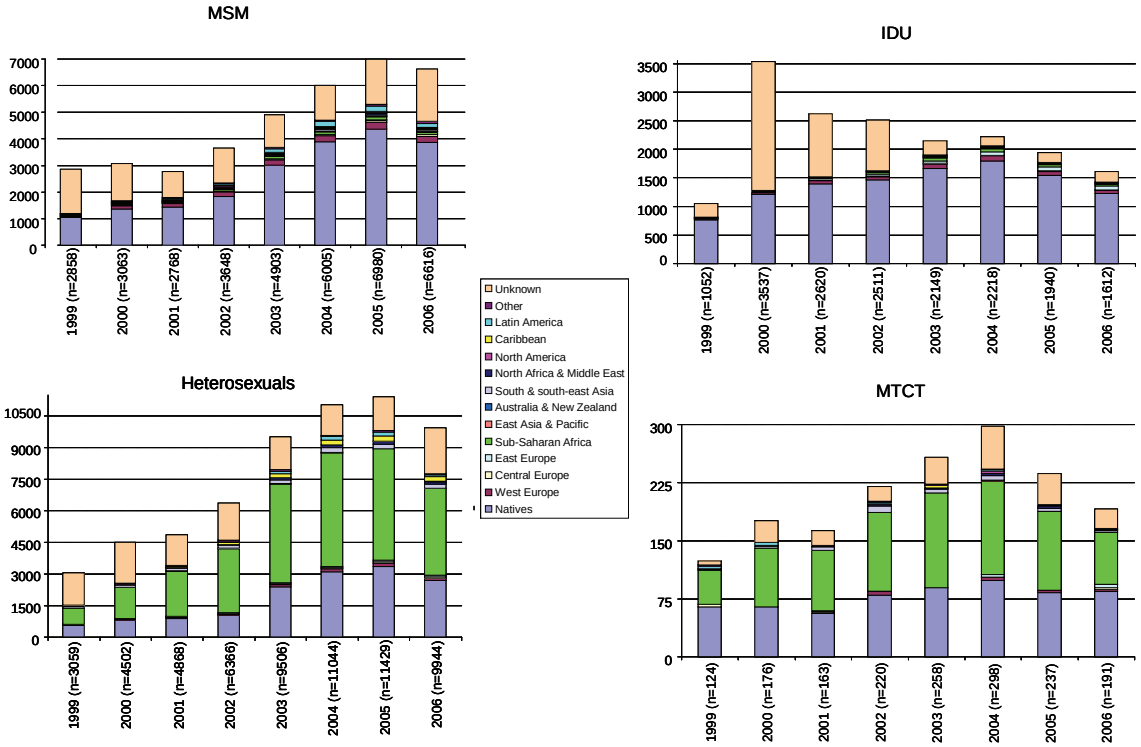
2006	Total	Male	Female
HIV Cases	26 712	17 646	9 066
Cases in migrants	15 517	8 667	6 850
Geographical origin of cases	**Total**	**Male**	**Female**
Country of report	11 195	8 979	2 216
West Europe	539	461	78
Central Europe	251	182	69
East Europe	222	137	85
Sub-Saharan Africa	5 046	1 901	3 145
East Asia & Pacific	34	31	3
Australia & New Zealand	14	14	0
South & south-East Asia	363	184	179
North Africa & Middle East	214	161	53
North America	59	57	2
Caribbean	329	168	161
Latin America	456	345	111
Other	178	124	54
Unknown	7 812	4 902	2 910

**Except Bulgaria, Italy, Malta and Romania, due to missing HIV data.*

5.1.6 HIV infections by geographical origin within transmission categories, 1999–2006

Figure 8a shows the upward trend in HIV infections of both native and migrant MSM. Less marked increases in the number of HIV infections in IDU are seen, though the proportion of migrants seems to be slightly increasing (Figure 8b). As for HIV infections in heterosexuals, a marked increase was observed from 1999 to 2006 both in natives and in foreigners from SSA (Figure 8c). Finally, among HIV infections due to MTCT (Figure 8d), an increase is observed in both native and migrants from SSA until 2004, following a decline since then.

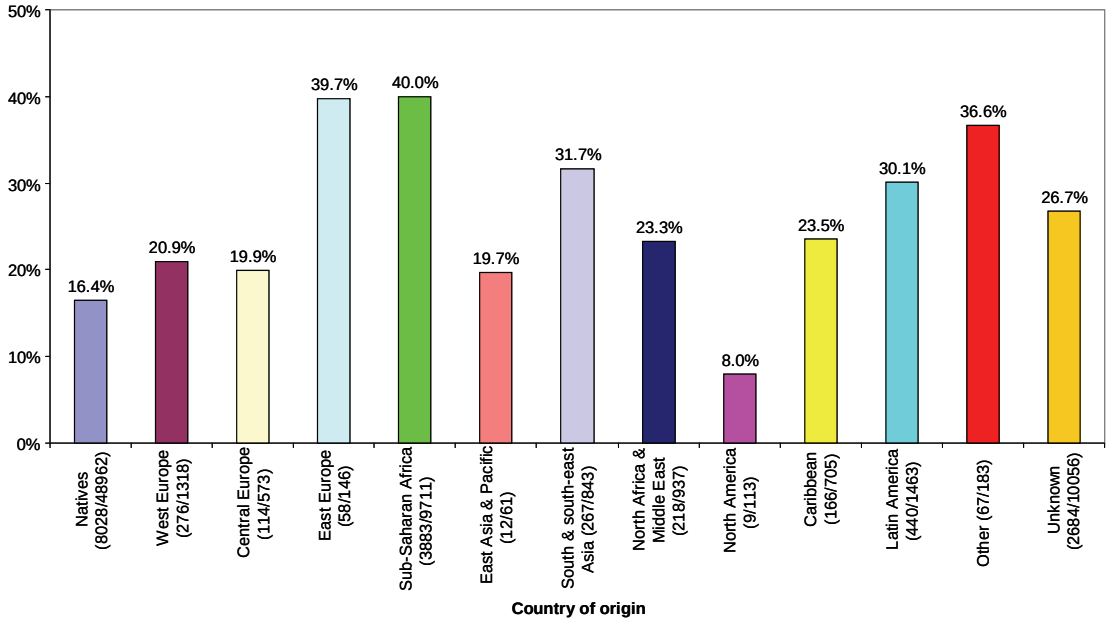
Figure 8 Trends in HIV cases by geographical origin within each transmission category, 1999–2006



5.1.7 Tuberculosis as initial AIDS-defining condition by geographical origin, 1999–2006

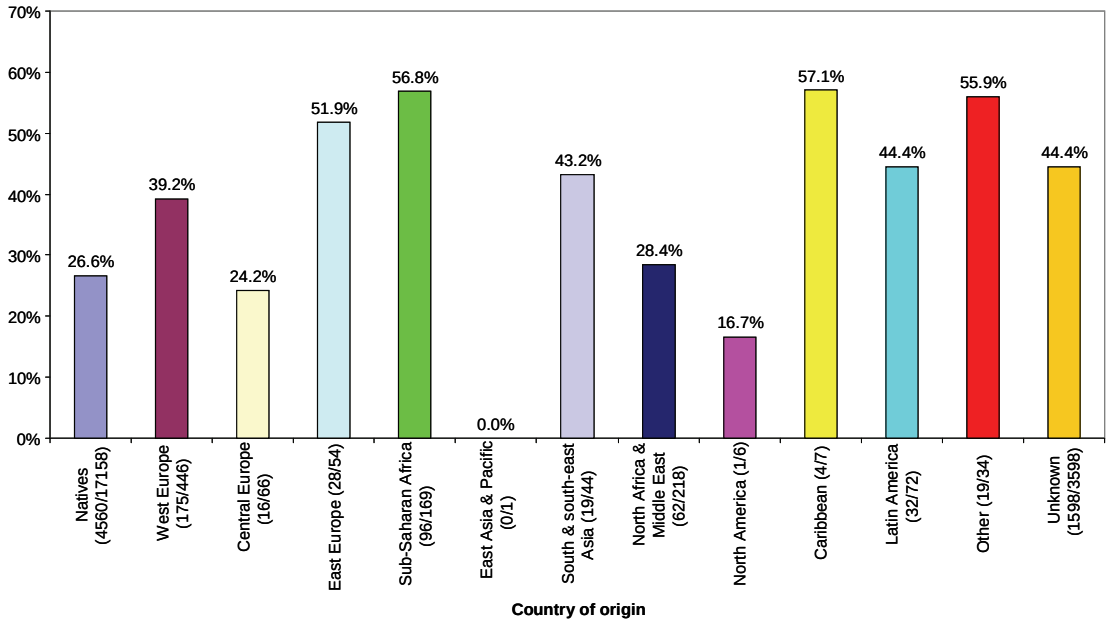
From 1999 to 2006, 16 222 TB cases were reported as initial AIDS-defining condition (ADC), of which 8 028 were diagnosed in people whose country of origin was the same as the one reporting the case, 3 883 in people from SSA and 2 684 had unknown geographical origin. There was wide heterogeneity in the proportion of people developing TB as their initial ADC by geographical origin, as it can be seen in Figure 9. The lower proportions were seen in North Americans (8%) and native EU people (16%), and the highest in Sub-Saharan Africans (40%), Eastern Europeans (40%), South-East Asians (32%) and Latin Americans (30%).

Figure 9 Cumulative percentage of TB as the initial AIDS-defining condition in AIDS cases reported, 1999–2006



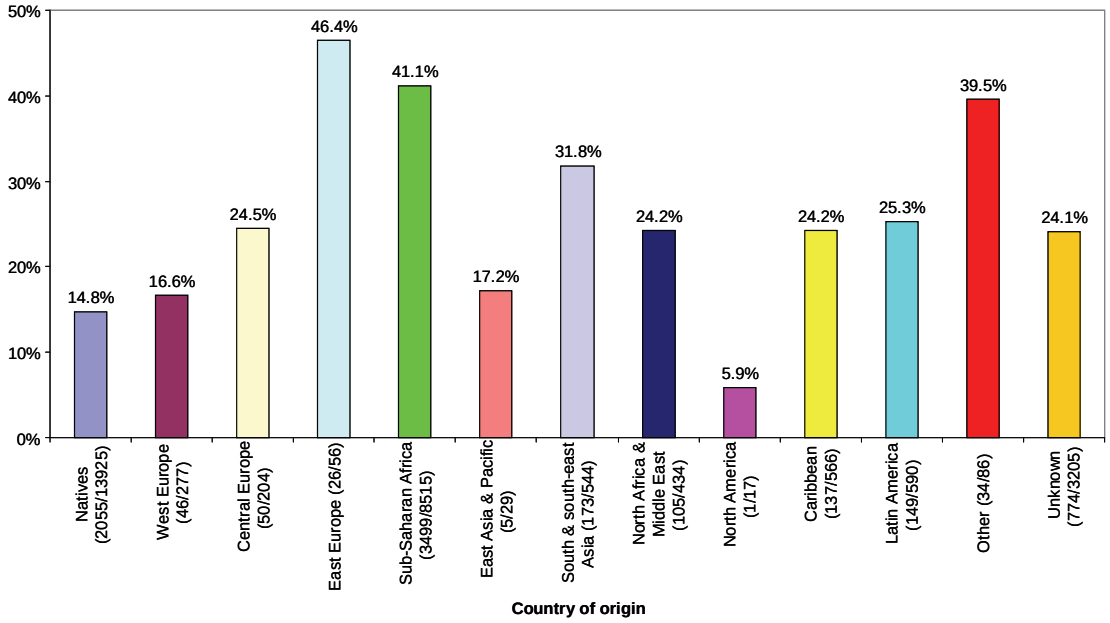
Among IDUs, TB was very common in natives, accounting for 4 560 cumulative TB reports from 1999 to 2006 (27% of all initial ADC). Although the proportion of IDUs developing TB as initial ADC from Western (39%) and Eastern Europe (52%), SSA (57%), South-East Asia (43%), Caribbean (57%) and Latin America (44%) were extremely high, the number of IDUs from these geographical origins were relatively uncommon (Figure 9a).

Figure 9a Cumulative percentage TB as the initial AIDS-defining condition in AIDS cases reported in IDU, 1999–2006



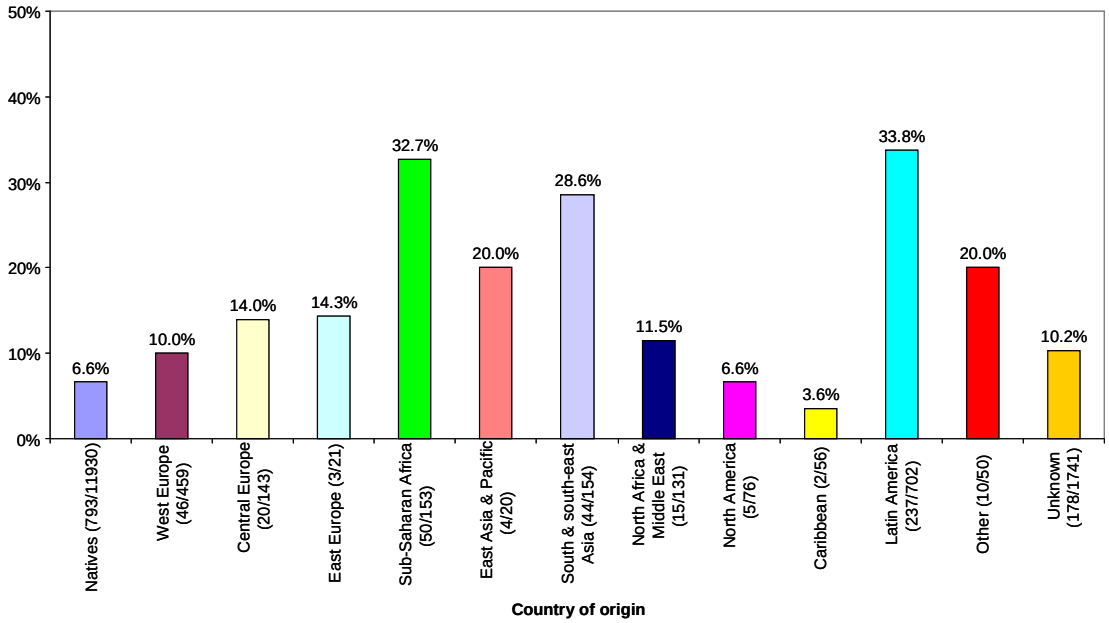
Among heterosexuals, TB represented 2 055 (15%) of initial ADC cumulative TB reports in natives from 1999 to 2006, 26 (46%) in Eastern Europeans, 3 499 (41%) in Sub-Saharan Africans, 173 (32%) in those from South-East Asia and between 20-25% in people coming from Central Europe, North Africa & Middle East, Caribbean and Latin America (Figure 9b).

Figure 9b Cumulative percentage of TB as the initial AIDS-defining condition in AIDS cases reported in heterosexuals, 1999–2006



Among MSM, TB represented 793 (7%) of initial ADC cumulative TB reports in natives from 1999 to 2006, with the highest proportions observed in people from SSA (50, 33%), Latin America (237, 34%) and South-East Asia (44, 29%) (Figure 9c).

Figure 9c Cumulative percentage of TB as the initial AIDS-defining condition in AIDS cases reported in MSM, 1999–2006



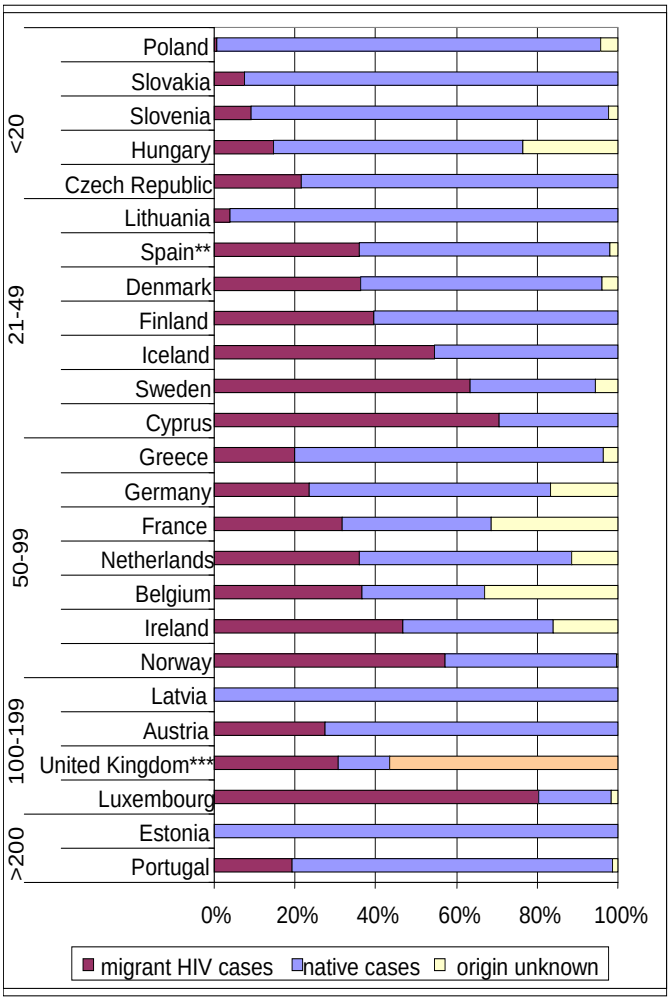
5.1.8 A look into country-specific HIV & AIDS data

There is a huge heterogeneity in the proportion of migrants among HIV infections reported in 2006 in EU countries plus Norway and Iceland. Figure 10 shows countries classified in five groups, according to the HIV incidence rates per million of population: below 20 cases per million, between 21 and 49 cases per million, between 50 and 99 per million, between 100 and 199 per million, and over 200 per million. Figure 10 also presents the number and proportion of migrants within the total HIV reports for 2006.

Among countries with HIV incidence below 20 cases per million people, largely from Central Europe, both the absolute and the relative contribution of migrants to their epidemics are low. For countries with an HIV incidence of 21–49 cases per million people, except for Lithuania, the proportion of migrants among HIV reports for 2006 is over 40%. Logically, given the different population sizes of these countries, the absolute numbers of HIV cases vary from the 24 HIV infections diagnosed in migrants in Cyprus to the 258 ones diagnosed in Sweden. For countries with an HIV incidence of 50–99 cases per million people, except for Greece, the proportion of migrants among HIV reports from 2006 is 40% in the Netherlands and Germany, close to 60% in Norway, around 65% in Ireland and France, and 70% in Belgium. In countries with an HIV incidence of 100–199 cases per million people, the proportion of migrants among reported HIV infections is around 30% in Austria, 71% in the UK and as high as 80% in Luxembourg. Finally, in the country with the highest HIV incidence in Europe — Portugal, with over 200 cases per million people — the proportion of migrants among HIV reports is 20%.

For most countries, as it can be seen in the factsheets (Annex 1), the most common region of origin of AIDS and HIV reports was SSA, with some exceptions like Spain, where the absolute number of people from Latin America outnumbered that of SSA. It is also worth highlighting the very high number (n = 91) of MTCT HIV infections in the UK, of which 47% are in children from SSA. This number is considerably higher than that reported by the rest of the EU countries.

Figure 10 Proportion of migrants among HIV infections reported in 2006 in 23* EU countries plus Norway and Iceland. Countries are classified in five groups according to HIV incidence rates per million population



	migrant HIV cases	native cases	unknown	total HIV cases
Portugal	418	1 713	31	2 162
Estonia	0	668	0	668
Luxembourg	45	10	1	56
United Kingdom	2 746	1 128	5 051	8 925
Austria	16	42	0	58
Latvia	0	299	0	299
Norway	155	115	1	271
Ireland	158	125	54	337
Belgium	363	302	330	995
Netherlands	313	457	101	871
France	1 818	2 124	1 808	5 750
Germany	642	1 626	450	2 718
Greece	114	434	21	569
Cyprus	24	10	0	34
Sweden	239	117	21	377
Iceland	6	5	0	11
Finland	77	118	0	195
Denmark	89	146	10	245
Spain	343	591	18	952
Lithuania	4	96	0	100
Czech Republic	20	73	0	93
Hungary	12	50	19	81
Slovenia	4	39	1	44
Slovakia	2	25	0	27
Poland	5	714	31	750
Europe	7 613	11 027	7 948	26 588

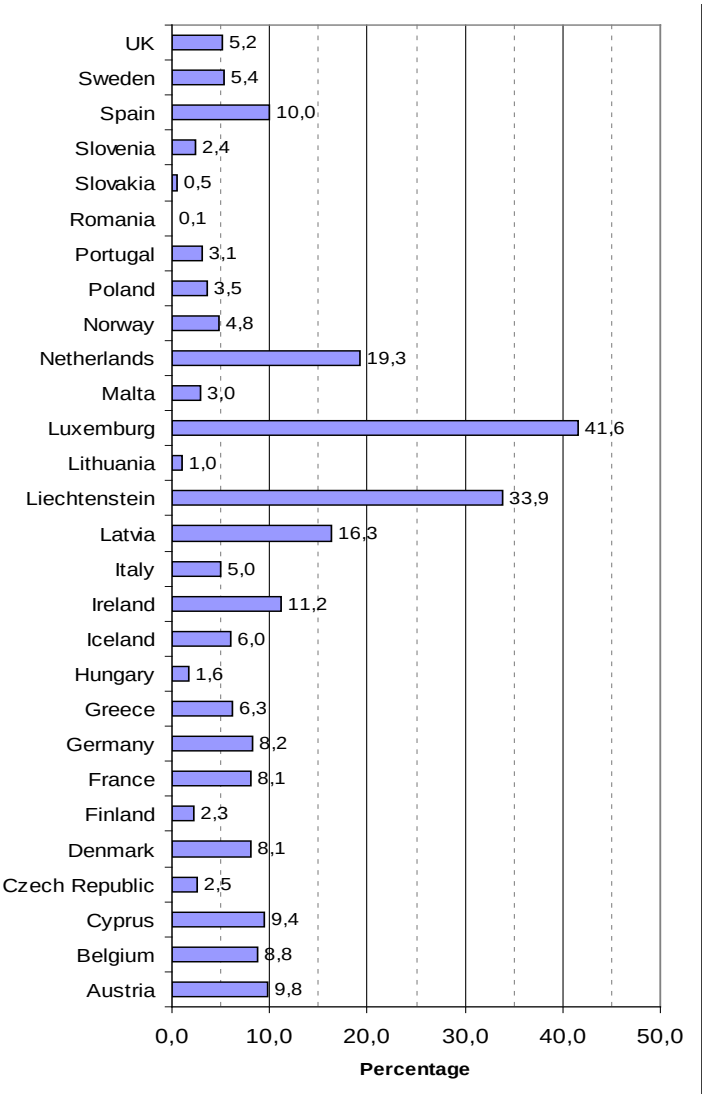
**Except Bulgaria, Italy, Malta and Romania, due to missing HIV data.*
*** Spain data: 2005.*
**** Unknown origin: Based on country of probable infection, missing information was observed in 24% of cases.*

5.2 Proportion of non-nationals within EU countries (plus Norway, Iceland and Liechtenstein)

Of the approximate 495 million people registered with National Population Offices from the EU27 plus Norway, Iceland and Liechtenstein, around 32.5 million (6.5%) are registered as non-nationals. Information on the nationality of these people is available for all but four countries (Bulgaria, Estonia, France and Luxembourg). Of the approximate 32.5 million registered migrants, half are from Europe (6.5 million from Western Europe, 7.4 million from Central Europe and 2.3 million from Eastern Europe). The other common regions are Latin America (2.31 million) and the Caribbean (261 000), South and South-East Asia (2.25 million), North Africa and the Middle East (2.19 million), and Sub-Saharan Africa (1.32 million).

Figure 11 shows the proportion of migrants (non-nationals) in different countries. The country factsheets illustrate that the most common origin in most of the 30 countries is another European country, either from the West, the Centre or the East, except for Spain, where the most common origin is Latin America.

Figure 11 Percentage of migrants in the total population by country in 2006



6 Discussion

Migrant populations, largely people from Sub-Saharan Africa, represent a considerable and growing proportion of both the AIDS cases and HIV infections reported in the 27 EU countries plus Norway and Iceland during 1999–2006. Although the proportions of migrants from Sub-Saharan Africa among heterosexual and mother-to-child HIV transmission reports are very high, a significant percentage of diagnoses in men who have sex with men is also made up of migrants, largely from Western Europe, Latin America and the Caribbean. The contribution of migrant populations to the AIDS and HIV epidemics is notably higher among female reports, highlighting the feminisation of the HIV/AIDS migrant epidemic in Europe, in contrast to the largely male autochthonous HIV epidemics. These figures are no surprise when one examines the global HIV epidemiology and the global migration trends, both largely driven by global inequity.

There is an enormous heterogeneity in the proportion of migrants within the AIDS and HIV infection reports among the different countries. For countries in the Eastern part of the EU and for some from Central Europe, these proportions are below 10%, while for most Northern countries these proportions are over 40%. For most of the countries in the Western part of the EU the proportion of migrants among HIV infections is between 20% and 40%. This pattern is consistent with migratory trends, as the countries where the proportion of migrants among HIV cases is higher are the countries where the proportion of migrants in the general population is also higher, largely driven by past colonial history and recent socio-economic and demographic imbalances. There is also a substantial and worrying proportion of cases whose geographical origin is unknown, which is particularly high in the UK, France, Belgium and Germany.

The contribution of migrants, largely from SSA, to the number of HIV reports in the EU is higher in female reports. In fact, among HIV infections reported in women with known geographical origin, the number of HIV-positive women from SSA outnumbers that of native women and that of HIV-positive African men. The number of registered African women in population registries across the EU does not outnumber that of African men. Acknowledging the limitations resulting from a very high proportion of missing information and various possible explanations such as selective HIV testing of women from SSA during pregnancy, the data show that women from SSA, not only in their countries of origin but also when migrating to another country, suffer a greater burden of HIV disease. The reasons for female vulnerability to HIV infection have both social and biological bases. Women of black ethnicity in the USA also suffer a disproportionate burden of HIV infection compared to white women [2]. Kirsten Tillerson has published a review trying to explain the racial disparities in HIV/AIDS among women in the USA and concludes that back women do not engage in more high-risk behaviours than white women but have risky sex partners [27]. These figures call for action in gender-specific HIV prevention and treatment policies at national level. It would be a mistake to link the high number of HIV-positive women from SSA to sex work. While, over the last decades a growing proportion of migrants is seen among female, male and transgender commercial sex workers, numerous studies have reported that HIV prevalence in female sex workers (FSW) who do not inject intravenous drugs in the EU is fairly low [28]. Some studies have reported very high HIV prevalence among male and transgender sex workers but studies in female sex workers show discordant data [29]. The data does identify a considerable proportion of migrants among HIV diagnoses in MSM, mainly from other Western EU countries, Latin America and the Caribbean. Population mobility in the EU may be one of the causes for this phenomenon while the immigration of MSM from Latin America and the Caribbean may also be driven by lack of civil sexual rights for MSM in their countries of origin, highlighting the need to acknowledge the sexual diversity of migrants living with HIV/AIDS.

Closely linked to the high burden of HIV infection in women from SSA is the very high proportion of migrants from SSA among MTCT HIV reports in the EU. Close to 40% of the HIV reports infected through MTCT were children from SSA and this proportion has increased from 1999 to 2006. Given that geographical origin is not always equivalent to country of birth and acknowledging that some of these children may have been born to HIV infected mothers outside the EU [30], it is likely that many of these children have been infected by HIV due to failure to diagnose and treat their mothers while in an EU State. While the decreases in perinatal HIV infections in the EU represent an important achievement in public health, substantial challenges remain, particularly among migrant mothers [31,32,33]. The missed opportunities to prevent perinatal HIV transmission relates mainly to pregnant women not having received prenatal care, to a lack of HIV testing before delivery and to not receiving appropriate interventions to prevent transmission of the virus to her infant [34]. Lack of prenatal care among migrant women is well documented and the major obstacles to access prenatal services are also well known. In France testing during pregnancy is the most common reason to diagnose HIV in women from SSA and second most common cause in French women [35]. African women present a higher proportion of delayed diagnoses at pregnancy and were more likely to have late access to prenatal care and HIV treatment. However, once they do have access, the uptake of HIV treatment and elective caesarean section was the same of French women's, and so were the

outcomes [35]. Although one would acknowledge that the key to prevention of perinatal HIV infection is primary prevention of infection in women and men, secondary prevention strategies are also failing in the EU. Secondary prevention of MTCT involves providing prenatal care to diagnose HIV infection before delivery in order to offer the best medical intervention and prevent perinatal HIV transmission. Every perinatal HIV infection should represent a sentinel health event that should warrant an enquiry. Therefore, to strengthen and sustain measures so as to maximally reduce perinatal transmission, public health activities should give high priority to the collection of data that would allow identifying where missed opportunities occur and target prevention efforts accordingly.

The current data does not allow distinguishing between HIV infections acquired in the EU or abroad, but others have reported that most HIV infections in people from SSA are likely to have occurred in the countries of origin by comparing the average duration of stay in Europe with the value of the CD4 cell counts at HIV diagnoses. However, there is also evidence that people of SSA origin are also becoming infected by HIV while in a EU country. Newly published data from the UK suggest that 25-35% of HIV-positive African residents in the UK and nearly 50% of HIV-positive African MSM may have acquired their HIV infection in the UK, which is substantially higher than previously estimated [36]. For other geographical origins, little data are available on where the infections took place, though for migrant injecting drug users the evidence would favour their acquiring HIV in Europe. While discussing about the country of probable infection is extremely controversial as it has, unfortunately, given rise to overtly racist reactions, understanding where HIV infection and the development of AIDS took place has important implications from a public health perspective as it may represent failure in primary HIV prevention, secondary HIV prevention, or both.

Late HIV diagnosis is a big problem in the EU and USA, as it is associated with higher mortality [37] and the current data suggests that this problem is even bigger for the HIV-positive migrant population of non-Western origin [38,15]. The number of AIDS cases reported in most EU countries has experienced a marked decline from the mid-1990s onwards which has been largely attributed to the population impact of HAART and to decreases in HIV transmission in the late 1980s. For most migrants, with the exception of migrants from Western EU countries, this decline is not observed. These trends are likely to be reflecting late diagnosis of HIV infection and poorer access and uptake of HAART by migrants of non-Western European origin and may have a negative impact on the mortality of HIV positive migrant people in the EU. Furthermore early HIV diagnosis [39] and adequate treatment of HIV is also a strategy to prevent HIV transmission as people on HAART have lower viral load both in blood and genital fluids and are, subsequently, less infectious. However, evaluation of missed opportunities for early HIV testing is obviously different if the person has spent most of their life in another country and came to an EU country with advanced disease. Nevertheless, as described by Burns et al, HIV-positive Africans are accessing the health system in London without being offered HIV testing, highlighting missed opportunities for early prevention, treatment and care [40,41].

A higher proportion of migrants develop TB as their initial ADC compared to natives. Migrants from SSA and Eastern Europe are the ones with the highest percentage of TB, around 40% each, closely followed by 32% in AIDS cases from South/East Asia. Stratifying by transmission category also shows that, though prevalence of TB is higher in IDU in the first place and heterosexuals in second place compared to MSM, the differences by geographical origin are maintained. Again, these figures are no surprise and coincide with global HIV/TB co-infection rates worldwide [42]. The data provided in this report has not dealt with TB resistance but this, together with multidrug-resistant tuberculosis (MDR TB), may be an issue to be addressed in these populations. Prompt HIV testing would certainly decrease HIV-associated TB through both immune reconstitution through HAART and secondary TB prevention through Mantoux testing and treatment of latent TB infection. As it has been well established, treatment of TB is equivalent to prevention of TB transmission and thus, secondary cases.

Interpreting the contribution of migrants to the absolute and relative trends of HIV reports overtime is more difficult given the heterogeneity in the implementation of the HIV reporting systems across EU and the poor completion of the variable 'geographical origin'. In fact, the very high proportion of missing values in this category is a caveat in the interpretation of figures. The proportion of HIV reports whose transmission category is unknown is also alarmingly rising in the EU, calling for a reinforced HIV surveillance in order to assure the required quality standards.

Given that only the UK collects data on the 'ethnicity of cases', it is not possible to asses the contribution of ethnic minorities to the EU epidemics. It is likely that HIV is also affecting disproportionably ethnic minorities in the EU who are currently invisible to surveillance systems, as they have the same geographical origin as the country of report. As discussed previously, ethnic minorities in the USA are heavily affected by HIV and, as argued by O Aral et al, the African-American HIV epidemic has its roots in profound social disadvantage and inequity [43].

As previously described, the calculation of HIV prevalence in migrants according to their geographical origin will most likely yield biased results, as for some groups of uncertain residence status the chance of appearing in the numerator is higher than that of counting in the denominator [7,1,15]. In fact, demographic data on the number of men and women with a different nationality of that of the country of report are a very insufficient tool to health estimates. It is likely that some groups are seriously underrepresented in these population registries, thus leading

to gross overestimates of HIV prevalence in migrants. Action at EU level to improve the quality of demographic data and to agree on a set of common definitions and timeframes is necessary.

Barriers to HIV prevention and treatment for migrants in the EU have been covered in a twin ECDC report — *Access to HIV prevention, treatment and care* — and will not be dealt with in this specific epidemiological review. These barriers have, nevertheless, a hierarchical structure. It has to be firmly stated that in a framework of prosecution of migrants, irrespective of their administrative and legal residency status in a given country, all recommendations aimed to decrease language, cultural and gender barriers within both service providers and users are bound to fail. Fear of deportation may abort many of the public health initiatives aimed to prevent HIV and AIDS in migrants. The data does confirm that failure of both primary and secondary HIV prevention is occurring and thus action is needed. Early diagnosis of HIV infection, linked to all rights, should be the way forward for all populations.

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Annex 1: Country factsheets

Austria

Source of data

Demographic: Statistics Austria: www.statistik.at/web_de/index.html

Eurostat: ec.europa.eu/eurostat

AIDS: EuroHIV: www.eurohiv.org

HIV: Dr. Robert Zangerle of the Austrian HIV Cohort Study – HIV Surveillance Österreichische HIVKohortenstudie (OEHIVKOS) (hiv.kohorte@uki.at)

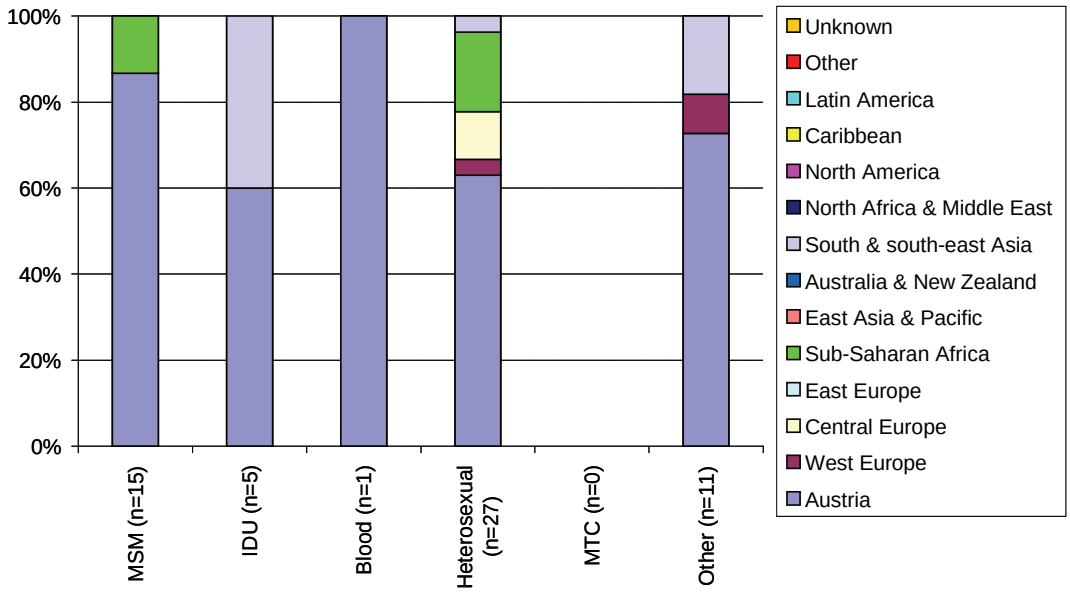
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Austria	8 265 925	4 019 354	4 246 571
Migrants	814 065	421 013	393 052
Geographical origin			
West Europe	159 204	80 212	78 992
Central Europe	523 248	273 498	249 750
East Europe	31 335	13 934	17 401
Sub-Saharan Africa	12 521	8 671	3 850
East Asia & Pacific	11 030	4 810	6 220
Australia & New Zealand	1 223	640	583
South & south-east Asia	30 237	16 012	14 225
North Africa & Middle East	12 024	7 124	4 900
North America	8 535	4 222	4 313
Caribbean	2 153	569	1 584
Latin America	5 716	2 077	3 639
Foreigner, subcontinent unknown	3 074	1 706	1 368
Unknown	13 765	7 538	6 227

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	611	449	162	26.51 %
Cases in migrants	133	87	46	34.59 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	60	53	7	11.67 %
Cases in migrants	17	13	4	23.53 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Austria	42	39	3	- 48.15 %
West Europe	2	2	0	- 60 %
Central Europe	4	2	2	Unchanged
East Europe	0	0	0	N/A
Sub-Saharan Africa	7	6	1	+ 40 %
East Asia & Pacific	0	0	0	- 100 %
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	5	4	1	+ 400 %
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	N/A
Caribbean	0	0	0	- 100 %
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Austria AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative HIV Infections	1 970	1 401	569	28.9%
Cases in migrants	534	340	194	36.3%
2006	**Total**	**Male**	**Female**	
HIV infections	260	195	65	25 %
Cases in migrants	95	63	32	33.7%
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Austria	165	132	33	- 1.2 %
West Europe	12	11	1	+ 33.3 %
Central Europe	18	11	7	+ 200 %
East Europe	21	16	5	N/A
Sub-Saharan Africa	36	18	18	+ 140 %
East Asia & Pacific	1	1	0	Unchanged
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	3	3	0	+ 50 %
North Africa & Middle East	1	1	0	- 66.7 %
North America	1	1	0	Unchanged
Caribbean	2	1	1	N/A
Latin America	0	0	0	N/A
Other	0	0	0	- 100 %
Unknown	0	0	0	-100 %

Belgium

Source data

Demographic: Statistics Belgium: statbel.fgov.be

Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

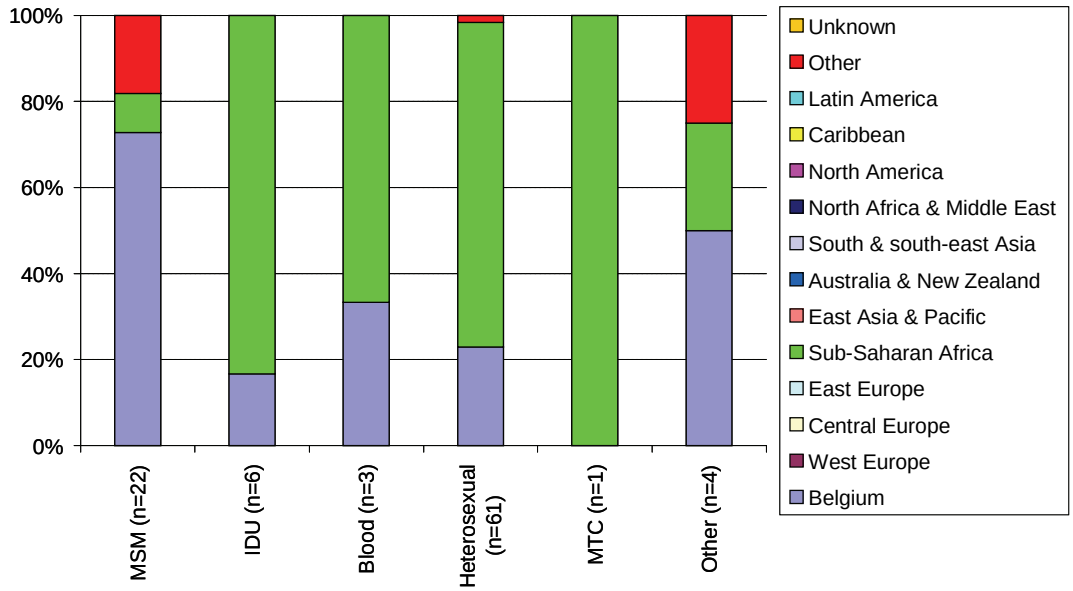
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Belgium	10 584 534	5 181 408	5 403 126
Migrants	932 161	474 435	457 726
Geographical origin			
West Europe	571 933	299 249	272 684
Central Europe	76 965	32 742	44 223
East Europe	8 773	3 403	5 370
Sub-Saharan Africa	36 164	18 717	17 447
East Asia & Pacific	10 372	4 952	5 420
Australia & New Zealand	877	441	436
South & south-east Asia	17 621	8 265	9 356
North Africa & Middle East	98 195	54 031	44 164
North America	14 220	6 963	7 257
Caribbean	1 461	534	927
Latin America	9 074	3 528	5 546
Foreigners, subcontinent unknown	587	334	253
Unknown	2 145	1 221	924

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	1 039	609	430	41.4 %
Cases in migrants	703	340	363	51.6 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	99	63	36	36.4 %
Cases in migrants	64	38	26	40.6 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Belgium	35	25	10	- 16.7 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	58	33	25	- 4.9 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	6	5	1	-50 %
Unknown	0	0	0	- 100 %

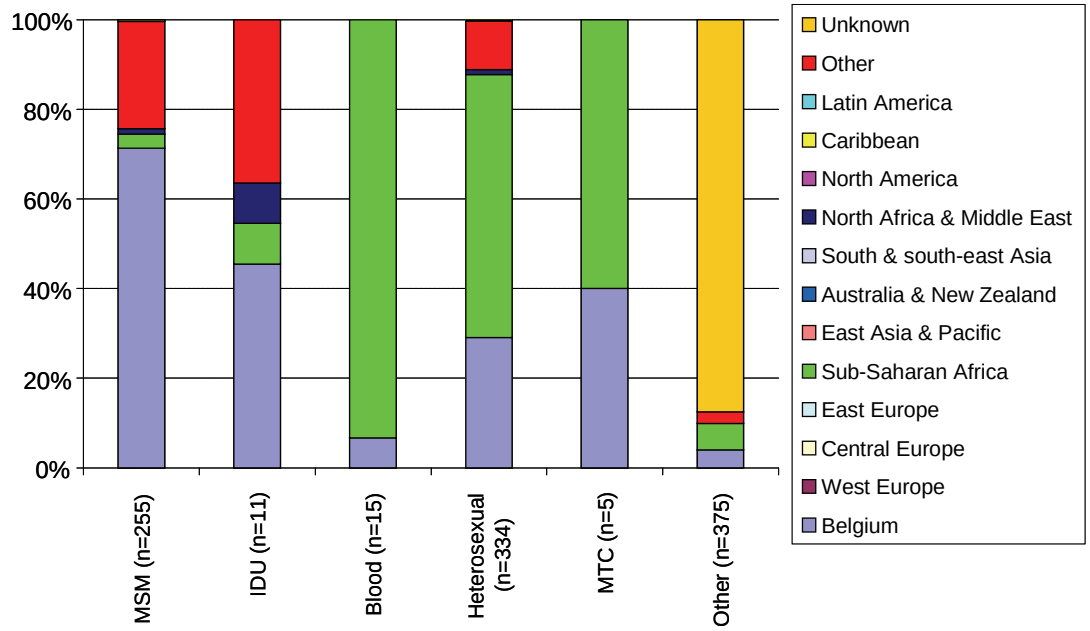
Belgium AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	7 749	4 481	3 268	42.2 %
Cases in migrants	5 870	2 925	2 945	50.2 %
2006	**Total**	**Male**	**Female**	
HIV infections	987	654	333	33.7 %
Cases in migrants	686	401	285	41.56 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Belgium	301	253	48	+ 73.9 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	244	112	132	- 7.9 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	8	8	0	+ 14.3 %
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	110	86	24	+ 22.2 %
Unknown	324	195	129	+ 27.6 %

Belgium HIV infections by origin and transmission category, 2006



Bulgaria

Source of data

Demographic: National Statistical Institute of Bulgaria: www.nsi.bg

AIDS/HIV: EuroHIV: www.eurohiv.org

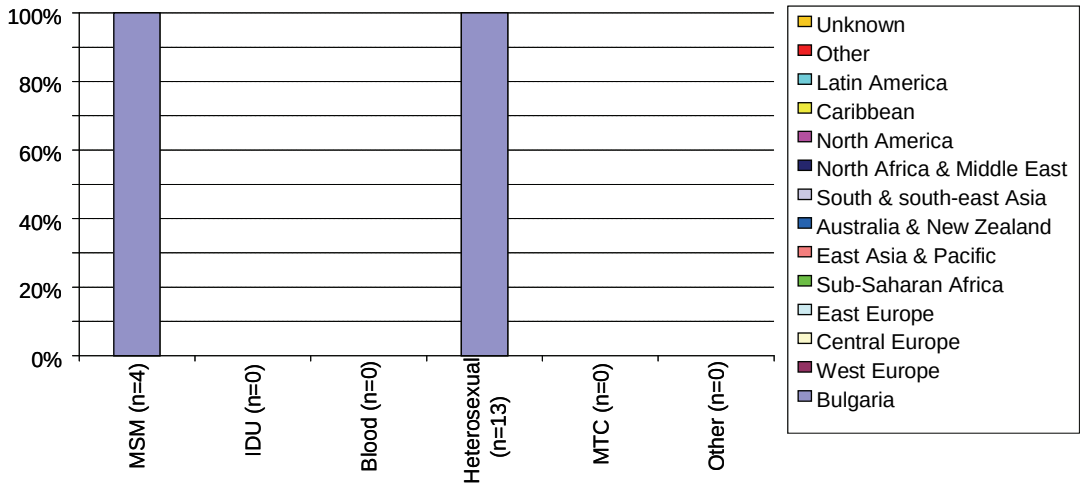
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Bulgaria	7 679 290	3 720 932	3 958 358
Migrants	260 000	N/A	N/A0

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Females**
Cumulative AIDS Cases	125	91	34	27.2 %
Cases in migrants	42	32	10	23.8 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	17	13	4	23.5 %
Cases in migrants	0	0	0	-
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Bulgaria	17	13	4	N/A
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	- 100 %

Bulgaria AIDS cases by origin and transmission category, 2006



Cyprus

Source of data

Demographic: Statistical Service of the Republic of Cyprus:
www.mof.gov.cy/mof/cystat/statistics.nsf/index_en/index_en?OpenDocument

AIDS/HIV: EuroHIV: www.eurohiv.org

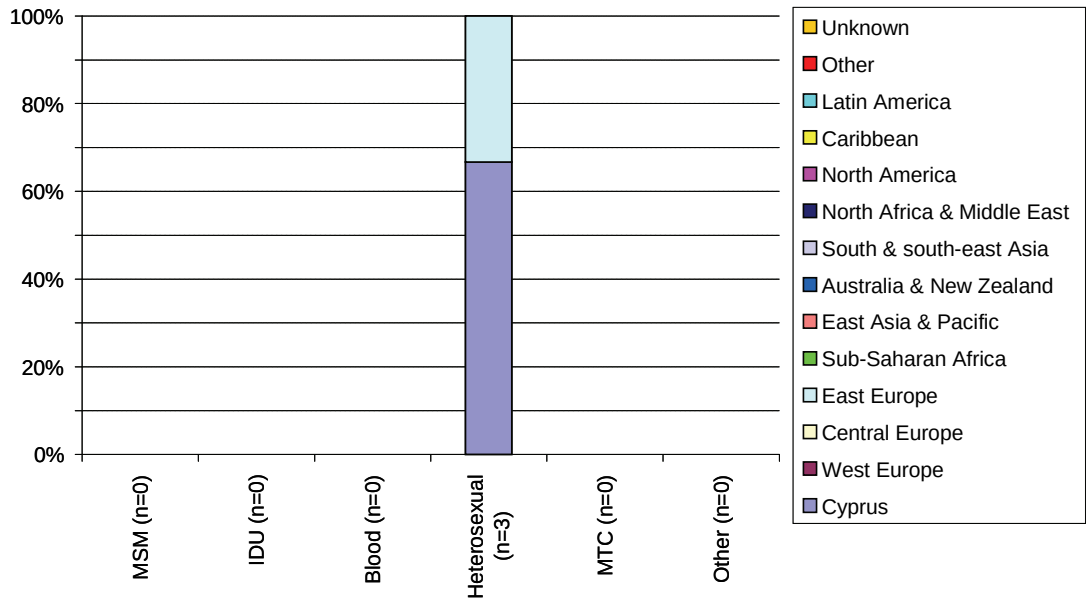
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Cyprus	689 565	338 497	351 068
Migrants	64 810	28 720	36 090
Geographical origin	**Total**	**Male**	**Female**
West Europe	32 219	16 465	15 754
Central Europe	5 749	1 964	3 785
East Europe	8 142	3 054	5 088
Sub-Saharan Africa	261	129	132
East Asia & Pacific	782	376	406
Australia & New Zealand	270	139	131
South & south-east Asia	10 378	2 422	7 956
North Africa & Middle East	3 010	2 161	849
North America	1 071	489	582
Caribbean	0	0	0
Latin America	0	0	0
Foreigner	2 928	1 521	1 407
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	45	30	15	33.3 %
Cases in migrants	8	1	7	87.5 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	3	2	1	33.3 %
Cases in migrants	1	0	1	100 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Cyprus	2	2	0	- 83.3 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	1	0	1	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

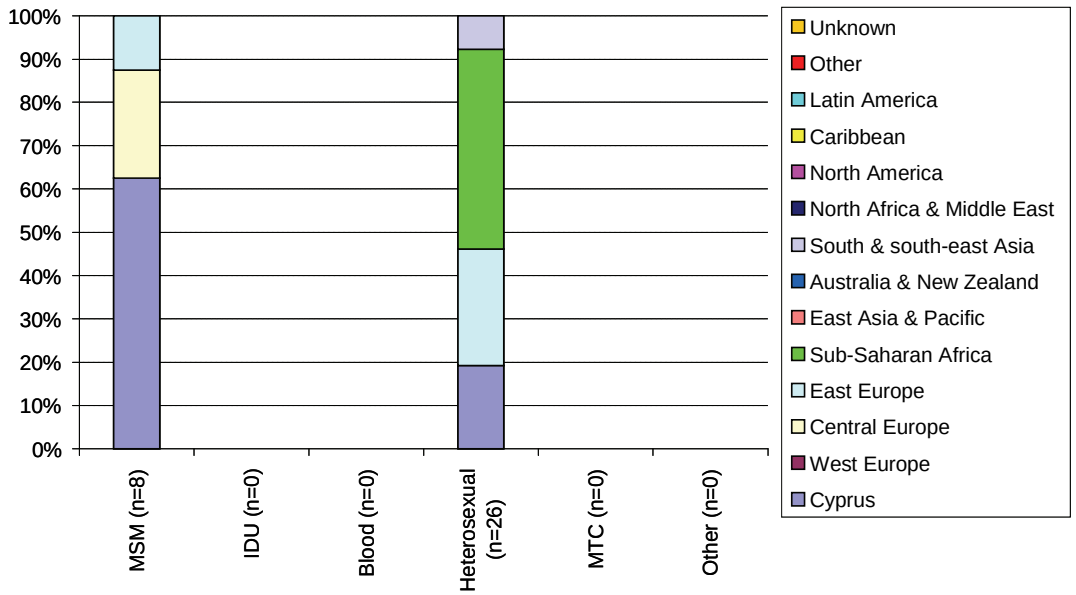
Cyprus AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	218	131	87	39.9 %
Cases in migrants	124	51	73	58.9 %
2006	**Total**	**Male**	**Female**	
HIV infections	34	21	13	38.2 %
Cases in migrants	24	11	13	54.2 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Cyprus	10	10	0	- 28.57 %
West Europe	0	0	0	- 100 %
Central Europe	2	2	0	+ 100 %
East Europe	8	2	6	+ 100 %
Sub-Saharan Africa	12	7	5	+ 1100 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	2	0	2	+ 100 %
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Cyprus HIV infections by origin and transmission category, 2006



Czech Republic

Source of data

Demographic: Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

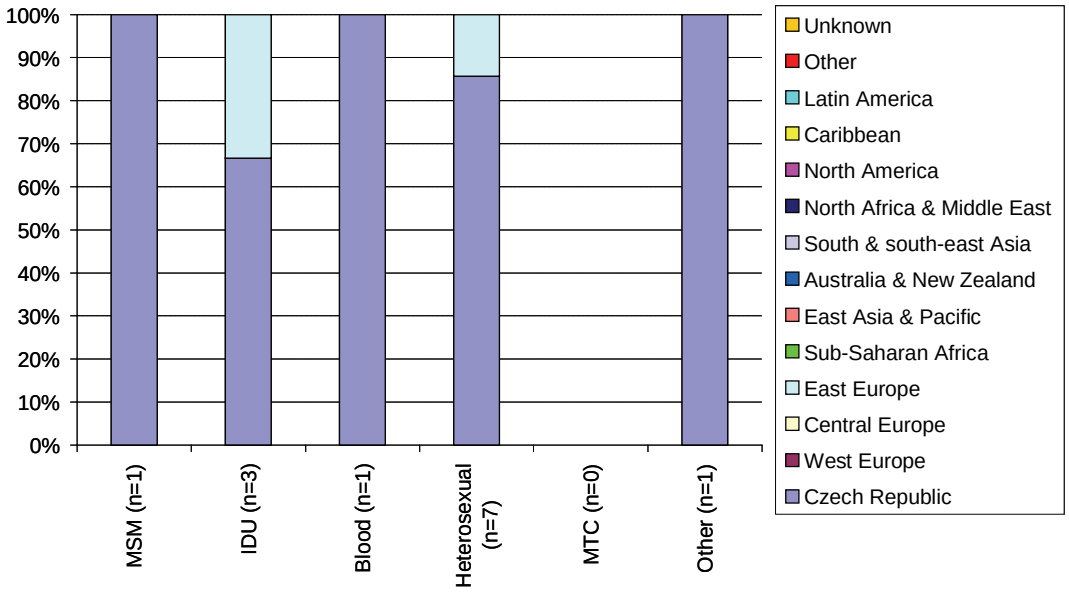
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Czech Republic	10 251 079	5 002 648	5 248 431
Migrants	258 360	153 625	104 735
Geographical origin			
West Europe	19 840	14 713	5 127
Central Europe	83 820	49 442	34 378
East Europe	102 114	58 787	43 327
Sub-Saharan Africa	1 176	917	259
East Asia & Pacific	6 676	3 177	3 499
Australia & New Zealand	371	228	143
South & south-east Asia	36 343	20 729	15 614
North Africa & Middle East	2 773	2 292	481
North America	3 685	2 339	1 346
Caribbean	236	170	66
Latin America	661	387	274
Foreigner, subcontinent unknown	630	422	208
Unknown	35	22	13

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	92	73	19	20.65 %
Cases in migrants	12	10	2	16.67 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	14	9	5	35.71 %
Cases in migrants	2	2	0	0
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Czech Republic	12	7	5	- 14.29 %
West Europe	0	0	0	- 100 %
Central Europe	0	0	0	- 100 %
East Europe	2	2	0	N/A
Sub-Saharan Africa	0	0	0	- 100 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

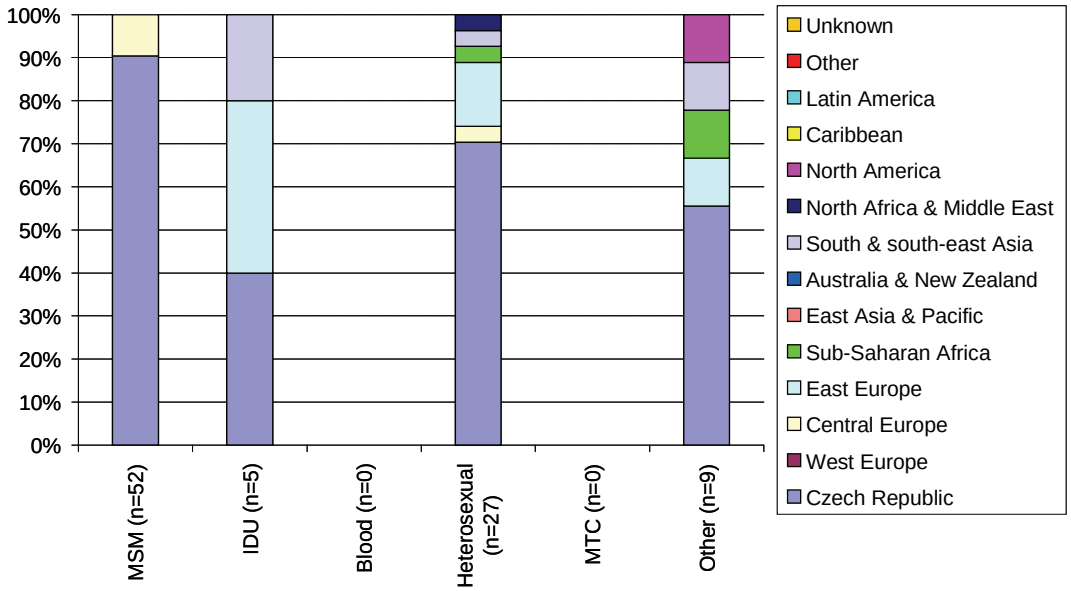
Czech Republic AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	528	406	122	23.11 %
Cases in migrants	92	55	37	40.22 %
2006	**Total**	**Male**	**Female**	
HIV infections	93	74	19	20.43 %
Cases in migrants	20	16	4	20 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Czech Republic	73	58	15	+ 82.5 %
West Europe	0	0	0	-100 %
Central Europe	6	5	1	+ 200 %
East Europe	7	4	3	+ 75 %
Sub-Saharan Africa	2	2	0	+ 100 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	3	3	0	+ 200 %
North Africa & Middle East	1	1	0	N/A
North America	1	1	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Czech Republic HIV infections by origin and transmission category, 2006



Denmark

Source of data

Demographic: Statistic Denmark: www.dst.dk

AIDS/HIV: EuroHIV: www.eurohiv.org

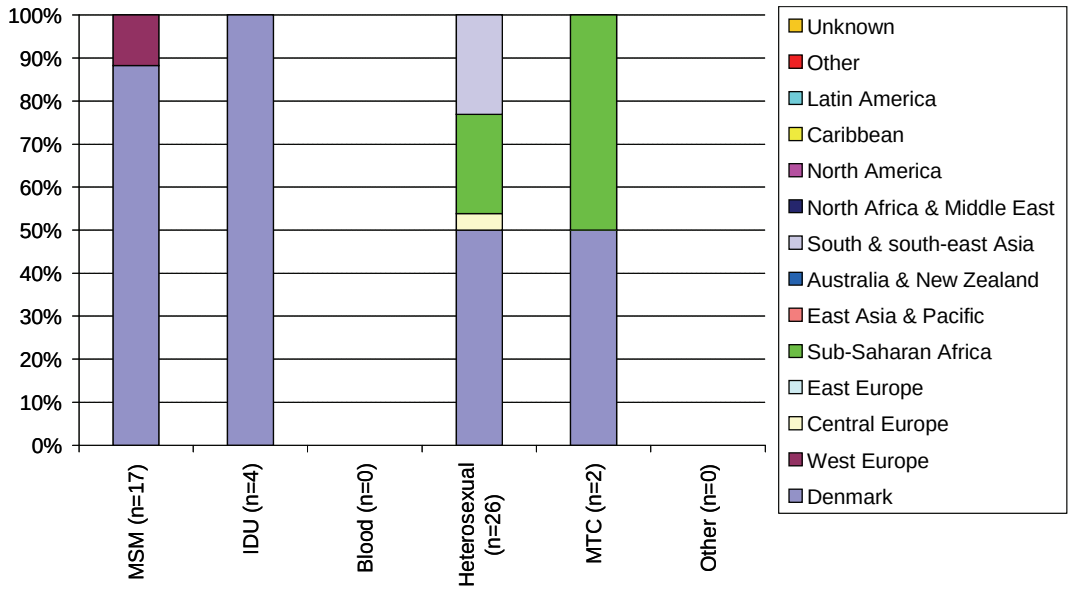
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Denmark	5 428 000	2 686 000	2 742 000
Migrants	440 384	212 219	228 165
Geographical origin			
West Europe	120 995	59 584	61 411
Central Europe	88 157	43 528	44 629
East Europe	15 628	6 288	9 340
Sub-Saharan Africa	23 516	12 056	11 460
East Asia & Pacific	18 658	6 879	11 779
Australia & New Zealand	2 720	1 486	1 234
South & south-east Asia	73 328	33 217	39 111
North Africa & Middle East	46 382	25 699	20 683
North America	12 546	6 432	6 114
Caribbean	912	418	494
Latin America	10 942	4 918	6 024
Foreigner	24 180	9 879	14 301
Unknown	3 420	1 835	1 585

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	442	308	134	30.32 %
Cases in migrants	140	58	82	58.57 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	50	31	19	38 %
Cases in migrants	16	5	11	68.75 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Denmark	34	26	8	- 37.04 %
West Europe	2	2	0	- 60 %
Central Europe	1	1	0	- 66.67 %
East Europe	0	0	0	N/A
Sub-Saharan Africa	7	2	5	Unchanged
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	6	0	6	+ 50 %
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	N/A
Caribbean	0	0	0	- 100 %
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

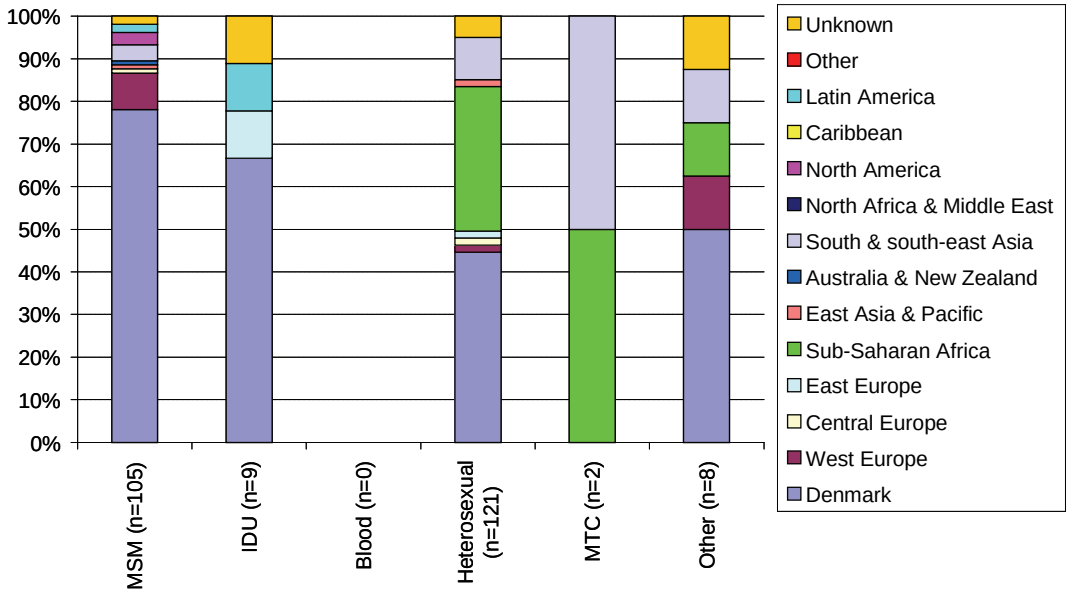
Denmark AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	2 249	1 572	677	30.1 %
Cases in migrants	869	399	470	54.09 %
2006	**Total**	**Male**	**Female**	
HIV infections	245	178	67	27.35 %
Cases in migrants	99	50	49	49.49 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Denmark	146	128	18	- 13.61 %
West Europe	12	12	0	+ 33.33 %
Central Europe	3	2	1	+ 50 %
East Europe	3	0	3	N/A
Sub-Saharan Africa	43	12	31	- 31.75 %
East Asia & Pacific	3	2	1	+ 200 %
Australia & New Zealand	1	1	0	N/A
South & south-east Asia	18	7	11	- 21.74 %
North Africa & Middle East	0	0	0	- 100 %
North America	3	3	0	+ 200 %
Caribbean	0	0	0	- 100 %
Latin America	3	3	0	- 50 %
Other	0	0	0	- 100 %
Unknown	10	8	2	+ 42.86 %

Denmark HIV infections by origin and transmission category, 2006



Estonia

Source of data

Demographic: Statistics Estonia: www.stat.ee

Eurostat ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

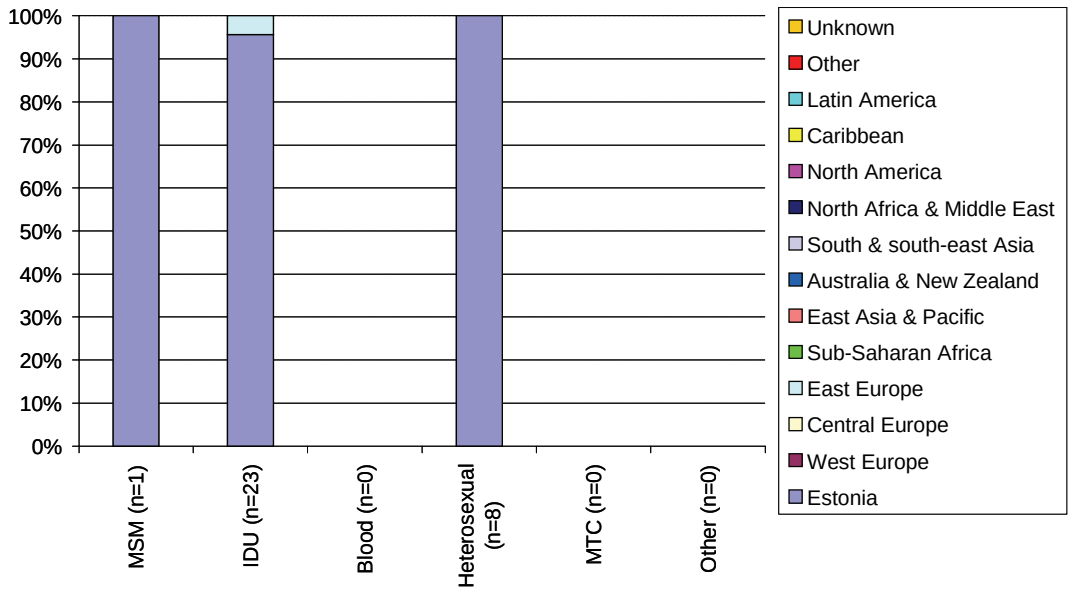
Demographic data

Total Population 2000	**Total**	**Male**	**Female**
Estonia	1 370 052	631 851	738 201
Migrants	274 309	135 743	138 566
Geographical origin			
West Europe	1 453	915	538
Central Europe	111	58	53
East Europe	93 130	44 653	48 477
Sub-Saharan Africa	7	7	0
East Asia & Pacific	32	20	12
Australia & New Zealand	7	3	4
South & south-east Asia	72	53	19
North Africa & Middle East	10	10	0
North America	164	94	70
Caribbean	3	3	0
Latin America	19	12	7
Foreigner	170 349	85 153	85 196
Unknown	8 952	4 762	4 190

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	113	75	38	33.6 %
Cases in migrants	15	14	1	6.7 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	32	22	10	31.3 %
Cases in migrants	1	1	0	-
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Estonia	31	21	10	+ 3000 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	1	1	0	Unchanged
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

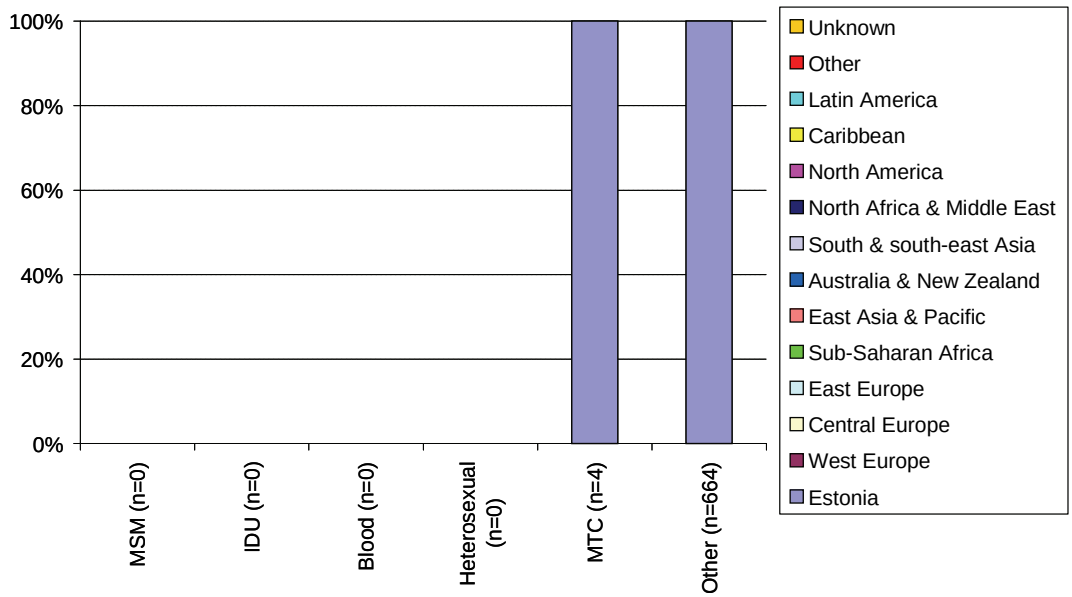
Estonia AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	668	429	239	35.8 %
Cases in migrants	0	0	0	-
2006	**Total**	**Male**	**Female**	
HIV infections	668	429	239	35.8 %
Cases in migrants	0	0	0	-
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Estonia	668	429	239	N/A
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Estonia HIV infections by origin and transmission category, 2006



Finland

Demographic: Population and Cause of Death Statistics. Statistics Finland: www.tilastokeskus.fi/index_en.html

Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

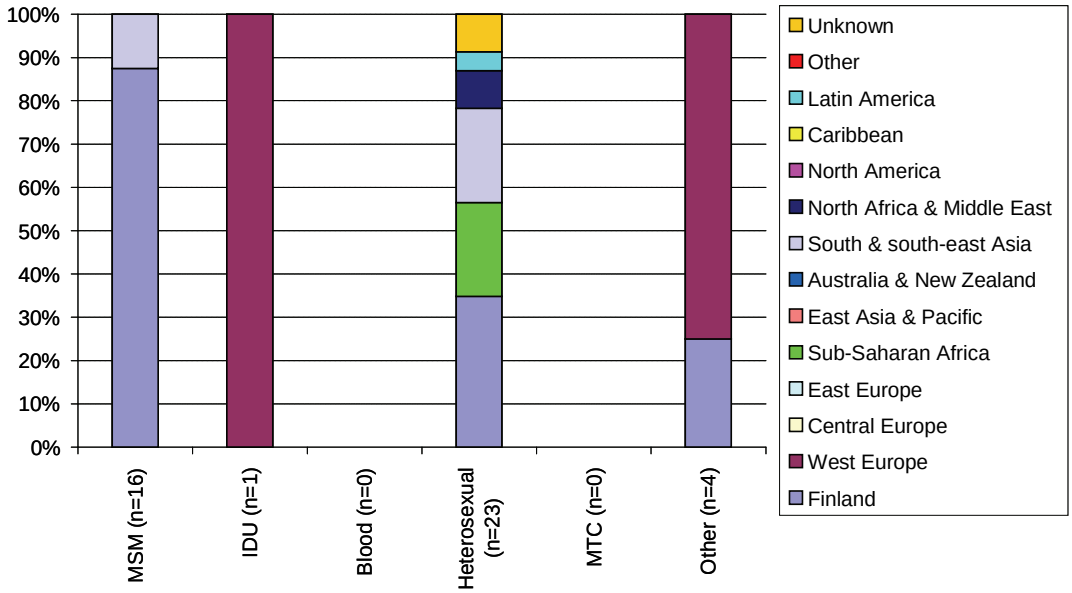
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Finland	5 276 955	2 583 742	2 693 213
Migrants	121 739	62 207	59 532
Geographical origin			
West Europe	22 054	14 444	7 610
Central Europe	12 314	7 041	5 273
East Europe	46 672	19 541	27 131
Sub-Saharan Africa	8 877	5 037	3 840
East Asia & Pacific	4 435	2 047	2 388
Australia & New Zealand	591	387	204
South & south-east Asia	14 746	6 752	7 994
North Africa & Middle East	6 050	3 604	2 446
North America	2 792	1 698	1 094
Caribbean	274	157	117
Latin America	1 575	734	841
Foreigner	807	469	338
Unknown	552	296	256

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative AIDS Cases	181	132	49	27.1 %
Cases in migrants	60	27	33	55 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	45	34	11	24.4 %
Cases in migrants	20	11	9	45 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Finland	24	22	2	+ 167 %
West Europe	4	4	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	5	3	2	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	7	2	5	+ 250 %
North Africa & Middle East	2	2	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	1	1	0	N/A
Other	0	0	0	N/A
Unknown	2	0	2	N/A

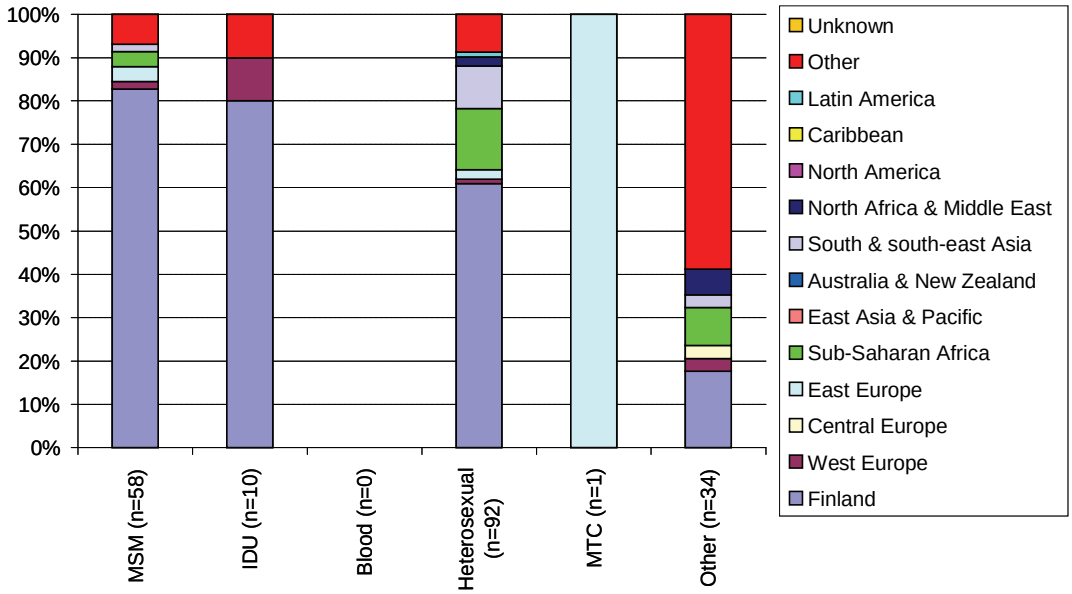
Finland AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	1 137	812	325	28.6 %
Cases in migrants	326	171	155	47.6 %
2006	**Total**	**Male**	**Female**	
HIV infections	195	136	59	30.3 %
Cases in migrants	77	44	33	42.9 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Finland	118	92	26	- 6 %
West Europe	4	3	1	+ 100 %
Central Europe	1	1	0	N/A
East Europe	5	3	2	N/A
Sub-Saharan Africa	18	9	9	+ 157 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	11	1	10	+ 267 %
North Africa & Middle East	4	3	1	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	1	1	0	Unchanged
Other	33	23	10	+ 1550 %
Unknown	0	0	0	- 100 %

Finland HIV infections by origin and transmission category, 2006



France

Source of data

Demographic: Institut nacional de la statistique et des études économiques. www.insee.fr/fr

Institut national d'études démographiques. www.ined.fr

AIDS/HIV: EuroHIV: www.eurohiv.org

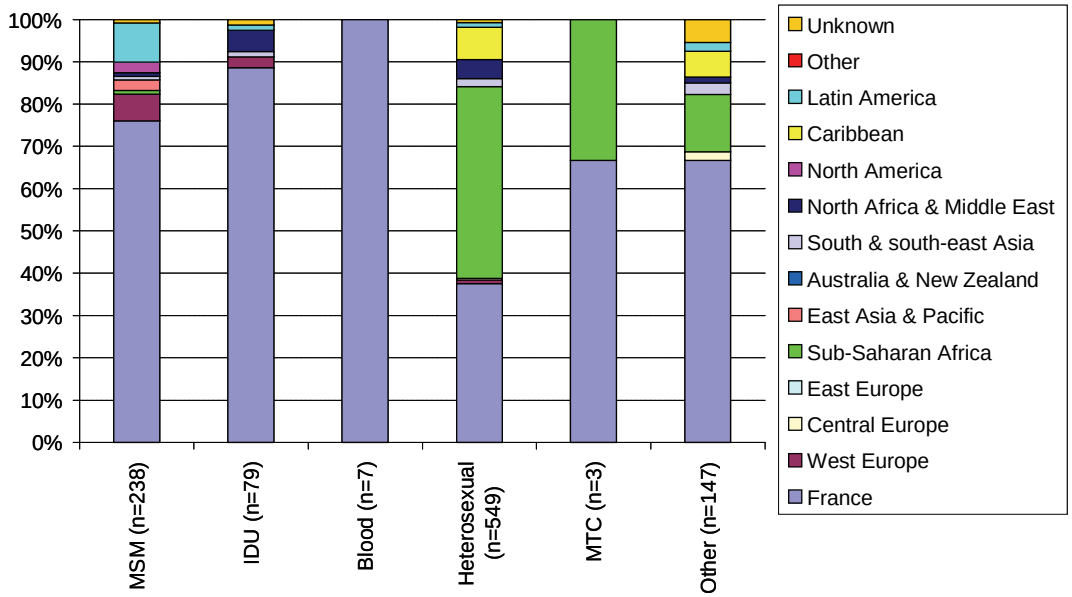
Demographic data

Total population 2006	**Total**	**Male**	**Female**
France	61 166 000	31 444 000	29 722 000
Migrants	4 959 000	2 479 500	2 479 500
Geographical origin			
Native	56 207 000	28 964 500	27 242 500
Europe	1 985 000	913 100	1 071 900
Asia	690 000	345 000	345 000
Africa	2 108 000	1 117 240	990 760
America	171 000	73 530	97 470
Oceania	5 000	N/A	N/A

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative AIDS Cases	12 064	8 588	3 476	28.8 %
Cases in migrants	4 309	2 515	1 794	41.6 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	1 021	691	330	32.3 %
Cases in migrants	457	260	197	43.1 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
France	563	430	133	- 58.1 %
West Europe	22	22	0	- 47.6 %
Central Europe	5	5	0	- 28.6 %
East Europe	0	0	0	N/A
Sub-Saharan Africa	271	126	145	+ 5 %
East Asia & Pacific	6	6	0	+ 500 %
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	19	9	10	+ 27 %
North Africa & Middle East	33	21	12	- 54%
North America	6	6	0	N/A
Caribbean	50	32	18	- 11 %
Latin America	32	25	7	+ 14%
Other	0	0	0	N/A
Unknown	14	9	5	- 7 %

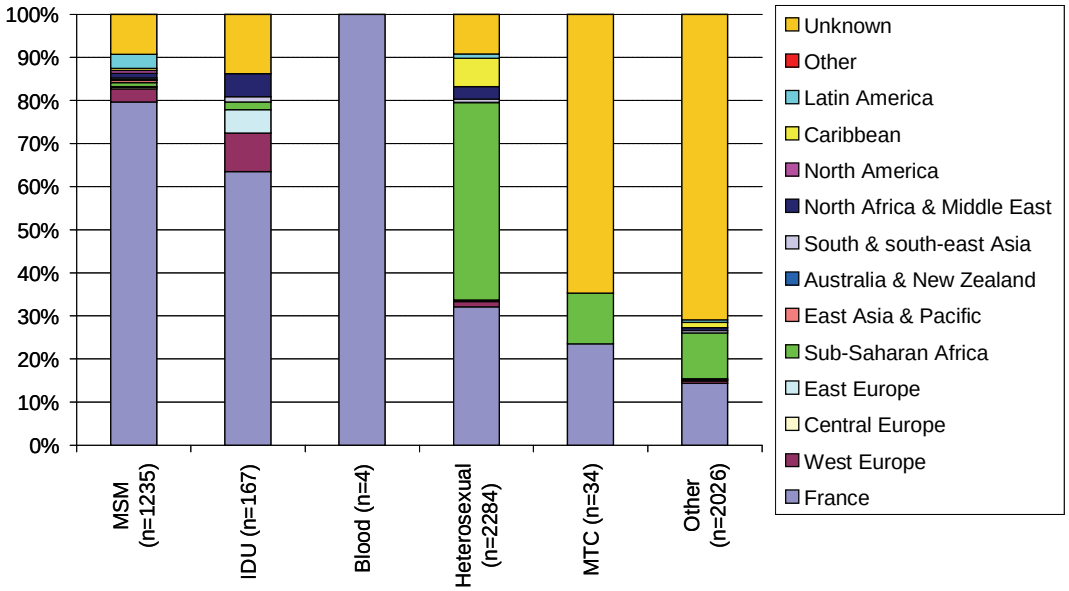
France AIDS cases by origin and transmission category, 2006



HIV data

2003-2006	Total	Male	Female	% Female
Cumulative HIV Infections	20 677	12 412	8 265	40%
Cases in migrants	12 541	6 143	6 398	51%
2006	**Total**	**Male**	**Female**	
HIV infections	5 750	3 555	2 195	38.2%
Cases in migrants	3 626	1 888	1 738	47.9%
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (2003 to 2006)**
France	2 124	1 667	457	+ 63 %
West Europe	91	81	10	+ 139%
Central Europe	18	12	6	+ 38 %
East Europe	19	16	3	+ 111 %
Sub-Saharan Africa	1 279	494	785	+ 23 %
East Asia & Pacific	8	7	1	+ 167 %
Australia & New Zealand	1	1	0	Unchanged
South & south-east Asia	35	20	15	+ 40 %
North Africa & Middle East	104	76	28	+ 68%
North America	8	8	0	+ 14%
Caribbean	181	85	96	+ 93 %
Latin America	74	55	19	Unchanged
Other	0	0	0	N/A
Unknown	1 808	1 033	775	+ 189%

France HIV infections by origin and transmission category, 2006



Germany

Source of data

Demographic: Destatis – Statistisches Bundesamt: www.destatis.de/jetspeed/portal/cms/

AIDS/HIV: EuroHIV: www.eurohiv.org

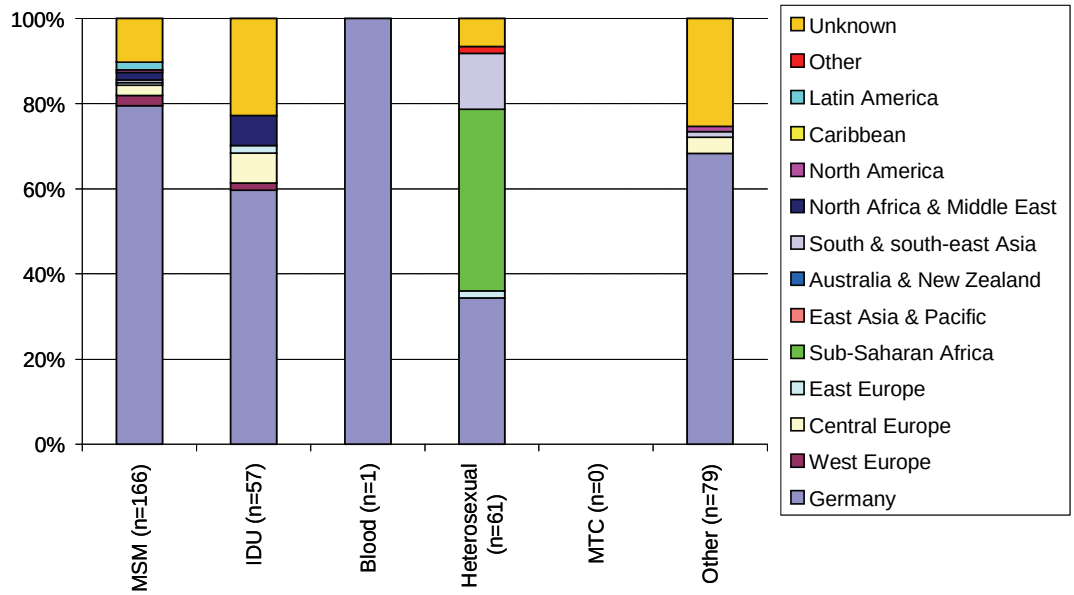
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Gemany	82 314 906	40 301 166	42 013 740
Migrants	6 751 002	3 478 426	3 272 576
Geographical origin			
West Europe	1 704 170	930 253	773 917
Central Europe	3 118 234	1 603 432	1 514 802
East Europe	476 591	191 356	285 235
Sub-Saharan Africa	150 786	84 269	66 517
East Asia & Pacific	128 647	62 169	66 478
Australia & New Zealand	10 832	5 703	5 129
South & south-east Asia	380 654	178 482	202 172
North Africa & Middle East	269 686	166 762	102 924
North America	112 437	63 332	49 105
Caribbean	29 413	11 340	18 073
Latin America	71 189	22 941	48 248
Foreigner, subcontinent unknown	251 961	131 061	120 900
Unknown	46 402	27 326	19 076

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative AIDS Cases	5 295	4 258	1 037	19.58 %
Cases in migrants	1 599	1 063	536	33.52 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	369	322	47	12.74 %
Cases in migrants	126	102	24	19.05 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Germany	242	218	24	- 62.07 %
West Europe	5	5	0	- 88.1 %
Central Europe	11	11	0	- 66.67 %
East Europe	4	3	1	+ 100 %
Sub-Saharan Africa	27	19	8	- 58.46 %
East Asia & Pacific	0	0	0	- 100 %
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	11	6	5	- 21.43 %
North Africa & Middle East	7	7	0	+ 133.33 %
North America	3	3	0	- 57.14 %
Caribbean	0	0	0	- 100 %
Latin America	3	3	0	- 50 %
Other	1	0	1	N/A
Unknown	55	47	8	+ 129.17 %

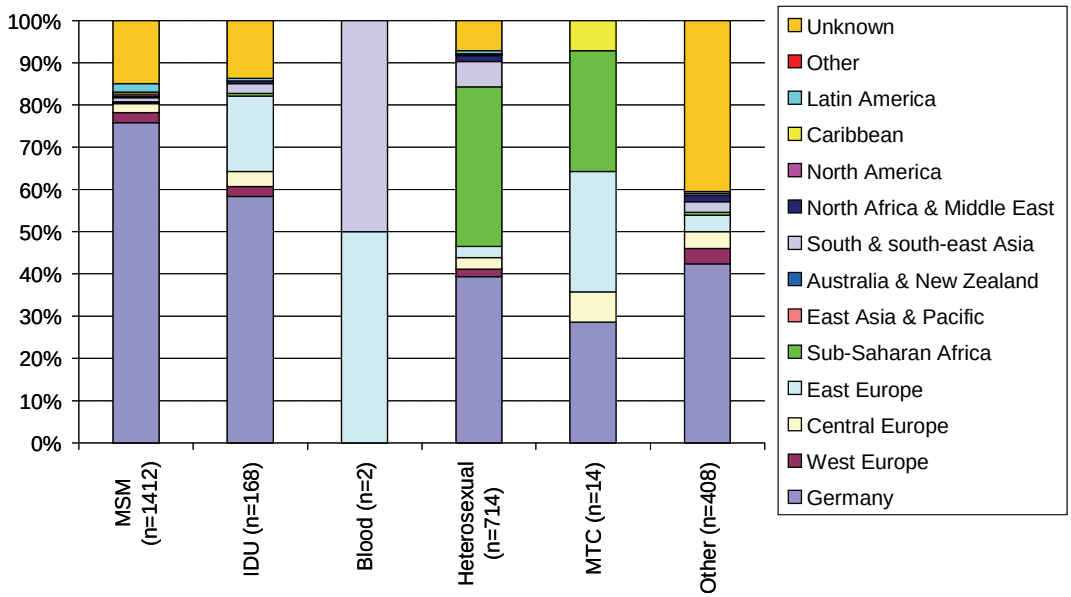
Germany AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	15 694	12 220	3 474	22.14
Cases in migrants	8 156	5 567	2 589	31.74
2006	**Total**	**Male**	**Female**	
HIV infections	2 693	2 183	510	18.94 %
Cases in migrants	1 072	721	351	32.74 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Germany	1 621	1 462	159	+ 184.39 %
West Europe	67	57	10	+ 415.38 %
Central Europe	71	57	14	+ 407.14 %
East Europe	71	44	27	+ 787.5 %
Sub-Saharan Africa	269	87	182	- 1.47 %
East Asia & Pacific	1	1	0	- 66.67 %
Australia & New Zealand	1	1	0	N/A
South & south-east Asia	69	35	34	+ 187.5 %
North Africa & Middle East	21	15	6	- 8.7 %
North America	10	9	1	Unchanged
Caribbean	10	8	2	+ 900 %
Latin America	36	31	5	+ 100 %
Other	0	0	0	N/A
Unknown	446	376	70	- 43.18 %

Germany HIV infections by origin and transmission category, 2006



Greece

Source of data

Demographic: General Secretariat of National Statistical Service of Greece: www.statistics.gr/Main_eng.asp

AIDS/HIV: EuroHIV: www.eurohiv.org

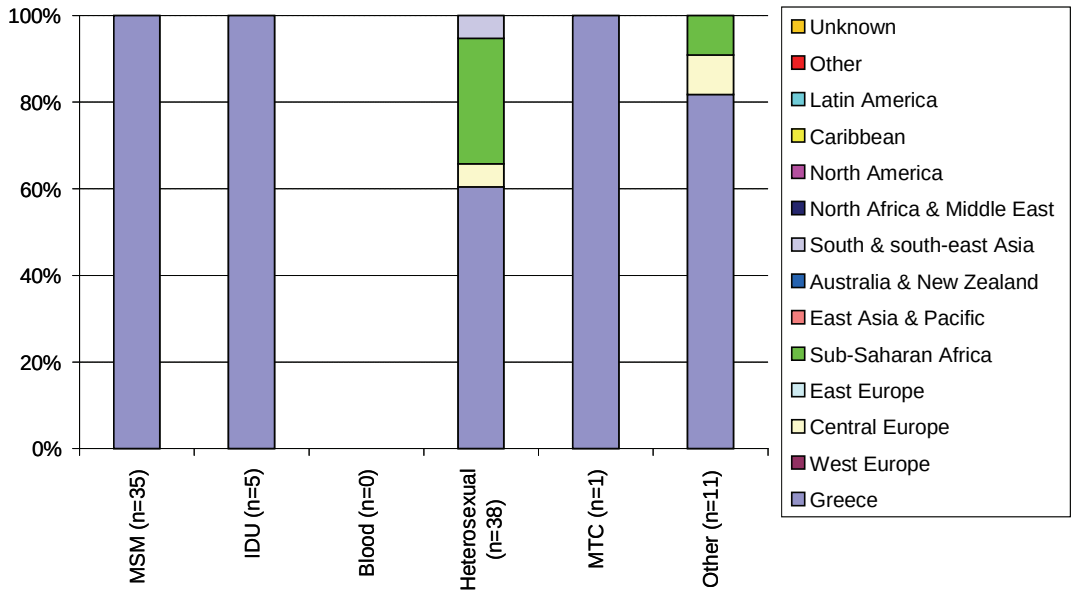
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Greece	11 125 179	5 508 165	5 617 014
Migrants	695 979	432 972	263 007
Geographical origin			
West Europe	906	413	493
Central Europe	560 333	362 977	197 356
East Europe	64 753	15 787	48 966
Sub-Saharan Africa	4 439	2 410	2 029
East Asia & Pacific	2 385	1 400	985
Australia & New Zealand	306	107	199
South & south-east Asia	39 767	32 522	7 245
North Africa & Middle East	19 089	15 995	3 094
North America	2 090	883	1 207
Caribbean	475	72	403
Latin America	1 352	341	1 011
Foreigner	89	69	20
Unknown	4	3	1

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	828	659	169	20.41 %
Cases in migrants	165	104	61	36.97 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	91	65	26	28.57 %
Cases in migrants	17	7	10	58.82 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Greece	74	58	16	- 34.51 %
West Europe	0	0	0	- 100 %
Central Europe	3	0	3	+ 50 %
East Europe	0	0	0	- 100 %
Sub-Saharan Africa	12	6	6	+ 200 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	2	1	1	- 33.33 %
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	- 100 %
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	- 100 %
Unknown	0	0	0	N/A

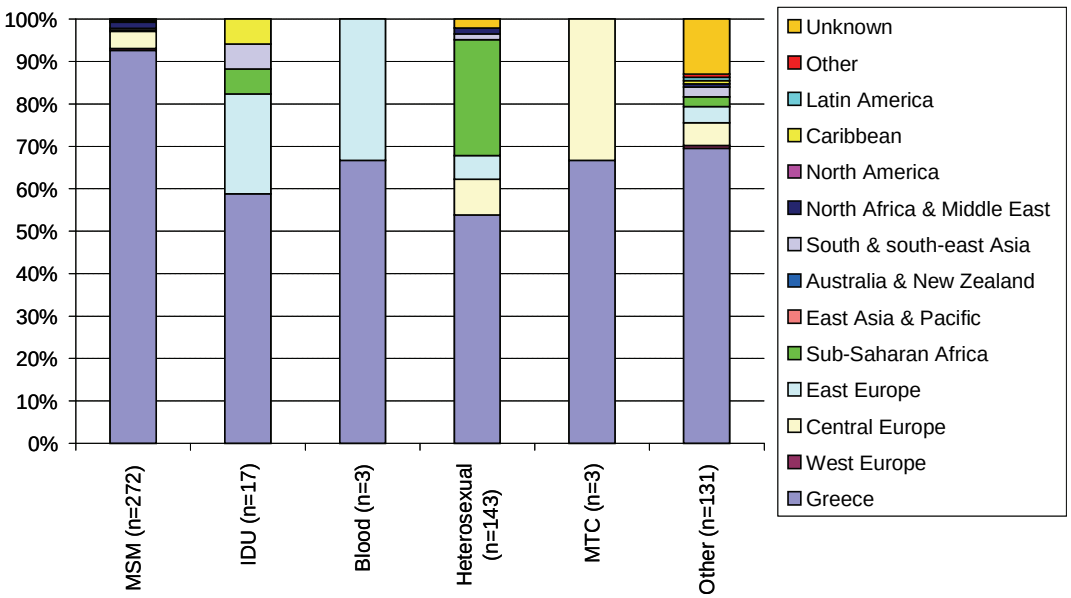
Greece AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	4 474	3 478	996	22.26 %
Cases in migrants	1 216	745	471	38.73 %
2006	**Total**	**Male**	**Female**	
HIV infections	569	460	109	19.16 %
Cases in migrants	135	81	54	40 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Greece	434	379	55	- 49.88 %
West Europe	2	2	0	- 90 %
Central Europe	31	20	11	+ 29.17 %
East Europe	19	8	11	+ 137.5 %
Sub-Saharan Africa	43	22	21	Unchanged
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	- 100 %
South & south-east Asia	7	5	2	Unchanged
North Africa & Middle East	7	7	0	+ 75 %
North America	1	1	0	- 66.67 %
Caribbean	2	1	1	N/A
Latin America	1	0	1	- 50 %
Other	1	1	0	- 98.18 %
Unknown	21	14	7	- 85.11 %

Greece HIV infections by origin and transmission category, 2006



Hungary

Source of data

Demographic: Nagyné Forgács Eleonóra. HungarianCentral Office of Statistics: Eleonora.Forgacs@ksh.hu

Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

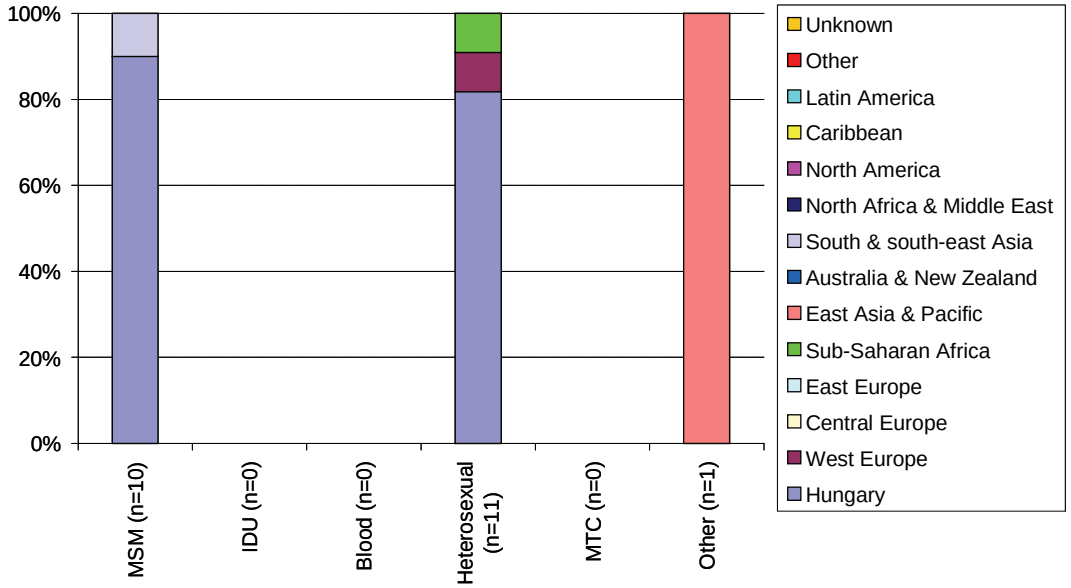
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Hungary	10 076 581	4 784 579	5 292 002
Migrants	166 030	84 073	81 957
Geographical origin			
West Europe	27 431	14 815	12 616
Central Europe	92 194	45 796	46 398
East Europe	22 652	9 993	12 659
Sub-Saharan Africa	808	595	213
East Asia & Pacific	11 469	6 004	5 465
Australia & New Zealand	200	123	77
South & south-east Asia	5 052	2 755	2 297
North Africa & Middle East	2 481	1 925	556
North America	2 200	1 238	962
Caribbean	230	90	140
Latin America	635	353	282
Foreigner	520	300	220
Unknown	158	86	72

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	214	181	33	15.42 %
Cases in migrants	34	28	6	17.65 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	22	15	7	31.82 %
Cases in migrants	4	3	1	25 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Hungary	18	12	6	- 35.71 %
West Europe	1	1	0	- 50 %
Central Europe	0	0	0	- 100 %
East Europe	0	0	0	- 100 %
Sub-Saharan Africa	1	0	1	Unchanged
East Asia & Pacific	1	1	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	1	1	0	N/A
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	- 100 %
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

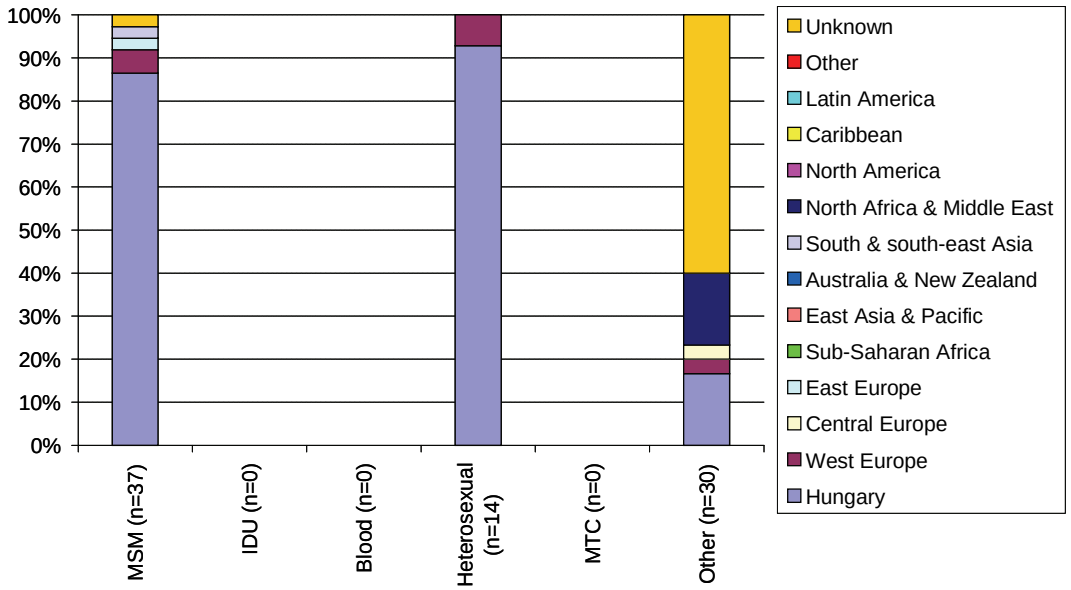
Hungary AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	563	453	110	19.54 %
Cases in migrants	173	134	39	22.54 %
2006	**Total**	**Male**	**Female**	
HIV infections	61	48	13	21.31 %
Cases in migrants	11	8	3	27.27 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Hungary	50	40	10	+ 51.52 %
West Europe	4	4	0	Unchanged
Central Europe	1	0	1	- 85.71 %
East Europe	1	1	0	- 75 %
Sub-Saharan Africa	0	0	0	- 100 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	1	1	0	N/A
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	- 100 %
Caribbean	0	0	0	N/A
Latin America	0	0	0	- 100 %
Other	0	0	0	N/A
Unknown	4	2	2	N/A

Hungary HIV infections by origin and transmission category, 2006



Iceland

Source of data

Demographic: Statistics Iceland: www.statice.is

Eurostat: ec.europa.eu/eurostat/

AIDS/HIV: EuroHIV: www.eurohiv.org

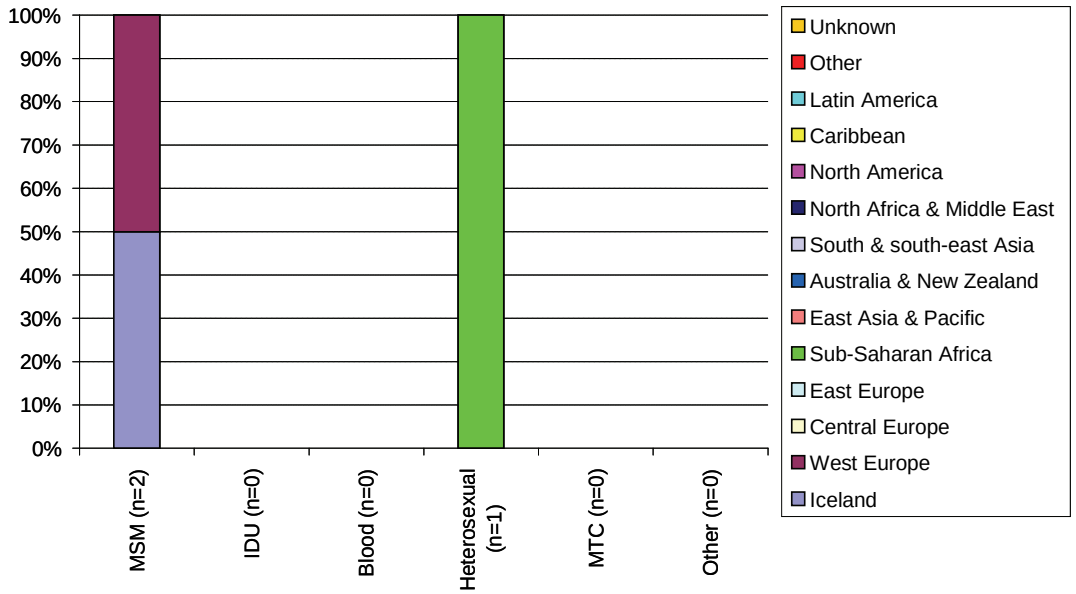
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Iceland	307 672	156 576	151 096
Migrants	18 563	11 501	7 062
Geographical origin			
West Europe	4 759	2 636	2 123
Central Europe	7 438	5 307	2 131
East Europe	1 839	1 027	812
Sub-Saharan Africa	225	110	115
East Asia & Pacific	828	647	181
Australia & New Zealand	101	61	40
South & south-east Asia	1 984	932	1 052
North Africa & Middle East	131	82	49
North America	779	461	318
Caribbean	26	10	16
Latin America	365	181	184
Foreigner	87	47	40
Unknown	1	0	1

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	10	8	2	20 %
Cases in migrants	6	4	2	33.33 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	3	2	1	33.33 %
Cases in migrants	2	1	1	50 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Iceland	1	1	0	N/A
West Europe	1	1	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	1	0	1	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

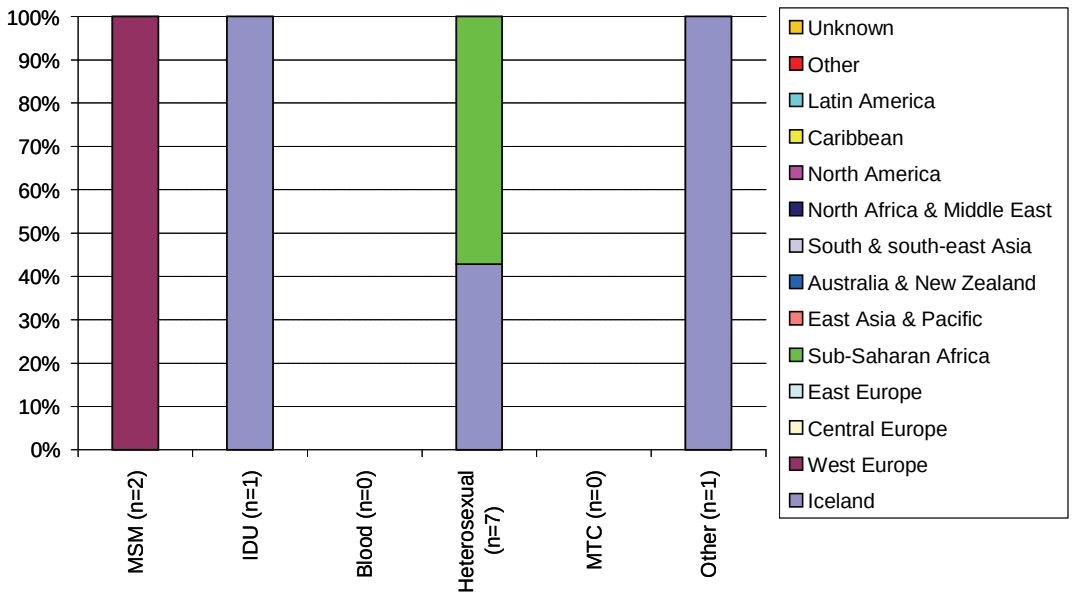
Iceland AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	74	51	23	31.08 %
Cases in migrants	36	21	15	41.67 %
2006	**Total**	**Male**	**Female**	
HIV infections	11	8	3	27.27 %
Cases in migrants	6	3	3	50 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Iceland	5	5	0	- 37.5 %
West Europe	2	2	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	4	1	3	+ 33.33 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	- 100 %
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Iceland HIV infections by origin and transmission category, 2006



Ireland

Source of data

Demographic: Central Statistics Office Ireland: www.cso.ie

Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

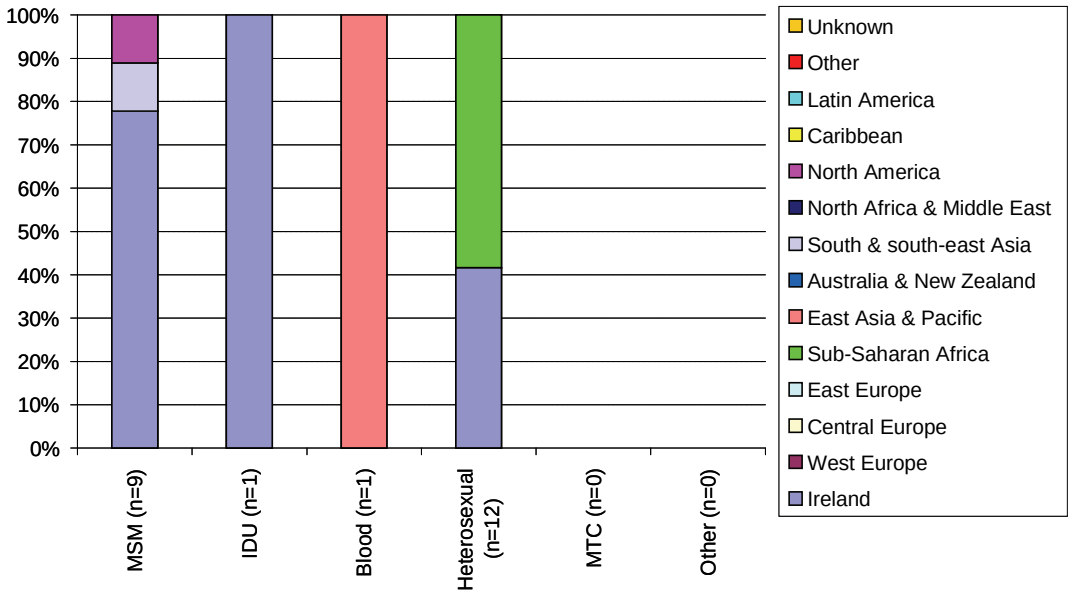
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Ireland	4 172 013	2 085 192	2 086 821
Migrants	465 330	248 295	217 035
Geographical origin			
West Europe	155 380	77 046	78 334
Central Europe	87 872	55 114	32 758
East Europe	47 836	25 995	21 841
Sub-Saharan Africa	21 732	10 073	11 659
East Asia & Pacific	11 161	6 018	5 143
Australia & New Zealand	5 789	2 895	2 894
South & south-east Asia	25 985	13 118	12 867
North Africa & Middle East	0	0	0
North America	14 818	6 608	8 210
Caribbean	0	0	0
Latin America	4 388	2 697	1 691
Foreigner	90 369	48 731	41 638
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	255	185	70	27.45 %
Cases in migrants	161	109	52	32.3 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	22	21	1	4.55 %
Cases in migrants	11	10	1	9.09 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Ireland	13	13	0	+ 1 200 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	6	5	1	N/A
East Asia & Pacific	1	1	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	1	1	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	1	1	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	- 100 %

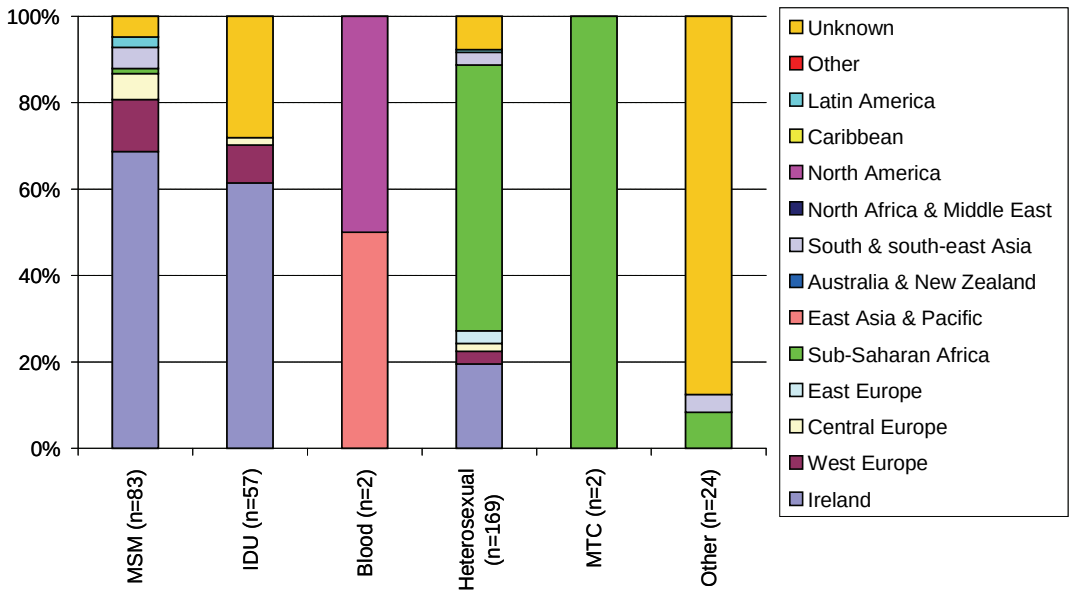
Ireland AIDS cases by origin and transmission category, 2006



HIV data

2003-2006	Total	Male	Female	% Female
Cumulative HIV Infections	1 404	788	616	43.87 %
Cases in migrants	869	398	471	54.2 %
2006	**Total**	**Male**	**Female**	
HIV infections	335	212	123	36.72 %
Cases in migrants	210	116	94	44.76 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (2003 to 2006)**
Ireland	125	96	29	- 8.09 %
West Europe	20	18	2	+ 33.33 %
Central Europe	9	7	2	N/A
East Europe	5	3	2	+ 400 %
Sub-Saharan Africa	109	44	65	- 45.23 %
East Asia & Pacific	1	1	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	10	7	3	+ 233.33 %
North Africa & Middle East	0	0	0	- 100 %
North America	1	1	0	- 80 %
Caribbean	0	0	0	- 100 %
Latin America	3	2	1	+ 200 %
Other	0	0	0	N/A
Unknown	52	33	19	+ 44.44 %

Ireland HIV infections by origin and transmission category, 2006



Italy

Source of data

Demographic: Istituto nazionale di statistica: www.istat.it/english

Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

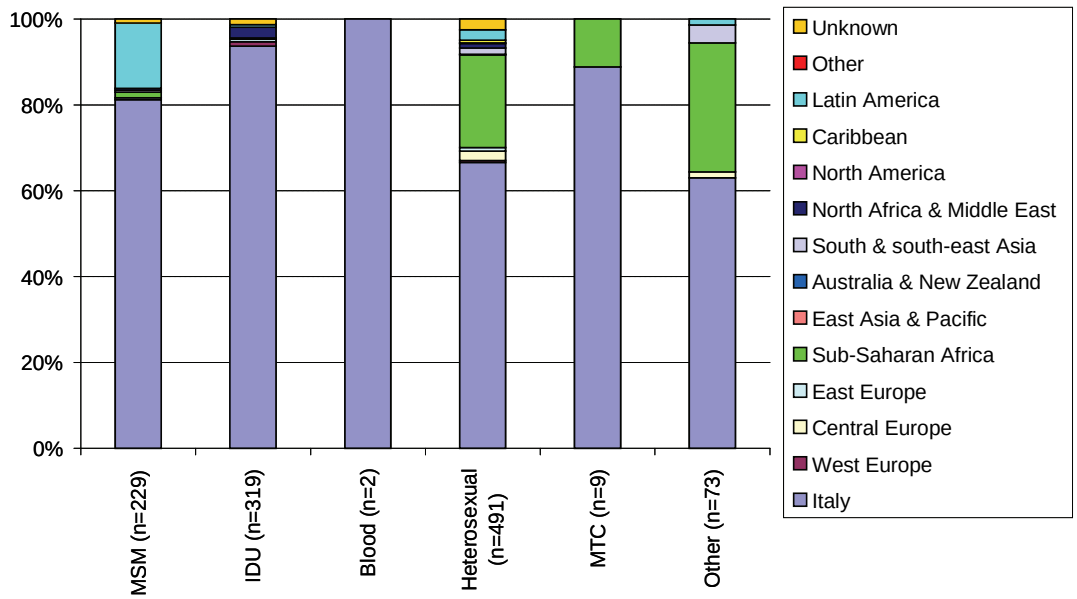
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Italy	59 131 287	28 718 441	30 412 846
Migrants	2 938 922	1 473 073	1 465 849
Geographical origin			
West Europe	164 480	64 887	99 593
Central Europe	1 028 109	517 948	510 161
East Europe	207 911	48 825	159 086
Sub-Saharan Africa	227 364	132 662	94 702
East Asia & Pacific	156 571	81 423	75 148
Australia & New Zealand	2 418	965	1 453
South & south-east Asia	338 102	188 086	150 016
North Africa & Middle East	534 364	336 188	198 176
North America	17 301	7 831	9 470
Caribbean	33 115	8 874	24 241
Latin America	228 544	85 030	143 514
Foreigner	643	354	289
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	13 612	10 283	3329	24.46 %
Cases in migrants	2197	1386	811	36.91 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	1 127	855	272	24.13 %
Cases in migrants	257	165	92	35.8 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Italy	869	689	180	- 53.73 %
West Europe	5	4	1	- 58.33 %
Central Europe	13	6	7	Unchanged
East Europe	7	5	2	N/A
Sub-Saharan Africa	134	72	62	+ 48.89 %
East Asia & Pacific	1	1	0	- 50 %
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	12	6	6	+ 71.43 %
North Africa & Middle East	14	14	0	- 48.15 %
North America	1	1	0	- 66.67 %
Caribbean	3	0	3	- 62.5 %
Latin America	50	43	7	- 21.88 %
Other	0	0	0	N/A
Unknown	18	14	4	- 41.94 %

Italy AIDS cases by origin and transmission category, 2006



Latvia

Source of data

Demographic: LR Céntrala Statistikas Pärvalde: www.csb.gov.lv

Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

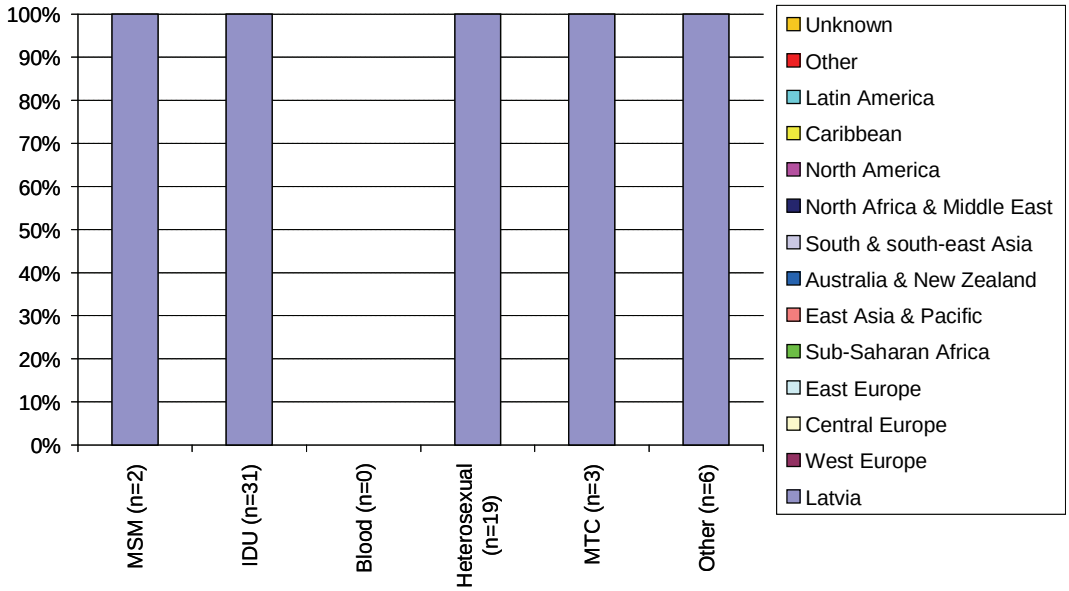
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Latvia	2 294 590	1 057 284	1 237 306
Migrants	374 872	153 275	221 597
Geographical origin			
Native	1 919 718	904 009	1 015 709
West Europe	5 408	3 029	2 379
Central Europe	2 001	896	1 105
East Europe	361 520	146 151	215 369
Sub-Saharan Africa	63	48	15
East Asia & Pacific	474	235	239
Australia & New Zealand	267	156	111
South & south-east Asia	377	283	94
North Africa & Middle East	167	146	21
North America	1 055	564	491
Caribbean	74	50	24
Latin America	132	83	49
Foreigners, subcontinent unknown	4	3	1
Unknown	3 330	1 631	1 699

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	425	300	125	29.41 %
Cases in migrants	1	1	0	No female cases
2006	**Total**	**Male**	**Female**	
AIDS Cases	61	42	19	31.15 %
Cases in migrants	0	0	0	No female cases
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Latvia	61	42	19	+ 258.82 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	- 100 %
Other	0	0	0	N/A
Unknown	0	0	0	N/A

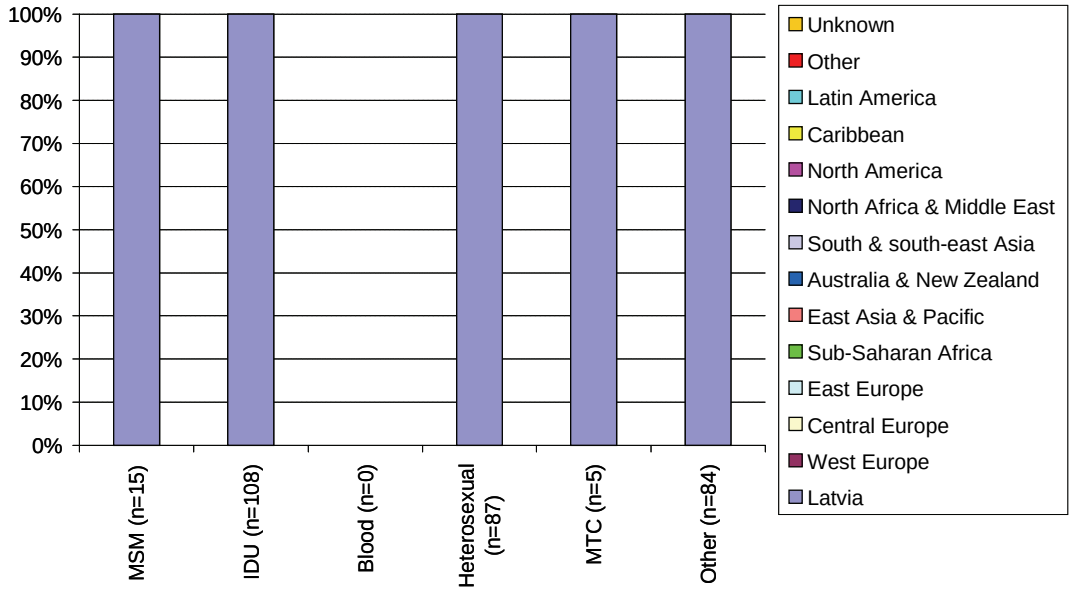
Latvia AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	3 381	2 398	983	29.07 %
Cases in migrants	8	5	3	37.5 %
2006	**Total**	**Male**	**Female**	
HIV infections	299	186	113	37.79 %
Cases in migrants	0	0	0	No female cases
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Latvia	299	186	113	+ 23.55 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Latvia HIV infections by origin and transmission category, 2006



Liechtenstein

Source of data

Demographic: Landesverwaltung Fürstentum Liechtenstein: www.llv.li

Demographic data

Total population 2006	**Total**	**Male**	**Female**
Liechtenstein	35 168	17 343	17 825
Migrants	11 906	6 066	5 840
Geographical origin			
Native	23 264	11 276	11 985
West Europe	9 347	4 862	4 485
Central Europe	2 123	1 039	1 084
East Europe	70	17	53
Sub-Saharan Africa	21	10	11
East Asia & Pacific	68	33	35
Australia & New Zealand	4	2	2
South & south-east Asia	76	22	54
North Africa & Middle East	22	17	5
North America	41	24	17
Caribbean	33	13	20
Latin America	96	25	71
Foreigners, subcontinent unknown	5	2	3
Unknown	0	0	0

Lithuania

Source of data

Demographic: Department of Statistics to the Government of the Republic of Lithuania www.stat.gov.lt/en

Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

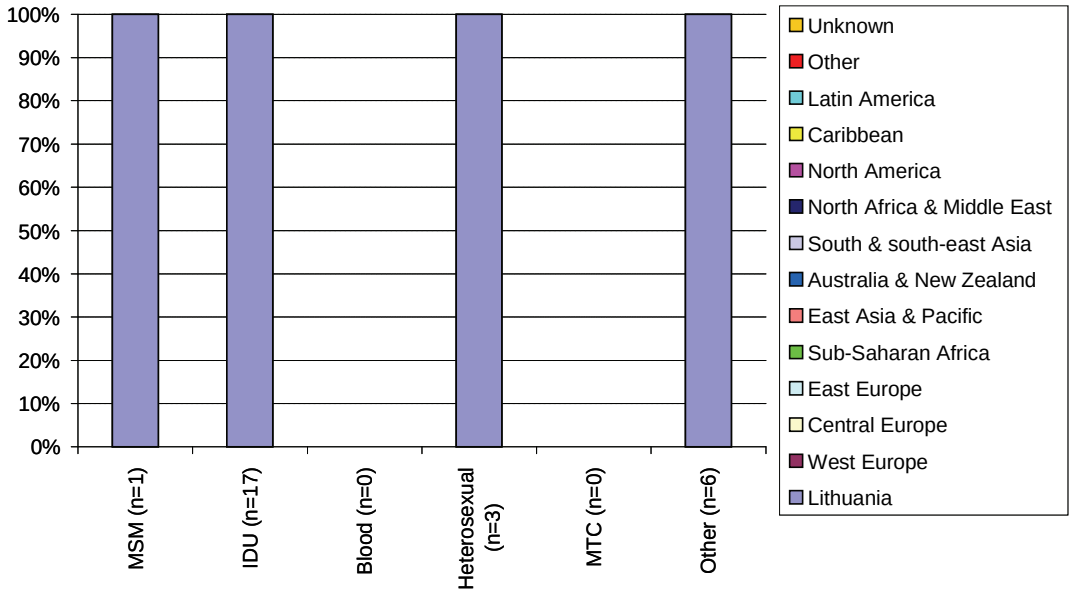
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Lithuania	3 403 284	1 586 650	1 816 634
Migrants	32 862	18 412	14 450
Geographical origin			
West Europe	1 294	983	311
Central Europe	631	432	199
East Europe	21 505	11 360	10 145
Sub-Saharan Africa	26	24	2
East Asia & Pacific	162	117	45
Australia & New Zealand	12	5	7
South & south-east Asia	208	144	64
North Africa & Middle East	116	115	1
North America	255	179	76
Caribbean	1	1	0
Latin America	37	27	10
Foreigner	8 615	5 025	3 590
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	99	82	17	17.17 %
Cases in migrants	0	0	0	0 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	27	22	5	18.52 %
Cases in migrants	0	0	0	0 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Lithuania	27	22	5	+ 350 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

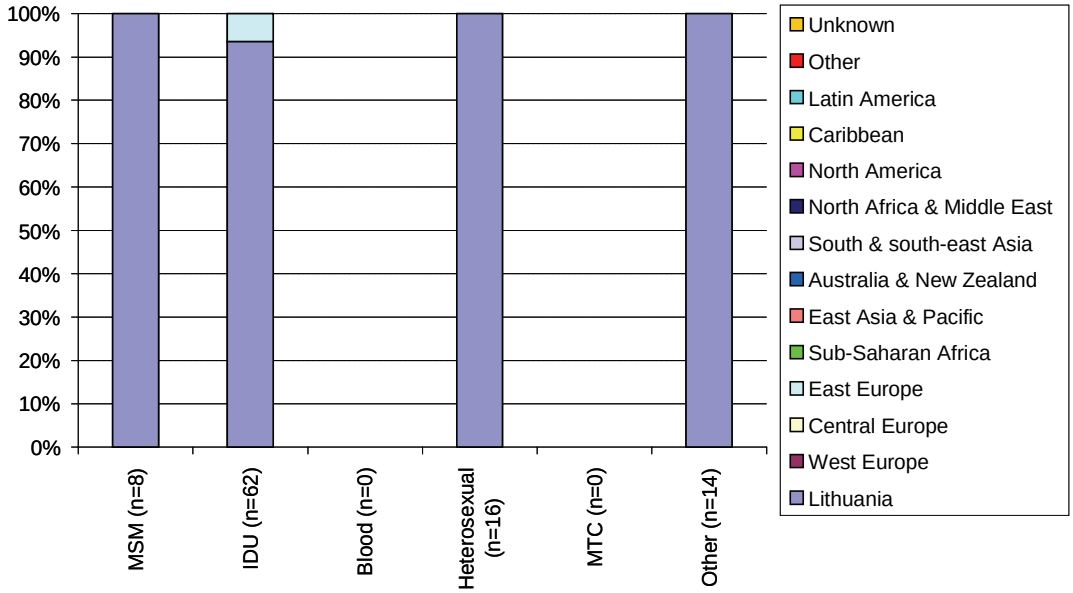
Lithuania AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	1 065	922	143	13.43 %
Cases in migrants	42	36	6	14.29 %
2006	**Total**	**Male**	**Female**	
HIV infections	100	78	22	22 %
Cases in migrants	4	4	0	0 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Lithuania	96	74	22	+ 60 %
West Europe	0	0	0	- 100 %
Central Europe	0	0	0	N/A
East Europe	4	4	0	Unchanged
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	- 100 %
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Lithuania HIV infections by origin and transmission category, 2006



Luxembourg

Source of data

Demographic: Le portail des statistiques du Luxembourg: www.statistiques.public.lu/fr

Eurostat ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

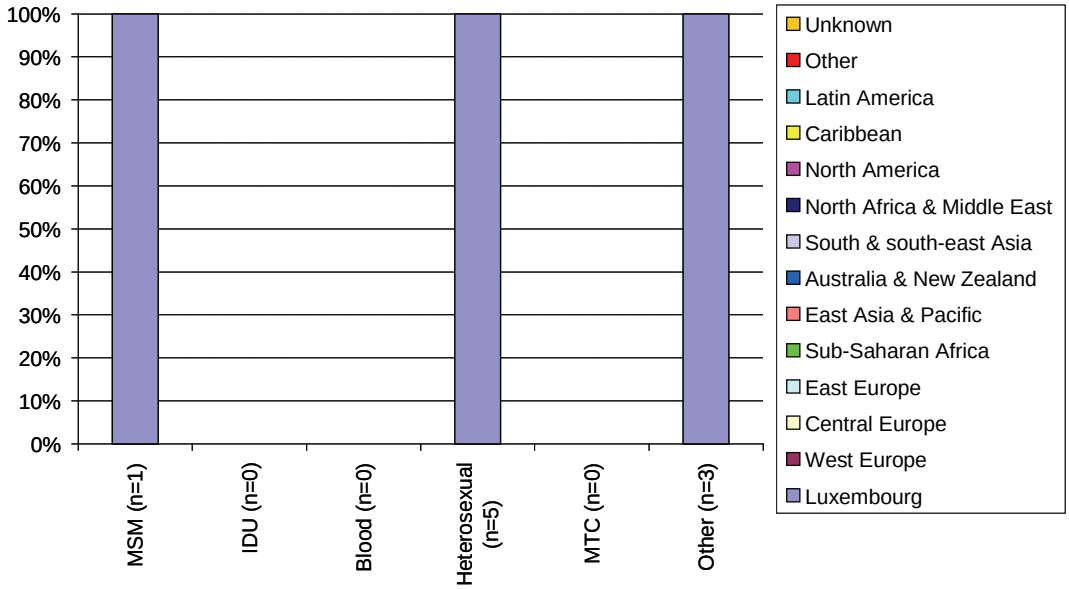
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Luxembourg	476 187	N/A	N/A
Migrants	198 259	N/A	N/A
Geographical origin			
Native	277 928	N/A	N/A
West Europe	165 865	N/A	N/A
Central Europe	4 266	N/A	N/A
East Europe	855	N/A	N/A
Sub-Saharan Africa	N/A	N/A	N/A
East Asia & Pacific	N/A	N/A	N/A
Australia & New Zealand	N/A	N/A	N/A
South & south-east Asia	N/A	N/A	N/A
North Africa & Middle East	N/A	N/A	N/A
North America	N/A	N/A	N/A
Caribbean	N/A	N/A	N/A
Latin America	N/A	N/A	N/A
Foreigners, subcontinent unknown	27 273	N/A	N/A
Unknown	N/A	N/A	N/A

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative AIDS Cases	57	43	14	24.56 %
Cases in migrants	1	0	1	100 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	9	6	3	33.33 %
Cases in migrants	0	0	0	0 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Luxembourg	9	6	3	+ 80 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

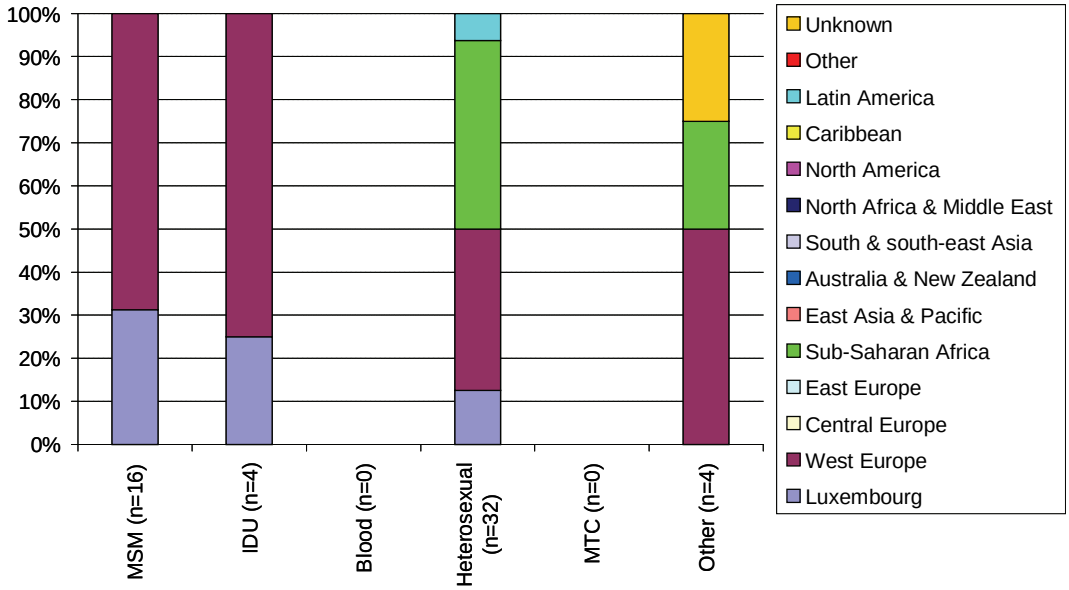
Luxembourg AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	373	262	111	29.76 %
Cases in migrants	291	191	100	34.36 %
2006	**Total**	**Male**	**Female**	
HIV infections	56	40	16	28.57 %
Cases in migrants	46	30	16	34.78 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Luxembourg	10	10	0	- 23.08 %
West Europe	28	25	3	+ 300 %
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	15	4	11	+ 200 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	- 100 %
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	2	0	2	+ 100 %
Other	0	0	0	N/A
Unknown	1	1	0	- 66.67 %

Luxembourg HIV infections by origin and transmission category, 2006



Malta

Source of data

Demographic: National Statistics Office: www.nso.gov.mt

AIDS/HIV: EuroHIV: www.eurohiv.org

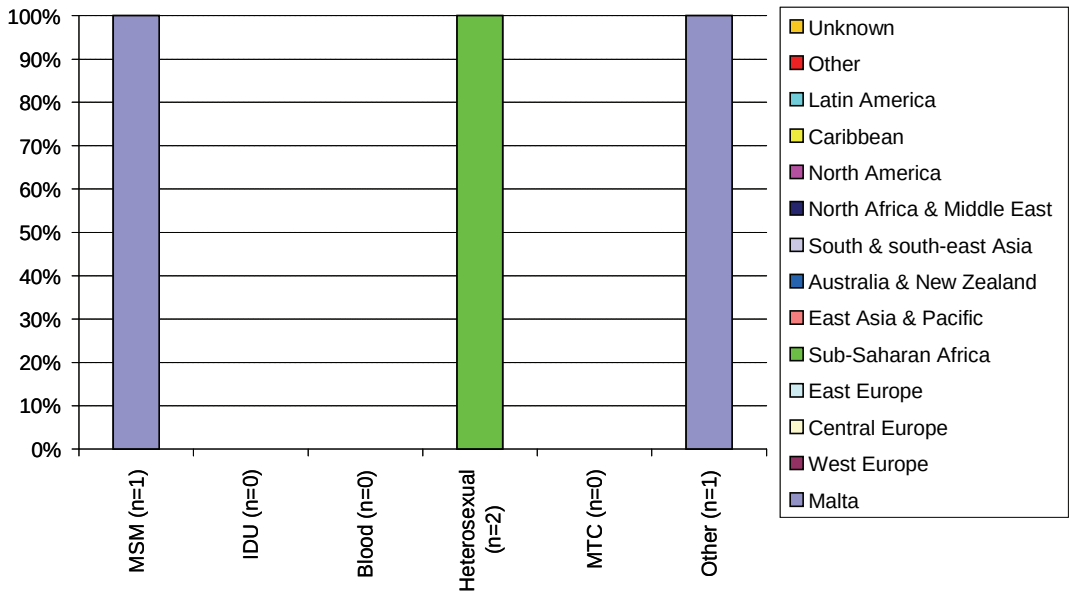
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Malta	404 962	200 819	204 143
Migrants	12 112	5 912	6 200
Geographical origin			
West Europe	5 943	2 869	3 074
Central Europe	0	0	0
East Europe	0	0	0
Sub-Saharan Africa	0	0	0
East Asia & Pacific	0	0	0
Australia & New Zealand	372	120	252
South & south-east Asia	0	0	0
North Africa & Middle East	493	335	158
North America	170	71	99
Caribbean	0	0	0
Latin America	0	0	0
Foreigner	5 134	2 517	2 617
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	18	12	6	33.33 %
Cases in migrants	4	1	3	75 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	4	2	2	50 %
Cases in migrants	2	1	1	50 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Malta	2	1	1	+ 100 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	2	1	1	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Malta AIDS cases by origin and transmission category, 2006



Netherlands

Source of data

Demographic: Central Bureau voor de Statistiek: www.cbs.nl/nl-NL/default.htm

AIDS: EuroHIV: www.eurohiv.org

HIV: RIVM (HIV/STI reports 2003–2006): www.rivm.nl

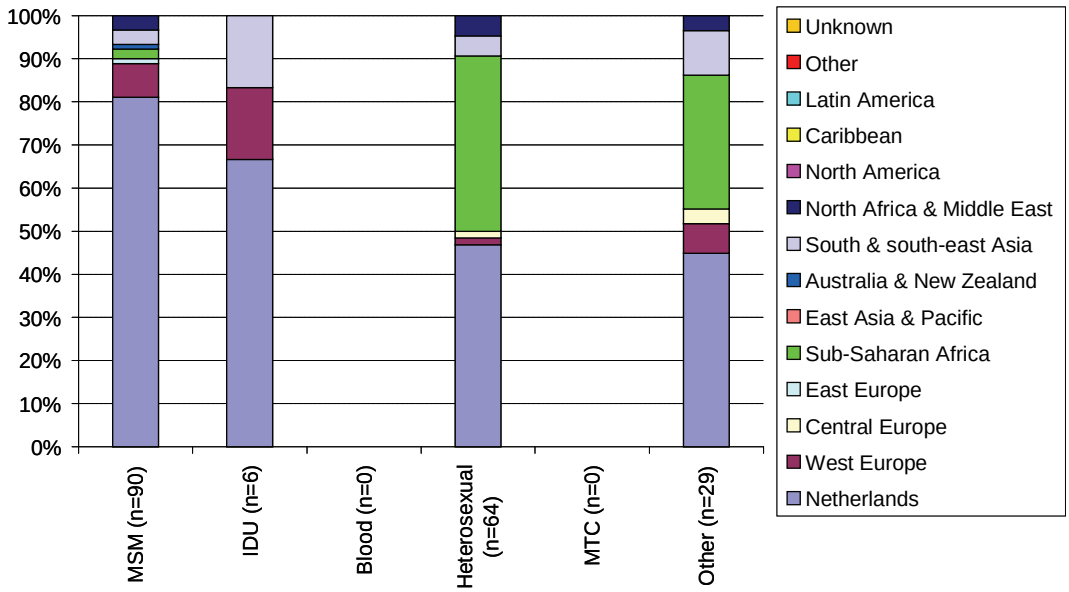
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Netherlands	16 334 210	8 077 407	8 256 803
Migrants	3 147 615	1 554 981	1 592 634
Geographical origin			
West Europe	752 522	362 074	390 448
Central Europe	524 392	260 825	263 567
East Europe	46 001	18 542	27 459
Sub-Saharan Africa	141 074	77 314	63 760
East Asia & Pacific	56 220	26 228	29 992
Australia & New Zealand	19 204	9 634	9 570
South & south-east Asia	559 472	274 960	284 512
North Africa & Middle East	428 177	230 182	197 995
North America	43 799	21 770	22 029
Caribbean	13 635	5 123	8 512
Latin America	386 426	181 161	205 265
Subcontinent unknown	176 693	87 168	89 525
Unknown	0	0	0

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative AIDS Cases	2 046	1 588	458	22.39 %
Cases in migrants	800	532	268	33.5 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	189	159	30	15.87 %
Cases in migrants	69	56	13	18.84 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Netherlands	120	103	17	+ 9.09 %
West Europe	11	11	0	+ 83.33 %
Central Europe	2	2	0	Unchanged
East Europe	1	1	0	- 50 %
Sub-Saharan Africa	37	26	11	+ 42.31 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	1	1	0	N/A
South & south-east Asia	10	8	2	+ 100 %
North Africa & Middle East	7	7	0	+ 133.33 %
North America	0	0	0	- 100 %
Caribbean	0	0	0	- 100 %
Latin America	0	0	0	- 100 %
Other	0	0	0	N/A
Unknown	0	0	0	- 100 %

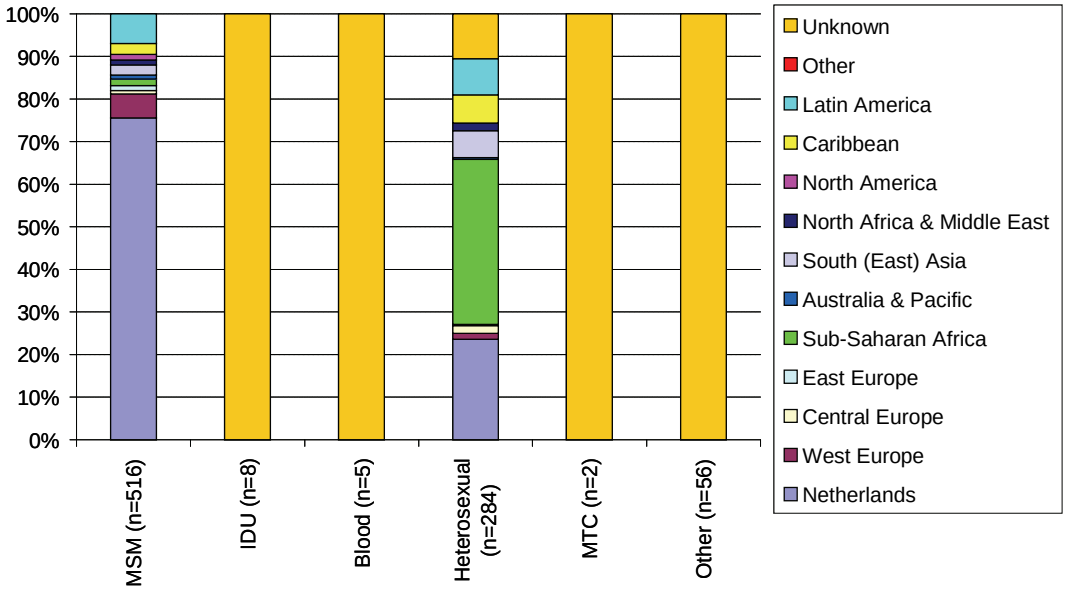
Netherlands AIDS cases by origin and transmission category, 2006



HIV data

2003-2006	Total	Male	Female	% Female
Cumulative HIV Infections	11 866	9 170	2 696	22.72 %
Cases in migrants	5 175	3 241	1 934	37.37 %
2006	**Total**	**Male**	**Female**	
HIV infections	871	705	166	19.06 %
Cases in migrants	351	229	122	34.76 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (2003 to 2006)**
Netherlands	520	476	44	- 90.67 %
West Europe	36	33	3	- 94.54 %
Central Europe	12	11	1	- 90.55 %
East Europe	8	8	0	- 80 %
Sub-Saharan Africa	133	57	76	- 92.21 %
Oceania & Pacific	6	6	0	N/A
Australia & New Zealand	1	1	0	N/A
South (East) Asia	36	22	14	- 87.37 %
North Africa & Middle East	14	11	3	- 85.86 %
North America	7	7	0	- 95.3 %
Caribbean	34	22	12	- 90.4 %
Latin America	64	51	13	- 90.32 %
Other	0	0	0	- 100 %
Unknown	0	0	0	- 100 %

Netherlands HIV infections by origin and transmission category, 2006



Norway

Source of data

Demographic: Statistics Norway: www.statbanks.ssb.no

AIDS/HIV: EuroHIV: www.eurohiv.org

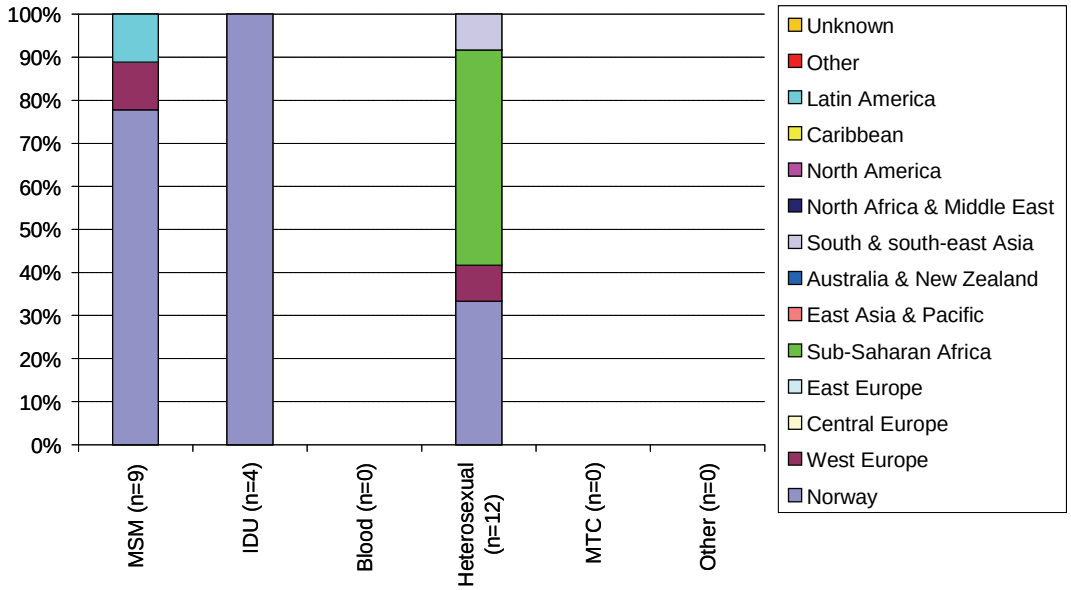
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Norway	4 640 219	2 301981	2 338238
Migrants	222 277	109 565	112 712
Geographical origin			
West Europe	92 017	48 571	43 446
Central Europe	25 140	13 331	11 809
East Europe	13 877	4 882	8 995
Sub-Saharan Africa	20 541	10 788	9 753
East Asia & Pacific	3 045	1 169	1 876
Australia & New Zealand	963	573	390
South & south-east Asia	33 928	13 277	20 651
North Africa & Middle East	16 678	9 554	7 124
North America	8 904	4 268	4 636
Caribbean	731	263	468
Latin America	5 228	2 190	3 038
Foreigner	1 157	2 639	489
Unknown	68	31	37

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative AIDS Cases	277	181	96	34.66 %
Cases in migrants	135	63	72	53.33 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	25	19	6	24 %
Cases in migrants	10	5	5	50 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Norway	15	14	1	- 21.05 %
West Europe	2	2	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	6	2	4	+ 50 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	1	0	1	- 75 %
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	1	1	0	Unchanged
Other	0	0	0	N/A
Unknown	0	0	0	- 100 %

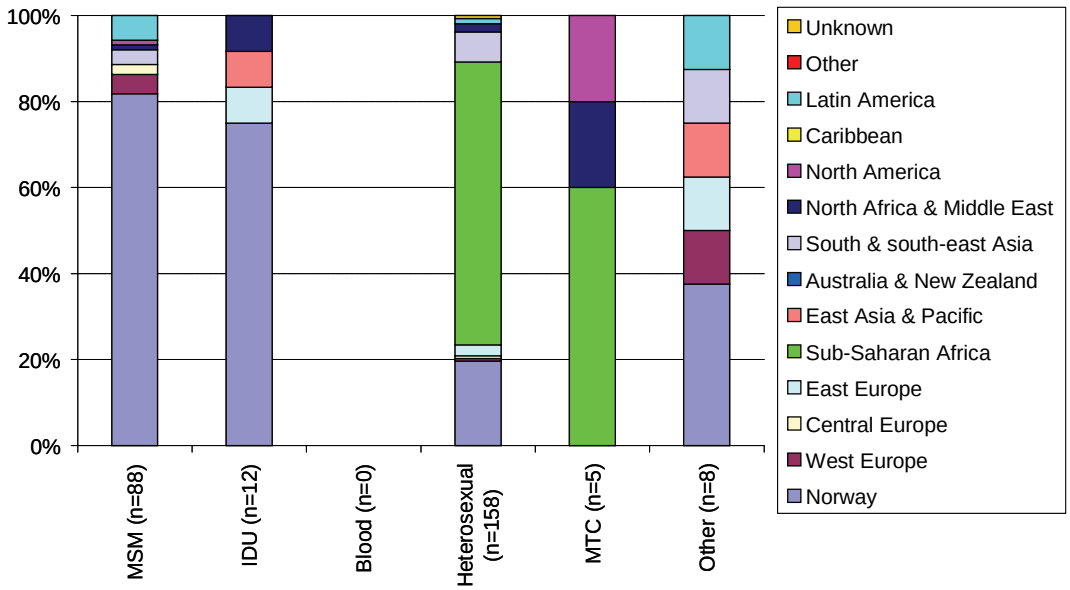
Norway AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	1 637	996	641	39.16 %
Cases in migrants	1 033	480	553	53.53 %
2006	**Total**	**Male**	**Female**	
HIV infections	271	179	92	33.95 %
Cases in migrants	156	71	85	54.49 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Norway	115	108	7	+ 109.09 %
West Europe	6	4	2	+ 200 %
Central Europe	3	3	0	+ 50 %
East Europe	6	2	4	N/A
Sub-Saharan Africa	107	42	65	+ 91.07 %
East Asia & Pacific	2	1	1	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	15	7	8	- 6.25 %
North Africa & Middle East	6	4	2	+ 500 %
North America	2	2	0	N/A
Caribbean	0	0	0	- 100 %
Latin America	8	6	2	+ 300 %
Other	0	0	0	N/A
Unknown	1	0	1	Unchanged

Norway HIV infections by origin and transmission category, 2006



Poland

Source of data:

Demographic: National Population and Housing Census 2002. Central Statistical Office: www.stat.gov.pl/gus/index_ENG_HTML.htm

AIDS/HIV: EuroHIV: www.eurohiv.org

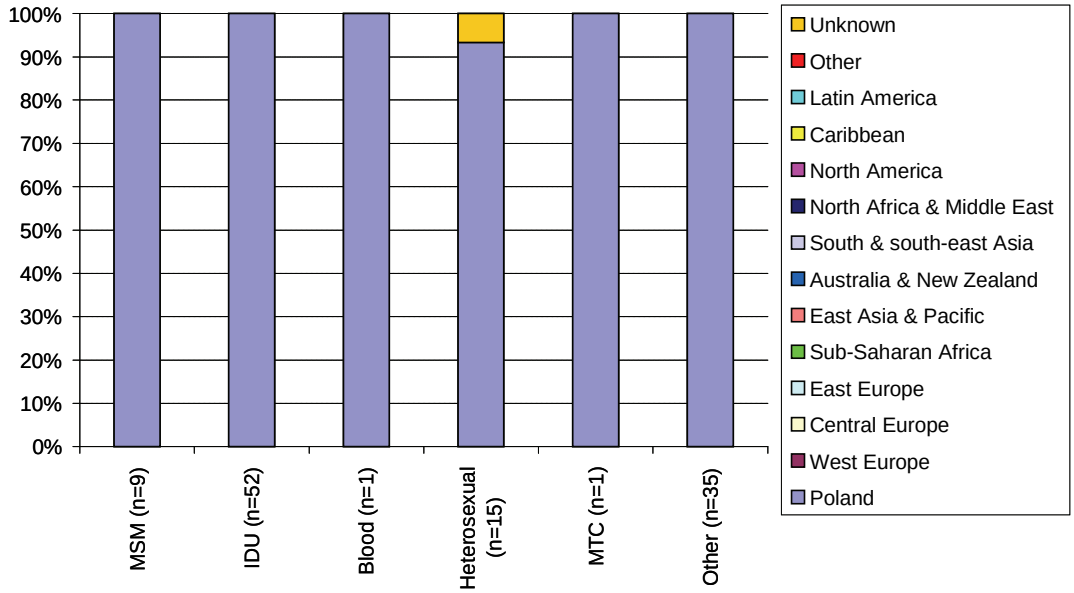
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Poland	38 230 080	18 516 403	19 713 677
Migrants	1 352 062	598 114	753 948
Geographical origin			
West Europe	157 775	69 326	88 449
Central Europe	22 157	9 739	12 418
East Europe	555 024	215 762	339 262
Sub-Saharan Africa	0	0	0
East Asia & Pacific	650	299	351
Australia & New Zealand	608	312	296
South & south-east Asia	1 651	1 015	636
North Africa & Middle East	1 731	1 417	314
North America	10 559	4 448	6 111
Caribbean	0	0	0
Latin America	0	0	0
Foreigner	0	0	0
Unknown	601 907	295 796	306 111

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	1 100	858	242	22 %
Cases in migrants	13	10	3	23.08 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	113	91	22	19.47 %
Cases in migrants	1	0	1	100 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Poland	112	91	21	- 18.25 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	1	0	1	N/A

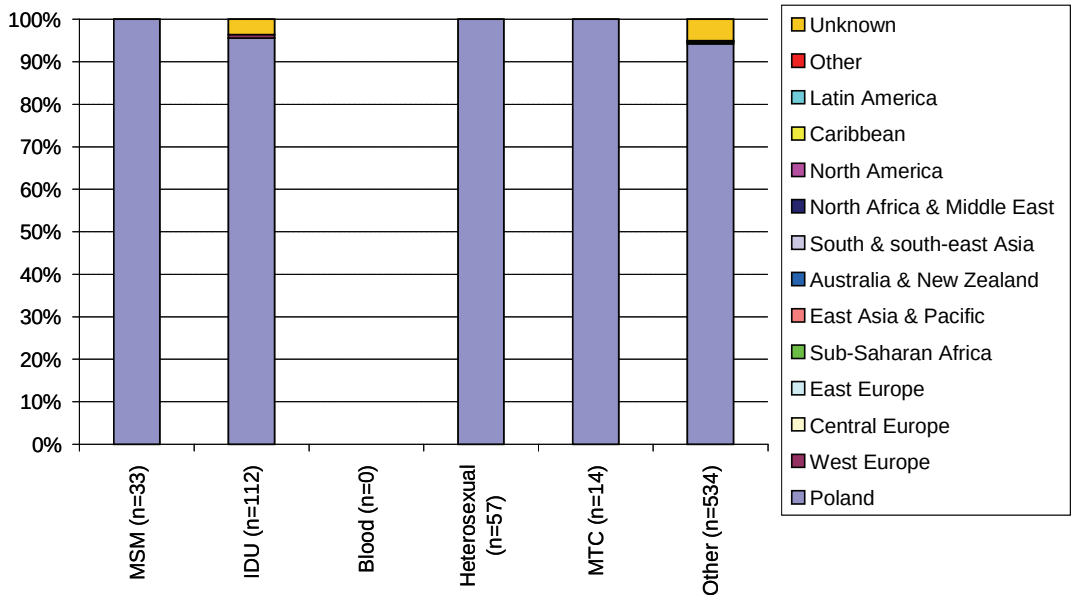
Poland AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	4 888	3 622	1 266	25.9 %
Cases in migrants	51	43	8	15.69 %
2006	**Total**	**Male**	**Female**	
HIV infections	740	569	171	23.11 %
Cases in migrants	28	24	4	14.29 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Poland	712	545	167	+ 37.45 %
West Europe	3	2	1	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	1	1	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	1	1	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	23	20	3	N/A

Poland HIV infections by origin and transmission category, 2006



Portugal

Source of data

Demographic: Instituto Nacional de Estatística de Portugal: www.ine.pt

AIDS/HIV: EuroHIV: www.eurohiv.org

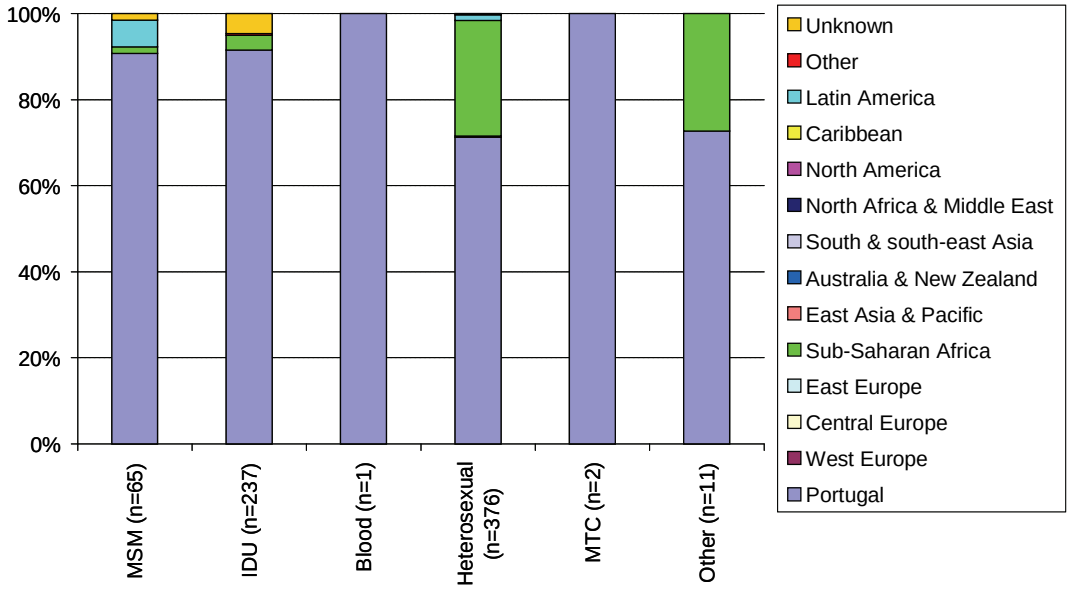
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Population	10 599 095	5 129 937	5 469 158
Registered migrants	332 137	181 910	150 227
Geographical origin			
West Europe	80 999	N/A	N/A
Central Europe	8 145	N/A	N/A
East Europe	34 018	N/A	N/A
Sub-Saharan Africa	59 445	N/A	N/A
East Asia & Pacific	8 949	N/A	N/A
Australia & New Zealand	491	N/A	N/A
South & south-east Asia	5 882	N/A	N/A
North Africa & Middle East	1 219	N/A	N/A
North America	9 840	N/A	N/A
Caribbean	580	N/A	N/A
Latin America	46 681	N/A	N/A
Foreigner	66 243	N/A	N/A
Unknown	9 645	N/A	N/A

AIDS data

1999–2006	**Total**	**Male**	**Female**	**% Female**
Cumulative AIDS Cases	7 259	5 872	1 387	19.11 %
Cases in migrants	3 376	2 696	680	20.14 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	693	525	168	24.24 %
Cases in migrants	139	89	50	35.97 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Portugal	556	436	120	+ 151.58 %
West Europe	1	0	1	- 50 %
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	113	69	44	+ 175.61 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	- 100 %
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	9	8	1	+ 350 %
Other	1	0	1	N/A
Unknown	13	12	1	- 98.45 %

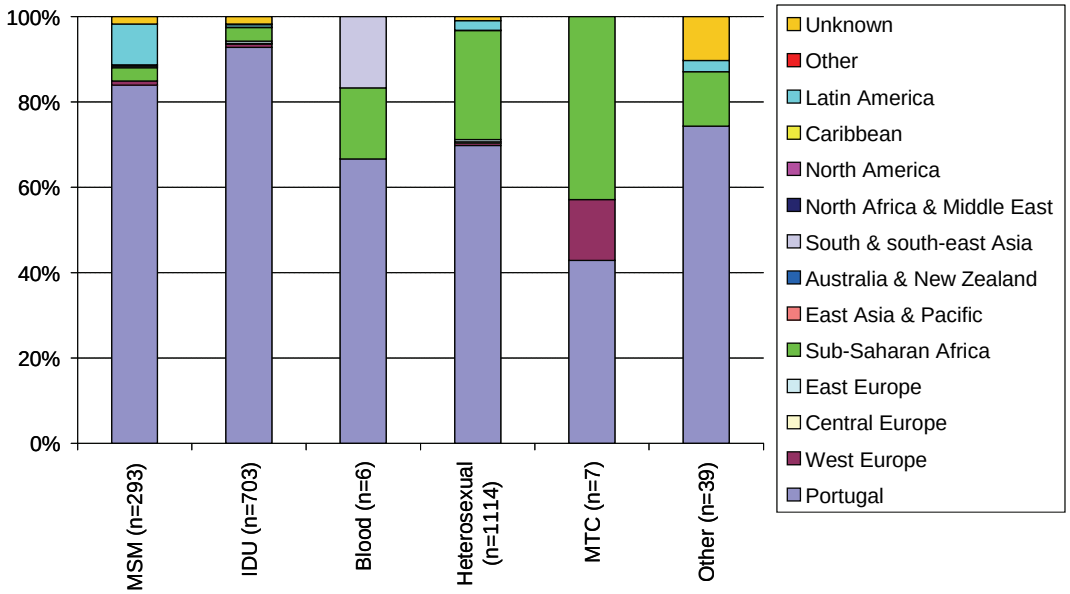
Portugal AIDS cases by origin and transmission category, 2006



HIV data

2000-2006	Total	Male	Female	% Female
Cumulative HIV Infections	18 677	13 517	5 160	27.63 %
Cases in migrants	9 950	7 057	2 893	29.08 %
2006	**Total**	**Male**	**Female**	
HIV infections	2 162	1 547	615	28.45 %
Cases in migrants	449	257	192	42.76 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (2000 to 2006)**
Portugal	1 713	1 290	423	+ 392.24 %
West Europe	15	10	5	+ 650 %
Central Europe	4	2	2	N/A
East Europe	10	8	2	+ 900 %
Sub-Saharan Africa	325	161	164	+ 622.22 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	3	2	1	N/A
North Africa & Middle East	2	2	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	58	43	15	+ 5700 %
Other	1	0	1	N/A
Unknown	31	29	2	- 99.15 %

Portugal HIV infections by origin and transmission category, 2006



Romania

Source of data

Demographic: National Institute of Statistics: www.insse.ro

AIDS/HIV Eurohiv: www.eurohiv.org

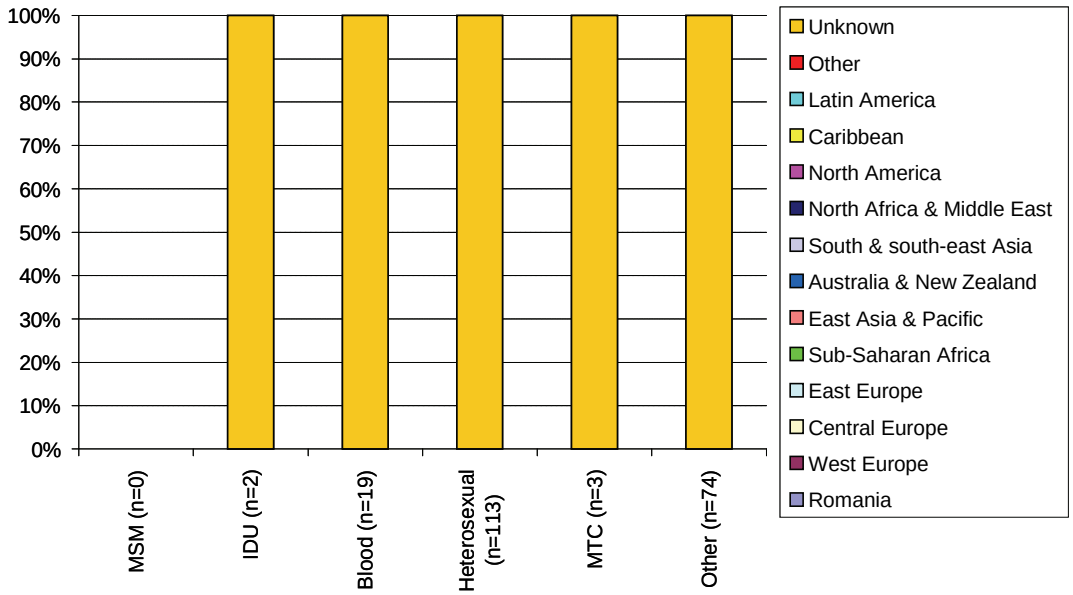
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Romania	21 565 119	10 511 076	11 054 043
Migrants	26 069	16 824	9 245
Geographical origin			
West Europe	6 105	4 532	1 573
Central Europe	3 627	2 663	964
East Europe	6 425	2 691	3 734
Sub-Saharan Africa	4	4	0
East Asia & Pacific	1 898	1 110	788
Australia & New Zealand	0	0	0
South & south-east Asia	708	598	110
North Africa & Middle East	3 291	2 549	742
North America	749	407	342
Caribbean	1	1	0
Latin America	3	3	0
Foreigner	45	33	12
Unknown	3 213	2 233	980

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	3 321	1 886	1 435	43.21 %
Cases in migrants	1 321	768	553	41.86 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	211	118	93	44.08 %
Cases in migrants	-	-	-	-
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Romania	0	0	0	- 100 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	- 100 %
Other	0	0	0	N/A
Unknown	211	118	93	+ 379.55 %

Romania AIDS cases by origin and transmission category, 2006



Slovakia

Source of data

Demographic: Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

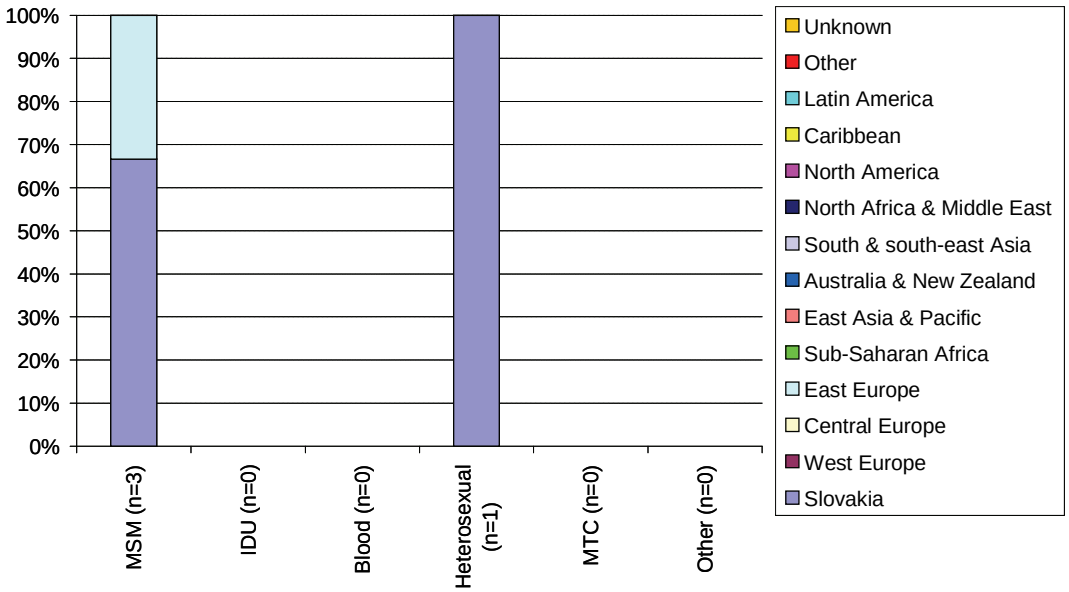
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Slovakia	5 389 180	2 615 872	2 773 308
Migrants	25 563	14 864	10 699
Geographical origin			
West Europe	5 326	4 021	1 305
Central Europe	11 173	6 311	4 862
East Europe	5 297	2 175	3 122
Sub-Saharan Africa	136	97	39
East Asia & Pacific	589	313	276
Australia & New Zealand	35	24	11
South & south-east Asia	1 646	1 025	621
North Africa & Middle East	366	317	49
North America	698	393	305
Caribbean	34	22	12
Latin America	144	88	56
Foreigner, subcontinent unknown	117	76	41
Unknown	2	2	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	25	21	4	16 %
Cases in migrants	1	1	0	0 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	4	4	0	0 %
Cases in migrants	1	1	0	0 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Slovakia	3	3	0	+ 50 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	N/A
East Europe	1	1	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

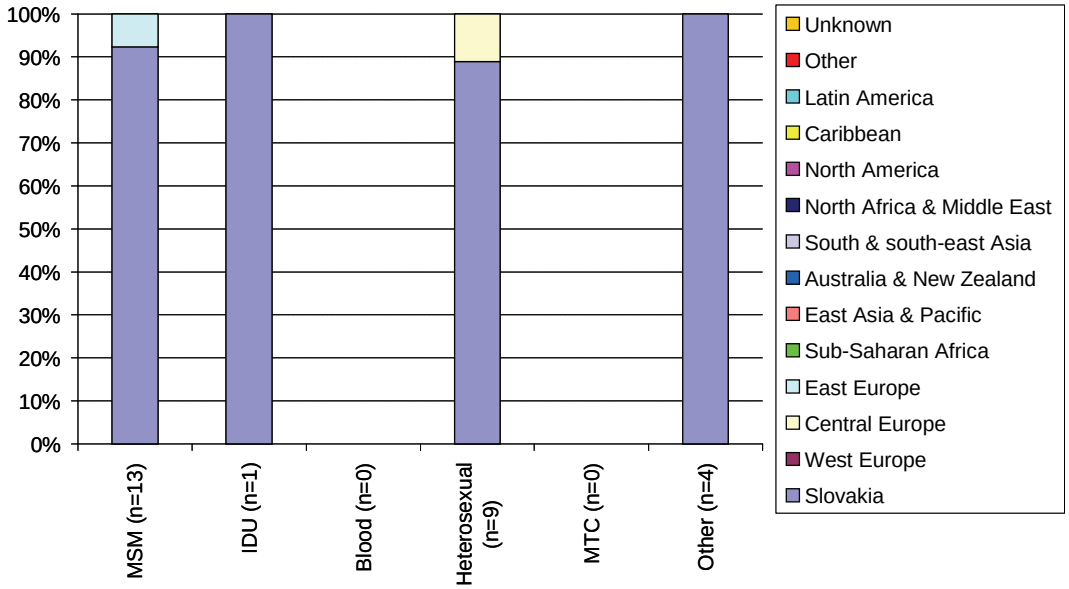
Slovakia AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	%Female
Cumulative HIV Infections	116	90	26	22.41 %
Cases in migrants	2	2	0	No female cases
2006	**Total**	**Male**	**Female**	
HIV infections	27	20	7	25.93 %
Cases in migrants	2	2	0	No female cases
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Slovakia	25	18	7	+ 1150 %
West Europe	0	0	0	N/A
Central Europe	1	1	0	N/A
East Europe	1	1	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

Slovakia HIV infections by origin and transmission category, 2006



Slovenia

Source of data

Demographic: Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

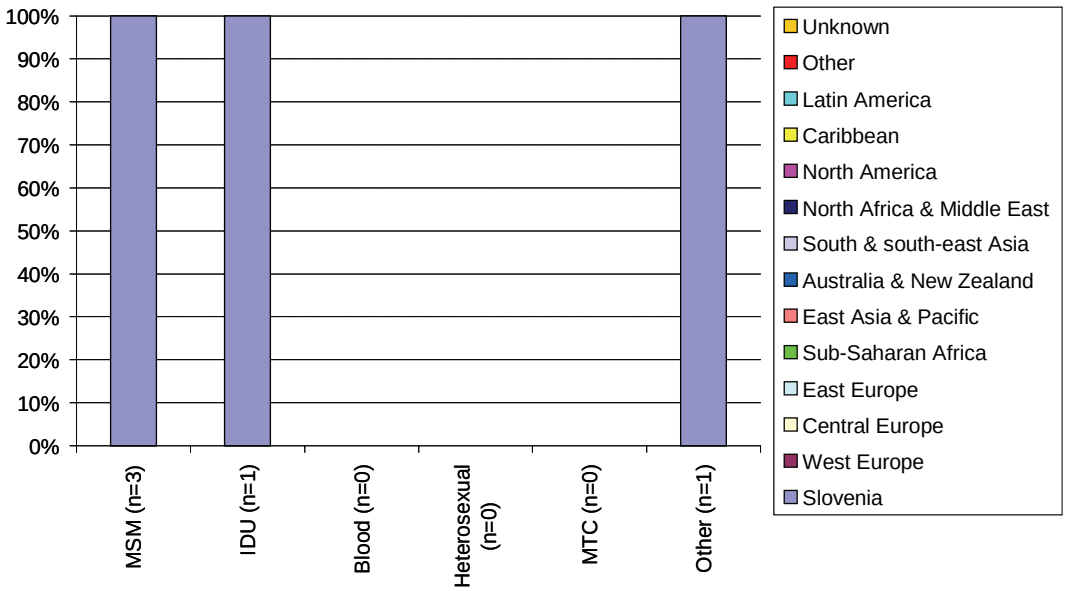
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Slovenia	2 003 358	981 465	1 021 893
Migrants	48 968	34 409	14 559
Geographical origin			
West Europe	1 964	1 117	847
Central Europe	44 200	32 257	11 943
East Europe	1 572	420	1 152
Sub-Saharan Africa	41	23	18
East Asia & Pacific	471	247	224
Australia & New Zealand	39	26	13
South & south-east Asia	197	70	127
North Africa & Middle East	57	50	7
North America	242	134	108
Caribbean	63	14	49
Latin America	94	42	52
Foreigner, subcontinent unknown	3	0	3
Unknown	25	9	16

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	54	47	7	12.96 %
Cases in migrants	4	3	1	25 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	5	5	0	0 %
Cases in migrants	0	0	0	0 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Slovenia	5	5	0	- 28.57 %
West Europe	0	0	0	N/A
Central Europe	0	0	0	- 100 %
East Europe	0	0	0	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	0	0	0	N/A

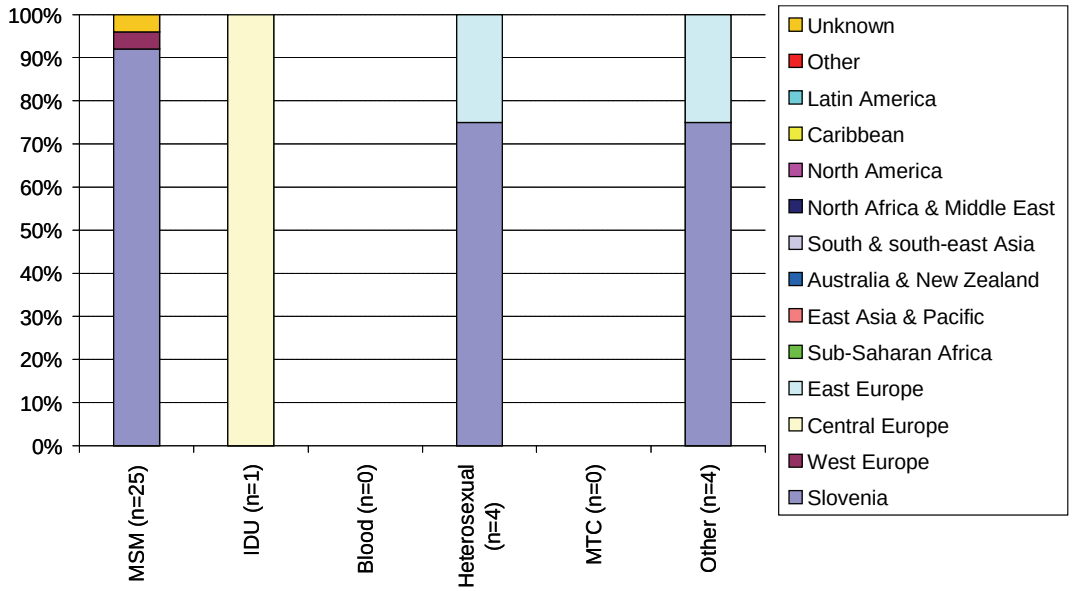
Slovenia AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	175	148	27	15.43 %
Cases in migrants	19	9	10	52.63 %
2006	**Total**	**Male**	**Female**	
HIV infections	34	31	3	8.82 %
Cases in migrants	5	3	2	40 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Slovenia	29	28	1	+ 107.14 %
West Europe	1	1	0	N/A
Central Europe	1	1	0	Unchanged
East Europe	2	0	2	N/A
Sub-Saharan Africa	0	0	0	N/A
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	0	0	0	N/A
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	0	0	0	N/A
Other	0	0	0	N/A
Unknown	1	1	0	N/A

Slovenia HIV infections by origin and transmission category, 2006



Spain

Source of data

Demographic: Instituto Nacional de Estadística www.ine.es

AIDS/HIV: EuroHIV: www.eurohiv.org

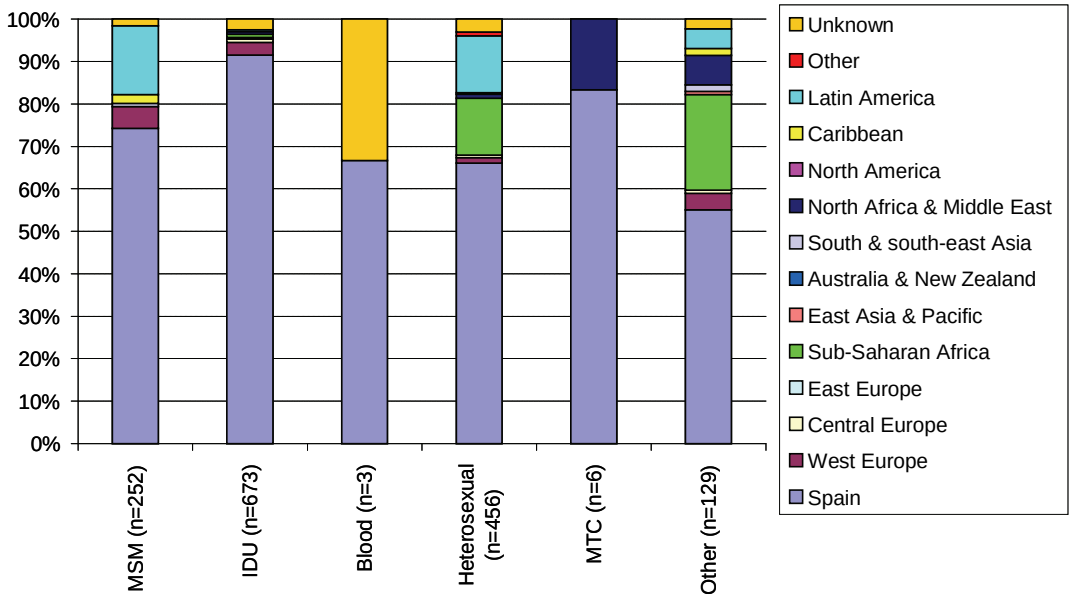
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Spain	45 200 737	22 339 962	22 860 775
Migrants	4 519 554	2 395 685	2 123 869
Geographical origin			
West Europe	994 320	526 120	468 200
Central Europe	738 353	391 229	347 124
East Europe	164 701	76 920	87 781
Sub-Saharan Africa	168 908	122 965	45 943
East Asia & Pacific	113 753	62 250	51 503
Australia & New Zealand	1 455	745	710
South & south-east Asia	92 600	67 492	25 108
North Africa & Middle East	638 193	415 195	222 998
North America	24 501	12 328	12 173
Caribbean	110 817	46 870	63 947
Latin America	1 457 972	666 113	791 859
Foreigner	13 981	7 458	6 523
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	18 232	14 263	3 969	21.77 %
Cases in migrants	5 438	4 174	1 264	23.24 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	1 518	1 164	354	23.32 %
Cases in migrants	336	228	108	32.14 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Spain	1 183	935	248	- 36.87 %
West Europe	43	37	6	- 29.51 %
Central Europe	10	5	5	+ 400 %
East Europe	3	3	0	N/A
Sub-Saharan Africa	94	64	30	+ 141.03 %
East Asia & Pacific	1	1	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	4	4	0	+ 300 %
North Africa & Middle East	18	12	6	- 10 %
North America	0	0	0	- 100 %
Caribbean	10	9	1	+ 400 %
Latin America	110	65	45	+ 292.86 %
Other	3	2	1	+ 50 %
Unknown	39	27	12	- 96.44 %

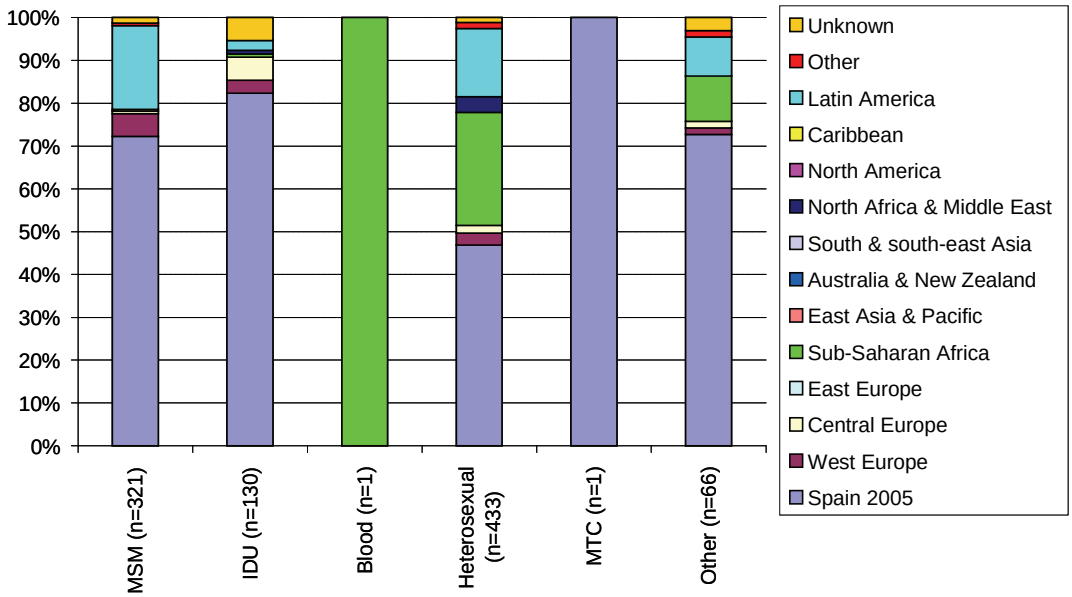
Spain AIDS cases by origin and transmission category, 2006



HIV data

2003-2005	Total	Male	Female	% Female
Cumulative HIV Infections	3 181	2 378	803	25.24 %
Cases in migrants	1 093	738	355	32.48 %
2005	**Total**	**Male**	**Female**	
HIV infections	952	710	242	25.42 %
Cases in migrants	361	230	131	36.28 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (2003 to 2005)**
Spain	591	480	111	- 24.23 %
West Europe	34	28	6	- 29.17 %
Central Europe	18	14	4	+ 28.57 %
East Europe	0	0	0	N/A
Sub-Saharan Africa	124	62	62	+ 18.1 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	0	0	0	N/A
North Africa & Middle East	17	12	5	- 19.05 %
North America	0	0	0	N/A
Caribbean	0	0	0	N/A
Latin America	141	95	46	+ 22.61 %
Other	9	7	2	+ 28.57 %
Unknown	18	12	6	- 47.06 %

Spain HIV infections by origin and transmission category, 2005



Sweden

Source of data

Demographic: StatistiskaCentralbyrån: www.scb.se

AIDS/HIV: EuroHIV: www.eurohiv.org

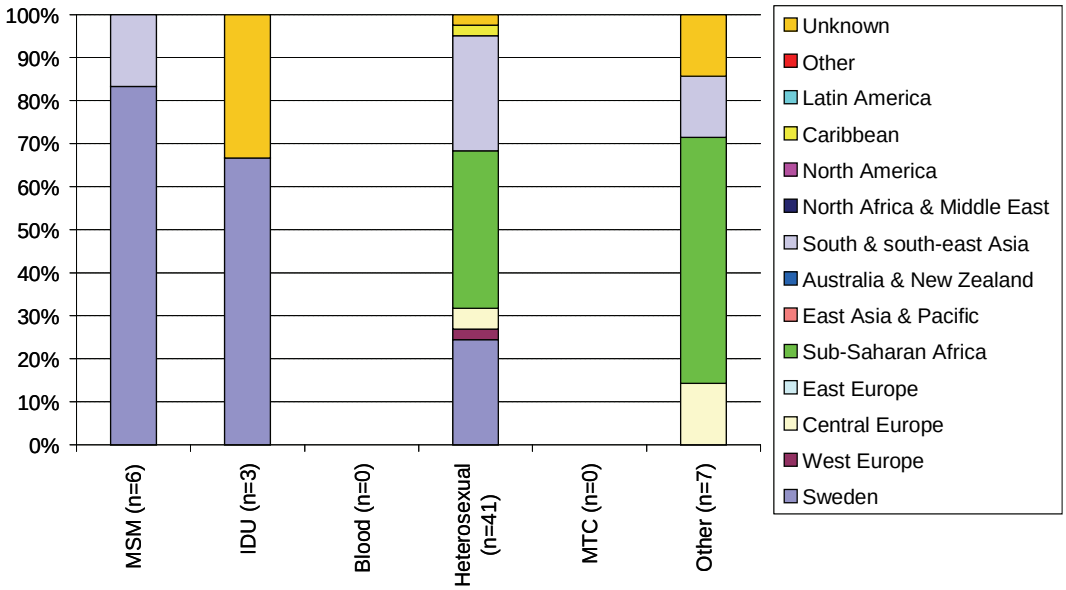
Demographic data

Total population 2006	**Total**	**Male**	**Female**
Sweden	9 113 257	4 523 523	4 589 734
Migrants	491 996	248 025	243 971
Geographical origin			
Native	8 621 261	4 275 498	4 345 763
West Europe	230 454	119 076	111 378
Central Europe	57 162	27 194	29 968
East Europe	21 428	8 175	13 253
Sub-Saharan Africa	27 488	14 755	12 733
East Asia & Pacific	9 696	4 210	5 486
Australia & New Zealand	2 195	1 446	749
South & south-east Asia	46 711	20 304	26 407
North Africa & Middle East	41 894	23 302	18 592
North America	10 014	5 575	4 439
Caribbean	1 180	660	520
Latin America	17 710	9 138	8 572
Foreigners, subcontinent unknown	26 064	14 190	11 874
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	465	323	142	30.54 %
Cases in migrants	256	141	115	44.92 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	56	32	24	42.86 %
Cases in migrants	40	17	23	57.5 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Sweden	17	16	1	- 55.26 %
West Europe	1	0	1	- 50 %
Central Europe	3	1	2	Unchanged
East Europe	0	0	0	N/A
Sub-Saharan Africa	18	10	8	+ 5.88 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	13	2	11	+ 160 %
North Africa & Middle East	0	0	0	- 100 %
North America	0	0	0	N/A
Caribbean	1	0	1	N/A
Latin America	0	0	0	- 100 %
Other	0	0	0	N/A
Unknown	3	3	0	N/A

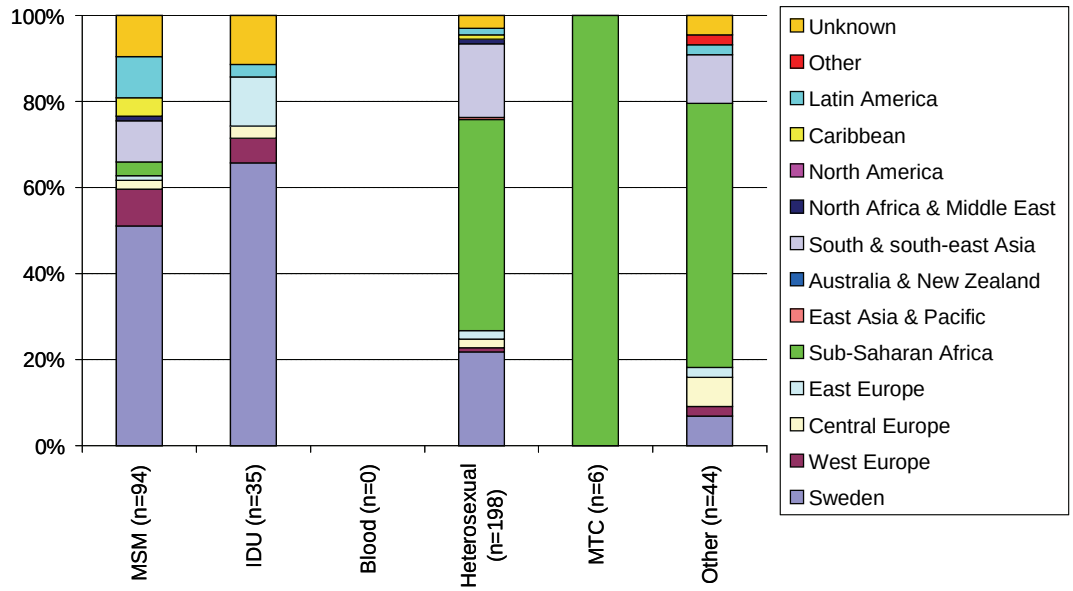
Sweden AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	2 561	1 573	988	38.58 %
Cases in migrants	1 645	799	846	51.43 %
2006	**Total**	**Male**	**Female**	
HIV infections	375	231	144	38.4 %
Cases in migrants	258	133	125	48.45 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
Sweden	117	98	19	+ 19.39 %
West Europe	13	12	1	+ 44.44 %
Central Europe	10	5	5	+ 66.67 %
East Europe	10	6	4	+ 233.33 %
Sub-Saharan Africa	131	59	72	+ 95.52 %
East Asia & Pacific	1	1	0	N/A
Australia & New Zealand	0	0	0	- 100 %
South & south-east Asia	48	13	35	+ 200 %
North Africa & Middle East	3	2	1	N/A
North America	0	0	0	- 100 %
Caribbean	6	5	1	+ 500 %
Latin America	14	11	3	+ 55.56 %
Other	1	1	0	N/A
Unknown	21	18	3	N/A

Sweden HIV infections by origin and transmission category, 2006



United Kingdom

Source of data

Demographic: Eurostat: ec.europa.eu/eurostat

AIDS/HIV: EuroHIV: www.eurohiv.org

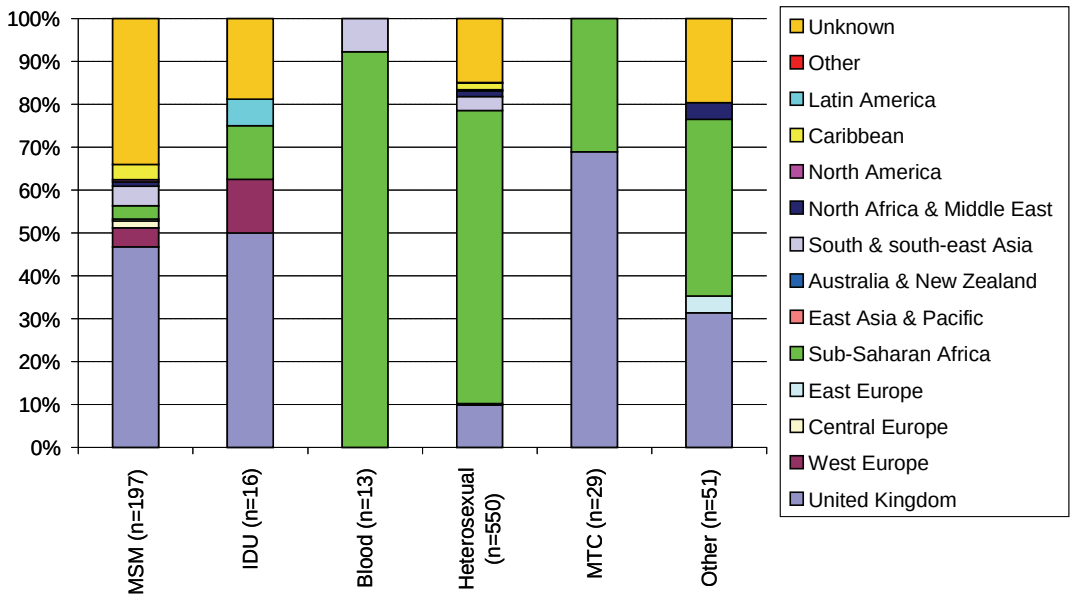
Demographic data

Total population 2006	**Total**	**Male**	**Female**
United Kingdom	58 652 592	28 594 446	30 058 146
Migrants	3 066 055	1 448 825	1 617 230
Geographical origin			
West Europe	975 941	440 053	535 888
Central Europe	274 561	139 105	135 456
East Europe	48 939	20 518	28 421
Sub-Saharan Africa	423 050	193 676	229 374
East Asia & Pacific	120 173	57 348	62 825
Australia & New Zealand	119 675	60 360	59 315
South & south-east Asia	534 397	251 111	283 286
North Africa & Middle East	61 131	41 446	19 685
North America	167 724	74 115	93 609
Caribbean	65 614	34 685	30 929
Latin America	59 664	26 547	33 117
Foreigner	215 186	109 861	105 325
Unknown	0	0	0

AIDS data

1999–2006	Total	Male	Female	% Female
Cumulative AIDS Cases	6 717	4 259	2 458	36.59 %
Cases in migrants	5 164	2 957	2 207	42.74 %
2006	**Total**	**Male**	**Female**	
AIDS Cases	856	498	358	41.82 %
Cases in migrants	668	345	323	48.35 %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
United Kingdom	189	154	35	+ 425 %
West Europe	13	13	0	+ 116.67 %
Central Europe	3	3	0	N/A
East Europe	4	3	1	N/A
Sub-Saharan Africa	426	158	268	+ 1368.97 %
East Asia & Pacific	0	0	0	N/A
Australia & New Zealand	0	0	0	N/A
South & south-east Asia	28	17	11	+ 2700 %
North Africa & Middle East	11	9	2	+ 1000 %
North America	3	3	0	N/A
Caribbean	14	10	4	+ 1300 %
Latin America	3	3	0	N/A
Other	0	0	0	N/A
Unknown	162	125	37	- 76.42 %

United Kingdom AIDS cases by origin and transmission category, 2006



HIV data

1999–2006	Total	Male	Female	% Female
Cumulative HIV Infections	47 893	28 789	19 104	39.89 %
Cases in migrants	39 743	22 035	17 708	44.56 %
2006	**Total**	**Male**	**Female**	
HIV infections	8 924	5 197	3 727	41.76 %
Cases in migrants	2 745	1 122	1 623	59% %
Geographical origin of cases	**Total**	**Male**	**Female**	**% Change (1999 to 2006)**
United Kingdom	1 128	915	213	+ 974.29 %
West Europe	189	156	33	+ 1011.76 %
Central Europe	42	28	14	+ 1300 %
East Europe	22	11	11	N/A
Sub-Saharan Africa	2 151	707	1 444	+ 1580.47 %
East Asia & Pacific	11	11	0	N/A
Australia & New Zealand	10	10	0	N/A
South & south-east Asia	101	57	44	+ 1342.86 %
North Africa & Middle East	26	19	7	+ 2500 %
North America	25	24	1	+ 1150 %
Caribbean	94	46	48	+ 1242.86 %
Latin America	51	47	4	+ 628.57 %
Other	23	6	17	+ 475 %
Unknown	5 051	3 160	1 891	+ 78.04 %

United Kingdom HIV infections by origin and transmission category, 2006