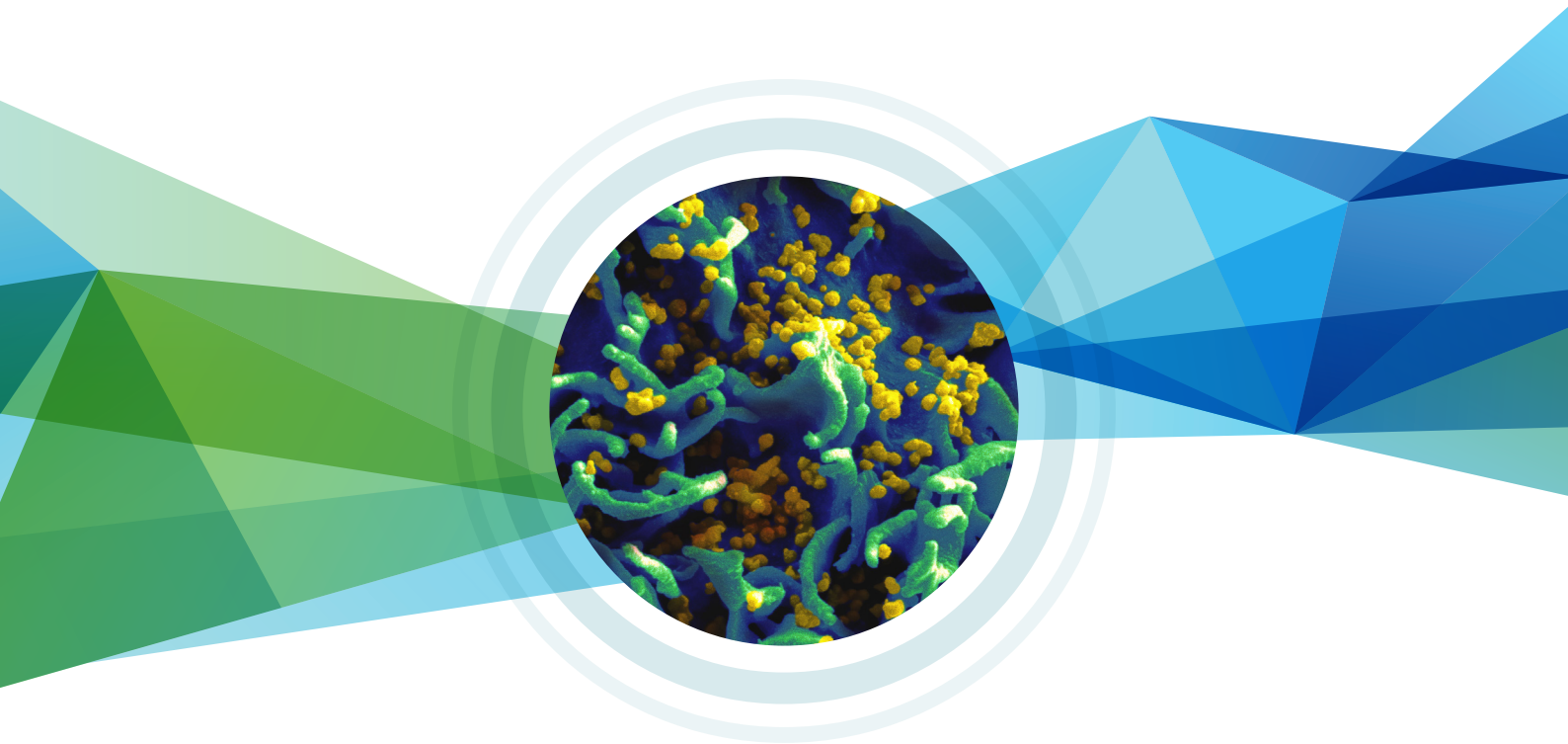

HIV/AIDS surveillance in Europe

2024

2023 data

HIV/AIDS surveillance in Europe

2024

2023 data

Abstract

HIV infection continues to affect the health and well-being of nearly 2.6 million people in the WHO European Region, particularly in the eastern part of the Region. This report is the latest in a series published jointly by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe that has been reporting data on HIV and AIDS in the WHO European Region and in the European Union and European Economic Area (EU/EEA) since 2007. It finds that while epidemic patterns and trends vary widely across European countries, nearly 113 000 people were diagnosed with HIV in the European Region in 2023, including around 25 000 in the EU/EEA.

Keywords

ACQUIRED IMMUNODEFICIENCY SYNDROME – EPIDEMIOLOGY

AIDS – PREVENTION AND CONTROL

DISEASE OUTBREAKS – STATISTICS

HIV INFECTIONS – EPIDEMIOLOGY

POPULATION SURVEILLANCE

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

Abbreviations

ART	antiretroviral treatment
COVID-19	coronavirus disease
ECDC	European Centre for Disease Prevention and Control
EU/EEA	European Union/European Economic Area
MSM	men who have sex with men
MTCT	mother-to-child transmission
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
TESSy	The European Surveillance System

Overview of HIV and AIDS in Europe

This report presents HIV/AIDS surveillance data for 2023, which show significant variation in epidemic patterns and trends across the WHO European Region. In 2023, 112 883 HIV diagnoses were reported in 47 of the 53 countries in the Region, including 24 731 from the countries of the European Union/European Economic Area (EU/EEA). This corresponds to a crude rate of 12.7 HIV diagnoses per 100 000 population in the Region overall, a slight (2.4%) increase compared with the 2022 rate (12.4 per 100 000 population) but still a 19.6% decrease compared to the 2019 rate (15.8 per 100 000 population): the period before the coronavirus disease (COVID-19) pandemic (Table A; Fig. A). In all, 21 out of 47 countries reported an increase in HIV diagnoses in 2023 compared to 2022. Several countries[1], including Azerbaijan, Finland, Iceland, Ireland, Kazakhstan, Lithuania, Malta and Montenegro, recorded the highest number of HIV diagnoses in a single year over the past decade.

For the EU/EEA countries, the rate in 2023 was 5.3 per 100 000, marking a 15.9% decrease from the 6.3 per 100 000 rate observed in 2014. However, focusing only on newly reported cases and excluding previous positive diagnoses,[2] the rate increased by 11.8% between 2022 and 2023 (from 3.4 to 3.8 per 100 000 population).

When comparing the number of HIV diagnoses made to the estimated number of new HIV infections acquired over the past decade, it is evident that an increasingly larger number of individuals are acquiring HIV infection than are being diagnosed. This indicates a growing number of people living with undiagnosed HIV in the Region (Fig. A). In the EU/EEA, the trend differs from that of the wider Region with slightly more diagnoses reported than estimated new infections.

The increase in HIV diagnoses in 2023 can be attributed to various factors across different subregions.[3] In the east of the WHO European Region, countries reported a rebound in HIV testing and case detection since the COVID-19 pandemic subsided, focusing on increasing case detection and introducing new testing policies to close the gap on undiagnosed individuals. In the EU/EEA and the west of the Region, the increase may be a result of increased diagnoses among migrants, particularly from high-prevalence countries, and expanded HIV testing services. In contrast, the number of HIV diagnoses in the centre of the Region decreased in 2023 compared to 2022, mainly due to a reduction in previous positive diagnoses. However, six out of 15 countries in the centre still reported an increase in 2023 compared to 2022.

Table A. Characteristics of new HIV and AIDS diagnoses reported in the WHO European Region, the west, centre and east of the WHO European Region, and the EU/EEA, 2023

	WHO European Region	West	Centre	East	EU/EEA
Reporting countries/number of countries[a]	47/53	20/23	14/15	13/15	30/30
Number of new HIV diagnoses	112 883	27 043	8 239	77 601	24 731
Rate of HIV diagnoses per 100 000 population	12.7	6.2	4.2	30.6	5.3
Percentage aged 15–24 years	5.8%	9.0%	12.2%	4.0%	10.1%
Percentage aged 50+ years	18.7%	21.1%	15.6%	18.2%	20.5%
Male-to-female ratio	1.8	2.1	3.9	1.6	2.7
Percentage of migrants[b]	38.1%	69.9%	30.5%	3.2%	47.9%
Transmission mode					
Sex between men	11.7%	33.3%	18.1%	3.4%	46.7%
Heterosexual transmission (men)	33.1%	16.9%	16.2%	40.5%	21.2%
Heterosexual transmission (women)	30.7%	23.7%	8.3%	35.6%	24.8%
Injecting drug use	13.6%	3.3%	2.3%	18.4%	4.1%
Mother-to-child transmission	0.5%	1.3%	0.4%	0.3%	0.9%
Unknown	10.3%	21.1%	54.7%	1.8%	27.6%
AIDS and late HIV diagnosis					
Percentage new HIV diagnoses CD4 < 350 cells/mm^3	52.4	45.9	57.0	59.5	52.7
Number of new AIDS diagnoses[c]	7 878	2 168	874	4 836	2 690
Rate of AIDS diagnoses per 100 000 population	1.2	0.6	0.4	4.9	0.7

[a] No data received from Andorra, Bosnia and Herzegovina, Monaco, San Marino, Turkmenistan or Uzbekistan.
[b] Migrants defined as originating from outside of the country in which they were diagnosed.
[c] No data reported by Andorra, Belarus, Bosnia and Herzegovina, Cyprus, Germany, Monaco, North Macedonia, the Russian Federation, San Marino, Sweden, Turkmenistan or Uzbekistan.

[1] In this report, the word "countries" refers to "countries, territories and areas" without distinction.

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

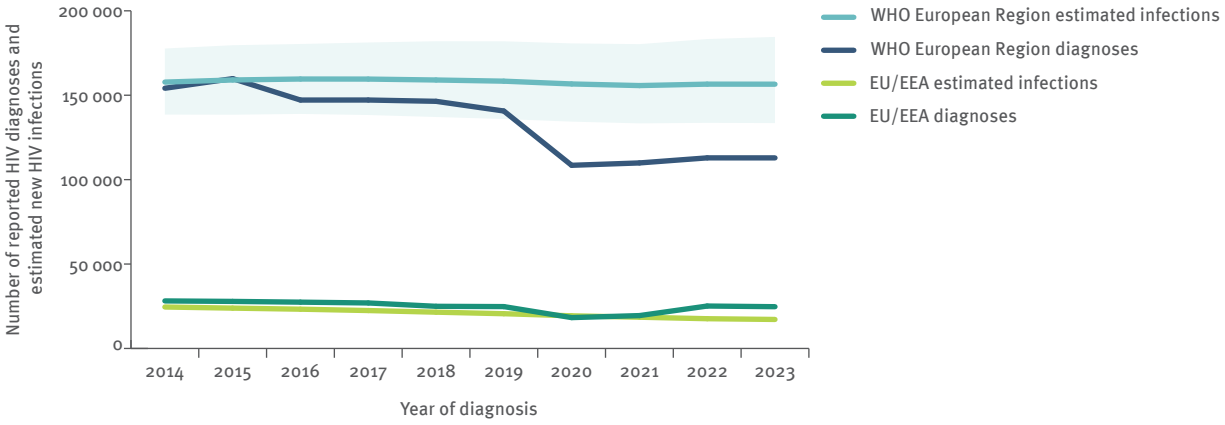
[3] Fig. A1.1 in Annex 1 illustrates the division of countries into west, centre and east of the WHO European Region.

The mode of transmission varies across subregions, once again highlighting the diversity in HIV epidemiology within the Region. In the EU/EEA, and the west and centre of the Region, heterosexual transmission has become one of the most prevalent modes of HIV diagnoses reported in 2023, particularly among migrants or those with a previous positive diagnosis. Among people reported with heterosexual transmission in the west, 13% had been previously diagnosed, 74% were born abroad and 40% originated from countries with a high prevalence of HIV. Sex between men is still, however, the most prevalent mode of transmission in EU/EEA countries, and a predominant transmission mode for seven of the 15 countries in the centre. As in previous years, heterosexual transmission remains the main mode of transmission in the east of the Region.

However, although reported transmission through sex between men remains low in absolute terms in the east, it has more than doubled over the past decade: the largest increase in any transmission mode and subregion of the Region. The proportion of injecting drug use as a reported mode of transmission continues to decline and reached a record low rate of 18.4% in the east.

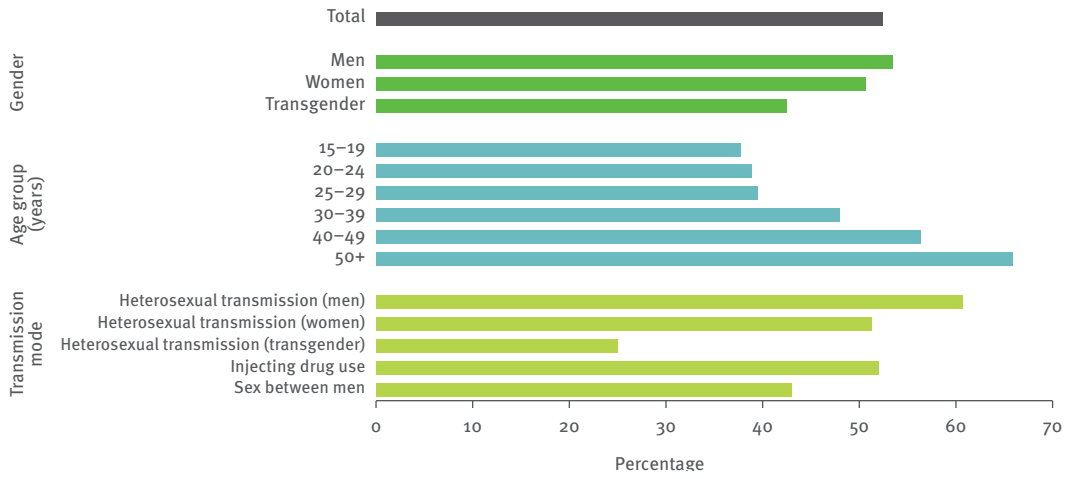
Late HIV diagnosis remains a challenge for most countries in the Region: more than half (52.4%) of those diagnosed in 2023 were diagnosed late (CD4 cell count < 350 cells per mm³). The percentage of people diagnosed late varied across transmission modes and age groups, with the highest rates among people infected through heterosexual contact (especially men), injecting drug use and people in older age groups (Fig. B).

Fig. A. Estimated new HIV infections and reported new HIV diagnoses in the EU/EEA and WHO European Region, 2014–2023



Note: the shaded area represents uncertainty intervals around the best estimate. Data from Andorra, Bosnia and Herzegovina, Monaco, San Marino, Turkmenistan and Uzbekistan were excluded due to inconsistent reporting or unavailability of estimates during the period.

Fig. B. Proportion of people diagnosed late (CD4 cell count < 350 per mm³) by gender, age and transmission mode, WHO European Region, 2023



Note: CD4 data from the Russian Federation was excluded as this was not provided with age, sex and transmission route breakdowns.

In 2023, 7878 people were diagnosed with AIDS, reported in 41 countries of the WHO European Region (Table A). The overall rate of AIDS diagnoses in the Region decreased by 50% between 2014 and 2023: from 2.4 per 100 000 population (17 363 cases) to 1.2 per 100 000. This declining trend is evident across all the subregions of the Region, including the EU/EEA.

EU/EEA

In 2023, a total of 24 731 HIV diagnoses were reported across 30 EU/EEA countries, resulting in a rate of 5.3 per 100 000 population. Since 2014, this rate has decreased by 15.9%, down from 6.3 per 100 000. Previously positive diagnoses accounted for 16.3% (4020) of all cases reported in 2023. When focusing only on new HIV diagnoses – excluding previously positive cases to capture only newly reported ones – the 2023 rate was 3.8 per 100 000, reflecting an 11.8% increase from the 2022 rate of 3.4 per 100 000.

As in previous years, more men than women were diagnosed with HIV in 2023, with 17 793 cases among men and 6688 cases among women, resulting in an overall male-to-female ratio of 2.7. The overall rate was 8.0 per 100 000 population for men and 2.9 per 100 000 population for women. In addition, seven countries reported 0.8% (206) of all diagnoses in people identifying as transgender, while 0.2% (44) of diagnoses were reported with an unknown gender.

Sex between men was the most reported mode of transmission in the EU/EEA in 2023, accounting for 33.8% (8367) of all reported diagnoses and 46.7% of cases where the mode of transmission was known. Between 2014 and 2023, the proportion of HIV diagnoses attributed to sex between men declined from 52.1% to 46.9% of all diagnoses. Among those diagnosed in 2023, 51.5% (4306) of men who have sex with men (MSM) were born in the reporting country, while 44.4% (3712) were migrants. The number of HIV diagnoses among migrant MSM increased by 37.7%, from 2659 in 2014 to 3661 in 2023.

Heterosexual contact remains one of the most common modes of HIV transmission in the EU/EEA, accounting for 33.4% (8254) of all HIV diagnoses and 46.1% of diagnoses with a known mode of transmission. Of these diagnoses, 33.7% (2779) were among people born in the reporting country, while most (62.4%; 5153) were among migrants. Between 2014 and 2023, the proportion of HIV diagnoses due to heterosexual transmission rose from 41.4% to 46.2%. This increase was moderate among men (rising from 20.6% to 21.3%), but higher among women, rising from 20.7% to 24.9%. Between 2022 and 2023, diagnoses among heterosexual migrants rose by 2.1%, while the increase among those born in the reporting country was 4.5%.

Transmission due to injecting drug use accounted for 4.1% (1012) of all HIV diagnoses in 2023 and 5.7% of diagnoses with a known mode of transmission in 2023. Nearly half (47.6%) of the people who inject drugs reported with an HIV diagnosis in 2023 were migrants.

Mother-to-child transmission (MTCT) during pregnancy, childbirth or breastfeeding accounted for 0.9% (217) of all reported HIV diagnoses and 1.2% of cases with a known mode of transmission. Of the total cases attributed to MTCT, 78.8% (171 cases) were among migrants, with 41.5% originating from Sub-Saharan Africa.

In 2023, migrants (defined as people born outside the reporting country) comprised 47.9% of all HIV diagnoses in the EU/EEA. Among the migrant population, 31.6% were from Sub-Saharan Africa, 30.1% from central and eastern Europe, 22.8% from Latin America and the Caribbean, 5.1% from western Europe, 5.1% from south and south-east Asia, and 5.3% from other regions. When excluding cases with an unknown region of origin, the proportion of migrants among all reported HIV diagnoses in EU/EEA countries rose from 47.3% in 2014 to 55.8% in 2023, reflecting a 17.9% increase over this period. This trend was marked by a 32.5% decrease in cases from central and eastern Europe and a 20.4% increase in cases from Sub-Saharan Africa over the past year.

CD4 cell count data at the time of HIV diagnosis were available for 59.8% adults and adolescents (14 795) diagnosed across 27 countries. For the calculation of late diagnoses, children under 15 years, acute cases, and previously positive diagnoses were excluded, resulting in 11 961 people with recorded CD4 counts. Among these, over half (52.7%) were considered to have been diagnosed several years post-infection, indicated by a CD4 cell count ‹ 350 cells per mm³. This included 31.6% of people with advanced HIV infection (CD4 cell count ‹ 200 cells per mm³). Late diagnosis (CD4 cell count ‹ 350 cells per mm³) was most frequently observed among women (58.2%), older adults (up to 68.5%), people infected through heterosexual contact (63.8% of men and 58.2% of women), people who inject drugs (52.7%), and people from south and south-east Asia (61.1%) and Sub-Saharan Africa (58.6%).

This year marked a significant step forward in terms of transgender people reporting within HIV surveillance, with information from transgender people now included in the epidemiological profile of reported HIV diagnoses. In 2023, 206 transgender people (0.8% of all diagnoses) were reported as diagnosed with HIV across seven EU/EEA countries. Of these, 86.4% were migrants, primarily from Latin America and the Caribbean. Among those with CD4 count data available, 27.1% were diagnosed during the acute stage of infection, while 29.2% were diagnosed at a late stage (CD4 cell count ‹ 350 cells per mm³).

In 2023, 2690 AIDS diagnoses were reported across 26 EU/EEA countries, resulting in a crude rate of 0.7 cases per 100 000 people. Over the past decade, the rate of reported AIDS cases decreased by 36.4%.

However, cases attributed to heterosexual transmission showed an increase. Among women, there was a 3.1% increase in reported AIDS cases over the past year (from 677 in 2022 to 698 in 2023), while men experienced an 1.3% increase (from 1955 to 1981 cases). It is worth noting that tuberculosis (pulmonary and extrapulmonary) accounted for 13.6% of AIDS-indicative diseases reported in 2023.

Fourteen countries consistently reported data on HIV tests performed during the period 2014–2023, excluding unlinked anonymous testing and testing of blood donations. The number of tests performed in the countries consistently reporting testing activity has increased by 15.0% compared to 2021 and 14.3% compared to 2022, representing a total increase of 23.6% over the entire period.

WHO European Region

Of the 112 883 people diagnosed with HIV in 2023, 69% were diagnosed in the east (77 601), 24% in the west (27 043), and 7% in the centre of the Region (8239) (see Table A). The rate was also highest in the east (30.6 per 100 000 population): disproportionately higher than in the west (6.2 per 100 000 population) and the centre (4.2 per 100 000 population) (see Table A).

Rates of HIV diagnoses varied widely across countries in the WHO European Region in 2023. The highest rates per 100 000 population (› 15.0) were observed in the Russian Federation (37.9) followed by Ukraine (31.7), the Republic of Moldova (27.0), Malta (21.0), Kazakhstan (20.6), Armenia (18.0), Cyprus (17.6), Ireland (17.3), Georgia (16.4), Kyrgyzstan (15.6) and Belarus (15.4). The lowest rates (‹ 3.0 and under) were reported by Sweden (2.9), Slovakia (2.6), Croatia (2.5), Hungary (2.4), North Macedonia (2.4), Serbia (2.2), Austria (2.1) and Slovenia (2.1).

The overall rate for men was 16.7 per 100 000 population and for women, 8.9 per 100 000 population; The male-to-female ratio was 1.8, lowest in the east (1.6), higher in the west (2.1), and highest in the centre (3.9) of the Region.

The largest proportion of people diagnosed in the Region were in the age group 30–39 (36%), while 6% were young people aged 15–24, and 19% were 50 years or older at diagnosis.

The most common reported mode of transmission was heterosexual contact (63.8%), while 13.6% were infected through injecting drug use, 11.7% through sex between men, and less than one percent through MTCT. Information on transmission mode was unknown or missing for 10.3% of the new diagnoses.

Among the HIV diagnoses reported by 13 countries in the east for whom the mode of HIV transmission was known, 76.1% were infected through heterosexual transmission and 18.4% through injecting drug use, while reported transmission through sex between men remained low, at 3.4% of cases. Heterosexual sex (24.5%) and sex between men (18.1%) were the main reported transmission modes in the centre among cases with known modes of transmission, but 54.7% of HIV diagnoses lacked information on the mode of transmission. Sex between men was the predominant transmission mode for seven of the 15 countries in the centre. In the west, heterosexual transmission emerged as the main mode (40.1%); however, of these cases, 13% were previously diagnosed, 74% were born abroad, and 40% originated from generalized epidemic countries. The second most common transmission mode was sex between men (33.3% of cases). Information on the mode of transmission was missing for 21.1% of people diagnosed with HIV in 2023.

Consistent data on transmission mode were available from 39 countries for the period 2014–2023. Transmission in the east was driven by the number of HIV diagnoses with reported heterosexual transmission. Transmission through sex between men increased by almost 120%. Although the number of HIV diagnoses in people infected through injecting drug use decreased by 39% over the period, injecting drug use still accounted for 18.4% of all HIV diagnoses. Despite the increasing trend in heterosexual transmission, seven of the 15 countries in the centre reported sex between men as the predominant mode of transmission. In the west, overall HIV diagnosis rates have shown a decline over the past decade. This decline is primarily due to a decrease in the number of diagnoses among MSM in some countries. However, even if previously diagnosed cases are excluded, there has been an increase in diagnoses in the past year among people infected through heterosexual contact, particularly among women and migrants.

Among those newly diagnosed and over 14 years old for whom information on CD4 cell count at the time of HIV diagnosis was available, more than half (52.4%) were diagnosed late, with CD4 cell count ‹ 350 cells per mm^3, including 31.6% with advanced HIV infection (CD4 cell count ‹ 200 cells per mm^3). However, the regional average does not include data from the Russian Federation,[4] where 30.0% of those diagnosed with HIV are detected once their CD4 cell counts have fallen below 350 cells per mm^3 and 15.1% once their counts are below 200 cells per mm^3.

Late HIV diagnosis remains a challenge in most of the countries of the Region. The percentage of people who were diagnosed late (CD4 cell count ‹ 350 per mm^3) varied across transmission categories and age groups, but was highest for people with reported heterosexual transmission (56%; 61% for men and 51% for women) and people who inject drugs (52.0%), and lowest for MSM (43.0%) (Fig. B). The percentage increased with age, ranging from 37.7% among people aged 15–19 years at diagnosis, to 65.9% among those aged 50 years or above. In terms of gender, the percentage of late diagnoses was 53.4% for men and 50.6% for women:

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

the lower rate for men compared to women is due to a further decrease in late diagnoses among MSM.

In 2023, 7878 people in 41 countries of the WHO European Region were diagnosed with AIDS, corresponding to a rate of 1.2 per 100 000 population. Overall, 61% of AIDS cases were diagnosed in the east – where the rate per 100 000 was also highest (4.9) – 28% in the west (with a rate of 0.6 per 100 000) and 12% in the centre of the Region (0.4 per 100 000). Twelve percent of those diagnosed with AIDS presented with tuberculosis as an AIDS-defining illness, ranging from 11% of reports in the west to 12% in the centre and 14% in the east. Between 2014 and 2023, the overall rate of new AIDS diagnoses in the Region decreased by 50%.

Conclusions

HIV infection continues to affect the health and well-being of millions of people in the WHO European Region. Over the course of the last four decades, nearly 2.6 million people have been diagnosed and reported with HIV in the WHO European Region, including over 650 000 people in the EU/EEA.

The overall trend in HIV diagnoses largely reflects the situation in the Russian Federation, where diagnoses have decreased since 2019 by 32%. In total, however, 21 of 47 countries reported an increase in HIV diagnoses in 2023 compared to 2022, and several countries recorded the highest number of HIV diagnoses reported in a single year in the last decade. The increase in HIV diagnoses in 2023 in these countries can be attributed to a range of factors.

In the east, four countries reported an increased number of HIV diagnoses in 2023 compared to 2022. This is mainly due to a rebound in HIV testing since the pandemic subsided, focusing on increasing case detection and introducing new testing policies to close the gap on undiagnosed people.

Eleven countries in the west reported an increased number of HIV diagnoses, and it is the only subregion where HIV diagnoses overall increased in 2023 compared to 2022. This is mainly due to an increase in the proportion of HIV diagnoses among people originating from outside the reporting country: from 60.3% in 2022 to 66.1% in 2023. This figure is significantly higher than in the centre (19.4%) and the east (2.0%). This increase is primarily due to a rise in the number of people diagnosed with HIV originating from Sub-Saharan Africa and continued high rates among people originating from central and eastern Europe, Latin America and the Caribbean. Notably, 12.9% of the diagnoses reported in the west in 2023 were previously positive diagnoses. However, the number of previous positive diagnoses is probably underestimated, as the variable identifying these cases had a completeness of 48.6% in 2023. Therefore, it is important to understand the differences in the epidemiological profile of previously diagnosed and newly diagnosed people, as well as the origin of cases, to adequately manage prevention, public health and resource planning *(1)*.

In contrast, the number of HIV diagnoses in the centre decreased in 2023 compared to 2022, mainly due to a reduction in previous positive diagnoses in large EU/EEA countries. However, six out of 15 countries in the centre still reported an increase in 2023 compared to 2022.

Across the 30 EU/EEA countries, there was a 15.9% decrease in HIV diagnoses from 2014 to 2023, indicating a gradual decline in overall cases. However, when previously diagnosed cases are excluded, the rate of new HIV diagnoses in 2023 shows an increase from 2022.

Epidemiological profiles of new and previous positive diagnoses differ in EU/EEA countries. Newly diagnosed HIV cases in EU/EEA countries are mostly seen in middle-aged men, but women now make up 28% of all cases. A significant portion of new diagnoses (47.9%) are among migrants, although 38% of newly diagnosed people were born in the reporting country. Sexual transmission between men remains a leading mode of transmission in the EU/EEA, but heterosexual transmission also accounts for a substantial number of new diagnoses. In contrast, previous positive diagnoses show a higher proportion of women, older individuals and people mainly from central and eastern Europe, Sub-Saharan Africa, Latin America and the Caribbean, with heterosexual transmission being the most common mode of transmission for those individuals.

Although the reported transmission through sex between men remains low in absolute terms in the east, it has increased more than two-fold during the decade – the largest increase in any transmission category and any subregion of the Region. Heterosexual transmission remains a main transmission route in the east. However, there is some evidence to suggest that a proportion of men reported as heterosexually infected may, in fact, be MSM or people with a history of drug injection, which may have been misclassified as heterosexually infected *(2–4)*.

The proportion of people infected through heterosexual transmission originating outside the reporting countries of the centre has increased in recent years, from 13% in 2021 to 23% in 2023. Forty percent and above of cases infected through heterosexual transmission from Croatia, Montenegro, Poland and Slovenia, and 70% and above from Cyprus, Czechia and Slovakia were reported among migrants. Despite the increasing trend in heterosexual transmission, seven of the fifteen countries in the centre reported sex between men as the predominant mode of transmission.

In the European Region, more than half of HIV diagnoses have a CD4 cell count < 350 cells per mm^3, including almost a third of cases with advanced HIV infection (CD4 cell count < 200 per mm^3) at the time of diagnosis.

As in previous years, data from 2023 indicate that late HIV diagnosis is highest among people infected heterosexually (particularly men), among those infected as a result of injecting drug use, and among those in older age groups. Data from this report also indicate that the gap between HIV diagnoses and infections is widening in the Region, indicating that it will not reach the 2025 target of 95% of those living with HIV diagnosed.

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

- **In all countries in the Region:** rapid scale-up of HIV testing is of the utmost importance to improve progress towards the 95% target by 2025. WHO has issued a policy brief on moving away from the use of western blotting and line immunoassays in HIV testing strategies and algorithms and towards the support of decentralized testing and rapid linkage to treatment *(5)*. Guidance from WHO and the European Centre for Disease Prevention and Control (ECDC) recommends innovative approaches, including self-testing and community testing by lay providers using rapid tests as part of overall HIV testing services, including easily accessible services for migrant populations *(6–8)*. While the provision of HIV testing services has improved over time, and self-testing and community-based HIV testing have increased substantially in recent years, policy monitoring in the Region indicates that some testing modes remain limited or non-existent in many European countries *(9)*. HIV testing services and strategies should be based on available data describing the local epidemiology, identifying key populations to target. These strategies should be tailored to meet the specific needs of these populations, supporting timely linkage to HIV prevention, treatment and care. This will ensure earlier diagnoses and treatment initiation, resulting in improved treatment outcomes and reduced HIV incidence, morbidity and mortality in support of the 95–95–95 goals and other regional and global targets *(10–12)*. A robust body of evidence shows that early initiation of antiretroviral treatment (ART) is beneficial to the health of the person receiving the treatment and in preventing onward HIV transmission *(13–18)*. Nearly 90% of countries in the WHO European Region have a policy to initiate ART upon HIV diagnosis, irrespective of CD4 cell count *(19)*.
- **In the EU/EEA and countries in the west of the Region:** the rise in new HIV diagnoses may be linked to increased HIV diagnoses in migrants and expanded testing services, reflecting shifts in demographics and improvements in detection and reporting across the EU/EEA and the west of the Region. To strengthen HIV prevention among migrant populations, countries should expand primary prevention services – such as condom distribution, sexual education for youth and pre-exposure prophylaxis (PrEP) – to ensure accessibility for migrants. Providing testing and treatment irrespective of residency or migration status supports effective prevention and care. Addressing broader barriers to HIV care and improving guidance on health-care access is also essential. Over the past decade, sexual contact between men has been the primary transmission mode in the EU/EEA and the west of the Region. Prevention efforts for MSM should include comprehensive programmes that expand PrEP access, remove eligibility barriers and broaden PrEP availability across diverse settings. Integrating PrEP with regular testing and timely linkage to care can reduce HIV incidence among MSM *(20–21)*. For effective monitoring, robust surveillance systems are essential. Community-based, culturally tailored interventions, self-testing kits and targeted social marketing can further enhance testing access for migrant MSM. Heterosexual transmission is increasing in the west, becoming a significant mode of transmission, with a notable prevalence of late diagnoses among heterosexual people. Expanding targeted testing including indicator condition-guided testing, emergency department testing and raising awareness among health-care workers to carry out risk-based targeted screening can all improve early HIV detection in this population.
- **In countries in the centre of the Region:** following an unprecedentedly high number of HIV diagnoses recorded in 2022, the number of HIV diagnoses at the centre decreased in 2023, mainly due to a reduction in the number of previous positive diagnoses in large EU/EEA countries. However, six out of 15 countries in the centre still reported an increase in 2023 compared to 2022. Despite the increasing trend in heterosexual transmission due to the factors described earlier, seven of the 15 countries in the centre reported sex between men as the predominant mode of transmission. Interventions to address this situation are needed, such as condom and lubricant programming; diversified HIV testing services; assisted voluntary partner notification, PrEP; prevention and management of co-infections (particularly sexually transmitted infections); and rapid HIV treatment initiation. Services should be patient-centred and provided in a friendly environment, preferably with the involvement of civil society throughout the entire HIV continuum of services, ranging from HIV prevention to adherence to ART. Drug-injection-related transmission remains low, but past outbreaks *(22–26)* suggest that HIV prevention services for people who inject drugs continue to be important and these must be maintained with sufficient coverage to prevent such outbreaks. The percentage of young people among HIV diagnoses is also higher in this part of the Region than elsewhere. Some countries have undergone a transition to domestic financing of the HIV response after the withdrawal of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. This has

posed sustainability challenges, particularly regarding the financing of HIV prevention programmes and surveys among key populations designed and delivered by communities. In addition, ensuring access to health services for refugees and migrant populations, including HIV services, and promoting cross-border collaboration and data sharing, remains essential to a robust and people-centred public health response, especially in countries heavily affected by the influx of these populations. Increased political will and attention and the intensified involvement of civil society are needed to mitigate some of these challenges and prevent the epidemic from accelerating *(27)*.

- **In countries in the east of the Region:** several countries in the east of the Region also recorded the highest number of HIV diagnoses reported in a single year. While these countries have reported a rebound in HIV testing and case detection since the pandemic subsided due to the introduction of new testing policies to increase case detection, this is still not enough to close the gap to ensure that people know their HIV status, and more people need to be diagnosed. For the countries in the east, there is an urgent need to continue the scale-up of bold, evidence-based interventions and deliver more effective, integrated services through health systems that better address the social determinants of health. Comprehensive combination-prevention and innovative HIV testing strategies are needed, with a particular focus on reaching key populations. This can be achieved through user-friendly prevention and testing services, including assisted partner notification, PrEP, HIV testing performed by trained lay providers and self-testing in line with WHO recommendations. All of these services should be integrated into national policies and programmes and then implemented *(6,7,12)*. Community involvement in the design and delivery of services is essential for reducing the rate of HIV infections and increasing the number of people linked to care and initiated and retained on ART. The ultimate aim is to reduce HIV incidence and AIDS-related deaths. Innovative HIV prevention interventions should address the risk of heterosexual transmission, particularly in couples where one partner engages in high-risk behaviour (such as injecting drug use) or is spending longer periods of time working abroad. A substantial number of diagnoses in people infected through injecting drug use emphasizes the fact that evidence-based policies focused on key populations, including high coverage of harm-reduction programmes for people who inject drugs, remain critical to the HIV response in the eastern part of the Region.

The HIV data for 2023 revealed significant issues with data quality; completeness and lack of standardization for the variable; differentiating new HIV diagnoses from previous positives; as well as variables looking at the country of birth and region of origin of cases. This, in combination with the increase in migration made 2022 and 2023 data interpretation very challenging. Achieving consensus among countries in the Region on the collection, recording and reporting of previous positive cases is paramount. This is critical due to the different epidemiological profiles and health-care needs of refugees, migrants and previously diagnosed individuals. Improving data recording and reporting standards within surveillance systems for previous positive cases will ensure accuracy and help plan tailored prevention strategies.

Due to limited data availability among the transgender population, a more comprehensive understanding of their epidemiological profile remains elusive.

Conducting enhanced HIV surveillance increases the possibility for longer-term monitoring of HIV continuum-of-care outcomes, such as modelling the undiagnosed fraction, and measurement of linkage to care, treatment and viral suppression following diagnosis. It can also support national and global efforts to monitor progress towards the 95–95–95 goals and other global and regional targets.

WHO and ECDC are working with Member States to operationalize the *Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 (12)* and to measure progress toward the Sustainable Development Goal target 3.3 on ending AIDS by 2030. Key efforts from both WHO and ECDC focus on supporting countries to increase the uptake of HIV testing and treatment guidance and innovative combination HIV prevention approaches in key populations. WHO and ECDC are also working to eliminate MTCT of HIV, viral hepatitis B and syphilis and to strengthen HIV surveillance and reporting and other key priorities, as highlighted in the action plans *(12)*.

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

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Обзор эпидемиологической ситуации по ВИЧ-инфекции/СПИДу в Европе

В настоящем отчете представлены данные эпиднадзора за ВИЧ-инфекцией/СПИДом в Европейском регионе ВОЗ за 2023 г., которые демонстрируют значительные различия в эпидемиологической ситуации и соответствующих тенденциях в разных странах Региона. В 2023 г. в 47 из 53 стран Региона было зарегистрировано 112 883 новых случая ВИЧ-инфекции, в том числе 24 731 новый случай в странах Европейского союза/ Европейской экономической зоны (ЕС/ЕЭЗ): в среднем, 12,7 случая ВИЧ-инфекции на 100 000 населения во всем Регионе, что незначительно (на 2,4%) больше, чем в 2022 г. (12,4 на 100 000 населения). Вместе с тем, уровень заболеваемости 2023 г. на 19,6% ниже уровня 2019 г. (15,8 на 100 000 населения), т.е. ниже, чем до пандемии коронавирусной инфекции (COVID-19) (таблица A; рис. A). В 21 из 47 стран, предоставивших данные, в 2023 г. было зарегистрировано увеличение числа новых случаев ВИЧ-инфекции по сравнению с 2022 г. В нескольких странах, включая Азербайджан, Ирландию, Исландию, Казахстан, Литву, Мальту, Финляндию и Черногорию, было зарегистрировано рекордное за последнее десятилетие число новых случаев ВИЧ-инфекции, выявленных в течение одного года.

В странах ЕС/ЕЭЗ заболеваемость ВИЧ-инфекцией в 2023 г. составила 5,3 на 100 000 населения, что соответствует снижению заболеваемости на 15,9% по сравнению с 2014 г., когда заболеваемость составила 6,3 на 100 000 населения. Вместе с тем, в 2023 г, по сравнению с 2022 г., при вычете «случаев с ранее известным положительным ВИЧ-статусом», наблюдалось увеличение числа впервые выявленных случаев ВИЧ-инфекции на 11,8% (с 3,4 до 3,8 на 100 000 населения).[1]

При сравнении числа новых случаев ВИЧ-инфекции с оценочным числом новых случаев за последнее десятилетие становится очевидным, что с каждым годом ВИЧ-инфекцией заражается все больше людей,

Таблица A. Характеристики случаев ВИЧ-инфекции и СПИДа, зарегистрированных в Европейском регионе ВОЗ, в странах в западной, центральной и восточной частях Европейского региона ВОЗ и в странах ЕС/ЕЭЗ, 2023 г. .

	Европейский регион ВОЗ	Западная часть	Центральная часть	Восточная часть	ЕС/ЕЭЗ
Кол-во стран, предоставивших данные/ общее кол-во стран[a]	47/53	20/23	14/15	13/15	30/30
Количество новых случаев ВИЧ-инфекции	112 883	27 043	8 239	77 601	24 731
Количество случаев ВИЧ-инфекции на 100 000 населения	12,7	6,2	4,2	30,6	5,3
Доля (%) в возрасте 15–24 лет	5,8%	9,0%	12,2%	4,0%	10,1%
Доля (%) в возрасте 50+ лет	18,7%	21,1%	15,6%	18,2%	20,5%
Соотношение заболеваемости у мужчин и женщин	1,8	2,1	3,9	1,6	2,7
Доля (%)[b]	38,1%	69,9%	30,5%	3,2%	47,9%
Путь передачи					
Секс между мужчинами	11,7%	33,3%	18,1%	3,4%	46,7%
Гетеросексуальная передача (мужчины)	33,1%	16,9%	16,2%	40,5%	21,2%
Гетеросексуальная передача (женщины	30,7%	23,7%	8,3%	35,6%	24,8%
Употребление инъекционных наркотиков	13,6%	3,3%	2,3%	18,4%	4,1%
Передача от матери к ребенку	0,5%	1,3%	0,4%	0,3%	0,9%
Неизвестен	10,3%	21,1%	54,7%	1,8%	27,6%
Случаи СПИДа и поздней диагностики ВИЧ-инфекции					
Доля (%) новых случаев ВИЧ-инфекции при CD4 < 350 кл/мм³[c]	52,4	45,9	57,0	59,5	52,7
Количество новых случаев СПИДа[d]	7 878	2 168	874	4 836	2 690
Заболеваемость СПИДом на 100 000 населения	1,2	0,6	0,4	4,9	0,7

[a] Отсутствуют данные из следующих стран: Андорра, Босния и Герцеговина, Монако, Сан-Марино, Туркменистан, Узбекистан
[b] Согласно используемому определению, мигранты - это лица, родившиеся за пределами страны, где им был поставлен диагноз.
[c] Отсутствуют данные из следующих стран: Андорра, Беларусь, Босния и Герцеговина, Кипр, Германия, Монако, Сан-Марино, Северная Македония, Российская Федерация, Туркменистан, Швеция, Узбекистан.

1 Случаи с ранее известным положительным ВИЧ-статусом – это случаи ВИЧ-инфекции, выявленные до отчетного года за пределами страны, предоставляющей данные, или случаи ВИЧ-инфекции, выявленные до отчетного года в пределах страны, предоставляющей данные, но выявленные другим учреждением. Некоторые страны предоставляют данные о ранее известном положительном ВИЧ-статусе на момент появления или повторного появления пациента в системе здравоохранения страны, предоставляющей данные.

и число инфицированных больше, чем число людей, которым ставится соответствующий диагноз.

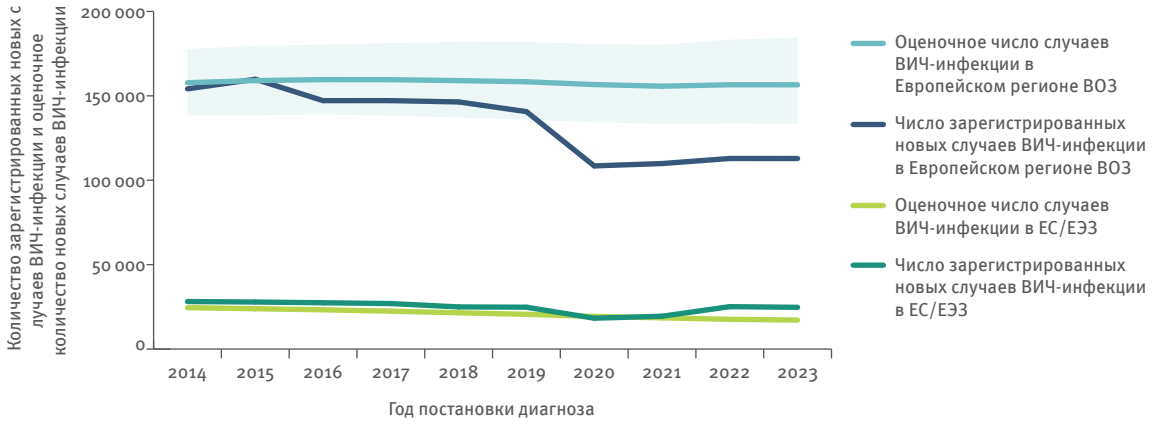
Это означает, что в Регионе увеличивается популяция людей, живущих с недиагностированной ВИЧ-инфекцией (рис. А). В странах ЕС/ЕЭЗ данная тенденция отличается от остальных стран Региона: в них число регистрируемых новых случаев ВИЧ-инфекции немного превышает число оценочных новых случаев.

Рост числа новых случаев ВИЧ-инфекции в 2023 г. в разных субрегионах может быть объяснен различными факторами.[2] В восточной части Региона со времени ослабления пандемии COVID-19 во многих странах были восстановлены объемы тестирования и диагностики новых случаев ВИЧ-инфекции, со сосредоточением усилий на выявлении новых случаев и введением новой политики тестирования, направленной на снижение числа людей, живущих с недиагностированной ВИЧ-инфекцией. В странах ЕС/ЕЭЗ и странах в западной части Региона рост числа новых случаев ВИЧ-инфекции может быть результатом увеличения числа новых случаев среди мигрантов, особенно мигрантов из стран с высокой распространенностью ВИЧ-инфекции, а также может быть результатом увеличения охвата тестированием на ВИЧ-инфекцию. В странах в центральной части Региона наблюдается противоположная картина: число новых случаев ВИЧ-инфекции в 2023 г. снизилось по сравнению с 2022 г., главным образом, по причине снижения числа случаев с ранее известным положительным ВИЧ-статусом. Вместе с тем, в 6 из 15 стран в центральной части Региона, согласно предоставленным ими данным, в 2023 г. наблюдалось увеличение числа новых случаев ВИЧ-инфекции по сравнению с 2022 г.

Пути передачи ВИЧ-инфекции в разных субрегионах разнятся, что еще раз подчеркивает неоднородность эпидемиологической ситуации по ВИЧ-инфекции в пределах Региона. В 2023 г. в странах ЕС/ЕЭЗ и странах в западной и центральной частях Региона одним из наиболее распространенных путей передачи ВИЧ-инфекции стал гетеросексуальный путь; этот путь передачи особенно распространен среди мигрантов и лиц с ранее известным положительным ВИЧ-статусом. Из лиц, инфицированных гетеросексуальным путем на западе Региона, 13% имели ранее известный положительный ВИЧ-статус, 74% были рождены за пределами страны, предоставляющей данные, и 40% происходили из стран с высокой распространенностью ВИЧ-инфекции. Вместе с тем, секс между мужчинами все еще остается самым распространенным путем передачи в странах ЕС/ЕЭЗ и одним из наиболее распространенных путей передачи в 7 из 15 стран в центральной части Региона. Как и в прошлые годы, на востоке Региона основным путем передачи остается гетеросексуальный. Хотя передача ВИЧ-инфекции половым путем между мужчинами в странах в восточной части Региона остается низкой в абсолютном выражении, ее значение за последнее десятилетие увеличилось более чем в два раза – это наибольшее увеличение среди всех путей передачи и во всех субрегионах Региона. Доля инфицирования при приеме инъекционных наркотиков в качестве указанного пути передачи продолжает снижаться и в восточной части Региона достигла рекордно низкой отметки 18,4%.

Для большинства стран Региона серьезной проблемой остается выявление ВИЧ-инфекции на поздней стадии: в 2023 г. на поздней стадии (CD4 <350 кл/мм³)

Рис. А. Оценочное количество новых случаев и количество зарегистрированных случаев ВИЧ-инфекции в странах ЕС/ЕЭЗ и в Европейском регионе ВОЗ, 2014–2023 гг.



Примечание: затененная область представляет интервалы неопределенности вокруг лучшей оценки. По причине нерегулярного предоставления данных или отсутствия данных в отчетном периоде были исключены данные следующих стран: Андорра, Босния и Герцеговина, Монако, Сан-Марино, Туркменистан и Узбекистан.

были диагностированы около половины (52,4%) случаев ВИЧ-инфекции.[2]

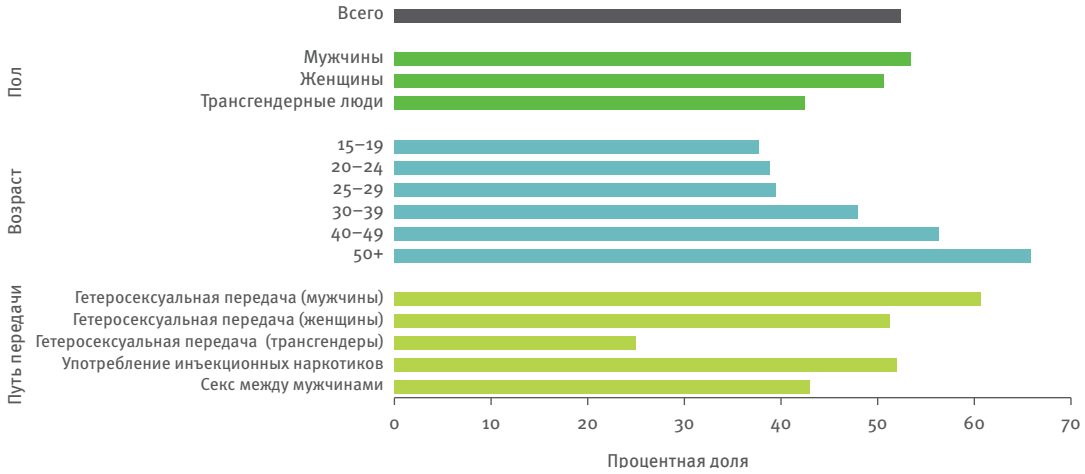
Процент случаев с постановкой диагноза на позднем стадии разнится по разным путям передачи и возрастным группам, но наибольшую долю составляют лица с гетеросексуальным путем передачи (особенно у мужчин), лица, употребляющие инъекционные наркотики, и люди старшего возраста (рис. B).

В 2023 г. в 41 стране Европейского региона ВОЗ у 7 878 лиц был диагностирован СПИД (таблица A). С 2014 г. по 2023 г. общее число новых случаев СПИДа в Регионе уменьшилось на 50%, с 2,4 на 100 000 населения (17 363 случая) до 1,2 на 100 000. Данная тенденция к снижению четко прослеживается во всех частях Региона, включая ЕС/ЕЭЗ.

ЕС/ЕЭЗ

В 2023 г. в 30 странах ЕС/ЕЭЗ был зарегистрирован 24 371 новый случай ВИЧ-инфекции: таким образом, заболеваемость составила 5,3 на 100 000 населения. С 2014 г. этот показатель снизился на 15,9% (6,3 на 100 000 населения). На долю случаев с ранее известным положительным ВИЧ-статусом в числе всех новых случаев ВИЧ-инфекции, выявленных в 2023 г., пришлось 16,3% случаев (4 020 случаев). При

Рис. B. Доля случаев (%) с постановкой диагноза на поздней стадии (CD4 <350 кл/мм³) с разбивкой по полу, возрасту и путям передачи, Европейский регион ВОЗ, 2023 г.



Примечание: Данные от Российской Федерации исключены, т.к. отсутствовала разбивка данных по возрасту, полу и путям передачи.

вычете случаев с ранее известным положительным ВИЧ-статусом заболеваемость по впервые зарегистрированным случаям в 2023 г. составила 3,8 на 100 000 населения, что отражает увеличение этого показателя на 11,8% по сравнению с 2022 г. (3,4 на 100 000 населения).

Как и в предыдущие годы, заболеваемость ВИЧ-инфекцией в 2023 г. была выше у мужчин (17 793 случая) чем у женщин (6 688 случаев), и соотношение заболеваемости у мужчин к заболеваемости у женщин составило 2,7. Общий показатель заболеваемости составил 8,0 на 100 000 населения у мужчин и 2,9 на 100 000 населения у женщин. Кроме того, согласно данными, предоставленным семью странами, в 0,8% (206) случаев пациенты самоидентифицировали себя как трансгендерных людей, а в 0,2% случаев (44) гендерный статус был неизвестен.

В 2023 г. в странах ЕС/ЕЭЗ наиболее распространенным путем передачи ВИЧ-инфекции был секс между мужчинами: на него пришлось 33,8% (8367) всех зарегистрированных новых случаев, и в 46,7% случаев путь передачи инфекции был неизвестен. В период с 2014 г. по 2023 г. доля случаев ВИЧ-инфекции, атрибутируемых сексу между мужчинами, снизилась с 52,1% до 46,9% от общего числа случаев. В 2023 г. среди новых случаев ВИЧ-инфекции у мужчин, практикующих секс с мужчинами (МСМ) 51,5% (4 306 случаев) приходились на уроженцев страны, предоставляющей данные, а 44,4% (3 712 случаев) приходились на мигрантов. Число новых случаев ВИЧ-инфекции среди МСМ-мигрантов увеличилось на 37,7%, с 2 659 в 2014 г. до 3 661 в 2023 г.

В странах ЕС/ЕЭЗ одним из наиболее распространенных путей передачи ВИЧ-инфекции остается гетеросексуальный: на него приходится

[2] На Рис. A1.1 в Приложении 1 представлено разделение Европейского региона ВОЗ на западную, центральную и восточную части.

33,4% (8 254) всех новых случаев ВИЧ-инфекции и 46,1% случаев с известным путем передачи.

Из этих случаев 33,7% (2 779) приходилось на уроженцев страны, предоставляющей данные, а большая часть, то есть 62,4% (5 153), – на мигрантов. С 2014 г. по 2023 г. доля случаев ВИЧ-инфекции, полученной гетеросексуальным путем, возросла с 41,4% до 46,2%. Подобный прирост был умеренным среди мужчин (повышение с 20,6% до 21,3%) и более высоким у женщин, с 20,7% до 24,9%. В 2023 г., по сравнению с 2022 г., число новых случаев ВИЧ-инфекции среди мигрантов выросло на 2,1%, а среди уроженцев страны, предоставляющей данные, – на 4,5%.

В 2023 г. на заражение при употреблении инъекционных наркотиков приходилось 4,1% (1 012) всех новых случаев ВИЧ-инфекции и 5,7% случаев с известным путем передачи. Почти половина случаев (47,6%) заражения ВИЧ-инфекцией при употреблении инъекционных наркотиков в 2023 г. приходилась на мигрантов.

На передачу ВИЧ-инфекции от матери ребенку (ПМР) во время беременности, при родах или лактации приходилось 0,9% (217) всех новых случаев ВИЧ-инфекции и 1,2% случаев с известным путем передачи. На мигрантов приходилось 78,8% (171) случаев ПМР, из них 41,5% случаев касались мигрантов из стран Африки к югу от Сахары.

В 2023 г. в странах ЕС/ЕЭЗ на мигрантов (определяемых как лица, рожденные за пределами страны, предоставляющей данные) пришлось 47,9% всех новых случаев ВИЧ-инфекции, при этом 31,6% мигрантов происходили из стран Африки к югу от Сахары, 30,1% – из стран Центральной и Восточной Европы, 22,8% – из стран Латинской Америки и Карибского бассейна, 5,1% – из стран Западной Европы, 5,1% – из стран Южной и Юго-Восточной Азии, и 5,3% – из других регионов. При исключении случаев с известным регионом происхождения доля всех новых случаев ВИЧ-инфекции в странах ЕС/ЕЭЗ, приходящаяся на мигрантов, выросла с 47,3% в 2014 г. до 55,8% в 2023 г., то есть за этот период увеличение составило 17,9%. При этом за прошедший год было отмечено снижение на 32,5% числа случаев, происходящих из стран Центральной и Восточной Европы, и увеличение на 20,4% числа случаев, происходящих из стран Африки к югу от Сахары.

Информацию о количестве CD4-клеток на момент диагностирования ВИЧ-инфекции для 59,8% взрослых и подростков (14 795) предоставили 27 стран. Для вычисления доли случаев постановки диагноза на поздней стадии были исключены дети младше 15 лет, острые случаи и случаи с ранее известным положительным ВИЧ-статусом, что в итоге дало популяцию с известным количеством CD4-клеток в количестве 11 961 человека. У более чем половины (52,7%) из них ВИЧ-инфекция была выявлена через несколько лет после инфицирования, что подтверждалось количеством CD4-клеток ‹350 кл/мм^3. Данная популяция включала в себя 31,6% лиц с ВИЧ-инфекцией продвинутой стадии (количество CD4-клеток ‹200 кл/мм^3). Постановка диагноза на поздней стадии (количество CD4-клеток ‹350 кл/мм^3) наиболее часто наблюдалась у женщин (58,2%), пожилых людей (до 68,5%), у лиц, инфицированных гетеросексуальным путем (63,8% мужчин и 58,2% женщин), у лиц, употребляющих инъекционные наркотики (52,7%), а также у мигрантов из стран Южной и Юго-Восточной Азии (61,1%) и стран Африки к югу от Сахары (58,6%).

В 2023 г. был отмечен значительный прогресс в отношении отчетных данных по трансгендерным людям в рамках эпиднадзора за ВИЧ-инфекцией: информация по трансгендерным людям теперь включается в эпидемиологический профиль зарегистрированных случаев ВИЧ-инфекции. В 2023 г. в семи странах ЕС/ЕЭЗ среди трансгендерных людей было зарегистрировано 206 случаев ВИЧ-инфекции (0,8% от числа всех случаев). Из них 86,4% были мигрантами, в основном из стран Латинской Америки и Карибского бассейна. Среди лиц, по которым имелись данные о количестве CD4-клеток, 27,1% были диагностированы на острой стадии инфекции, в то время как 29,2% были диагностированы на поздней стадии (количество CD4-клеток ‹350 кл/мм^3).

В 2023 г. в 26 странах ЕС/ЕЭЗ было зарегистрировано 2 690 случаев СПИДа – 0,7 случая на 100 000 населения. За последнее десятилетие показатель зарегистрированных случаев СПИДа снизился на 36,4%. Вместе с тем возросло число случаев СПИДа, атрибутируемых гетеросексуальному пути передачи. За прошедший год отмечалось увеличение числа зарегистрированных случаев СПИДа у женщин на 3,1% (с 677 в 2022 г. до 698 в 2023 г.), а у мужчин –на 1,3% (с 1 955 до 1 981 случая). Следует отметить, что в 2023 г. 13,6% случаев с заболеваниями, указывающими на возможное наличие СПИДа, пришлось на туберкулез (легочный и внелегочный).

В 2014–2023 гг. 14 стран регулярно предоставляли данные о тестировании на ВИЧ, за исключением непересекаемого анонимного тестирования и тестирования донорской крови. Количество тестов, проведенных в странах, регулярно предоставлявших данные о тестировании, увеличилось на 15,0% по сравнению с 2021 г. и на 14,3% по сравнению с 2022 г., что отражает общее увеличение показателей тестирования на 23,6% за весь период.

Европейский регион ВОЗ

В 2023 г. в Европейском регионе ВОЗ было зарегистрировано 112 883 новых случая ВИЧ-инфекции; 69% случаев пришлось на восточную часть (77 601), 24% – на западную часть (27 043) и 7% – на центральную часть Региона (8 239) (таблица А). Наиболее высокие показатели заболеваемости также были отмечены в восточной части (30,6 на 100 000 населения), что непропорционально выше, чем в

западной (6,2 на 100 000 населения) и в центральной части Региона (4,2 на 100 000 населения) (таблица A).

В 2023 г. уровень заболеваемости ВИЧ-инфекции в разных странах Региона значительно разнился. Наиболее высокие значения заболеваемости на 100 000 населения (›15,0) наблюдались в Российской Федерации (37,9), Украине (31,7), Республике Молдова (27,0), Мальте (21,0), Казахстане (20,6), Армении (18,0), Кипре (17,6), Ирландии (17,3), Грузии (16,4), Кыргызстане (15,6) и Беларуси (15,4). Наиболее низкие значения (‹3,0) были зарегистрированы в Швеции (2,9), Словакии (2,6), Хорватии (2,5), Венгрии (2,4), Северной Македонии (2,4), Сербии (2,2), Австрии (2,1) и Словении (2,1).

Общая заболеваемость у мужчин составила 16,7 на 100 000 населения, а у женщин – 8,9 на 100 000 населения. Соотношение заболеваемости у мужчин к заболеваемости у женщин в среднем составило 1,8; наиболее низкое соотношение было отмечено в восточной части (1,6), более высокое (2,1) – в западной части, и самое высокое (3,9) – в центральной части Региона.

Наибольшая доля новых случаев ВИЧ-инфекции в Регионе (36%) пришлась на возрастную группу 30-39 лет, 6% – на возрастную группу 15-24 лет и 19% – на возрастную группу 50 лет и старше на момент постановки диагноза.

Согласно полученным данным, наиболее распространенными путями передачи ВИЧ-инфекции были гетеросексуальный путь (63,8%), инфицирование при приеме инъекционных наркотиков (13,6%), секс между мужчинами (11,7%) и – менее 1% –ПМР. Путь передачи инфекции был неизвестен или информация о нем отсутствовала в 10,3% новых случаев.

В восточной части Региона, согласно данным из 13 стран, из новых случаев ВИЧ-инфекции с известным путем передачи 76,1% пришлись на гетеросексуальный путь, 18,4% – на инфицирование при приеме инъекционных наркотиков, а число зарегистрированных случаев инфицирования при сексе между мужчинами оставалось низким, на уровне 3,4% от общего числа случаев. Гетеросексуальный путь передачи (24,5%) и секс между мужчинами (18,1%) были наиболее распространенными путями передачи инфекции в центральной чести Региона для случаев с известным путем передачи, но у 54,7% новых случаев ВИЧ-инфекции информация о пути передачи отсутствовала. Секс между мужчинами был наиболее распространенным путем передачи инфекции в 7 из 15 стран в центральной части Региона. В западной части Региона основным путем передачи ВИЧ-инфекции был гетеросексуальный путь (40,1%); вместе с тем, 13% из этих случаев имели ранее известный положительный ВИЧ-статус, 74% приходились на мигрантов, и 40% происходили из стран с генерализованной эпидемией. Вторым наиболее распространенным путем передачи был секс между мужчинами (33,3% случаев). Информация о пути передачи отсутствовала для 21,1% новых случаев ВИЧ-инфекции, выявленных в 2023 г.

В 2014–2023 гг. данные о пути передачи ВИЧ-инфекции регулярно поступали из 39 стран Региона. Основным путем передачи инфекции в восточной части Региона являлся гетеросексуальный. Показатели передачи при сексе между мужчинами увеличились почти на 120%. Хотя число случаев ВИЧ-инфекции, приобретенной при приеме инъекционных наркотиков, за этот период снизилось на 39%, на этот путь передачи все еще приходится 18,4% случаев ВИЧ-инфекции. Несмотря на тенденцию к повышению роли передачи гетеросексуальным путем, в 7 из 15 стран в центральной части Региона секс между мужчинами отмечался как наиболее распространенный путь передачи. В западной части Региона за прошедшее десятилетие отмечается снижение общей заболеваемости ВИЧ-инфекцией, что главным образом объясняется снижением числа случаев среди МСМ в некоторых странах. Вместе с тем, даже при исключении случаев с ранее известным положительным ВИЧ-статусом за прошедший год отмечается увеличение числа новых случаев заражения гетеросексуальным путем, особенно у женщин и у мигрантов.

Среди лиц старше 14 лет, которым впервые был поставлен диагноз «ВИЧ-инфекция» и для которых на момент постановки диагноза было известно количество CD4-клеток, более чем в половине случаев (52,4%) отмечалась постановка диагноза на поздней стадии, с количеством CD4-клеток ‹350 кл/мм^3, в том числе в 31,6% случаев – с продвинутыми стадиями ВИЧ-инфекции (количество CD4-клеток ‹200 кл/мм^3). Вместе с тем, среднее значение по Региону не включает данные по Российской Федерации,3 где в 30,0% случаев ВИЧ-инфекция была диагностирована, когда количество CD4-клеток составляло ‹350 кл/мм^3 и в 15,1% случаев – когда количество CD4-клеток составляло ‹200 кл/мм^3.

Выявление ВИЧ-инфекции на поздней стадии остается серьезной проблемой в большинстве стран Региона. Доля людей с постановкой диагноза на поздней стадии (количество CD4-клеток ‹350 кл/мм^3) разнится по разным категориям передачи и возрастным группам, но наиболее высокая доля отмечается у лиц, зараженных гетеросексуальным путем (56%; 61% у мужчин и 51% у женщин) и у лиц, употребляющих инъекционные наркотики (52,0%), а наименьшая доля – у МСМ (43,0%) (рис. B). Эта доля увеличивается с возрастом и составляет от 37,7% у лиц в возрасте 15–19 лет на момент постановки диагноза до 65,9% у лиц в возрасте 50 лет и старше. В гендерной разбивке доля случаев постановки диагноза на поздней стадии составила 53,4% у

3 Данные по количеству CD4-клеток из Российской Федерации не включали разбивку данных по ранее известному положительному ВИЧ-статусу и путям передачи и поэтому были исключены из субрегионального и регионального анализа.

мужчин и 50,6% у женщин: более низкий показатель у мужчин по сравнению с женщинами обусловлен дальнейшим снижением числа случаев постановки диагноза на поздней стадии среди МСМ.

В 2023 г. СПИД был диагностирован у 7 878 человек в 41 стране Европейского региона ВОЗ, что соответствует заболеваемости 1,2 на 100 000 населения. Из общего числа диагностированных случаев СПИДа, 61% случаев были диагностированы в восточной части Региона, где заболеваемость на 100 000 населения также была наиболее высокой (4,9), 28% – в западной части Региона (заболеваемость 0,6 на 100 000 населения) и 12% – в центральной части Региона (0,4 на 100 000 населения). У 12% лиц, у которых был диагностирован СПИД, СПИД-индикаторным заболеванием был туберкулез (11% в западной части, 12% в центральной части и 14% в восточной части Региона). В период с 2014 г. по 2023 г. общее число диагностированных случаев СПИДа в Регионе снизилось на 50%.

Выводы

В Европейском регионе ВОЗ ВИЧ-инфекция по-прежнему остается угрозой для здоровья и благополучия миллионов людей. За последние четыре десятилетия ВИЧ-инфекция была диагностирована почти у 2,6 миллиона жителей Региона, в том числе у более чем 650 000 человек в странах ЕС/ЕЭЗ.

Общая тенденция в выявлении ВИЧ-инфекции в значительной степени отражает ситуацию в Российской Федерации, где с 2019 г. число выявленных случаев снизилось на 32%. Вместе с тем, 21 из 47 стран сообщила об увеличении числа новых случаев ВИЧ-инфекции в 2023 г. по сравнению с 2022 г., а в нескольких странах было зарегистрировано самое большое за последнее десятилетие число новых случаев ВИЧ-инфекции, выявленных в течение одного года. Рост числа случаев ВИЧ-инфекции в этих странах в 2023 г. может быть объяснен целым рядом факторов.

В восточной части Региона четыре страны сообщили об увеличении числа новых случаев ВИЧ-инфекции в 2023 г. по сравнению с 2022 г. Это главным образом объясняется восстановлением объемов тестирования на ВИЧ-инфекцию со времени ослабления пандемии COVID-19, сосредоточением усилий на выявлении новых случаев и введением новой политики тестирования, направленной на снижение числа лиц, живущих с недиагностированной ВИЧ-инфекцией.

Одиннадцать стран в западной части Региона сообщили об увеличении числа новых случаев ВИЧ-инфекции; это единственный субрегион, где число новых случаев ВИЧ-инфекции в 2023 г. увеличилось по сравнению с 2023 г. Это объясняется главным образом увеличением доли новых случаев ВИЧ-инфекции среди мигрантов, с 60,3% в 2022 г. до 66,1% в 2023 г. Это число значительно выше, чем в центральной (19,4%) и восточной части Региона (2,0). Основной причиной для такого увеличения является рост числа лиц, у которых была выявлена ВИЧ-инфекция, происходящих из стран Африки к югу от Сахары, и сохранение высоких показателей заболеваемости у людей, происходящих из Центральной и Восточной Европы и из Латинской Америки. Следует отметить, что 12,9% случаев инфекции, выявленных в западной части Региона в 2023 г., приходится на людей с ранее известным положительным ВИЧ-статусом. При этом, вероятно, имеет место недооценка числа случаев с ранее известным положительным ВИЧ-статусом, поскольку полнота данных для переменной выявления таких случаев в 2023 г. составила 48,6%. Следовательно, для целей адекватной организации мер профилактики, вмешательств в сфере общественного здравоохранения и планирования ресурсов важно понимать различия в эпидемиологическом профиле случаев с ранее известным положительным ВИЧ-статусом и впервые выявленных случаев ВИЧ-инфекции, а также происхождение таких случаев *(1)*.

В странах в центральной части Региона наблюдается противоположная картина: число новых случаев ВИЧ-инфекции в 2023 г. снизилось по сравнению с 2022 г., главным образом, по причине уменьшения числа случаев с ранее известным положительным ВИЧ-статусом. Вместе с тем, в 6 из 15 стран в центральной части Региона, согласно предоставленным ими данным, в 2023 г. наблюдалось увеличение числа новых случаев ВИЧ-инфекции по сравнению с 2022 г.

В 30 странах ЕС/ЕЭЗ за период 2014–2023 гг. число случаев ВИЧ-инфекции снизилось на 15,9%, что указывает на постепенное снижение общего числа случаев. Вместе с тем, в 2023 г., по сравнению с 2022 г., при вычете случаев с ранее известным положительным ВИЧ-статусом отмечается увеличение числа впервые выявленных случаев ВИЧ-инфекции.

Эпидемиологические профили впервые выявленных случаев и случаев с ранее известным положительным ВИЧ-статусом в странах ЕС/ЕЭЗ значительно различаются. Впервые выявленные случаи ВИЧ-инфекции в странах ЕС/ЕЭЗ в основном приходятся на мужчин среднего возраста, и 28% всех случаев в настоящее время приходится на женщин. Значительная часть впервые выявленных случаев ВИЧ-инфекции (47,9%) приходится на мигрантов, а 38% впервые выявленных случаев –на уроженцев страны, предоставляющей данные. В странах ЕС/ЕЭЗ секс между мужчинами остается ведущим путем передачи ВИЧ-инфекции, но значительное число новых случаев также приходится на гетеросексуальный путь. Среди случаев с ранее поставленным диагнозом наблюдается противоположная картина: здесь наблюдается

более высокая доля женщин, людей старшего возраста и мигрантов из Центральной и Восточной Европы, Африки к югу от Сахары и Латинской Америки; для таких лиц наиболее распространенным путем передачи является гетеросексуальный.

Хотя число зарегистрированных случаев передачи ВИЧ-инфекции половым путем среди МСМ в восточной части Региона в абсолютном выражении остается низким, за последнее десятилетие оно увеличилось более чем в два раза – это самое значительное увеличение для всех путей передачи и всех субрегионов. Гетеросексуальный путь передачи ВИЧ-инфекции остается в восточной части Региона основным. Вместе с тем имеются определенные данные, позволяющие предположить, что для части мужчин путь заражения мог быть ошибочно классифицирован как гетеросексуальный, тогда как на самом деле они могут относиться к МСМ или иметь в анамнезе употребление инъекционных наркотиков *(2-4)*.

Доля мигрантов, инфицированных гетеросексуальным путем, в центральной части Региона в последние годы увеличилась, с 13% в 2021 г. до 23% в 2023 г. Среди инфицированных мигрантов из Хорватии, Черногории, Польши и Словении более 40% были заражены гетеросексуальным путем, а среди инфицированных мигрантов из Кипра, Чехии и Словакии этот показатель составил более 70%. Несмотря на тенденцию к увеличению роли гетеросексуального пути заражения, в 7 из 15 стран в центральной части Региона самым распространенным путем передачи ВИЧ-инфекции был секс между мужчинами.

В Европейском регионе ВОЗ у более половины выявленных случаев ВИЧ-инфекции число CD4-клеток составляет <350 кл/мм^3, при этом почти треть таких случаев была выявлена на продвинутых стадиях инфекции (количество CD4-клеток <200 кл/мм^3 на момент диагностики). Как и в предыдущие годы, данные 2023 г. указывают на то, что выявление ВИЧ-инфекции на поздней стадии преобладает у лиц, инфицированных гетеросексуальным путем (особенно у мужчин), у лиц, инфицированных при приеме инъекционных наркотиков и у людей старшего возраста. Данные настоящего отчета также указывают на то, что в Регионе расширяется разрыв между выявленными и невыявленными случаями ВИЧ-инфекции, и что Регион не сможет к 2025 г. достичь цели, предполагающей диагностику 95% людей, живущих с ВИЧ-инфекцией.

Мероприятия по контролю эпидемии должны основываться на фактических данных и быть адаптированы к эпидемиологической ситуации на уровне стран и на локальном уровне. В настоящем отчете представлен подробный обзор эпидемиологической ситуации по ВИЧ-инфекции, и в соответствии с этими данными приоритет должен отдаваться следующим мерам реагирования:

- **Во всех странах Региона**: быстрое увеличение объемов тестирования на ВИЧ-инфекцию имеет важнейшее значение для ускорения прогресса на пути к достижению цели выявления к 2025 г. 95% лиц, инфицированных ВИЧ. ВОЗ выпустила аналитическую записку, рекомендующую отказаться в стратегиях и алгоритмах тестирования на ВИЧ-инфекцию от вестерн-блоттинга и линейных иммуноанализов и поддерживать политику децентрализованного тестирования и раннего привлечения к лечению *(5)*. В руководстве ВОЗ и Европейского центра профилактики и контроля заболеваний даны рекомендации по применению инновационных подходов, включая самотестирование и тестирование на уровне сообществ, проводимое лицами без формального образования, а также организацию легкодоступных служб тестирования для мигрантов *(6–8)*. В последние годы улучшились показатели тестирования на ВИЧ, и показатели самотестирования и тестирования на уровне сообществ значительно выросли, однако данные мониторинга политики в Регионе свидетельствуют о том, что в некоторых странах Региона некоторые виды тестирования по-прежнему недостаточно доступны или практически отсутствуют *(9)*. Тестирование на ВИЧ-инфекцию должно быть преимущественно направлено на охват ключевых групп населения в условиях местной эпидемиологической ситуации. Стратегии должны быть адаптированы к конкретным потребностям этих групп населения и обеспечивать своевременное оказание услуг профилактики, лечения и ухода при ВИЧ-инфекции. Это обеспечит более раннюю диагностику и начало лечения, что приведет к улучшению результатов лечения и снижению распространенности, заболеваемости и смертности от ВИЧ-инфекции и будет способствовать достижению целей «95-95-95» и других региональных и глобальных целей *(10–12)*. Научные данные убедительно доказывают, что раннее начало антиретровирусной терапии (АРТ) благотворно влияет на здоровье пациента, получающего такую терапию, и способствует профилактике передачи ВИЧ-инфекции *(13–18)*. Почти 90% стран в Регионе следуют политике, предписывающей начинать АРТ независимо от количества CD4-клеток *(19)*.
- **В странах ЕС/ЕЭЗ и странах в западной части Региона:** увеличение числа новых случаев ВИЧ-инфекции может быть связано с ростом выявления случаев инфекции у мигрантов и повышением объемов тестирования, что отражает демографические сдвиги и улучшение диагностики и выявления случаев ВИЧ-инфекции в странах ЕС/ЕЭЗ и странах в западной части Региона. Для улучшения профилактики ВИЧ-инфекции в популяциях мигрантов страны должны изучить возможности для расширения первичных услуг профилактики, включая программы предоставления презервативов, программы сексуального

просвещения молодежи и программы доконтактной профилактики (ДКП), и обеспечить для мигрантов доступ к этим программам. Предоставление услуг тестирования и лечения независимо от миграционного статуса способствует осуществлению эффективной профилактики и лечения.

- Страны также должны устранять барьеры более широкого характера, затрудняющие доступ к необходимой помощи, и улучшать информирование о получении доступа к системе здравоохранения. В последнее десятилетие основным путем передачи ВИЧ-инфекции среди мигрантов в странах ЕС/ЕЭЗ остается секс между мужчинами. Меры по профилактике передачи инфекции для МСМ должны включать комплексные программы с расширенным доступом к ДКП и устранением ограничений для доступа к ДКП во всех контекстах. Предоставление ДКП в сочетании с расширенным регулярным тестированием и привлечением к лечению может помочь снизить заболеваемость ВИЧ-инфекцией среди МСМ *(20-21)*. Для эффективного мониторинга необходимы надежные системы эпиднадзора. Для дальнейшего повышения доступности тестирования для мигрантов, являющихся МСМ, необходимы мероприятия, проводимые с опорой на местные сообщества и с учетом культурной специфики, предоставление наборов для самотестирования и проведение целевых кампаний социального маркетинга. В западной части Региона увеличивается число случаев инфицирования гетеросексуальным путем: этот путь передачи становится одним из основных, и для него является характерным большой процент случаев, когда диагноз ставится на поздней стадии. Такие меры, как расширение программ целевого тестирования, включая тестирование при наличии показаний при соответствующих состояниях, тестирование в отделениях скорой помощи и повышение осведомленности медицинских работников о важности проведения целевого скрининга на основании имеющихся факторов риска, способны улучшить показатели раннего выявления ВИЧ-инфекции в этой группе населения.
- **В странах в центральной части Региона**: после того, как в 2022 г. в центральной части Региона было выявлено беспрецедентно высокое число новых случаев ВИЧ-инфекции, в 2023 г. число поставленных диагнозов снизилось, главным образом, в связи со снижением числа случаев с ранее известным положительным ВИЧ-статусом в странах ЕС/ЕЭЗ. Тем не менее, в 2023 г. 6 из 15 стран в центральной части Региона также сообщили об увеличении числа новых случаев инфекции по сравнению с 2022 г. Несмотря на тенденцию к увеличению числа случаев инфицирования гетеросексуальным путем, обусловленную вышеуказанными факторами, в 7 из 15 стран в центральной части Региона самым распространенным путем передачи был секс между мужчинами. В связи с этим необходимы такие вмешательства, как программы предоставления презервативов и лубрикантов, диверсификация услуг тестирования на ВИЧ-инфекцию, помощь в добровольном уведомлении партнера о положительном ВИЧ-статусе, ДКП, профилактика и ведение сочетанных инфекций (особенно передаваемых половым путем) и ранее начало лечения ВИЧ-инфекции. Услуги должны быть пациентоориентированными и предоставляться в комфортной обстановке, предпочтительно – с вовлечением организаций гражданского общества на всех этапах предоставления услуг, связанных с ВИЧ-инфекцией, от профилактики ВИЧ-инфекции до соблюдения схемы АРТ. Показатели передачи ВИЧ-инфекции при употреблении инъекционных наркотиков остаются низкими, но из опыта прошлых вспышек *(22–26)* можно сделать вывод о том, что услуги профилактики ВИЧ-инфекции для людей, употребляющих инъекционные наркотики, сохраняют свою актуальность, и для профилактики таких вспышек необходимо обеспечить достаточный охват этими услугами. Также в этой части Региона выше, чем где-либо еще в Регионе, доля молодых людей среди лиц с диагностированной ВИЧ-инфекцией. После прекращения финансирования со стороны Глобального фонда по борьбе со СПИДом, туберкулезом и малярией в некоторых странах был осуществлен перевод мер реагирования на ВИЧ-инфекцию на внутреннее финансирование. Это подорвало устойчивость финансирования программ профилактики ВИЧ-инфекции и создало препятствия для проведения среди ключевых групп населения опросов целиком силами местных сообществ. Кроме того, для осуществления надежных пациентоориентированных мер реагирования, особенно в странах, сильно затронутых притоком мигрантов и беженцев, необходимым являются обеспечение доступа к услугам здравоохранения (включая услуги, связанные с ВИЧ-инфекцией) для этих лиц и содействие международному сотрудничеству и обмену данными. Для решения этих проблем и предотвращения обострения эпидемии требуется твердая политическая воля и приоритетное внимание к этой проблеме, а также больше широкое вовлечение гражданского общества *(27)*.
- **В странах в восточной части Региона**: в нескольких странах в восточной части Региона также отмечалось рекордное число новых случаев ВИЧ-инфекции, выявленных в течение одного года. Несмотря на то, что эти страны отмечают восстановление объемов тестирования и показателей выявления случаев ВИЧ-инфекции после ослабления пандемии COVID-19 благодаря внедрению новой политики тестирования для повышения показателей выявления, этого недостаточно для того, чтобы устранить разрыв и обеспечить, чтобы люди знали свой ВИЧ-статус: необходимо увеличить охват диагностикой. Страны в восточной части Региона должны далее

наращивать осуществление инновационных и обоснованных научными данными мер и предоставление эффективных интегрированных услуг через системы здравоохранения, с более эффективным воздействием на социальные детерминанты здоровья. Необходимы комплексные стратегии по профилактике и инновационным методам тестирования на ВИЧ-инфекцию, с особым вниманием к ключевым группам населения. Важную роль здесь играет предоставление пациентоориентированных услуг профилактики и тестирования, включая помощь в уведомлении партнера о ВИЧ-статусе, ДКП, тестирование на ВИЧ-инфекцию, проводимое сотрудниками без формального образования и самотестирование в соответствии с рекомендациями ВОЗ. Все эти услуги должны быть включены в национальные стратегии и программы, с последующей их реализацией *(6,7,12)*. Для снижения заболеваемости ВИЧ-инфекций и увеличения числа людей, привлеченных к лечению, а также начавших и продолжающих АРТ, крайне важно вовлечение сообществ в планирование и предоставление услуг. Конечной целью является снижение заболеваемости ВИЧ-инфекцией и смертности, связанной со СПИДом. Инновационные мероприятия по профилактике ВИЧ-инфекции должны быть направлены на снижение риска гетеросексуальной передачи, особенно для пар, в которых один из партнеров склонен к поведению высокого риска (например, употребляет инъекционные наркотики) или в течение долгих периодов времени работает за границей. Большое число диагностированных случаев ВИЧ-инфекции у людей, употребляющих инъекционные наркотики, указывает на то, что обоснованные научными данными меры политики, направленные на ключевые группы населения, включая обеспечение высокого охвата программами снижения вреда для людей, употребляющих инъекционные наркотики, по-прежнему имеет решающее значение для борьбы с ВИЧ-инфекцией в восточной части Региона.

Для данных о ВИЧ-инфекции 2023 г. характерны серьезные проблемы, касающиеся качества, полноты и степени стандартизации переменных, различения впервые диагностированных случаев ВИЧ-инфекции и случаев с ранее известным положительным ВИЧ-статусом, а также в отношении таких переменных, как страна рождения и регион инфицирования. Эти факторы, в сочетании с увеличением миграции населения, сделали интерпретацию данных 2022 г. и 2023 г. крайне затруднительной. Огромное значение имеет достижение среди стран Региона консенсуса в отношении сбора, регистрации и предоставления отчетных данных о случаях с ранее известным положительным ВИЧ-статусом, поскольку для беженцев, мигрантов и людей с ранее известным положительным ВИЧ-статусом характерны разные эпидемиологические профили и разные медицинские потребности. Улучшение стандартов регистрации данных и предоставления отчетности в системах эпидназдора поможет обеспечить необходимую точность и осуществлять эффективное планирование специально адаптированных стратегий профилактики.

Из-за ограниченной доступности данных по трансгендерным людям более полное понимание их эпидемиологического профиля остается затрудненным.

Усиление эпиднадзора за ВИЧ-инфекцией создает возможность для осуществления более долгосрочного мониторинга результатов каскада лечения ВИЧ-инфекции, с моделированием доли недиагностированных случаев и измерением эффективности привлечения к лечению, лечения и подавления вирусной нагрузки после постановки диагноза. Это также может способствовать осуществлению на уровне стран и на глобальном уровне мониторингу прогресса на пути к достижению целей «95–95–95» и других глобальных и региональных целей.

ВОЗ и Европейский центр профилактики и контроля заболеваний во взаимодействии с государствами-членами ВОЗ занимаются практической реализацией *Региональных планов действий по ликвидации СПИДа, эпидемий вирусных гепатитов и заболеваний, предаваемых половым путем, на 2022-2030 гг. (12)*, а также работают над измерением прогресса на пути к достижению Цели в области устойчивого развития 3.3, предполагающей ликвидацию СПИДа к 2030 г. Ключевые мероприятия ВОЗ и Европейского центра профилактики и контроля заболеваний сосредоточены на поддержке стран в наращивании масштабов тестирования на ВИЧ и выполнении рекомендаций по лечению и сочетанию инновационных подходов к профилактике ВИЧ-инфекции в отношении ключевых групп населения. Помимо этого, ВОЗ и Европейский центр профилактики и контроля заболеваний занимаются вопросами элиминации ПМР ВИЧ-инфекции, вирусного гепатита В и сифилиса, улучшения эпиднадзора за ВИЧ-инфекцией и предоставления отчетных данных, а также другими ключевыми приоритетами, установленными в планах действий.

ВОЗ и Европейский центр профилактики и контроля заболеваний совместно с партнерскими организациями продолжат оказывать поддержку государствам-членам ВОЗ в реализации мер по ускорению прогресса на пути к достижению Целей в области устойчивого развития, касающихся ВИЧ-инфекции, посредством подготовки специализированных руководящих документов, проведения семинаров, тренингов и вебинаров и предоставления иной технической поддержки для обеспечения высокой эффективности эпиднадзора, мониторинга, лечения и профилактики.

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[4] Все ссылки состоянию на 18 ноября 2024 г.

1. HIV and AIDS in the EU/EEA

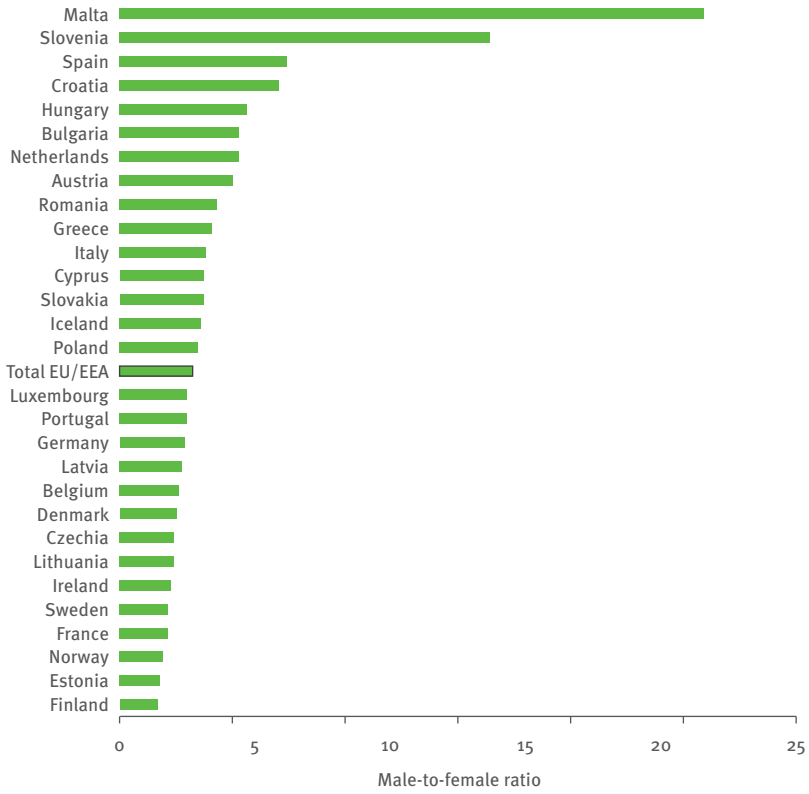
1.1 HIV diagnoses

In 2023, 24 731 HIV diagnoses were reported in 30 countries of the EU/EEA, resulting in a rate of 5.3 per 100 000 population (Table 1). The highest rates were reported by Malta (21.0; 114 cases) and Cyprus (17.6; 162 cases), and the lowest by Slovenia (2.1; 44 cases) and Austria (2.1; 194 cases) (Table 1; Map 1). Of the HIV diagnoses reported in 2023,[6] 16.3% (4020 diagnoses) were among individuals with a previous positive HIV diagnosis.[7] Section 1.2 will describe previous positive diagnoses in more detail. Unless otherwise specified, data presented in this section includes all HIV diagnoses reported, including both individuals with a previous positive HIV diagnosis and those diagnosed for the first time.

As in previous years, more men than women were diagnosed with HIV in 2023 (17 793 and 6688, respectively), resulting in an overall male-to-female ratio of 2.7 (Fig. 1.1.; Table 2, Table 3). This ratio was highest in Malta (21.6), Slovenia (13.6) and Spain (6.2) (Fig. 1.1).

The overall rate of diagnoses in men was 8.0 per 100 000 population (Table 2; Map 3) and for women 2.9 per 100 000 population (Table 3; Map 4). In addition to the 24 481 cases identified as either men or women, 206 people (0.8%) identifying as transgender and 44 people (0.2%) with an unknown gender were reported in 2023.

Fig. 1.1. Male-to-female ratio in HIV diagnoses, by country, EU/EEA, 2023 (n = 24 481)



Note: Liechtenstein reported only one case in 2023 and is excluded from the figure.

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

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

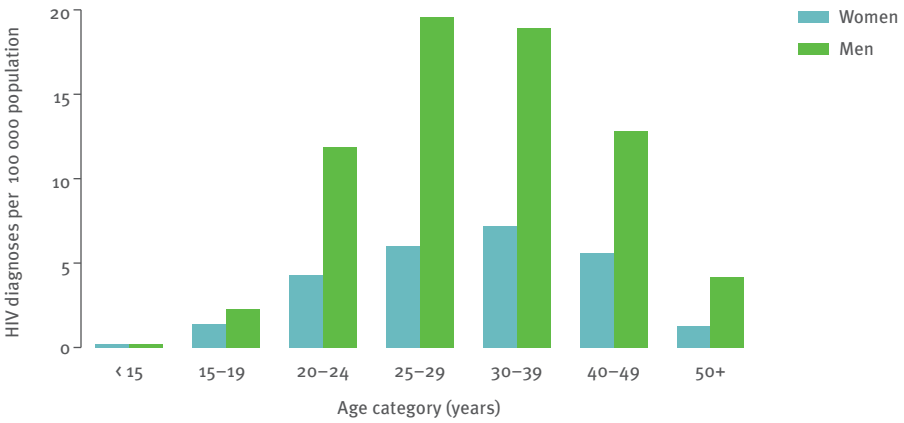
Countries reporting HIV diagnoses among transgender people include Belgium (1.9%; 21 cases), France (2.6%; 130 cases), Germany (0.3%; 11 cases), Greece (0.4%; three cases), Ireland (0.9%; eight cases), Netherlands (3.5%; 30 cases) and Portugal (0.3%; three cases).

Age-specific rates were lowest among children under 15 years (0.2 per 100 000 population for both male and female) (Fig. 1.2). In all other age groups, men had higher age-specific HIV diagnosis rates than women. The highest overall age-specific rate was observed in the age group 30–39 years (13.1 per 100 000 population). Among men, the highest rate was in the age group 25–29 years (19.6 per 100 000), while for women, it was in the age group 30–39 years (7.2 per 100 000) (Fig. 1.2).

The overall mean age at diagnosis was 39.1 years; the mean age at diagnosis was lower for men who have sex with men (MSM) (36.6 years) than for cases attributed to injecting drug use (42.1 years overall, and similar in both women and men) or heterosexual transmission (41.2 years overall, 39.4 in women and 42.1 in men). For transgender people, the mean age at diagnosis was 33.4 years. The highest proportion of transgender people (39.8%) were diagnosed between the ages of 30 and 39 years, followed by 24.3% in the age group 25–29 years, 15.5% in the age group 20–24 years, 13.6% aged between 40 and 49 years, 5.3% among those aged over 50 years, and 1.5% in the age group 15–19 years.

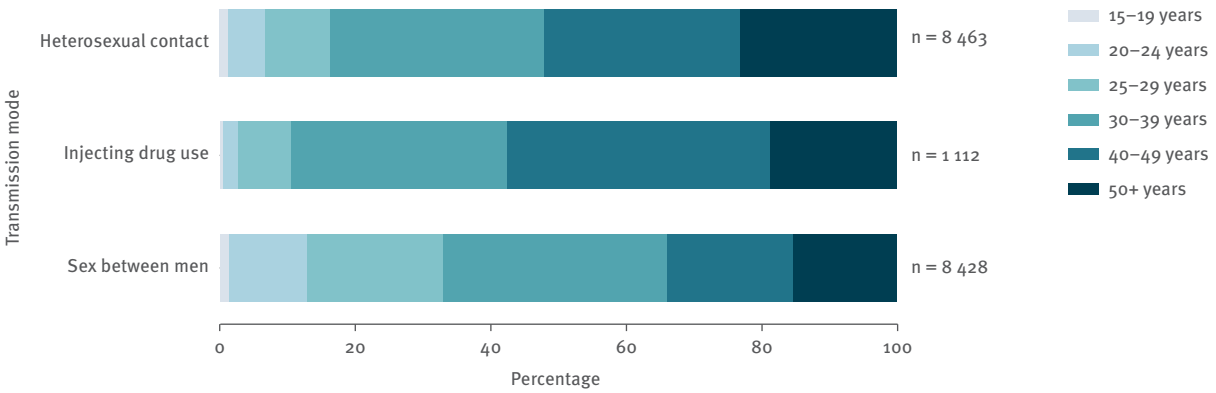
The age group 30–39 years accounted for the largest proportion of HIV diagnoses overall (32.3%), with 33.0% among MSM and 31.6% among those reporting heterosexual contact. In contrast, among people who inject drugs (PWID), most diagnoses (38.9%) were reported in the age group 40–49 years (Fig. 1.3).

Fig. 1.2. Age- and gender-specific rates of HIV diagnoses per 100 000 population, EU/EEA, 2023 (n = 24 393)



Note: A total of 206 transgender people and 44 people with an unknown gender category reported in 2023 have been excluded from the calculations.

Fig. 1.3. HIV diagnoses, by age group and transmission mode, EU/EEA, 2023 (n = 18 003)

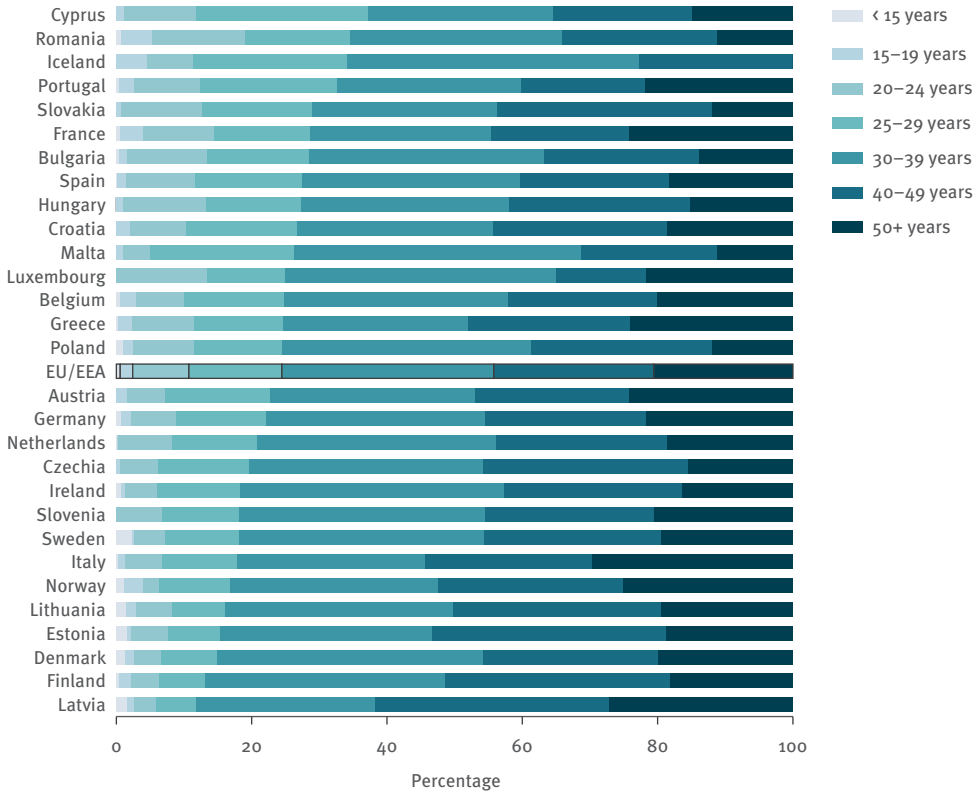


Note: Estonia, Latvia and Poland were excluded from the figure as more than 50% of their reported cases did not include information on the mode of transmission.

One third (33.0%) of diagnoses attributed to sex between men were made before the age of 30, while over half (52.1% and 57.6%) of the HIV infections reported among men and women who had heterosexual contact and among people who were infected through injecting drug use, respectively, were diagnosed at 40 years or above.

The age distribution of HIV diagnoses varied across countries. In Cyprus (37.3%), Romania (34.6%), Iceland (34.1%), and Portugal (32.6%), approximately one third of reported HIV diagnoses were among people under 30 years old. In contrast, in Latvia (61.7%), Italy (54.4%), Estonia (53.3%), Norway (52.4%), Finland (51.4%), and Lithuania (50.2%), over half of the HIV diagnoses were reported in people over 40 years of age (Fig. 1.4; Table 9).

Fig. 1.4. Percentage of HIV diagnoses, by country and age group, EU/EEA, 2023 (n = 24 617)

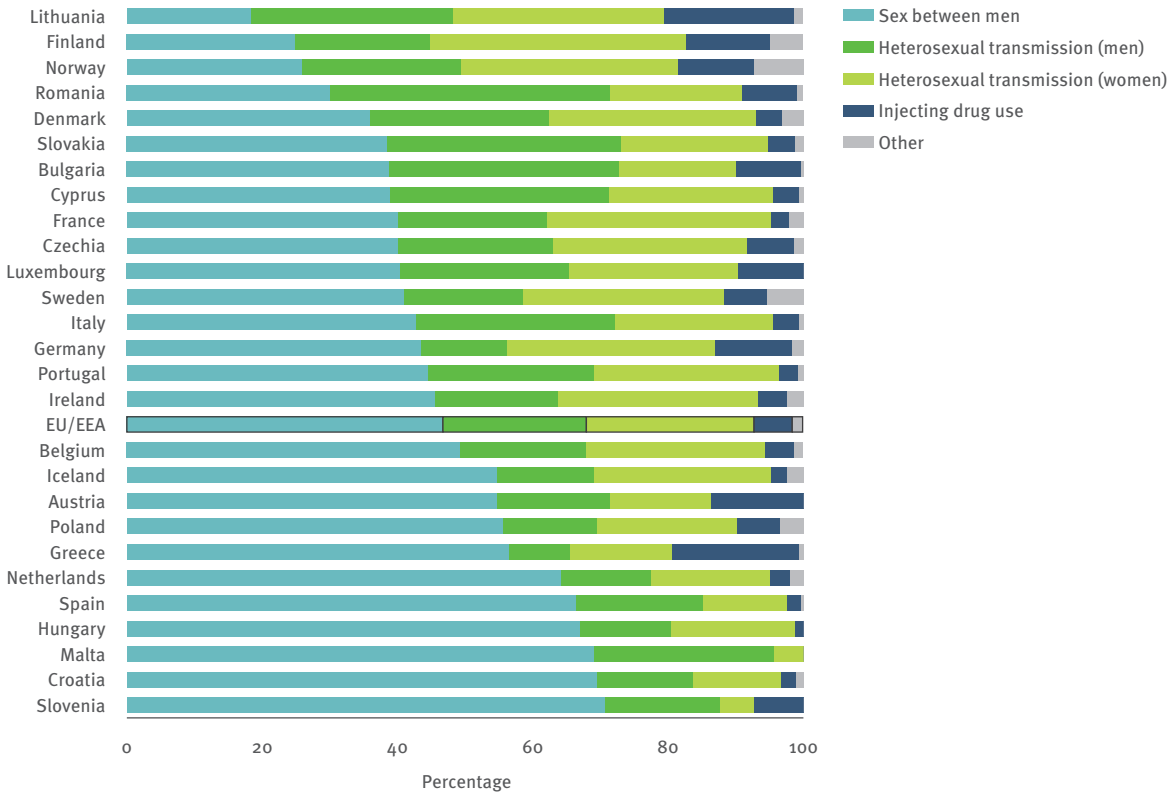


Note: Liechtenstein reported one case for 2023. Unknown age is excluded from the proportions presented here. The figure is organized in descending order, from the highest to the lowest percentage of diagnoses among individuals younger than 30 years.

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

- Sex between men is the most reported mode of transmission in the EU/EEA, accounting for 33.8% (8367) of all reported HIV diagnoses in 2023. Sex between men was one of the predominant modes of transmission (46.7%) where mode of transmission was known (Fig. 1.5; Table 4, Table 8; Map 5) and accounted for more than 50% of reported HIV diagnoses in eight countries (Austria, Croatia, Greece, Hungary, Malta, Netherlands, Slovenia and Spain) (Fig. 1.5). The majority (51.5%; 4306) of people diagnosed with HIV attributed to sex between men were born in the reporting country. Among the 44.4% (3712) of MSM diagnosed with HIV who were migrants, 46.9% (1740) originated from Latin America and the Caribbean, 17.08% (634) from central or eastern Europe, 10.6% (392) from Sub-Saharan Africa, 9.6% (358) from western Europe, 7.5% (279) from south and south-east Asia, and 8.3% (309) from other regions (Table 11).
- Sex between men and women remains one of the most common modes of HIV transmission reported in the EU/EEA, accounting for 33.4% (8254) of all HIV diagnoses and 46.0% of diagnoses where the route of transmission was known (Fig. 1.5; Table 6, Table 8; Map 6). Among those with reported heterosexual transmission there are more women (53.8%; 4437); than men (46.0%; 3796). Heterosexual transmission accounts for more than 50% of all reported HIV cases in 13 EU/EEA countries (Bulgaria, Cyprus, Czechia, Denmark, Finland, France, Italy, Lithuania, Luxembourg, Norway, Portugal, Romania and Slovakia).

Fig. 1.5. Percentage by transmission mode and country, HIV diagnoses with known mode of transmission, EU/EEA, 2023 (n = 17 757)

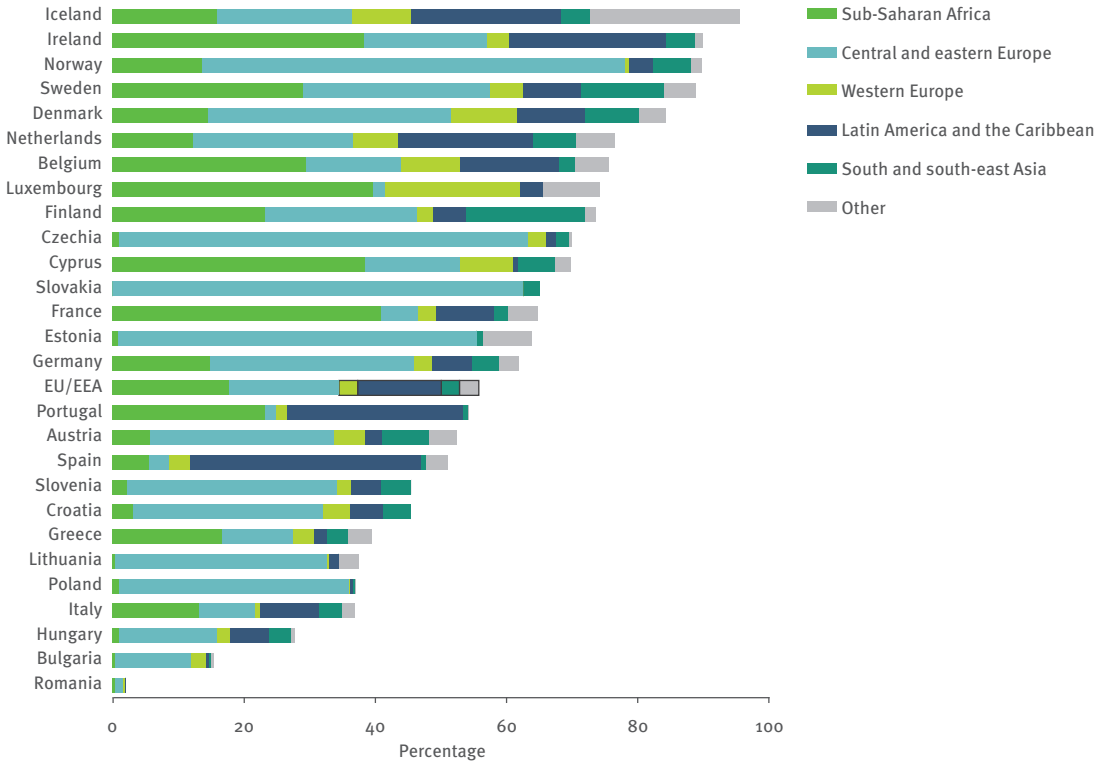


Note: Liechtenstein reported one case for 2023 and is excluded from the figure. Estonia, Latvia and Poland were excluded from the figure as more than 50% of their reported cases did not include information on the mode of transmission. A total of 6824 people with an unknown mode of transmission have been excluded from the proportions presented for the countries included in the figure. This figure is organized by proportion of diagnoses due to sex between men in descending order.

- One third (33.7%; 2779) of reported diagnoses attributed to heterosexual transmission were among people born in the reporting country. More than half of the reported diagnoses (62.4%; 5153) were among migrants. Half of these were among people born in Sub-Saharan Africa (50.0%; 2738), followed by people from central and eastern Europe (26.6%; 1454) and people from Latin America and the Caribbean (9.5%, 521) (Table 11).
- Around four per cent (4.1%; 1012 cases) of all reported HIV diagnoses and 5.7% of those with a known mode of HIV transmission were attributed to injecting drug use (Fig. 1.5; Table 5, Table 8). Injecting drug use was the probable mode of transmission for 19.3% of cases diagnosed in Lithuania, 18.6% in Greece, 13.7% in Austria, 12.4% in Finland, 11.4 in Germany, and 11.3% in Norway (Fig. 1.5; Map 7). Almost half of those with a reported diagnosis attributed to injecting drug use were born outside of the reporting country (47.6%; 482 cases). Of these, 83.8% (404 cases) were from other countries in central and eastern Europe.
- Mother-to-child transmission (MTCT) during pregnancy, childbirth or breastfeeding accounted for 0.9% of all reported HIV diagnoses and 1.2% of cases with a known mode of HIV transmission (Table 7, Table 11). Most of these cases were reported by France (28.1%), Germany (18.0%), Poland (6.9%) and Ireland (6.9%). Most of the people diagnosed with HIV due to MTCT were born outside of the reporting country (78.8%; 171 cases), with 41.5% (90) coming from Sub-Saharan Africa.
- Forty-three diagnoses (0.2%) were reported to be due to contaminated transfusion of blood and its products, and 14 cases due to hospital-acquired infections (Table 8). Most of the transfusion-related cases (44.2%; 19) and nosocomial acquired infections (50.0%; seven) were reported in people originating from central and eastern Europe (Table 11).
- Transmission mode was reported as unknown for 27.6% (6824) of diagnoses, with a wide variation among countries: less than 5% of diagnoses were reported with unknown transmission mode in Bulgaria, Cyprus, Iceland and Romania and over 50% in Estonia, Latvia and Poland (Table 8).

In 2023, 28 EU/EEA countries provided data on the country of birth, nationality or region of origin for 85.8% (21 230) of HIV diagnoses (Table 10). Among these, 47.9% of total HIV diagnoses and 55.8% of those with known origin information (11 837 cases) were reported among migrants (Fig. 1.6). Of these, 31.8% (3770) were from Sub-Saharan Africa, 30.0% (3548) (from central and eastern Europe, and 22.8% (2703) from Latin America and the Caribbean. In addition, 5.1% (605)

Fig. 1.6. Percentage of HIV diagnoses among migrants out of all reported cases with known information on the region of origin, by country of report, EU/EEA, 2023 (n = 21 230)



Note: Latvia and Malta were excluded from the figure as more than 50% of their reported cases did not include information on the mode of transmission. Liechtenstein is not included in the figure, as its single case was reported as being from the reporting country. A total of 3501 cases were reported with unknown region of origin. The figure is organized from countries with the highest proportion of migrants to those with the lowest.

originated from another western European country, 5.0% (587) from south and south-east Asia, and 5.3% (624) (from other regions (Fig. 1.6; Table 10).

The countries with more than half of their HIV diagnoses among people originating from outside of the reporting country were Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Ireland, Luxembourg, Netherlands, Norway, Portugal, Slovakia, Spain and Sweden.

For HIV diagnoses reported among transgender people in 2023, 86.4% (178) originated from a country outside of the reporting country, 12.1% (25) were born in the reporting country, and in 1.5% of cases (three), the region of origin was unknown. Among those whose regions of origin were known and who were born abroad, 74.7% (133) came from Latin America and the Caribbean, 11.8% (21) from Sub-Saharan Africa, 7.9% (14) from central and eastern Europe, 2.8% (five) from south and south-east Asia, 1.7% (three) from other regions, and 1.1% (two) from other western European countries.

Information on CD4 cell count at the time of HIV diagnosis was available for 59.8% (14 795) of adults and adolescents diagnosed across 27 countries. Twenty-one countries were able to provide CD4 cell counts for 50% or more of their reported cases, however Germany, Greece, Iceland, Ireland, Latvia and Slovakia were unable to do so. Hungary, Malta and Poland did not provide CD4 cell counts for 2023.

To calculate late diagnoses, children under 15 years of age, acute cases and previously positive diagnoses were excluded from calculations (Table 12), resulting in a final total of 11 961 cases. More than half of these cases (52.7%) were considered to have been diagnosed several years after infection, with a CD4 cell count ‹ 350 cells per mm^3. This included 31.6% of cases considered to have advanced HIV infection (CD4 cell count ‹ 200 cells per mm^3) (Table 12). The proportion diagnosed late (CD4 cell count ‹ 350 cells per mm^3) was above 60% in Slovenia (68.8%), Denmark (67.8%), Latvia (64.5%), Greece (64.2%), Bulgaria (61.7%), Croatia (60.9%), Czechia (60.1%) and Italy (60.1%).

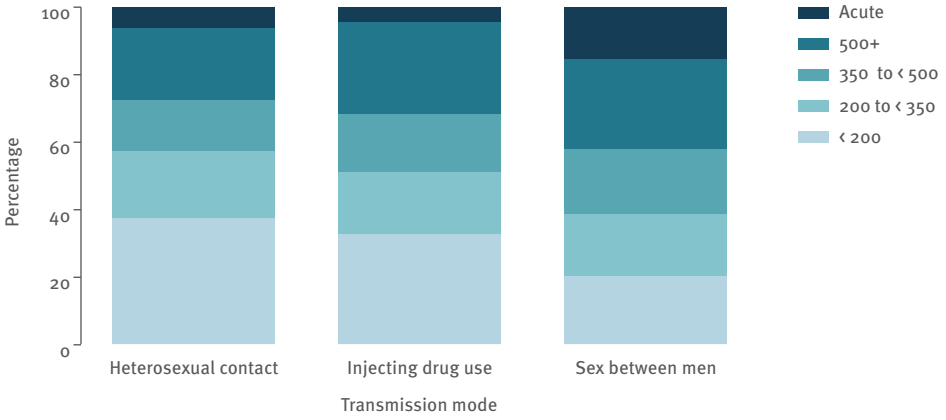
Among all cases diagnosed in 2023 with available information on CD4 cell count (11 961) and excluding previous positive cases, 10.8% were diagnosed during acute infection[8] and 24.0% were identified as recent infections (with a CD4 cell count of 500+ cells per mm^3 at diagnosis). More specifically, among MSM diagnosed in 2023, 15.6% were reported as acute infections, and 26.4% had a CD4 cell count of 500+ cells per mm^3 at diagnosis (Fig. 1.7).

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

When analysing CD4 cell count, the highest proportions of people presenting at a later stage of HIV infection (CD4 cell count < 350 cells per mm³, excluding those previously diagnosed or with evidence of acute infection) were among women (58.2%), older adults (68.5% in those over 50 years, 59.7% in the 40–49 age group), men or women infected through heterosexual sex (63.8% and 58.2%, respectively), people who acquired HIV through injecting drug use (47.0%), and people coming from south and south-east Asia (61.1%) and Sub-Saharan Africa (58.6%) (Fig. 1.8).

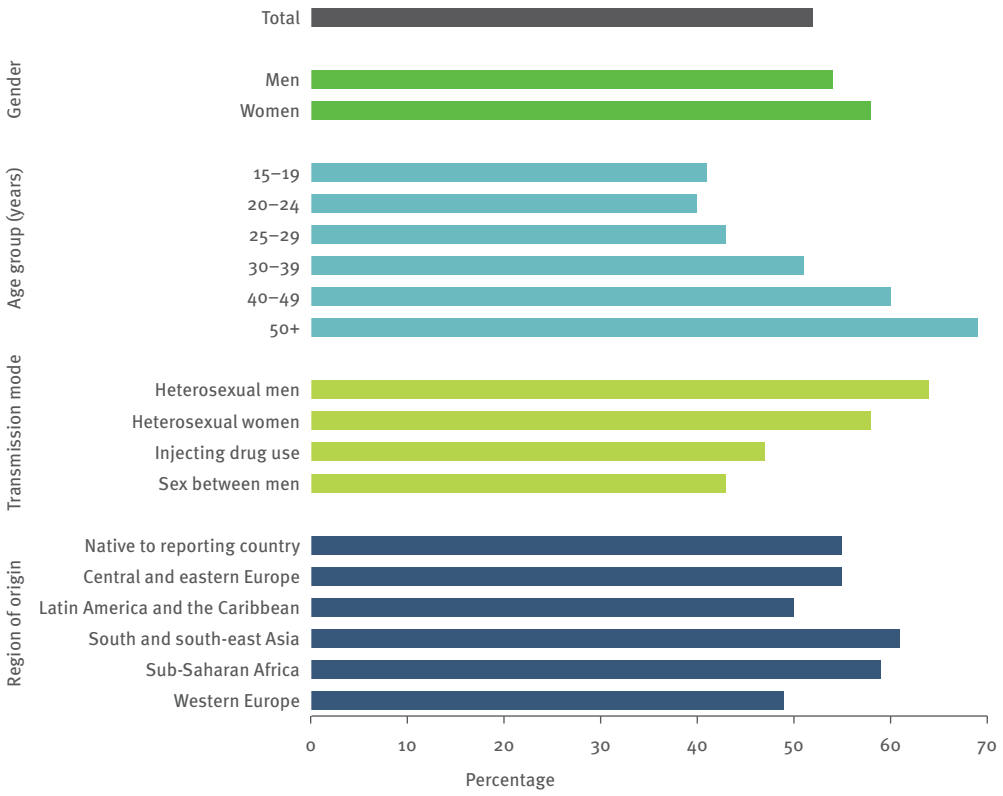
The lowest proportions of late diagnosis (CD4 cell count < 350 cells per mm³) were observed among younger age groups (40.8% of those aged 15–19 years), men who acquired HIV through sex with another man (43.2%) and people coming from countries in western Europe (48.7%) (Fig. 1.8).

Fig. 1.7. CD4 cell count cells per mm³ at HIV diagnosis and acute infection, by transmission mode, EU/EEA, 2023 (n = 11 961)



Notes: This graph excludes cases with unknown CD4 cell count per mm³ and those defined as previous positive diagnosis. Hungary, Liechtenstein, Malta and Poland did not provide CD4 cell count per mm³ for 2023, therefore are not included in the figure.

Fig. 1.8. Percentage of people diagnosed late (CD4 cell count < 350 per mm³) by demographic, EU/EEA, 2023 (n=11 961)

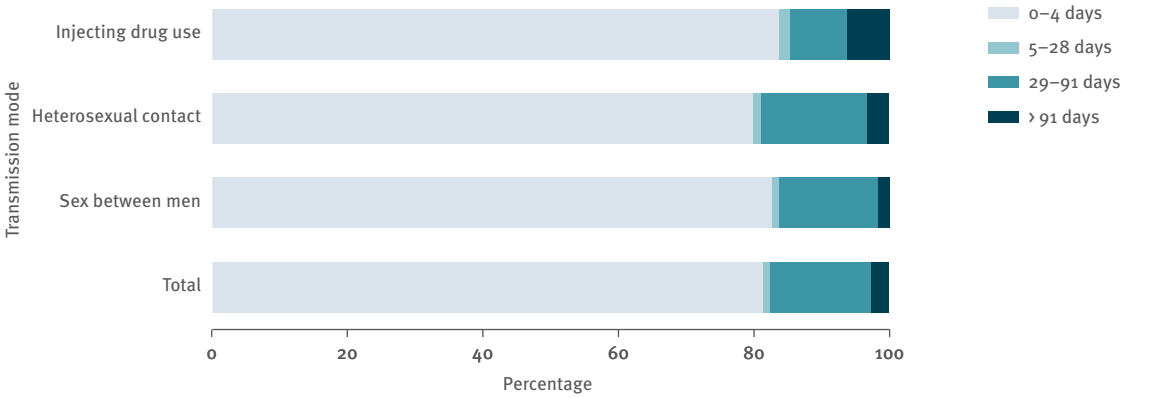


Note: This figure excludes cases with an unknown CD4 cell count, people with acute infection, those classified as previous positives cases, children younger than 15 years old and cases reported by countries that did not report CD4 cell counts.

Information regarding CD4 cell count was available for 46.6% (96) of all transgender people reported (206). Of these, 27.1% (26) were diagnosed at the stage of acute infection, 33.3% (32) were identified as recent infections (with a CD4 cell count of 500+ cells per mm³) and 29.2% (28) presented at a late stage of HIV infection (CD4 cell count ‹ 350 cells per mm³), with 13.5% (13) (considered to have advanced HIV infection at diagnosis (CD4 cell count ‹ 200 cells per mm³).

The interval between the date of diagnosis and the date of the CD4 cell count was used as a proxy for time to linkage to care and, among cases diagnosed in recent years (2022–2023) where CD4 data and date of diagnosis were reported, 81.3% were linked to care within four days of HIV diagnosis and 97.2% were linked to care within three months (Fig. 1.9).

Fig. 1.9. Linkage to care after HIV diagnosis in the EU/EEA, individuals diagnosed with HIV 2022–2023 (n = 6722)



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

1.2 Previous positive diagnoses

In 2023, previous positive diagnoses accounted for 16.3% (4020) of the 24 731 reported HIV diagnoses, reflecting a 18.2% decrease from 2022, when the proportion was 19.5% (4912 out of 25 124). However, these figures are probably underestimated, as the variable identifying the HIV status as a previous positive or first-time diagnosis had a completeness of 57.1%.

Bulgaria, Finland, Hungary, Italy, Lithuania, Malta, Poland, Romania and Spain were excluded from this analysis, as more than half of their HIV diagnoses reported in 2023 did not have data on this variable (Fig. 1.10). When only considering the data from the 21 countries with sufficient reporting on this variable, the proportion of previous positive diagnoses increased to 22.9% (3463) of all HIV diagnoses reported by these countries in 2023 (Fig. 1.10). In five countries, more than 50% of the HIV diagnoses reported in 2023 were previous positives: Norway (65.7%), Iceland (61.4%), Ireland (55.9%), Sweden (52.6%) and Denmark (51.5%).

When comparing people with previous positive HIV diagnoses to those newly diagnosed, a higher proportion are women (34.8% versus 28.3%), and a higher proportion are over 30 years of age (80.4% versus 73.2%). In addition, among those reported as previously positive compared to newly diagnosed there is a larger percentage of people born outside the reporting country (86.1% versus 52.3%) and a higher proportion coming from central and eastern Europe (27.3% versus 15.2%) and Sub-Saharan Africa (28.6% versus 20.8%) (Fig. 1.11).

In terms of transmission mode, among people with previous positive diagnoses, heterosexual contact was the primary route (39.2%), with a higher prevalence in women (25.5%) than in men (13.6%). Transmission through sexual contact between men is less common among those with previous positive diagnoses (33.0%). In addition, MTCT was reported at a higher rate among those with previous positive diagnoses (2.7%) compared to newly diagnosed people (0.7%).

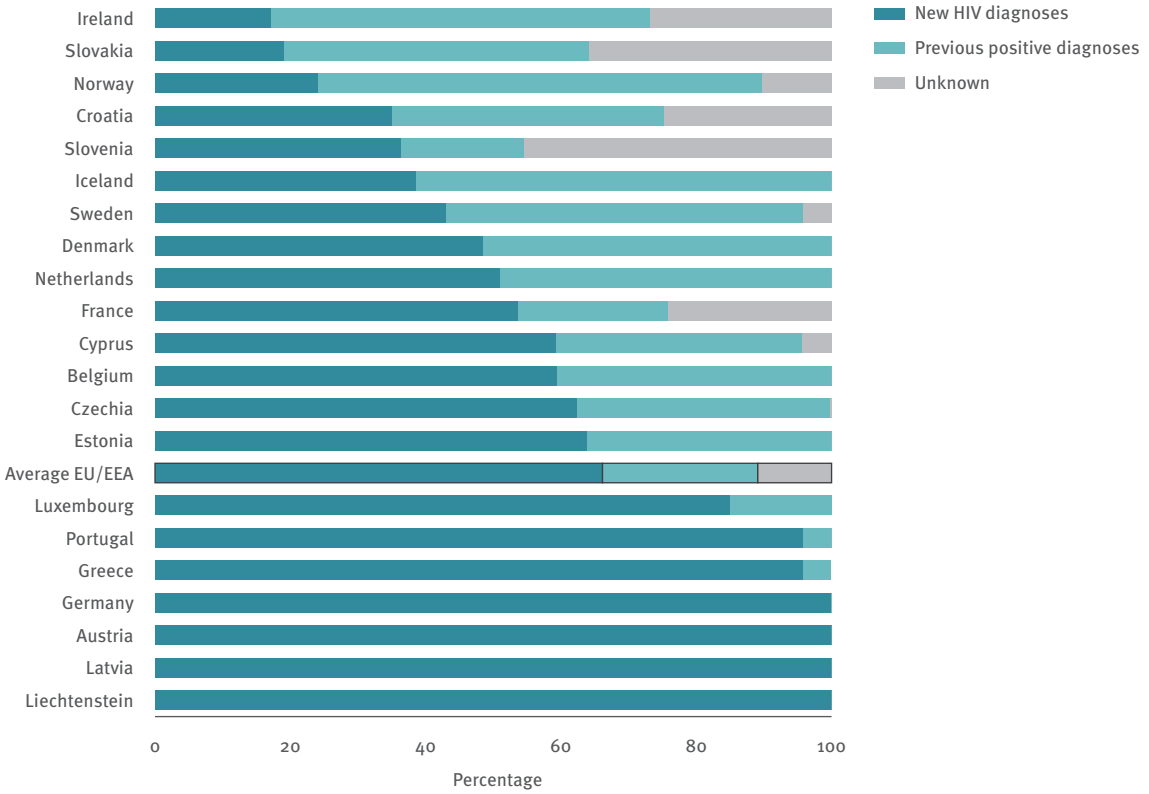
1.3 Trends in HIV diagnoses

Between 2014 and 2023, the trend in reported HIV diagnoses showed a decline, with the rate in consistently reporting EU/EEA countries dropping from 6.3 to 5.3 per 100 000 population, representing a 15.8% decrease. In 2023, 24 731 HIV diagnoses were reported in 30 EU/EEA countries,[9] corresponding to a rate of 5.3 per 100 000 population (Table 1). When compared to 2022, the rate remained unchanged at 5.3 per 100 000 population.

As outlined in Section 1.2, a key factor contributing to the stabilization of reported cases in 2023, compared to 2022 HIV diagnoses, is the inclusion of previously diagnosed positive cases.

[9] All EU/EEA countries reported data for 2023.

Fig. 1.10. Percentage of previous positive diagnoses and new HIV diagnoses by country of report, 21 EU/EEA countries, 2023 (n = 15 150)



Note: Countries with more than 50% unknown for the variable identifying the HIV status as a previous positive or first-time diagnosis are excluded from the figure. Countries included in the figure: Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Iceland, Ireland, Latvia, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Slovakia, Slovenia and Sweden.

When considering only new HIV diagnoses reported between 2014 and 2023 (and excluding previously reported positive cases from countries with sufficient data) the rate for 2023 is 3.8 per 100 000. This marks an 11.3% increase on the 2022 rate of 3.4 per 100 000, but a 19.2% decrease on the 2014 rate of 4.1 per 100 000 (Fig. 1.12, Fig. 1.13).

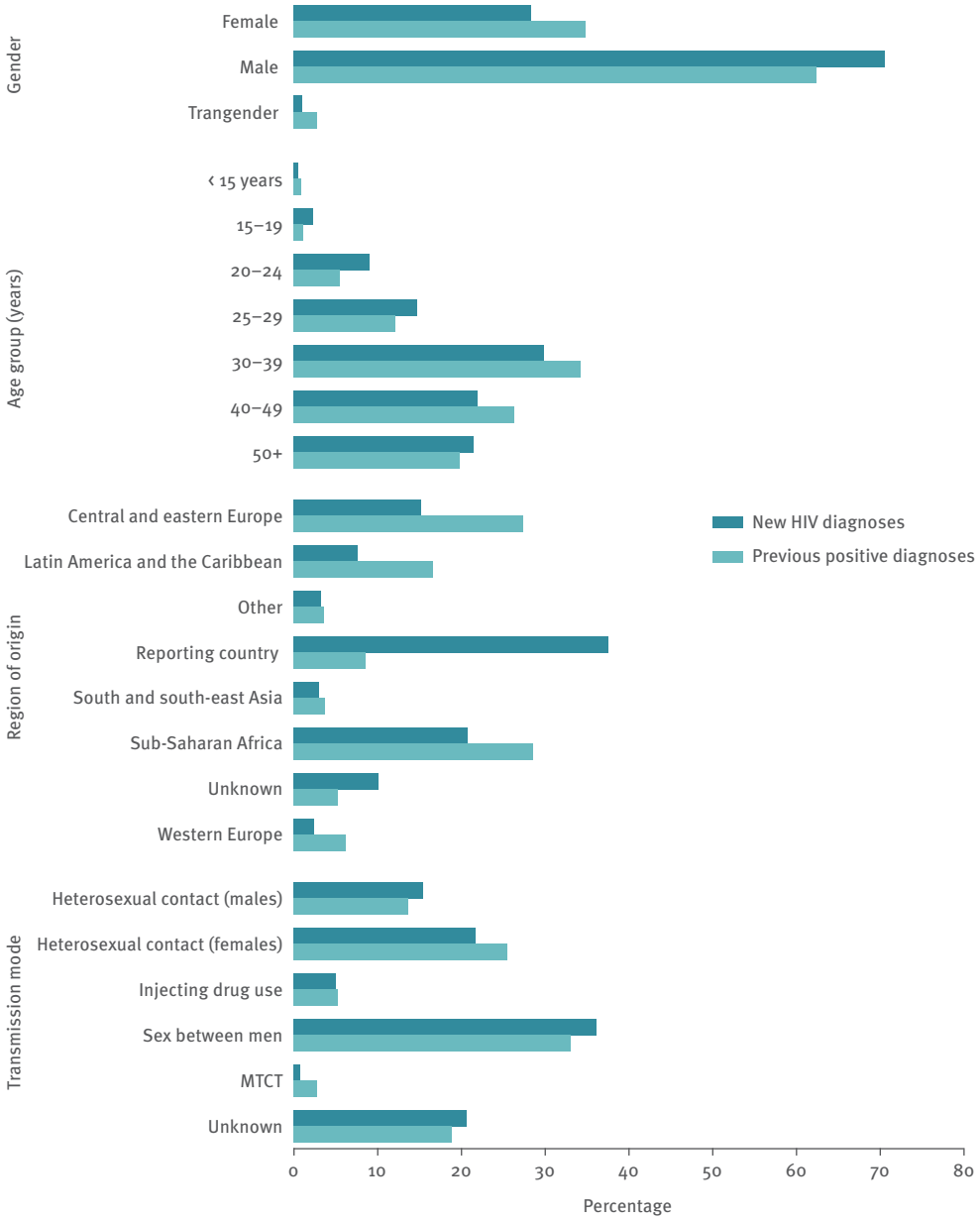
In addition, as noted in Section 1.2, the number of previously positive cases decreased by 18.2% in 2023, which may account for the stabilization of the overall rate in 2023, at 5.3 per 100 000 (see Fig. 1.13), when previously positive cases are included in the trend analysis.

The number of AIDS diagnoses has remained stable and unchanged in recent years, with the rate consistently between 1.0 and 1.1 per 100 000 since 2019. The only change in morbidity is related to AIDS-related deaths. The death rate in 2023, at 0.14 per 100 000 population, reflects a decrease of 14.3% on the 2022 rate of 0.16 per 100 000 population.

Trends vary by gender and age group. Age-specific rates declined from 2014 to 2020, followed by a plateau between 2020 and 2021, and a sudden increase in 2022 across most age groups for both women and men. The only group that continued to see an increase from 2022 to 2023 was women aged 15 to 24 years, with a rise of 15.8%. Among men, the increase was most notable in those aged 15 to 19 years, where the rate rose by 20.6%, from 1.9 in 2022 to 2.3 in 2023 (Fig. 1.14a, Fig. 1.14b).

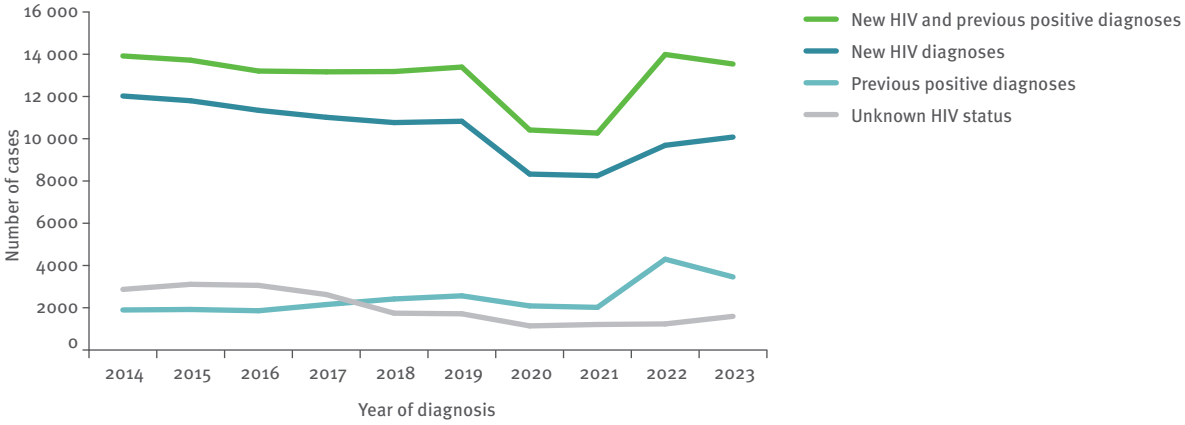
HIV diagnoses among people born outside of the reporting country, excluding Finland, Latvia, Malta and Slovakia (where more than 50% of reported cases have an unknown region of origin), accounted for 44.6% of all diagnoses in 2014. This proportion increased over time to 50.1% in 2020, then slightly decreased to 46.3% in 2021, before rising again to 53.6% in 2022 and declining to 47.9% in 2023. When analysing data excluding cases with an unknown region of origin, the proportion of migrants among HIV diagnoses increased from 47.3% in 2014 to 55.8% in 2023, representing a 17.9% rise over the period. However, compared to 2022, there was a decrease of 19.0%, down from 68.9%. In particular, there was a 20.4% increase in diagnoses among people coming from Sub-Saharan Africa, rising from 2566 reported diagnoses in 2022 to 3090 in 2023. In contrast, there was a 32.5% decrease in diagnoses among people coming from central and eastern Europe, with cases dropping from 4131 in 2022 to 2789 in 2023 (Fig. 1.15).

Fig. 1.11. Demographic and epidemiological characteristics of previous positive diagnoses and new HIV diagnoses by 21 EU/EEA countries, 2023 (n = 15 150)



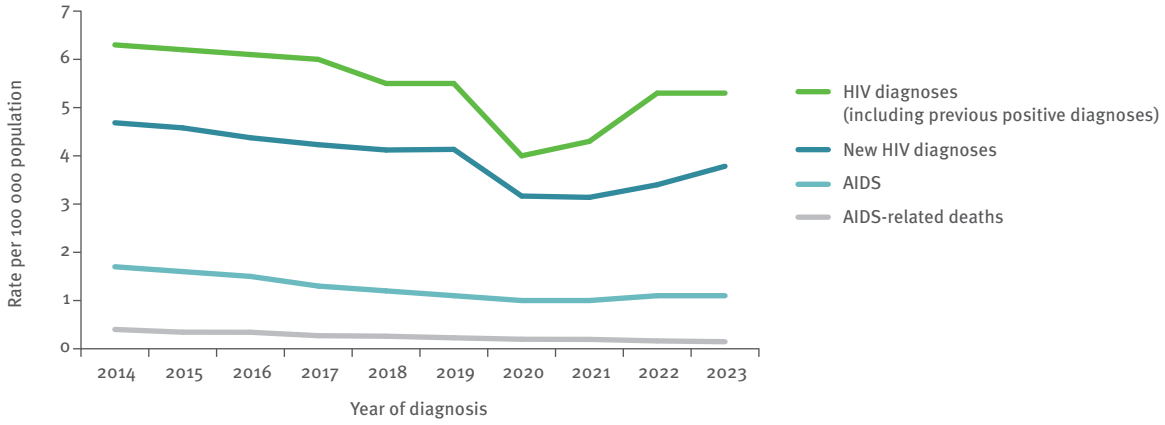
Note: Countries with more than 50% unknown for the variable identifying the HIV status as a previous positive or first-time diagnosis are excluded from the figure. Countries included in the figure: Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Iceland, Ireland, Latvia, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Slovakia, Slovenia and Sweden.

Fig. 1.12. Temporal trends in HIV diagnoses reported by 21 EU/EEA countries: comparison of trends including and excluding previous positive diagnoses, 2014–2023 (n = 152 157)



Note: Countries with more than 50% unknown for the variable identifying the HIV status as a previous positive or first-time diagnosis are excluded from the figure. Countries included in the figure: Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Iceland, Ireland, Latvia, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Slovakia, Slovenia and Sweden.

Fig. 1.13. People diagnosed with HIV, AIDS and AIDS-related deaths reported per 100 000 population, EU/EEA, 2014–2023



Note: rates exclude countries not reporting consistently over the period: Germany and Sweden (AIDS diagnosis and AIDS deaths). The newly diagnosed cases rate was calculated by removing previous positive cases from the 21 EU/EEA countries with sufficient reporting on this variable to exclude these cases (see Chapter 1.2 for more details). AIDS diagnosis and AIDS-related death rates were not impacted by previous positive cases and these rates are not adjusted.

Fig. 1.14a. Age-specific trends in HIV diagnoses in women, 2014–2023

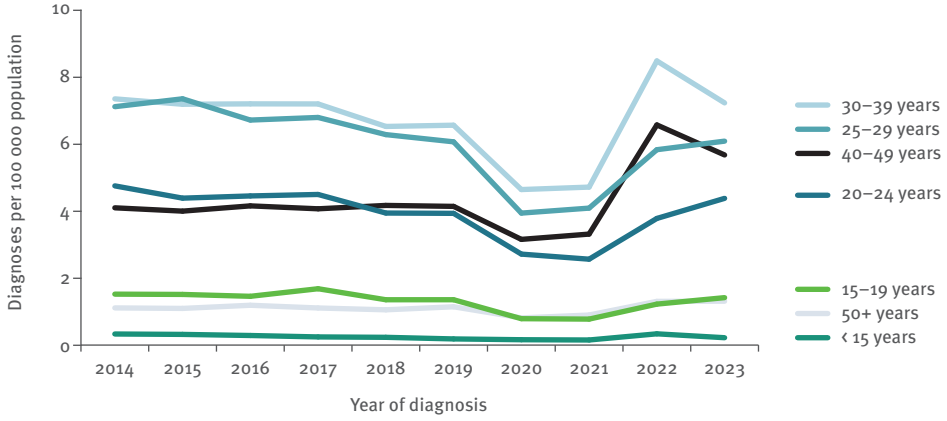


Fig. 1.14b. Age-specific trends in HIV diagnoses in men, 2014–2023

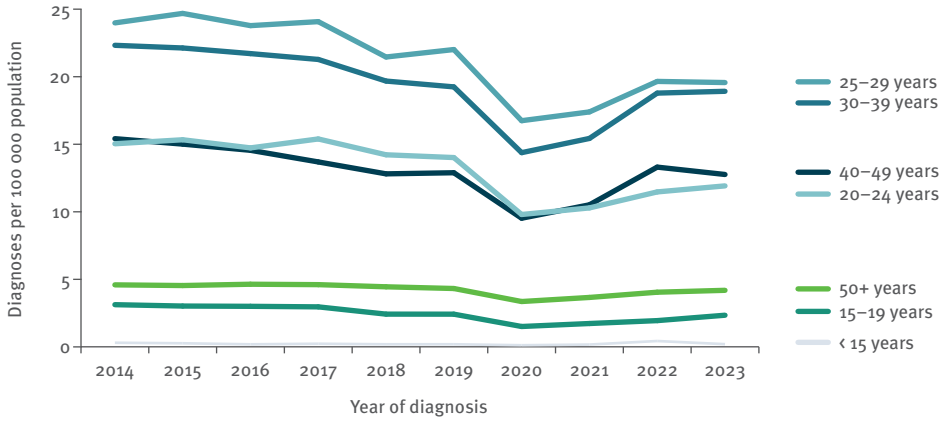
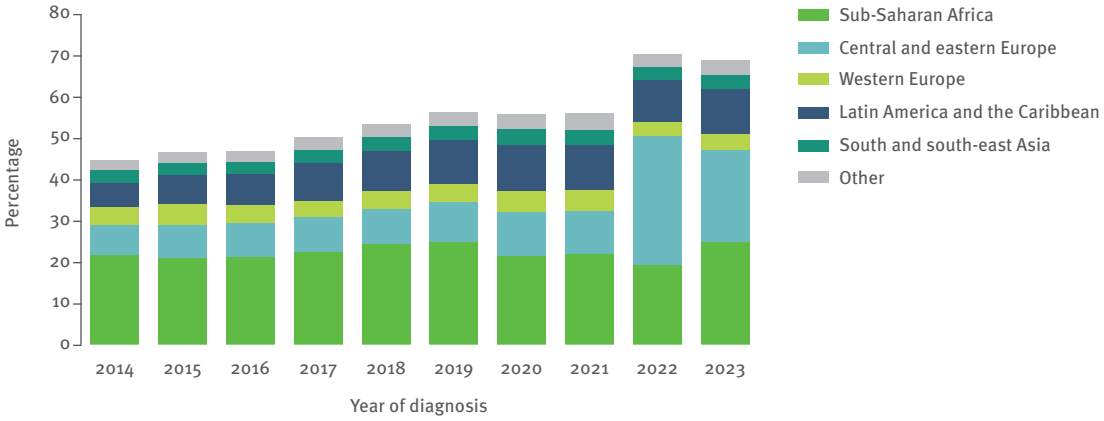


Fig. 1.15. Percentage of diagnoses among people born outside of the reporting country by year of diagnosis and region of origin, EU/EEA, 2014–2023

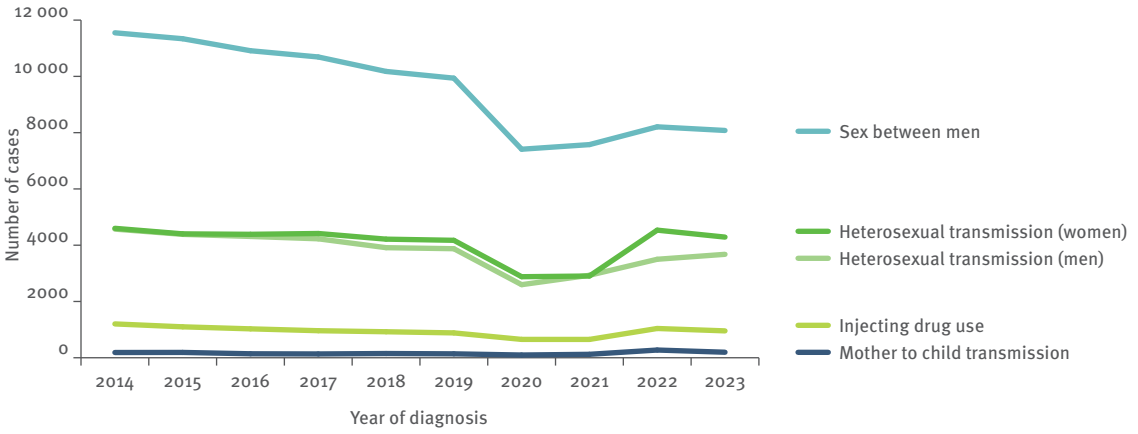


Note: HIV reported diagnoses from Finland, Latvia, Malta and Slovakia have been excluded from this figure as more than 50% of reported cases in these countries have an unknown region of origin. From 2014 to 2023, a total of 122 293 reported HIV diagnoses were excluded from the countries included in the figure due to an unknown region of origin. The proportions are calculated based on the total number of cases reported with a known region of origin for the entire period (n = 118 786).

Since 2014, most of the EU/EEA countries have maintained consistent reporting on transmission routes. However, for the transmission analysis, HIV diagnoses reported by Estonia, Latvia and Poland were excluded due to incomplete reporting on transmission mode during some years of the previous decade. When focusing on data from those countries that have consistently reported over the past decade (2014–2023) and analysing data with known routes of transmission, the following trends become evident:

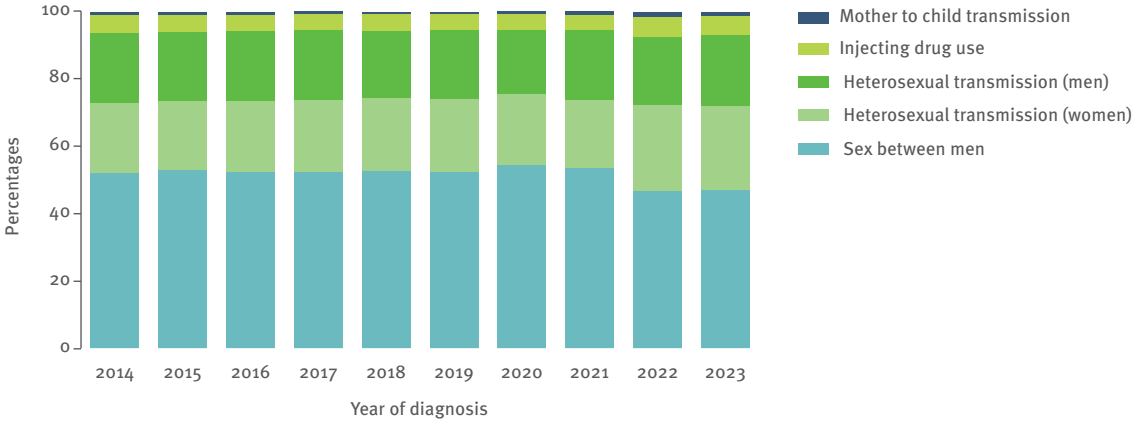
- The proportion of HIV diagnoses with a known route of transmission attributed to sex between men decreased from 52.1% in 2014 to 46.9% in 2023. A slight decrease in reported HIV diagnoses among MSM was observed in 2021 (7575 diagnoses), followed by an increase in 2022 (8207 diagnoses), with the number remaining relatively stable in 2023 (8078 diagnoses) (Fig. 1.16a, Fig. 1.16b). Among MSM who were migrants, there was a 37.7% increase in HIV diagnoses, rising from 2659 in 2014 to 3661 in 2023 (Fig. 1.17).
- The proportion of HIV diagnoses with a known mode of transmission attributed to heterosexual transmission in both women and men increased from 41.4% in 2014 to 46.2% in 2023. Among men, this proportion showed a slight increase, from 20.6% to 21.3% over the period. In contrast, the increase among women was more pronounced, rising from 20.7% to 24.9% of HIV diagnoses with known transmission information (Fig. 1.16b). A smaller increase was also observed among heterosexual migrants, with diagnoses rising from 4889 in 2014 to 4990 in 2023, representing a 2.1% increase.
- It is also worth noting that there was a 4.5% increase in the number of reported diagnoses among heterosexual people born in the reporting country from 2022 (2560 cases) to 2023 (2676 cases) (Fig. 1.17).
- The overall number of HIV diagnoses reported among PWID slightly decreased, from 1401 cases in 2014 to 1212 cases in 2023 (see Fig. 1.16a, Fig. 1.17; Table 5),

Fig. 1.16a. HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2014–2023



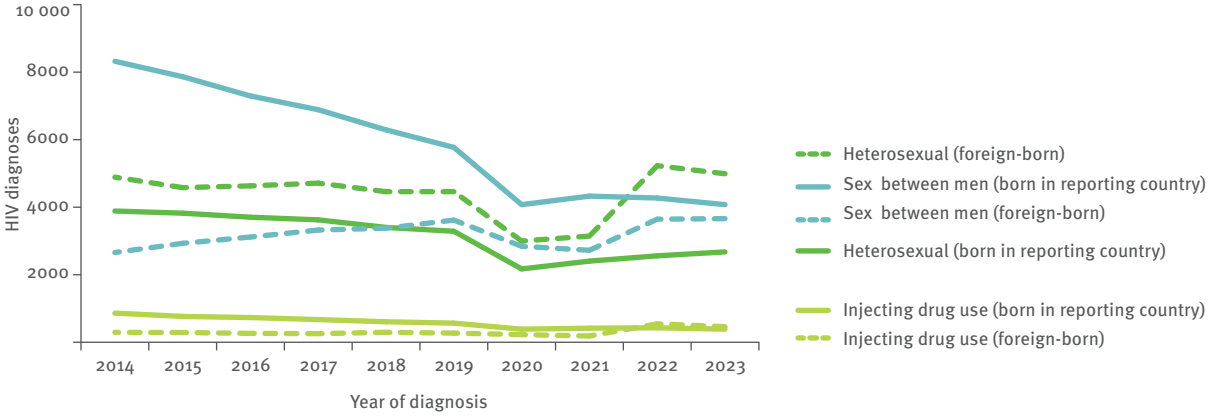
Note: HIV diagnoses reported by Estonia, Latvia and Poland were excluded due to incomplete reporting on transmission mode during a portion of the previous decade.

Fig. 1.16b. Percentage of HIV diagnoses, by year of diagnosis and transmission mode, EU/EEA, 2014–2023



Note: cases where transmission route was "Unknown" or "Other" are not presented here. HIV diagnoses reported by Estonia, Latvia and Poland were excluded due to incomplete reporting on transmission mode during some years of the previous decade.

Fig. 1.17. HIV diagnoses, by year of diagnosis, transmission mode and migration status, EU/EEA, 2014–2023



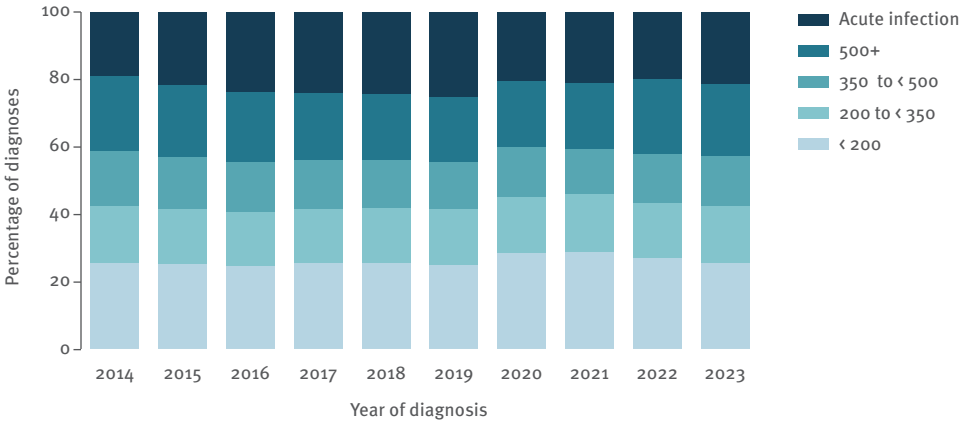
Note: data from Estonia, Finland, Latvia, Malta, Poland and Slovakia were excluded from the figure due to over 50% of their reported cases having either an unknown region of origin or an unknown mode of transmission during some years of the previous decade.

although there was an increase observed in 2022, when the number was 1113.

- The proportion of HIV diagnoses reported to be due to MTCT of HIV increased from 0.8% to 1.1% between 2014 and 2023, although the number declined from 274 in 2022 to 196 in 2023 (see Fig. 1.16a).

The trends for both late diagnoses and acute infections remained stable throughout the period. However, when analysing the trend in CD4 cell count data, a 23.0% decline was observed in the number of unknown CD4 cell count values, decreasing from 9659 in 2014 to 7434 in 2023 (Fig. 1.18).

Fig. 1.18. HIV diagnoses, acute infection or CD4 cell count per mm³ at diagnosis, EU/EEA, 2014–2023



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

1.4 AIDS cases, morbidity and mortality

Although there have been improvements in the early diagnosis of HIV, 2690 diagnoses of AIDS were reported by 26 EU/EEA countries in 2023 – a crude rate of 0.7 AIDS diagnoses per 100 000 population (Table 13; Map 8). The highest rate was reported by Latvia (2.4 per 100 000 population; 45 cases) followed by Romania (1.4 per 100 000; 267 cases).

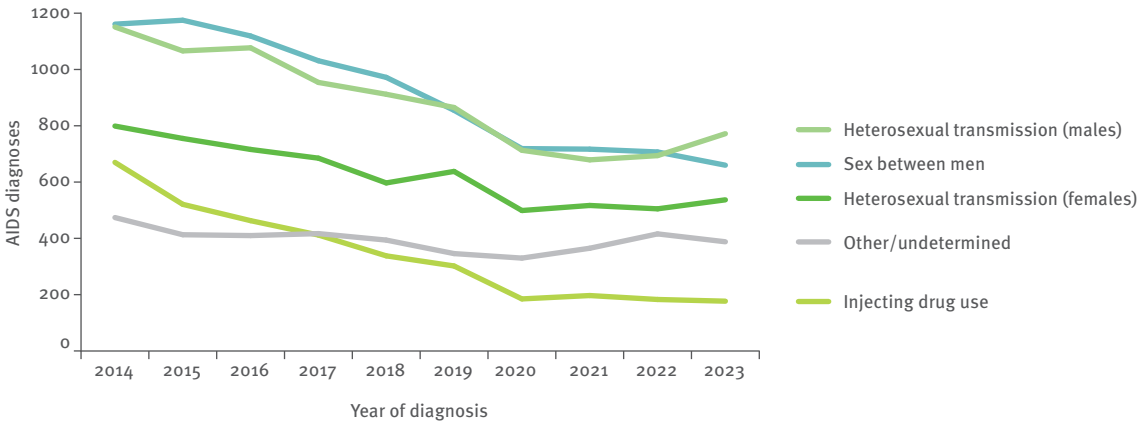
The rate of reported AIDS cases has decreased by 36.4% over the past decade (excluding Cyprus, Germany, Liechtenstein and Sweden which did not report consistently over the period), a reduction from the 1.1 per 100 000 reported in 2014 (Table 13).

This decline is noted in both men and women; however, it is more pronounced in men. Among men, the rate decreased from 1.7 per 100 000 population in 2014 to 1.1 per 100 000 population in 2023, while among women, the decline was from 0.6 per 100 000 population in 2014 to 0.3 per 100 000 in 2023 (Tables 14–15). When considering different transmission modes, a decrease is observed across all cases with a known mode of transmission, except for those where heterosexual transmission may be the mode of transmission. Among women, there was a 6.3% increase in reported cases, rising from 505 in 2022 to 537 in 2023. Similarly, among men there was an 11.2% increase, with cases rising from 694 in 2022 to 772 in 2023 (Fig. 1.19).

The most common AIDS-indicative conditions diagnosed in 2023 in the EU/EEA were *Pneumocystis jirovecii* pneumonia (22.1% of all AIDS-indicative diseases), wasting syndrome due to HIV (11.4%) and oesophageal candidiasis (11.0%) (Table 16). Combined pulmonary and/or extrapulmonary tuberculosis made up 13.6% of AIDS-indicative diseases.

Twenty-six EU/EEA countries (all but Cyprus, Germany, Liechtenstein and Sweden) reported data on deaths of those diagnosed with AIDS. Overall, 663 people were reported to have died due to AIDS-related causes during 2023 (Table 17), although these data are affected by under-reporting due to the challenges in many countries in linking to death registries. AIDS-related death reports have declined by 63.0% since 2014, when there were 1792 deaths. However, delays in reporting affect the latest figures and under-reporting has affected the reporting of AIDS deaths throughout the previous decade. From the beginning of the HIV epidemic to the end of 2023, the cumulative total of people diagnosed with AIDS in the EU/EEA was 349 976 (Table 13). The cumulative total of cases reported as known to have died from AIDS-related causes by the end of 2023 was 179 260 (Table 17).

Fig. 1.19. AIDS diagnoses, by transmission mode, EU/EEA, 2014–2023



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

1.5 HIV testing

Fourteen countries – Belgium, Czechia, Denmark, Estonia, France, Greece, Iceland, Ireland, Latvia, Lithuania, Portugal, Romania and Slovenia – consistently reported data on HIV tests performed from 2014 to 2023, excluding unlinked anonymous testing and blood donation testing. Poland also reported data but was unable to exclude unlinked anonymous testing from its figures. The number of tests performed in the countries consistently reporting testing activity has increased by 15.0% compared to 2021 and 14.3% compared to 2022 (Table 18). It is important to note that numbers provided are collected in a heterogeneous manner and therefore comparisons between country testing rates should be undertaken with caution. However, these data can indicate large changes in overall testing policy or be used to support the interpretation of HIV cases notified.

1.6 Conclusions

In 2023, 30 EU/EEA countries reported a total of 24 731 HIV diagnoses, yielding a reporting rate of 5.3 per 100 000 population. This represents a 15.9% decrease from the 2014 rate of 6.3 per 100 000, suggesting a gradual reduction in HIV diagnosis rates over the past decade. However, this figure may be slightly overestimated, as previously known positive diagnoses are included in these figures. When focusing exclusively on new HIV diagnoses (excluding previously diagnosed cases to better capture recent infections), the rate for 2023 was 3.8 per 100 000. This reflects an 11.8% increase from the 2022 rate of 3.4 per 100 000, highlighting an upward trend in new diagnoses over the past year. This increasing trend may be explained by increased migration into and within EU/EEA countries, driven by conflicts and economic challenges, along with the expansion of HIV testing services. Many migrants arrive from regions with higher HIV prevalence and may face barriers to early testing and health-care access, heightening transmission risks. At the same time, improved testing availability and integration within health-care services have led to the identification of previously undiagnosed cases, thereby increasing the number of new diagnoses reported. Together, these factors reflect both shifting population dynamics and advancements in HIV detection and reporting across the Region.

The inclusion in the analysis of previously positive HIV diagnoses has influenced the overall epidemiological profile and trends among those reported in 2023 when counted alongside newly diagnosed cases. However, to fully understand the HIV epidemiology in EU/EEA countries, it is essential to distinguish between previously diagnosed people and those newly diagnosed, as each group presents distinct epidemiological characteristics. Newly diagnosed HIV cases are predominantly middle-aged men, although women now represent a growing proportion at 28%. A greater portion of new diagnoses are among migrants (47.9%); however, a significant number of those newly diagnosed (38%) were born in the reporting country. While sexual transmission between men remains one of the most prevalent modes of transmission, heterosexual transmission also accounts for a significant portion of new diagnoses. In addition, late diagnoses are a major concern, affecting more than half of newly diagnosed people for whom CD4 cell count data are available. In contrast, previous positive diagnoses have a higher proportion of women, older age groups, and people primarily from central and eastern Europe, Sub-Saharan Africa, and Latin America and the Caribbean, with heterosexual transmission being the most common mode of transmission.

AIDS and AIDS-related death rates in the EU/EEA have significantly declined over the past decade, but there is evidence of a recent increase.

During this period, the rate of reported AIDS cases has decreased by 36.4%, with the decline observed in both men and women, although it is more pronounced among men. When the mode of transmission is described, it is evident that AIDS diagnoses have decreased for most transmission modes, except in cases where heterosexual contact was identified as the primary mode of transmission. Among women, there was a 6.3% increase in reported AIDS diagnoses from 2022 to 2023, and an 11.2% increase among men during the same period. These increases are of concern, as they are linked to rising health-care costs, morbidity and mortality, despite being largely preventable. In contrast, reports of AIDS-related deaths have decreased by 63.0% since 2014.

In 2023, heterosexual transmission accounted for 33.4% of all HIV diagnoses and 46.1% of cases with a known transmission route. The increase between 2022 and 2023 was more pronounced among women than men. Heterosexual transmission was the most prevalent mode of HIV transmission in over 50% of cases in 13 EU/EEA countries, with 33.7% of these cases occurring among people born in the reporting country, and 62.4% involving people born abroad, primarily from regions such as Sub-Saharan Africa, central and eastern Europe and Latin America and the Caribbean. This upward trend is particularly noteworthy, as a recent study documented a significant reduction in HIV testing by sexual health services among heterosexuals during 2020 due to the coronavirus disease (COVID-19) pandemic, with a 33% decline compared to a 7% reduction among gay and bisexual men *(1)*. This context underscores the importance of the increasing number of HIV diagnoses among heterosexuals, especially considering the uncertainty regarding the full recovery of HIV testing services targeting this group in the post-COVID-19 era. It is also important to highlight that 61% of heterosexual people are significantly more likely to be diagnosed at a late stage of HIV infection than MSM. In 2023, late-stage diagnoses were observed in 63.8% of men and 58.2% of women, compared to 42.7% among MSM. This disparity may be influenced by a widespread misconception, often reinforced by health-care professionals, that heterosexual people are at lower risk of HIV *(2)*.

Since 2014, HIV diagnoses among MSM born in EU/EEA countries have declined, with a 51% reduction observed during the period. In contrast, there was a 37.7% increase in HIV diagnoses among MSM migrants between 2014 and 2023, particularly noticeable in 2023, with a rise in cases among migrants from Latin America and the Caribbean, and central and eastern Europe. This underscores the importance of reinforcing and tailoring HIV prevention and testing programmes for MSM. These initiatives should prioritize regular, accessible HIV testing with immediate linkage to care, distribution of condoms, and access to pre-exposure prophylaxis (PrEP) for high-risk HIV-negative people, as part of comprehensive sexual health services. This approach has demonstrated success in achieving higher rates of viral suppression and reducing HIV transmission *(3,4)*. Expanding PrEP access remains critical, particularly in countries where its implementation is limited or absent, despite rising HIV rates among MSM *(4,5)*. In addition, to effectively reach migrant MSM, community-based and culturally tailored interventions – such as peer-to-peer involvement, cultural and language mediation and cultural sensitivity training – are essential for improving HIV testing uptake. The offering of self-testing kits, the removing of health-care access barriers, and the employment of targeted social marketing campaigns can all further enhance privacy, convenience and awareness which help to increase testing rates in this key population *(6,7)*.

In 2023, migrants (people born outside the reporting country) constituted 47.9% of total HIV diagnoses in the EU/EEA, and 55.8% of cases where origin information was available. During the period from 2014 to 2023, the proportion of HIV diagnoses among migrants increased by 54.6%. However, there was a slight decline of 1.8% between 2022 and 2023. In particular, in 2023, diagnoses among people from Sub-Saharan Africa saw a sharp increase of 20.4%, while diagnoses from central and eastern Europe decreased by 32.5%. Given the high proportion of HIV diagnoses among migrants in 2023, it is crucial to develop, implement and scale up strategies that improve access to HIV testing and linkage to care in host countries. Evidence indicates that a significant number of migrants, even those from regions with high HIV prevalence, acquire HIV after arriving in the EU/EEA *(8–10)*. This highlights the importance of providing targeted, non-stigmatizing HIV prevention campaigns for migrants immediately upon arrival, including the offer of HIV testing as part of routine health assessments for new arrivals in the EU/EEA *(11)*, as well as continuously providing sexual health and HIV prevention and testing for migrant populations.

HIV transmission among PWID remains at consistently low levels across most EU/EEA countries, with a further decrease observed in 2023. This decline is probably attributable to the presence of well-established and effective harm-reduction programmes in many of these countries. These findings underscore the critical importance of maintaining sufficient scale and coverage of harm-reduction services, as trends can rapidly reverse in the absence of robust prevention efforts delivered on a large scale *(12,13)*. In addition to HIV prevention, expanding access to testing for other bloodborne infections, such as hepatitis B and C, is an essential and integrated strategy for this population. Addressing these infections, which are highly prevalent among PWID, is crucial to the achievement of the Sustainable Development Goals for this key population by 2030 *(14)*.

This year marked a significant step forward in transgender reporting within HIV surveillance, with 206 transgender people (0.8% of all diagnoses) identified across seven EU/EEA countries.

Of these, 86.4% were migrants, primarily originating from Latin America and the Caribbean. Among those with available CD4 cell count data, 27.1% were diagnosed during the acute stage of infection and 29.2% at a late stage. Despite these insights, it remains difficult to draw comprehensive conclusions about HIV prevention and control for transgender populations due to limited data. Many EU/EEA countries still do not collect specific data on transgender people. Improving data collection is crucial to gaining a clearer understanding of this population's epidemiological profile and developing more targeted prevention strategies. Despite the scarcity of data, it is important to highlight that research indicates that engaging transgender communities through trans-led organizations, and integrating HIV services with gender-affirming care has been effective in enhancing care engagement and retention *(15)*. Furthermore, gender-affirming PrEP systems, along with integrated health-care services, have been shown to increase PrEP adherence and reduce HIV risk among transgender people *(16)*.

It is estimated that about 778 237 people are living with HIV in the EU/EEA, of which around 706 541 (91%) have been diagnosed *(17)*. While a comparison of modelled data on HIV infections with the number of people diagnosed with HIV appears to indicate that, over time, fewer people are living with undiagnosed HIV in the EU/EEA, around one in nine people living with HIV in the EU/EEA are still unaware of their status *(14)*. Modelled estimates also indicate that it takes an average of 2.9 years from HIV infection to diagnosis in the EU/EEA, varying by geographical area from 2.2 to 3.6 years *(18)*. In addition to the clinical and personal benefits for the person diagnosed, early diagnosis and effective antiretroviral treatment (ART) can also help sexual and injecting partners by inhibiting onward HIV transmission *(19)*.

Almost half of those newly diagnosed in a non-acute stage (52.7%) have a CD4 cell count ‹ 350 cells per mm^3, including 31.6% of cases with advanced HIV infection (CD4 cell count ‹ 200 cells per mm^3). These data indicate that people were infected many years before, suggesting problems with access to, and uptake of HIV testing for some segments of the population, and indicating the need to improve testing programmes to diagnose people living with HIV at an earlier stage.

To reduce the high proportion of people diagnosed late, it is essential to diversify HIV testing by increasing routine testing for health conditions associated with HIV (indicator condition-guided testing), augmenting HIV testing during screening for other sexually transmitted infections, and continuing to expand community-based testing, self-testing/home-sampling and partner notification. The development of European Standards of HIV Care and European guidance on setting-based approaches for HIV and viral hepatitis testing, including best practices for effective implementation, can promote more uniform and improved care quality across the Region, and can help countries seeking to implement more effective testing programmes *(20,21)*. Testing not only provides a gateway to HIV treatment for people found to be positive but can also serve as an entry point for high-risk HIV-negative people to effective prevention, including PrEP.

Despite clear evidence of the benefits for the health of HIV-positive people of introducing ART early *(22)* and the fact that this should serve as an incentive for people to know their HIV status, many continue to be diagnosed with HIV years after becoming infected, at an advanced stage of illness. Overall, more than 95% of AIDS diagnoses were reported to have been made within 90 days of the HIV diagnosis, indicating that most AIDS cases in the EU/EEA are due to late diagnosis of HIV infection. Stigma towards people living with HIV and members of key population groups disproportionately affected by HIV is a documented contributing factor to delayed HIV test-seeking *(23)*. Stigma reduction efforts within health-care and community settings could increase care seeking and reduce late diagnosis.

Once tested, rapid linkage to high-quality care (including ART) is essential. In recent years, around 97.2% of those diagnosed who had evidence of linkage to care were linked to care within three months of HIV diagnosis. Timely linkage to care following HIV diagnosis is crucial, as delayed access can result in poor patient outcomes *(14)*. Once linked to care, there is evidence that high proportions of people diagnosed with HIV in the EU/EEA have access to ART and achieve viral suppression *(14)*.

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

Prevention and control programmes tailored to key populations are essential for managing HIV infection effectively. For most EU/EEA countries, these efforts should focus strongly on women, transgender people and MSM. Migrants are another key vulnerable population requiring targeted prevention and control measures, especially given the increasing evidence of post-migration HIV acquisition. Migrant-sensitive services for prevention, testing and linkage to care should be accessible in all EU/EEA countries to ensure equitable access to HIV services. The rising proportion of heterosexual people affected by HIV also underscores the need to expand accessible sexual health services and prompt testing for this group to support sexual health and early diagnosis. In addition, harm-reduction programmes for PWID and their injecting or sexual partners are crucial.

These programmes must be maintained and scaled up, especially in areas with low coverage or changing drug-use patterns.

The analysis of HIV data from 2023 was limited by significant data incompleteness, particularly regarding the HIV transmission route, with 27.6% of cases missing this key information. Accurate transmission data is essential for guiding HIV prevention efforts and programme planning. Improving collaboration with clinicians and follow-up with data providers could help address this gap. In addition, the lack of standardized collection of HIV status data, which distinguishes between first-time and previously positive diagnoses, further complicates data interpretation. Establishing consensus among EU/EEA countries on the inclusion of this information is critical for understanding the distinct epidemiological profiles and health-care needs of these groups. Enhancing data collection practices will lead to more accurate insights and enable better-targeted prevention strategies for diverse populations.

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[10] All references were accessed 14 November 2024.

2. HIV and AIDS in the WHO European Region

2.1 HIV and AIDS diagnoses in the WHO European Region

2.1.1 HIV diagnoses

In 2023, 112 883 people in the WHO European Region were diagnosed with HIV, corresponding to a rate of 12.7 per 100 000 population (see Table A, Table 1). This number includes HIV diagnoses reported by 47 countries[11] to the joint ECDC and WHO Regional Office for Europe surveillance system. It brings the cumulative number of reported HIV diagnoses in the Region since reporting began in the 1980s to 2 573 110. As in previous years, most (69%) of the 112 883 people diagnosed with HIV in 2023 were from the east of the Region (77 601),[12] 24% (27 043) were from the west, and 7% (8239) were from the centre. The rate was also highest in the east (30.6 per 100 000 population), five times higher than in the west (6.2 per 100 000), and more than seven times higher than in the centre (4.2 per 100 000) (see Table A, Table 1). For men, the average rate across the Region was 16.7 per 100 000 population (Table 2), and for women, 8.9 per 100 000 population (Table 3).

Rates of HIV diagnoses varied widely across countries in the WHO European Region in 2023. The highest rates per 100 000 population (more than 15.0) were observed in the Russian Federation (37.9) followed by Ukraine (31.7), the Republic of Moldova (27.0), Malta (21.0), Kazakhstan (20.6), Armenia (18.0), Cyprus (17.6), Ireland (17.3), Georgia (16.4), Kyrgyzstan (15.6) and Belarus (15.4). The lowest rates (3.0 and under) were reported by Sweden (2.9), Slovakia (2.6), Croatia (2.5), Hungary (2.4), North Macedonia (2.4), Serbia (2.2), Austria (2.1) and Slovenia (2.1).

The largest proportion of people diagnosed in the 47 reporting countries was in the age group 30–39 years (33.6%), while 5.8% were young people aged 15–24 years, and 19% were 50 years or above at diagnosis (Fig 2.1; see Table A, Table 9).

The male-to-female ratio was 1.8, lowest in the east (1.6), higher in the west (2.1), and highest in the centre (3.9). The highest male-to-female ratios (more than 10.0) at the country level among countries with more than 10 cases were observed in Malta (21.6), Slovenia (13.7) and North Macedonia (11.5), and the lowest in the United Kingdom (1.2), the Russian Federation, Finland (1.4 each), Estonia, Republic of Moldova and Belarus (1.5 each).

Data on transmission mode, which was available for 47 countries[13] (Fig 2.2; see Table A, Tables 4–8) provide information on risk exposure among people diagnosed with HIV. The data for 2023 indicate the following:

WHO European Region

- Heterosexual contact was still the main reported mode of HIV transmission in the WHO European Region, accounting for 64% (72 033) of people diagnosed in 2023 and 71% of HIV diagnoses in 2023 with a known mode of transmission (Table 6). Among those, 15% originated from countries with generalized epidemics (data not shown).
- Injecting drug use was the second most common transmission mode, accounting for 14% (15 357) of HIV diagnoses and 15% of HIV diagnoses with a known mode of transmission (Table 5).
- Sex between men accounted for 12% (13 152) of diagnoses overall and 13% of HIV diagnoses with a known mode of transmission (Table 4).
- Less than one percent (0.54%, 612) of cases were infected through MTCT (0.60% of those with a known mode of transmission) (Table 7) and 0.1% (124) through other transmission routes (nosocomial infection, transfusion or use of other blood products) (Table 8).
- Transmission mode was reported as unknown or missing for 10% (11 605 cases) (Table 8). Reporting completeness regarding transmission mode varies greatly across the Region, with information lacking for 2% of HIV diagnoses in the east, 55% in the centre, and 21% in the west.

West

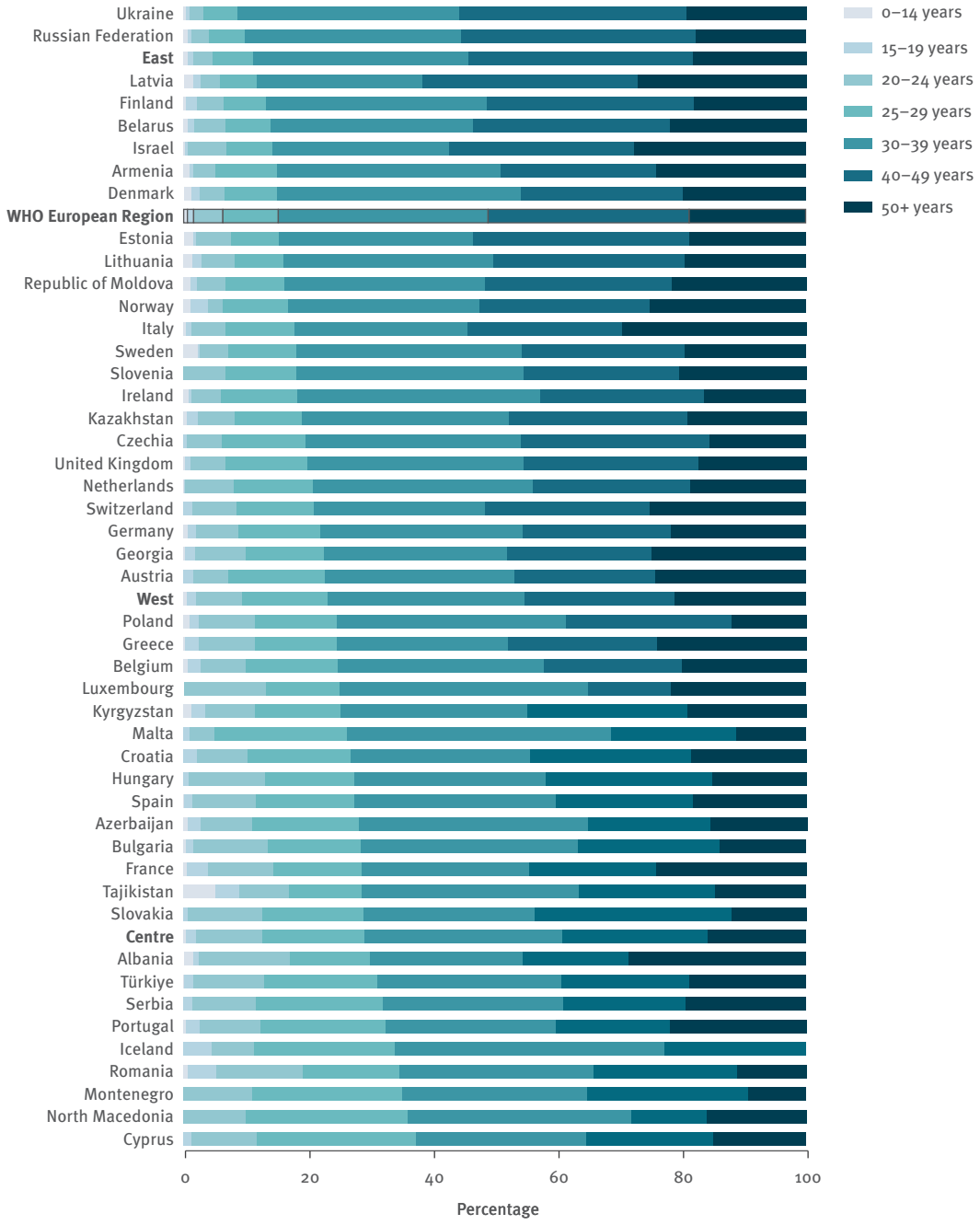
- Overall, 41% of all people diagnosed in 2023 and 52% of those with a known mode of transmission (10 983) were infected heterosexually (Table 6). Of these, 13% were previously diagnosed, 74% were born abroad and 40% originated from countries with generalized epidemics (Table 11).
- In total, 33% of all people diagnosed in 2023 and 42% of those with a known mode of transmission (9010) were infected through sex between men (Table 4).
- Of all those diagnosed in 2023, 3% (881) were infected through injecting drug use (Table 5).

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

[12] Fig. A1.1 in Annex 1 illustrates the division of countries into west, centre and east of the WHO European Region.

[13] Data on transmission mode was not reported by Andorra, Bosnia and Herzegovina, Monaco, San Marino, Turkmenistan and Uzbekistan.

Fig. 2.1. Percentage of HIV diagnoses by country and age group, WHO European Region, 2023 (n = 112 768)



Note: the graph organizes countries in order of proportion of population < 30 years. Liechtenstein reported 1 case for 2023 and is not included in the graph. Unknown age is excluded from the proportions presented here.

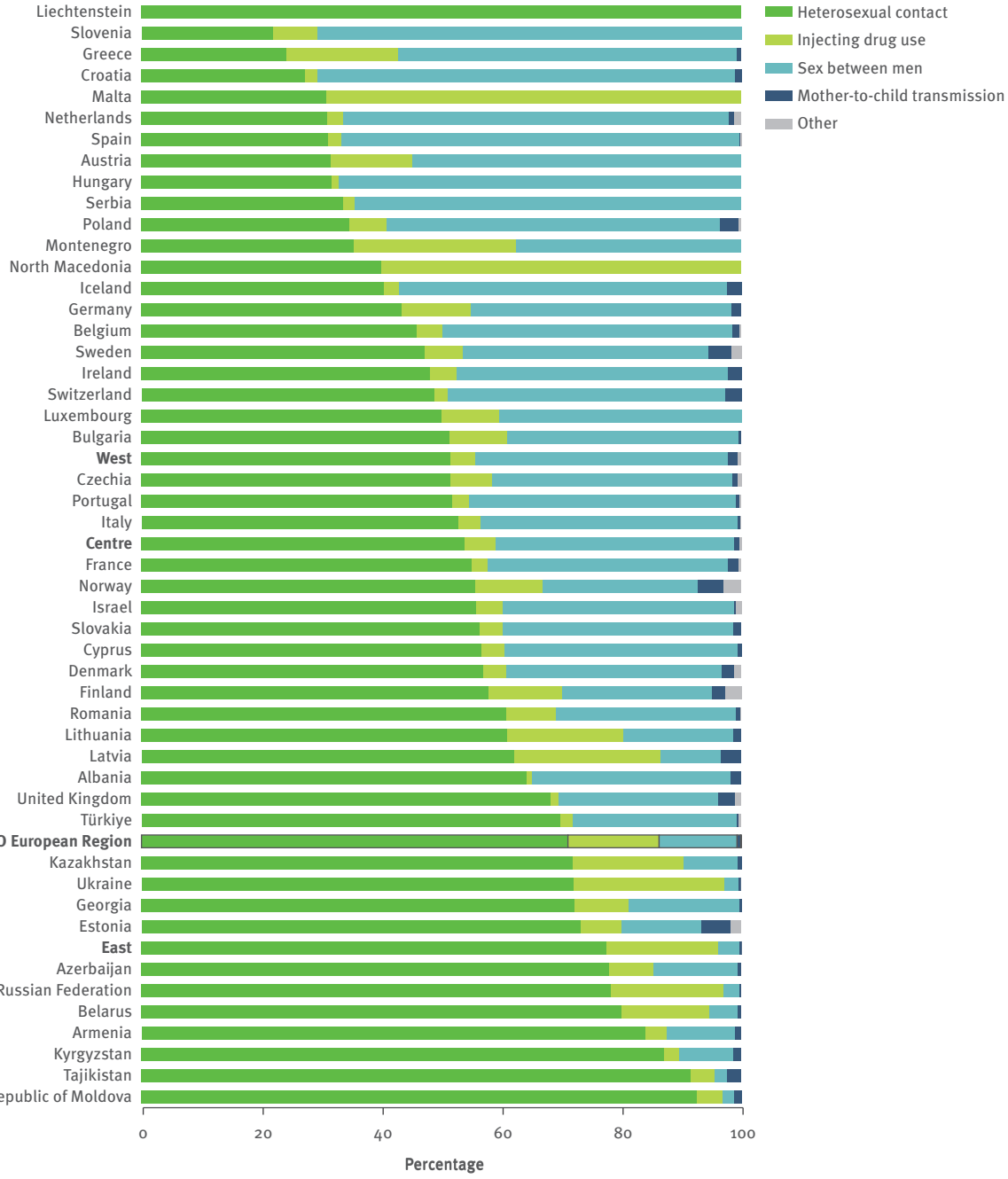
- MTCT accounted for 1.3% of all diagnoses and 1.6% of those with a known route of transmission (347) (Table 7). Of these, 27% were previously diagnosed, 88% were born abroad and 54% originated from countries with a generalized epidemic (Table 11).
- Transmission mode was unknown for 21% (5712) of all diagnoses in 2023.

Centre

- Overall, 24% of those diagnosed in 2023 and 54% of diagnoses with a known route of transmission were infected through heterosexual transmission (2014) (Table 6), which was the main mode of transmission reported by seven countries (Albania, Bulgaria, Cyprus, Czechia, Romania, Slovakia and Türkiye) (Fig. 2.2).

- Of these, 12% were previously diagnosed, 23% were born abroad and 3% originated from countries with generalized epidemics (Table 11).
- In total, 18% of those diagnosed with HIV in 2023 and 40% of HIV diagnoses with a known route of transmission (1488) were infected through sex between men (Table 4). In 2023, sex between men was the predominant mode of transmission reported by seven countries (Croatia, Hungary, Montenegro, North Macedonia, Serbia, Slovenia and Poland) (Fig. 2.2).
- A total of 2% of those diagnosed and 5% of HIV diagnoses with a known route of transmission (190) were infected through injecting drug use (Table 5).
- Of those with a known mode of transmission, 0.9% (32) were infected through MTCT (Table 7).

Fig. 2.2. Percentage of HIV diagnoses with known mode of transmission, by transmission route and country, WHO European Region, 2023 (n = 101 278)



Note: the graph organizes countries in order of increasing proportion of heterosexual mode of transmission. No data from Andora, Bosnia and Herzegovina, Monaco, San Marino, Turkmenistan and Uzbekistan.

- Transmission mode was unknown for 55% (4505) of those diagnosed in 2023 (Table 8). The two countries with the highest number of HIV diagnoses in 2023 (Poland and Türkiye) together accounted for 70% of all HIV diagnoses reported in the centre and also had the highest percentage of HIV diagnoses with an unknown transmission mode (Poland 78% and Türkiye 71%).

East

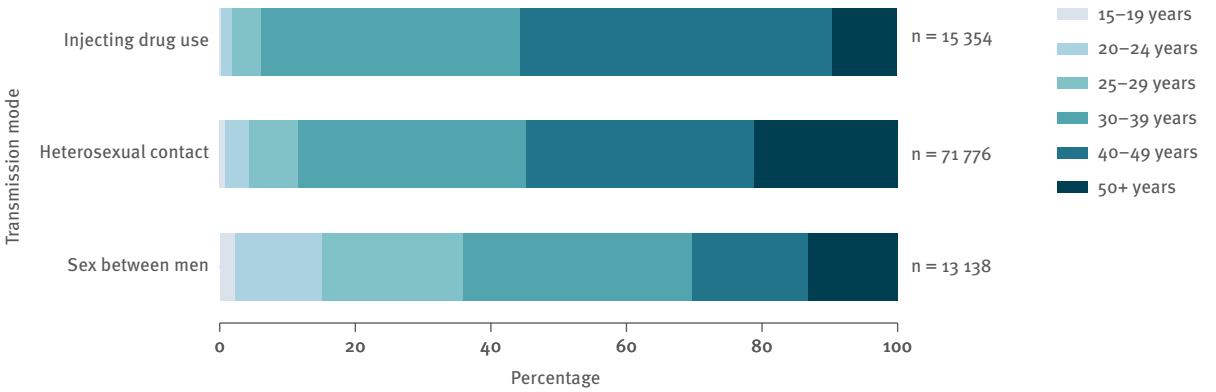
- In total, 76% of those diagnosed in 2023 and 78% of diagnoses with a known mode of transmission (59 036) were infected heterosexually, making this the main route of transmission reported in all countries in the east (Table 6).
- Overall, 18% of those diagnosed in 2023 and 19% of HIV diagnoses with a known route of transmission (14 286) were infected through injecting drug use (Table 5), with transmission through injecting drug use accounting for 20% or more of diagnoses with a known transmission mode in Ukraine (25%) and Latvia (24%).
- In total, 3% (2654) of those diagnosed were infected through sex between men (Table 4). However, Armenia, Azerbaijan, Estonia, Georgia, Latvia and Lithuania reported that sex between men accounted for 10% or more of HIV diagnoses with a known transmission mode.
- The percentage of cases diagnosed as infected through MTCT was 0.3% (233) (Table 7), and only four cases were infected through other transmission routes (nosocomial infection, transfusion or use of other blood products).
- Transmission mode was reported as unknown or missing for only 2% (1388) of those diagnosed across the 13 countries in the east of the Region. Nevertheless, at the country level, transmission-mode information was lacking for 15% or more of cases in three countries: Estonia (67%), Latvia (52%) and Lithuania (15%).

Analysis of the HIV diagnoses by age group and transmission mode for the 47 reporting countries in the WHO European Region (Fig. 2.3) shows that 40–49-year-olds accounted for most HIV diagnoses among those infected through injecting drug use (46%) and reported heterosexual transmission (33%) and 30–39-year-olds are the majority among MSM (34%). Conversely, people aged over 50 years accounted for 21% of all heterosexual transmission but only 13% and 9% of sex between men and injecting drug use, respectively (Fig. 2.3).

Forty-six countries provided information on the country of birth, country of nationality, or region of origin for 93.2% (53 976) HIV diagnoses in 2023 (Table 10).[14] In the WHO European Region, 31.0% of the total HIV diagnoses and 33.2% of those with known information on region of origin (17 930) were reported among people originating from outside the reporting country. This is slightly more than a 15% increase compared to 2022, driven by the increase in diagnoses among people of foreign origin in the west of the Region, which increased from 60.3% to 66.1%. In the centre and the east, it decreased from 29.9% to 21.8% and from 2.2% to 2.0%, respectively.

While overall, most of the diagnoses originated from four regions: Sub-Saharan Africa; Latin America and the Caribbean; and south and south-east Asia, the share of diagnoses among those originating from Sub-Saharan Africa increased substantially in 2023 compared to 2022 (41.3% in 2023 versus 28.8% in 2022).

Fig. 2.3. HIV diagnoses, by age group and transmission mode, WHO European Region, 2023 (n = 100 268)



Note: no data from Andora, Bosnia and Herzegovina, Monaco, San Marino, Turkmenistan and Uzbekistan.

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

Of 7402 HIV diagnoses in 2023 originating from this subregion, 97.4% (7212) were diagnosed in the EU/EEA countries and the United Kingdom.

Forty-three countries provided information on CD4 cell count at the time of HIV diagnosis in 2023.[15] Information was reported for 32 065 people over 14 years of age at diagnosis (covering 74.2% of all HIV diagnoses in the reporting countries) (Table 12).

More than half (52.4%) of all individuals diagnosed in 2023, where a CD4 cell count at diagnosis was reported, were considered to have been diagnosed late, with a CD4 cell count ‹ 350 cells per mm³, including 31.6% of cases considered to have advanced HIV infection (CD4 cell count ‹ 200 cells per mm³), which is comparable to the results from previous years, albeit with a slight decrease. However, the regional average excludes data from the Russian Federation, where a CD4 cell count at diagnosis was reported among 96.1% of HIV diagnoses, and only 30.0% are detected once their CD4 cell count has fallen to ‹ 350 cells per mm³ and 15.1% ‹ 200 cells per mm³. The percentage of those diagnosed late (CD4 cell count ‹ 350 cells per mm³) varied across the countries. Those countries with the highest percentages of late diagnoses (60% or more, in countries with more than five cases) were Slovenia (68.8%), Denmark (67.8%), Latvia (64.5%), Greece (64.2%), Albania (61.9%), Bulgaria (61.7%), Serbia (61.7%), Ukraine (61.5%) and Croatia (60.9%). Those with the lowest percentages (40% or less) were Slovakia (26.9%), United Kingdom (30.0%) and Luxembourg (31.6%).

The percentage of late diagnoses also varied across transmission categories and was highest for people with reported heterosexual transmission (56%; 61% for men and 51% for women) and as a result of injecting drug use (52%) and lowest for men infected through sex with men (43%) (see Fig. B, Fig. 2.4; Table 12). Late diagnosis was more common in the east (60%) than in the centre (57%) and west (47%). In the centre and east, the high proportion of late diagnoses is mainly driven by the high proportion of people infected through heterosexual contact.

The percentage of people diagnosed with a CD4 cell count ‹ 350 cells per mm³ increased with age, ranging from 38% among people aged 15–19 years at diagnosis to 66% among people aged 50 years or above. Overall, the percentage of late diagnoses by gender was 51% among women and 53% among men, but this is confounded by transmission mode and, for men, it conceals the difference between MSM (who tend to be diagnosed earlier) and men with reported heterosexual transmission (who tend to be diagnosed later) (see Fig. B).

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

2.1.2 Trends in HIV diagnoses

The rate of HIV diagnoses in the WHO European Region was mostly stable during the period 2014–2019, with minor fluctuations between 16 and 18 per 100 000 population. However, it fell sharply in 2020 to 12.2 per 100 000 (Fig. 2.5). A slight yearly increase has been observed since then reaching 12.7 per 100 000 population in 2023. The decline observed in 2020 is probably due, in part, to decreased case detection as a result of the public health and social measures introduced by countries in response to the COVID-19 pandemic. Meanwhile, a slight upward trend in the subsequent years could have been due to a rebound in HIV testing and case detection after the pandemic subsided, and the increased movement of people within and from outside of the European Region. For this reason, while we still compare 2023 data to previous years, trends presented in this chapter should be interpreted with caution.

The number of diagnosed women and men decreased by 27% in the WHO European Region, from 55 912 in 2014 to 40 681 in 2023 and from 98 013 to 71 922, respectively (Tables 2 and 3). The overall trend largely reflects the situation in the Russian Federation, which accounts for the vast majority of HIV diagnoses reported in 2023, where diagnoses have decreased since 2019 by 32%. Other countries have seen significant variations, with the number of countries reporting increases in diagnosed cases in 2023 compared to 2014. For example, the number of women diagnosed in Cyprus, Czechia and Iceland was almost six times higher in 2023 than in 2014. A large (over 100%) increase between 2014 and 2023 was observed in Cyprus, Iceland, Ireland and Montenegro in both males and females. Conversely, a large (over 40%) decrease among males was observed in Italy, Portugal, Latvia and Luxembourg. Among females, the largest decrease between 2014 and 2023 was observed in Portugal, Romania, Sweden, Latvia, Austria and Luxembourg.

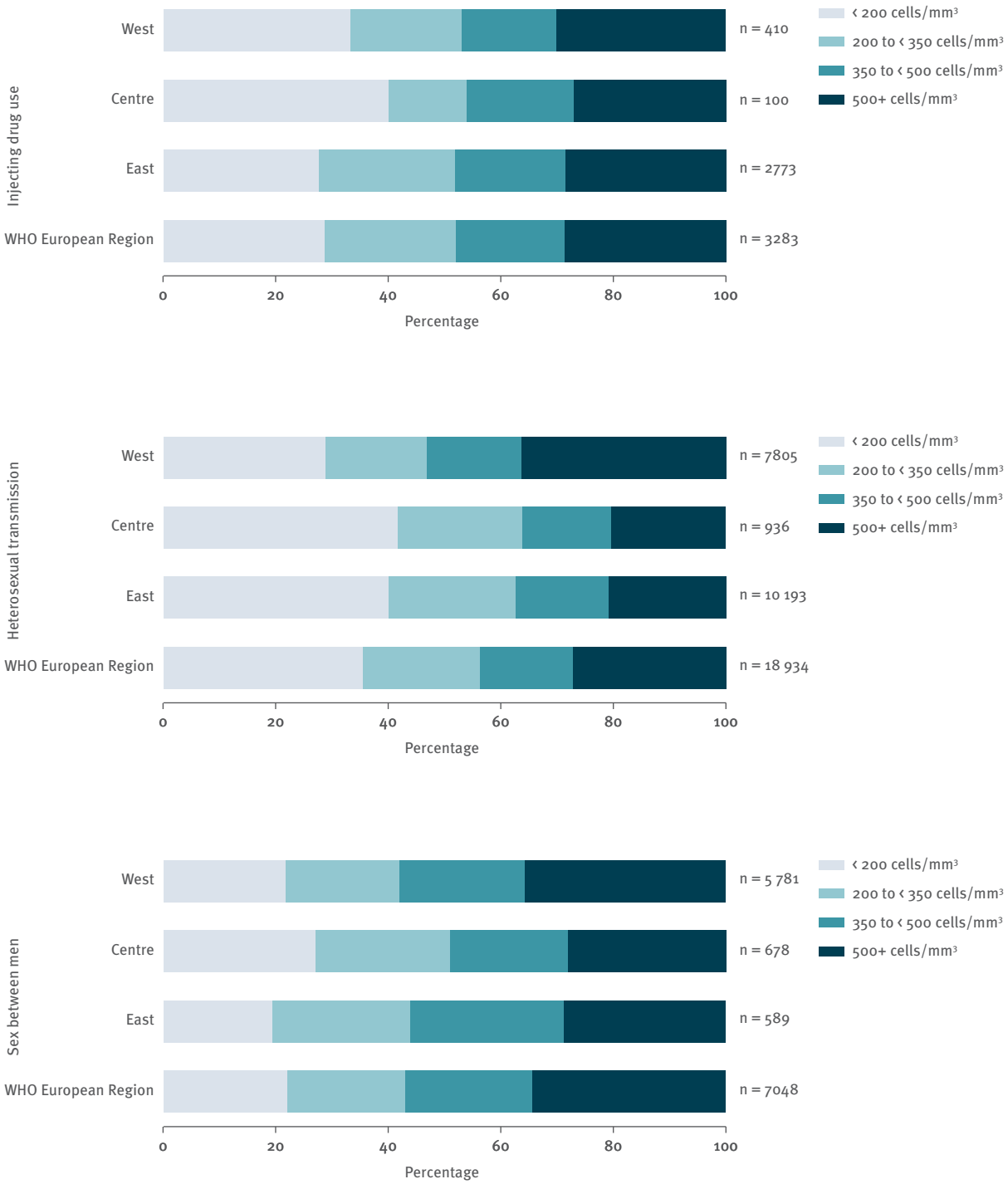
Thirty-nine countries consistently reported data on transmission mode for the period 2014–2023 (Fig. 2.6–2.9).

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

WHO European Region

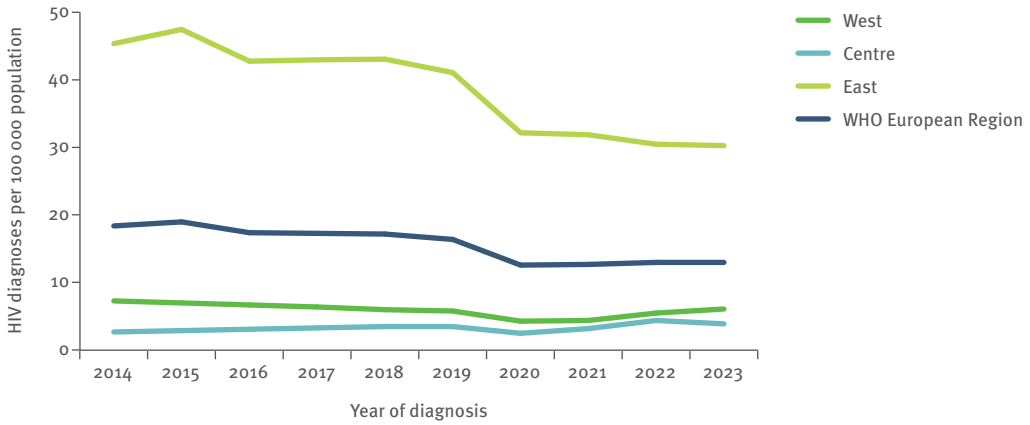
- The proportion of all HIV diagnoses attributed to heterosexual contact increased from 49% of cases in 2014 to 55% in 2022. The number of HIV diagnoses attributed to heterosexual contact in countries reporting consistently showed an increasing trend up until 2019, followed by a decline in 2020 and a further upward trend starting in 2021.
- The proportion of all HIV diagnoses attributed to sex between men decreased from 27% to 21% over the same period.

Fig. 2.4. HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, WHO European Region, 2023



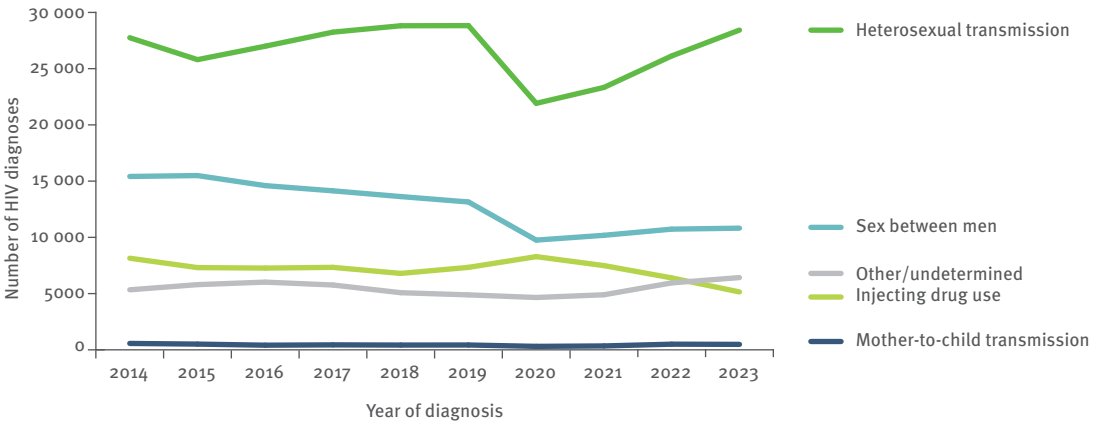
Note: No data from Andorra, Bosnia and Herzegovina, Hungary, Lithuania, Malta, Monaco, North Macedonia, Poland, San Marino, Turkmenistan or Uzbekistan. Data from the Russian Federation was excluded due to incomplete reporting on transmission mode. Data from Portugal was not published at the country's request.

Fig. 2.5. HIV diagnoses per 100 000 population, by year of diagnosis, WHO European Region, 2014–2023



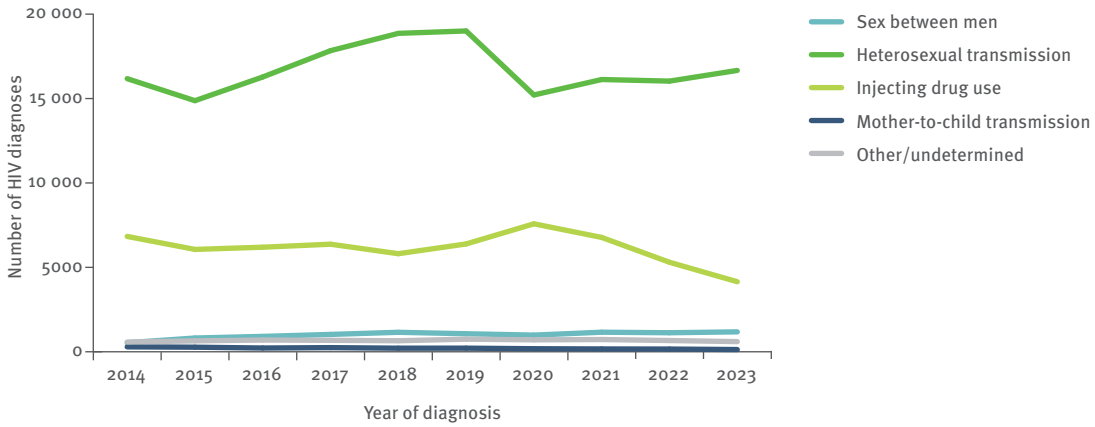
Note: includes data from 49 countries. Data from Andorra, Monaco, Turkmenistan and Uzbekistan are excluded due to inconsistent reporting during the period.

Fig. 2.6. HIV diagnoses, by transmission mode and year of diagnosis, WHO European Region, 2014–2023



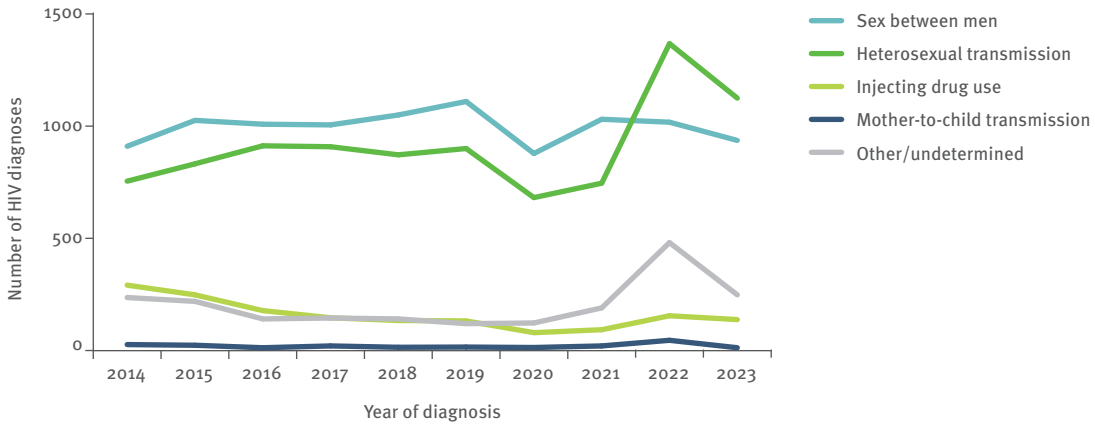
Note: data from Andorra, Bosnia and Herzegovina, Estonia, Iceland, Israel, Malta, Monaco, Poland, the Russian Federation, San Marino, Switzerland, Türkiye, Turkmenistan and Uzbekistan are excluded due to inconsistent reporting during the period.

Fig. 2.7. HIV diagnoses, by transmission mode and year of diagnosis, east of the WHO European Region, 2014–2023



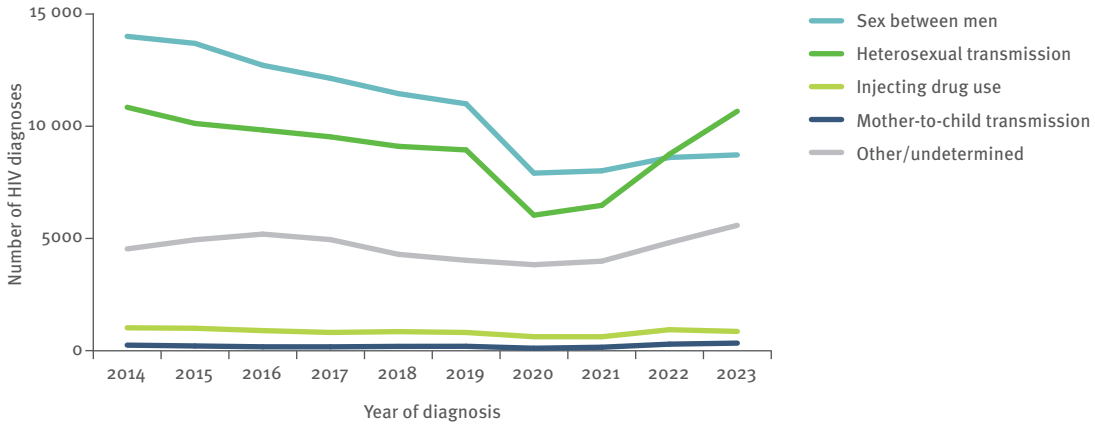
Note: data from Estonia, the Russian Federation, Turkmenistan and Uzbekistan are excluded due to inconsistent reporting during the period.

Fig. 2.8. HIV diagnoses, by transmission mode and year of diagnosis, centre of the WHO European Region, 2014–2023



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

Fig. 2.9. HIV diagnoses, by transmission mode and year of diagnosis, west of the WHO European Region, 2014–2023



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

- Overall, the number of HIV diagnoses reported among MSM in countries reporting consistently declined between 2015 and 2020 but has remained stable since then.
- While the number of diagnoses in people infected through injecting drug use has shown a stable decline since 2014, it increased by 38% in 2020 compared to 2019, with a reversal decrease in 2021. The decreasing trend continued in 2022 and in 2023, reaching 10% of all diagnoses.
- The number of HIV diagnoses in children infected through MTCT decreased by 15% over the previous decade, from 568 in 2014 to 485 in 2023, representing 0.9% of all diagnoses in 2023.
- Of the diagnoses in people infected by other means, nosocomial infections increased from 32 cases in 2014 to 79 in 2023, while HIV diagnoses attributed to transfusion of blood and its products decreased from 100 cases in 2014 to 79 cases in 2023.
- The number of HIV diagnoses for which information on transmission mode was unknown or missing increased by 21%, from 5202 in 2014 to 6 310 in 2023 – representing 9% of all HIV diagnoses in 2014 and 12% in 2023.

West

- HIV diagnoses of people infected through sex between men decreased by 38%, from 13 968 in 2014 to 8702 in 2022. The percentage of HIV diagnoses attributed to sex between men decreased from 46% in 2014 to 33% in 2023.
- HIV diagnoses of people with reported heterosexual transmission slightly decreased from 10 818 to 10 641. The percentage of HIV diagnoses attributed to heterosexual contact increased from 35% of cases in 2014 to 41% in 2023. The proportion of people infected through heterosexual transmission originating outside the reporting country increased from 66% in 2021 to 74% in 2023.

The share of previously diagnosed individuals also increased from 19% in 2021 to 26% in 2023.

- HIV diagnoses of people infected through injecting drug use decreased by 16%, from 1021 in 2014 to 860 in 2023, representing 3% of HIV diagnoses in both 2014 and 2023.
- Diagnoses of children infected through MTCT decreased consistently between 2014 and 2021, but increased dramatically in 2022 and 2023, reaching 340 cases. This may be due to the increasing trend among previous positive individuals; however, when analysing data on known previous positive status, the share of previously diagnosed children did not change substantially, increasing from 56% in 2021 to 57% in 2023.
- The number of HIV diagnoses with missing information on transmission mode increased from 4426 in 2014 to 5515 in 2023, corresponding to 14% of HIV diagnoses in 2014 and 21% in 2023. Delays in the reporting of probable modes of transmission to national and European surveillance systems intensify the increase.

Centre

- Following the general decline in reported HIV cases in 2020, the number of HIV diagnoses in those infected through heterosexual transmission increased sharply in 2022. It remained high in 2023, resulting in a 49% increase between 2014 and 2023 (from 753 to 1122). The percentage of HIV diagnoses attributed to heterosexual transmission was 34% in 2014 and 46% in 2023. The proportion of people infected through heterosexual transmission originating outside the reporting country has increased in recent years, from 13% in 2021 to 23% in 2023. In all, 40% and above of cases reported from Croatia, Montenegro, Poland and Slovenia, and 70% and above from Cyprus, Czechia and Slovakia were among migrants. The share of previously diagnosed individuals has also increased – from 3% in 2019 to 15% in 2023.
- The number of diagnoses in those infected as a result of sex between men increased from 908 in 2014 to 934 in 2023. However, the percentage of HIV diagnoses attributed to sex between men decreased slightly, from 41% in 2014 to 38% in 2023. This was the predominant mode of transmission in the centre up until 2022, when heterosexual transmission became more common.
- The number of HIV diagnoses in those infected as a result of injecting drug use was 291 in 2014 and 138 in 2023. The percentage of HIV diagnoses attributed to injecting drug use was 13% in 2013 and 6% in 2023. It is interesting to note that in 2021, the proportion of people infected through injection drug use originating outside the reporting country was 14%, while in 2023, this proportion was 29%.
- The number of HIV diagnoses as a result of MTCT decreased consistently between 2014 and 2020 before increasing rapidly in the last two years, from 14 cases in 2020 to 46 in 2022, mainly due to a dramatic increase in previous positive cases. It went down to 13 cases in 2023.
- Among countries with consistent reporting, the number of HIV diagnoses reported with unknown transmission mode in 2023 was 244. The percentage of HIV diagnoses with missing information on transmission mode decreased from 11% in 2014 to 10% in 2024 for the 12 countries included in the trend assessment.

East

- The number of HIV diagnoses in people with reported heterosexual transmission increased slightly (3%), from 16 178 in 2014 to 16 666 in 2023. At the same time, the percentage of all HIV diagnoses attributed to heterosexual contact increased from 66% of cases in 2014 to 73% in 2023.
- The number of diagnoses in people infected through injecting drug use decreased by 39%, from 6832 in 2014 to 4149 in 2023. The percentage of all HIV diagnoses attributed to injecting drug use decreased from 28% in 2014 to 18% in 2023.
- The number of diagnoses in people infected through sex between men increased more than two-fold, from 537 in 2014 to 1180 in 2023. Yet despite this increase, the percentage of all HIV diagnoses attributed to sex between men has remained low, at 2% in 2014 and 5% in 2023.
- The number of children infected through MTCT decreased by 39%, from 291 in 2014 to 132 in 2023, representing 1.2% of HIV diagnoses in 2014 and 0.6% in 2023.
- The number of HIV diagnoses for which the mode of transmission was unknown slightly increased from 557 in 2014 to 599 in 2023, although the percentage of HIV diagnoses with unknown mode of transmission remained low and stable overall at 2–3% between 2014 and 2023.

2.1.3 AIDS cases, morbidity and mortality

In 2023, 7878 people in 41 countries of the WHO European Region[16] were diagnosed with AIDS, which corresponds to a rate of 1.2 per 100 000 population (Table 13). Of the 7878 people who received a diagnosis of AIDS in 2023, 61% (4836) were diagnosed in the east, 28% (2168) in the west and 11% (874) in the centre of the Region. The rate was also highest in the east (4.9 per 100 000 population), eight times higher than that in the west (0.6 per 100 000) and 12 times higher than in the centre (0.4 per 100 000 population).

The rate of AIDS diagnoses varied widely among the countries, with the highest rates (3.0 or above) reported in Ukraine (9.1), Armenia (8.0), Republic of Moldova (7.3) and Georgia (6.7) and the lowest rates (under 0.3)

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

reported in Slovakia (0.1), Israel (0.2), Finland (0.2), the United Kingdom (0.3), Switzerland (0.3), Norway (0.3) and Ireland (0.3). Malta reported zero cases.

Tuberculosis represented 13% of all reported AIDS-defining illness events in 2023, ranging from 11% of reports in the west to 16% in the centre and 18% in the east.

In the 41 countries with consistent AIDS data[17], the overall rate of AIDS diagnoses in the Region decreased by 53% between 2014 and 2023, from 3.4 per 100 000 population (16 417 cases) to 1.6 per 100 000 (7846 cases) (Fig. 2.10).

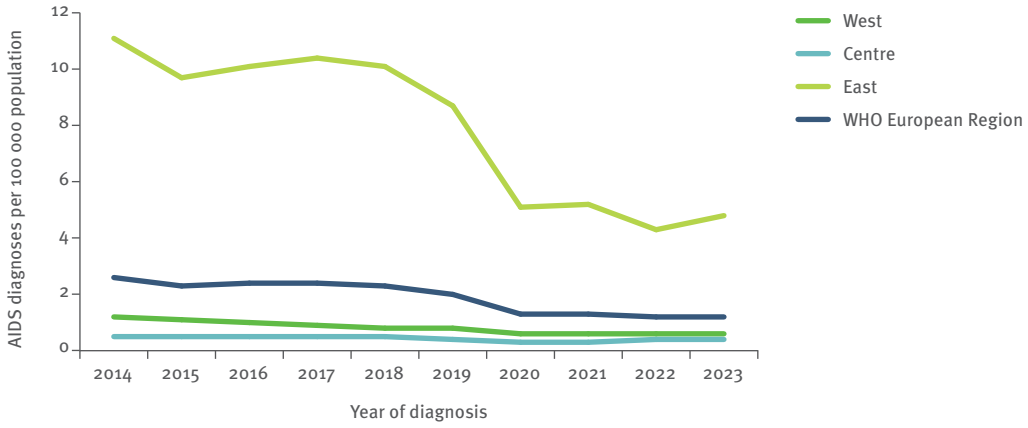
AIDS trends varied across the three subregions. In the east, the rate increased from 4.3 in 2022 to 4.8 in 2023; however, it was a 57% decrease compared to 2014. In the centre, the rate decreased by 11%, from 0.9 in 2014 to 0.8 in 2023. In the west, the steady downward trend continued, with a 47% decrease from 1.5 in 2014 to 0.8 in 2023 (Fig. 2.10).

A total of 41 countries in the Region[18] provided information on AIDS-related deaths or deaths among people previously diagnosed with AIDS,[19] with 2775 people reported to have died during 2023. This represents a 55% decrease compared with the 6105 deaths reported for the same countries in 2014. Of the 2775 deaths in 2023, 72% were reported from the east of the Region, 20% from the west and 8% from the centre (Table 17). It is important to note that delays in reporting and under-reporting have a significant impact on these numbers at the European level, particularly when the death occurs long after the HIV or AIDS diagnosis. The numbers presented here should therefore not be interpreted as representative of the true AIDS mortality burden in the European Region. According to a country survey from 2006, only about one third of countries in the WHO European Region were able to match their HIV/AIDS registries with their national mortality or vital statistics registries *(1)*.

2.2 HIV testing

Data on the number of HIV tests can support the interpretation of trends in diagnosed HIV infections. However, it is worth noting that the numbers provided are collected in a heterogeneous manner, and comparisons between country testing rates should be made with caution. In 2023, a total of 79 722 304 HIV tests were reported by 29 countries (12 in the east, nine in the centre, and eight in the west). These tests do not include unlinked anonymous testing and all countries except the Russian Federation also exclude the HIV tests performed as part of blood-donor screening. In 2023, the Russian Federation reported a total of 51 002 495 HIV tests, accounting for 64% of all HIV tests reported in the Region for that year. Countries in the east tended to report higher testing rates than those in the west and centre, but rates varied greatly across countries from all parts of the Region, and more data were available from countries in the east than the centre and the west (Table 18).

Fig. 2.10. AIDS diagnoses per 100 000 population, by subregion and year of diagnosis, WHO European Region, 2014–2023



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

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

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

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

Although the overall number of tests performed in the Region increased by 55%, from 51 188 357 in 2014 to 79 149 316 in 2023, in the 27 countries with data available throughout the decade, the number of tests performed decreased by 15% between 2019 and 2020, but then increased by 35% between 2020 and 2023 (Table 18). This is probably a consequence of a reduction in HIV testing services during 2020 due to the COVID-19 pandemic and the subsequent lift of the COVID-related restrictions starting in 2021 and onwards. Increases in large countries with high numbers tested, such as Belarus, France, Kazakhstan, the Russian Federation and Türkiye, have had a considerable impact on the overall increase since 2014. The number of tests more than doubled in a few countries, although information on testing yield or coverage among key populations at higher risk of HIV infection was not collected from countries.

The number of HIV tests from the 11 consistently reporting countries in the east of the Region increased by 65%, from 36 582 586 in 2014 to 60 440 812 in 2023 (Table 18). Information on the types of population tested is not available, but an increased number of HIV tests does not necessarily generate higher testing yields if large numbers of HIV tests are performed among people at low risk of HIV infection.

Over the last decade, the number of HIV tests increased by 19% (from 7 747 456 in 2014 to 9 215 335 in 2023) in the nine countries for which consistent data were available.[20]

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

2.3 Conclusions

The 2023 HIV surveillance data indicate a wide variation in epidemic patterns and trends across the WHO European Region. Overall, HIV diagnoses slightly increased in the WHO European Region in 2023, with a rate of 12.7 per 100 000 population, a 2.4% increase compared with the 2022 rate but still a 19.6% decrease compared to the 2019 rate. However, this overall trend masks very different trends across the Region. The overall trend largely reflects the situation in the Russian Federation, which accounts for the vast majority of HIV diagnoses reported in 2023, where diagnoses have decreased since 2019 by 32%. However, in total, 21 of 47 countries reported an increase in HIV diagnoses in 2023 compared to 2022, and several countries, namely Azerbaijan, Finland, Iceland, Ireland, Kazakhstan, Lithuania, Malta and Montenegro, recorded the highest number of HIV diagnoses, reported in a single year in the last decade.

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

The increase in HIV diagnoses in 2023 can be attributed to a range of factors, including expanded and more targeted HIV testing services in some settings and the implementation of new testing strategies to identify those who are undiagnosed, as well as the observed increase in HIV diagnoses in the west in the number of people originating from outside the reporting country, primarily due to increase of share of diagnosed people from Sub-Saharan Africa and continued high rates of those originating from central and eastern Europe and Latin America and the Caribbean. In all, 12.9% of the diagnoses reported in the west in 2023 were previously positive. However, the number of previous positives is probably underestimated, as the variable identifying them had a completeness of 48.6% in 2023. This category includes individuals who had previously received an HIV diagnosis, either in another country or within a different setting in the reporting country before the current reporting year. Most of these infections were probably acquired abroad and may not reflect a rise in transmission in the reporting countries.

Previously positive individuals have had a considerable impact on the epidemiological profile and the trends among those reported in 2023, specifically for the EU/EEA countries from the west and centre of the Region. A sub-analysis of the previous positive diagnoses shows that they include a higher proportion of women in older age groups, originating mainly from central and eastern Europe and Sub-Saharan Africa, who were primarily infected through heterosexual contact. Additionally, MTCT was reported at a higher rate among those with previous positive diagnoses compared to newly diagnosed people. Consequently, trends in reported modes of transmission from EU/EEA countries and from the west should be interpreted with caution.

In the east, Azerbaijan and Kazakhstan recorded the highest number of HIV diagnoses reported in a single year. None of these countries reported a substantial increase in the number of cases originating from outside the country, and over 95% of their HIV diagnoses originate from the reporting country. The countries reported a rebound in HIV testing and case detection since the pandemic subsided because of their focus on increasing case detection by introducing new testing policies to close the gap on undiagnosed people.

Heterosexual transmission remains the main transmission route in the east. Although the reported transmission through sex between men remains low in absolute terms in the east, it has increased more than

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

two-fold during the decade – the largest increase in any transmission category and any subregion of the Region. There is some evidence to suggest that a proportion of men reported as heterosexually infected may, in fact, be men who have sex with men or people with a history of drug injection, which may have been misclassified as heterosexually infected *(2,3)*. With the support of the Robert Koch Institute, a WHO Collaborating Centre for viral hepatitis and HIV, WHO's Regional Office for Europe is supporting countries in conducting studies to assess the quality of the reported modes of transmission. A study conducted in Kyrgyzstan in 2023 also found significant misclassification in the categorization of reported modes of transmission.[21]

Despite the increasing trend in heterosexual transmission due to the factors described earlier, seven of the 15 countries in the centre reported sex between men as the predominant mode of transmission.

Drug-injection-related transmission remains low, but past outbreaks *(4–8)* suggest that HIV prevention services for people who inject drugs continue to be important and must be maintained with sufficient coverage to prevent further outbreaks. The percentage of young people among the new diagnoses is also higher in this part of the Region than elsewhere. HIV prevention, diagnostics and treatment interventions should accommodate the needs of key populations, particularly MSM, with relevant evidence-based interventions. These interventions include condom and lubricant programming; diversified HIV testing services; assisted voluntary partner notification, PrEP; prevention and management of co-infections (particularly sexually transmitted infections) and rapid HIV treatment initiation. Services should be patient-centred and provided in a friendly environment, preferably with the involvement of civil society along the entire HIV continuum of services, ranging from HIV prevention to adherence to ART.

In the west subregion, there has been a clear decline in the overall rate of HIV diagnoses during the previous decade, resulting primarily from decreases in diagnoses among MSM in specific countries (Austria, Belgium, Denmark, Netherlands, Norway, Spain, and the United Kingdom) and among people infected heterosexually, particularly women and people originating from countries with generalized HIV epidemics. However, surveillance data indicate a considerable increase in reported HIV diagnoses in 2022 and 2023 from this part of the Region. This is due to a combination of different factors. In countries where migration is common and takes various forms, the public health challenge of ensuring access to health services for migrant populations, including HIV services and promoting cross-border collaboration and data sharing, remains essential to a robust and people-centred public health response. The influx of people living with HIV, particularly from Ukraine, has introduced new challenges to HIV care, as this population may have different needs for mental health and social support and require special considerations around transitioning to new ART regimens (many were on treatment regimens that were not available in EU/EEA countries) *(9)*. In addition, individuals who are aware of their HIV-positive status may hesitate to seek care in the health system due to challenges to access or concerns related to stigma and discrimination *(10)*. An increase is observed among people originating from outside reporting countries, with their proportion reaching 56% among HIV diagnoses in EU/EEA countries.

More than half of HIV diagnoses have a CD4 cell count ‹ 350 cells per mm^3, including almost a third of cases with advanced HIV infection (CD4 cell count ‹ 200 cells per mm^3). Once again, it is significant that the 2023 data provide information on variations in late diagnoses according to geography, transmission mode and age. The data also suggest problems with access to and uptake of HIV testing for some populations, indicating the need to improve testing programmes to diagnose people living with HIV at an earlier stage. The data also confirm that the proportion diagnosed at a late stage of infection is highest among people infected heterosexually (particularly men) or as a result of injecting drug use and among those in older age groups.

Late diagnosis reflects insufficient access to and uptake of appropriate HIV testing and counselling by those at greater risk of acquiring HIV. HIV testing strategies must be reconsidered and diversified to include innovative approaches involving community-based organizations and focusing on key population groups. Multiple entry points to HIV testing should be available through HIV self-testing, HIV testing performed by trained lay providers and civil society, home sampling, routine indicator condition-guided HIV testing offered in the health system, and assisted partner notifications. HIV testing should also be available in settings such as prisons, drug-dependence treatment programmes, sexual and reproductive health clinics, and migrant health services, depending on the local context. Support for timely linkage to HIV treatment and care is essential to reduce late diagnosis and ensure progress towards the Joint United Nations Programme on HIV/AIDS and WHO 95–95–95 targets, improving treatment outcomes and reducing HIV transmission.

It is estimated that around 3 100 000 (95% confidence interval: 2 800 000–3 400 000) people are living with HIV in the WHO European Region, around 2 170 000 (70%) of whom know their status *(11)*.

Similar to the 2022 data, 2023 HIV data reveals a significant issue with data quality, completeness and lack of standardization for the HIV Status variable, differentiating new HIV diagnoses from previous positives. This complicates the 2023 data interpretation. Achieving consensus among countries in the Region on the collection, recording and reporting of previous positive cases is paramount. This is critical due to the different epidemiological profiles and health-care needs of previously diagnosed individuals. Improving data

[21] the paper, Dumchev, et al. 2024, with the results is under peer review.

recording and reporting standards within surveillance systems will ensure accuracy and help with the planning of tailored prevention strategies.

Since the adoption of the *Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 (12)*, WHO and partners have been working with Member States on their national adoption and implementation of the action plans, with a particular focus on strengthening HIV surveillance; reporting and analytical capacity; alignment and uptake of HIV testing and treatment guidance; and innovative combination HIV prevention approaches in key populations; efforts to eliminate MTCT of HIV viral hepatitis B and syphilis, and other key priorities, as highlighted within the plans.

To accelerate implementation of the action plans, the WHO Regional Office for Europe, jointly with the Ministry of Health of Spain and partners, held a series of regional events to disseminate WHO guidelines and secure political engagement to eliminate discrimination. A ministerial session entitled, "Keeping the promise on ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections", held on 22 July 2024 in Munich, Germany, prior to the 25th International AIDS Conference, gathered ministers, decision-makers and civil society organizations from across the Region and beyond to renew commitments to the 2025 targets of the action plans. The WHO Regional Office for Europe also announced the triple elimination initiative in central Asia, encouraging countries to simultaneously commit to the elimination of MTCT of HIV, syphilis and the hepatitis B virus and aiming to mobilize support to further push the agenda for integrated service delivery.

Technical support was provided to Member States to review their national HIV responses, their national guidelines and HIV, viral hepatitis and sexually transmitted infection programmes, to implement diagnostic verification studies, to strengthen surveillance and data on key populations and to boost country capacity to proactively interpret and analyse data. The WHO Regional Office for Europe also helped countries apply for support from the Global Fund, with 10 successful applications raising US$ 337 million for 2024–2027.

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

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[22] All references were accessed on 14 November 2024.

Tables

Table 1. HIV diagnoses and rates per 100 000 population, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of start of reporting	2014		2015		2016		2017		2018	
			N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA												
West	Austria	1980	321	3.8	340	4.0	312	3.6	330	3.8	231	2.6
West	Belgium	1985	1 124	10.1	1 111	9.9	1 005	8.9	961	8.5	958	8.4
Centre	Bulgaria	1986	247	3.5	227	3.2	202	2.9	241	3.5	311	4.6
Centre	Croatia	1985	92	2.2	117	2.8	108	2.6	106	2.6	94	2.3
Centre	Cyprus	1986	56	6.5	80	9.4	80	9.4	85	9.9	78	9.0
Centre	Czechia	1985	232	2.2	266	2.5	286	2.7	254	2.4	208	2.0
West	Denmark	1990	256	4.5	277	4.9	244	4.3	242	4.2	219	3.8
East	Estonia	1988	291	22.1	270	20.5	229	17.4	219	16.6	190	14.4
West	Finland	1980	181	3.3	174	3.2	180	3.3	158	2.9	153	2.8
West	France	2003	5 702	8.6	5 321	8.0	5 447	8.2	5 391	8.1	5 110	7.6
West	Germany	1993	3 536	4.4	3 653	4.5	3 399	4.1	3 178	3.9	2 892	3.5
West	Greece	1984	785	7.2	776	7.1	652	6.0	650	6.0	728	6.8
Centre	Hungary	1985	271	2.7	271	2.7	228	2.3	223	2.3	229	2.3
West	Iceland	1983	11	3.4	12	3.6	28	8.4	24	7.1	38	10.9
West	Ireland	1985	370	8.0	487	10.4	502	10.6	488	10.2	523	10.8
West	Italy	1985	3 853	6.4	3 623	6.0	3 726	6.2	3 619	6.0	3 038	5.1
East	Latvia	1987	358	17.9	408	20.5	374	19.0	381	19.5	334	17.3
West	Liechtenstein	1985	1	2.7	0	0.0	2	5.3	2	5.3	0	0.0
East	Lithuania	1988	141	4.7	157	5.3	214	7.3	263	9.1	160	5.6
West	Luxembourg[c]	1983	166	30.2	159	28.2	168	29.2	141	23.9	116	19.3
West	Malta	2001	40	9.3	61	13.9	63	14.0	45	9.8	73	15.3
West	Netherlands	1980	1 022	6.1	1 048	6.2	951	5.6	1 005	5.9	967	5.6
West	Norway	1984	267	5.2	221	4.3	220	4.2	213	4.1	191	3.6
Centre	Poland	1985	1 136	3.0	1 278	3.4	1 317	3.5	1 425	3.8	1 214	3.2
West	Portugal	1985	1 609	15.4	1 721	16.6	1 696	16.4	1 594	15.5	1 441	14.0
Centre	Romania	1987	937	4.7	921	4.6	815	4.1	844	4.3	778	4.0
Centre	Slovakia	1985	86	1.6	86	1.6	88	1.6	72	1.3	102	1.9
Centre	Slovenia	1985	50	2.4	48	2.3	63	3.1	42	2.0	42	2.0
West	Spain	2003	4 535	9.8	4 308	9.3	4 399	9.5	4 319	9.3	4 063	8.7
West	Sweden	1983	473	4.9	447	4.6	429	4.4	434	4.3	481	4.8
	Total EU/EEA		**28 149**	**6.3**	**27 868**	**6.2**	**27 427**	**6.1**	**26 949**	**6.0**	**24 962**	**5.5**
Non-EU/EEA												
Centre	Albania	1993	79	2.7	96	3.3	127	4.4	94	3.3	102	3.5
West	Andorra	2004	5	7.0	3	4.2	3	4.1	6	8.1	12	16.0
East	Armenia	1988	334	11.6	294	10.2	303	10.6	358	12.6	429	15.1
East	Azerbaijan	1987	604	6.2	727	7.4	556	5.6	567	5.6	656	6.5
East	Belarus	1981	1 811	18.7	2 305	23.8	2 391	24.6	2 468	25.4	2 386	24.6
Centre	Bosnia and Herzegovina	1986	23	0.6	15	0.4	24	0.7	15	0.4	24	0.7
East	Georgia	1989	564	14.9	717	19.0	718	19.0	631	16.7	672	17.8
West	Israel	1981	462	5.9	414	5.2	371	4.5	419	5.0	455	5.4
East	Kazakhstan	1987	2 341	13.3	2 475	13.9	2 898	16.0	3 012	16.4	3 213	17.3
East	Kyrgyzstan	1987	647	11.1	619	10.5	748	12.4	836	13.7	866	13.9
West	Monaco	1987	1	2.8	1	2.7	0	0.0	3	8.1	0	0.0
Centre	Montenegro	1993	20	3.2	19	3.0	34	5.4	26	4.1	23	3.6
Centre	North Macedonia	1987	1	0.0	25	1.2	30	1.4	44	2.1	45	2.1
East	Republic of Moldova	1987	831	24.9	818	25.0	832	25.8	835	26.3	905	28.8
East	Russian Federation[d]	2009	92 613	64.2	100 220	69.3	86 855	59.9	85 802	59.0	85 995	59.0
West	San Marino	1985	3	9.0	2	6.0	2	5.9	1	2.9	3	8.8
Centre	Serbia	1984	144	1.5	188	2.0	187	2.0	190	2.1	195	2.1
Centre	Serbia excluding Kosovo[1]	1984	138	1.8	185	2.5	176	2.3	187	2.5	187	2.5
Centre	Kosovo[1]	1999	6	0.3	3	0.2	11	0.6	3	0.2	8	0.4
West	Switzerland	1985	528	6.4	550	6.6	545	6.5	465	5.5	443	5.2
East	Tajikistan	1991	986	11.8	1 149	13.5	1 038	11.9	1 205	13.5	1 421	15.6
Centre	Türkiye	1985	1 838	2.4	2 107	2.6	2 437	3.0	2 844	3.5	3 248	3.9
East	Turkmenistan	1990	–	–	–	–	–	–	–	–	–	–
East	Ukraine	1987	15 796	35.0	13 000	30.4	14 229	33.4	15 603	36.8	15 648	37.1
West	United Kingdom	1981	6 383	9.9	6 233	9.6	5 416	8.2	4 813	7.3	4 727	7.1
East	Uzbekistan	1981	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA		**126 014**	**29.4**	**131 977**	**30.8**	**119 744**	**27.7**	**120 237**	**27.7**	**121 468**	**27.9**
WHO European Region												
West			31 633	7.5	30 942	7.3	29 758	6.9	28 499	6.6	26 862	6.2
Centre			5 212	2.7	5 744	2.9	6 026	3.1	6 505	3.3	6 693	3.4
East			117 317	45.7	123 159	48.2	111 385	43.5	112 180	43.7	112 875	43.8
Total WHO European Region			**154 162**	**17.6**	**159 845**	**18.2**	**147 169**	**16.7**	**147 184**	**16.6**	**146 430**	**16.5**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.
[c] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.
[d] Due to discrepancies in the methodology used for calculating the population rates by the Russian Federal Statistics Service and the United Nations Population Division, rates on overall HIV diagnoses, as well as data disaggregated by sex, presented in the report in Tables 1, 2 and 3 and elsewhere in the report may differ from the data presented in national statistics.

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

2019		2020		2021		2022		2023		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
261	2.9	177	2.0	200	2.2	197	0.8	194	2.1	11 294	Austria
993	8.7	766	6.6	793	6.9	1 058	6.1	1 119	9.5	38 074	Belgium
258	3.9	199	3.0	237	3.6	328	5.1	253	3.9	4 333	Bulgaria
103	2.6	75	1.9	77	2.0	113	2.9	97	2.5	2 096	Croatia
100	11.4	106	11.9	149	16.6	218	24.1	162	17.6	1 961	Cyprus
222	2.1	251	2.3	233	2.2	870	8.3	402	3.7	5 346	Czechia
190	3.3	161	2.8	139	2.4	258	4.4	227	3.8	8 785	Denmark
178	13.4	147	11.1	125	9.4	250	18.8	183	13.4	10 784	Estonia
148	2.7	134	2.4	162	2.9	271	4.9	282	5.1	5 061	Finland
5 137	7.6	3 577	5.3	3 675	5.4	4 237	6.2	4 981	7.3	110 621	France
3 133	3.8	2 472	3.0	2 263	2.7	3 279	3.9	3 321	3.9	82 841	Germany
677	6.3	631	5.9	592	5.5	599	5.7	680	6.5	18 442	Greece
238	2.4	201	2.1	226	2.3	224	2.3	228	2.4	4 913	Hungary
28	7.8	34	9.3	20	5.4	40	10.6	44	11.3	589	Iceland
533	10.9	434	8.7	397	7.9	880	17.4	911	17.3	12 498	Ireland
2 510	4.2	1 470	2.5	1 914	3.2	2 140	3.6	2 349	4.0	57 948	Italy
306	15.9	257	13.5	212	11.2	229	12.2	188	10.0	8 914	Latvia
0	0.0	1	2.6	1	2.6	1	2.5	1	2.5	73	Liechtenstein
151	5.3	139	4.9	121	4.3	252	9.0	267	9.3	4 102	Lithuania
107	17.4	65	10.4	94	14.8	76	11.8	60	9.1	3 637	Luxembourg[c]
80	16.2	82	15.9	45	8.7	60	11.5	114	21.0	886	Malta
979	5.7	708	4.1	713	4.1	996	5.7	834	4.7	31 592	Netherlands
172	3.2	137	2.6	102	1.9	245	4.5	332	6.0	7 470	Norway
1 557	4.1	965	2.5	1 461	3.9	2 604	7.1	2 189	6.0	32 918	Poland
1 411	13.7	1 073	10.4	1 200	11.7	989	9.6	924	8.8	68 627	Portugal
784	4.0	529	2.7	652	3.4	696	3.7	703	3.7	28 008	Romania
104	1.9	103	1.9	115	2.1	203	3.7	142	2.6	1 640	Slovakia
42	2.0	35	1.7	39	1.8	57	2.7	44	2.1	1 095	Slovenia
3 939	8.4	2 980	6.3	3 155	6.7	3 308	7.0	3 196	6.6	71 424	Spain
449	4.4	360	3.5	352	3.4	446	4.3	304	2.9	14 961	Sweden
24 790	**5.5**	**18 269**	**4.0**	**19 464**	**4.3**	**25 124**	**5.3**	**24 731**	**5.3**	**650 933**	**Total EU/EEA**
											Non-EU/EEA
101	3.5	96	3.3	104	3.6	98	3.4	123	4.3	1 725	Albania
–	–	–	–	–	–	–	–	–	–	96	Andorra
448	15.9	369	13.2	425	15.2	535	19.2	500	18.0	5 614	Armenia
721	7.0	559	5.4	690	6.7	766	7.4	919	8.8	11 055	Azerbaijan
2 137	22.1	1 427	14.8	1 496	15.6	1 644	17.2	1 463	15.4	35 104	Belarus
33	1.0	17	0.5	37	1.1	54	1.7	–	–	440	Bosnia and Herzegovina
668	17.7	530	14.1	530	14.1	617	16.5	612	16.4	10 391	Georgia
410	4.8	375	4.3	409	4.6	477	5.3	418	4.6	12 192	Israel
3 667	19.6	3 468	18.3	3 589	18.7	4 006	20.7	4 040	20.6	54 515	Kazakhstan
843	13.3	674	10.5	841	12.9	1 091	16.5	1 054	15.6	13 289	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	40	Monaco
26	4.1	15	2.4	13	2.1	40	6.4	54	8.6	425	Montenegro
66	3.1	29	1.4	43	2.0	41	2.0	50	2.4	432	North Macedonia
922	29.7	680	22.0	792	25.9	929	28.4	928	27.0	17 008	Republic of Moldova
80 124	55.0	59 598	40.9	58 340	40.2	55 573	38.4	54 689	37.9	1 109 458	Russian Federation[d]
0	0.0	0	0.0	0	0.0	1	3.0	–	–	94	San Marino
229	2.5	134	1.5	188	2.1	172	1.9	197	2.2	4 946	Serbia
224	3.0	132	1.8	179	2.5	171	2.4	177	2.5	4 788	Serbia excluding Kosovo[s]
5	0.3	2	0.1	9	0.5	1	0.1	20	1.1	158	Kosovo[s]
428	5.0	295	3.4	327	3.8	358	4.1	351	4.0	38 288	Switzerland
1 320	14.1	1 084	11.4	922	9.5	1 037	10.4	1 100	10.8	16 129	Tajikistan
3 229	3.9	2 076	2.5	2 920	3.4	3 824	4.5	3 595	4.2	34 881	Türkiye
–	–	–	–	–	–	–	–	–	–	2	Turkmenistan
16 236	38.7	15 478	37.1	15 333	37.0	12 183	29.7	11 658	31.7	348 895	Ukraine
4 286	6.4	3 333	5.0	3 464	5.1	4 379	6.5	6 402	9.5	183 070	United Kingdom
–	–	–	–	–	–	–	–	–	–	24 018	Uzbekistan
115 894	**26.5**	**90 237**	**20.6**	**90 463**	**20.6**	**87 825**	**20.0**	**88 153**	**20.3**	**1 922 250**	**Total non-EU/EEA**
											WHO European Region
25 871	6.0	19 264	4.4	20 016	4.6	24 294	5.3	27 043	6.2	778 530	West
7 092	3.6	4 831	2.4	6 494	3.3	9 542	4.8	8 239	4.2	125 159	Centre
107 721	41.8	84 410	32.7	83 416	32.4	79 112	30.7	77 601	30.6	1 669 421	East
140 684	**15.8**	**108 505**	**12.2**	**109 926**	**12.3**	**112 948**	**12.4**	**112 883**	**12.7**	**2 573 110**	**Total WHO European Region**

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

Table 2. HIV diagnoses in males and rates per 100 000 male population, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2014		2015		2016		2017		2018	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	248	6.0	291	6.9	259	6.1	272	6.3	190	4.4
West	Belgium	789	14.4	766	13.9	713	12.8	647	11.6	659	11.7
Centre	Bulgaria	201	5.8	194	5.7	169	5.0	218	6.6	276	8.5
Centre	Croatia	83	4.1	111	5.5	104	5.2	101	5.2	88	4.6
Centre	Cyprus	49	11.7	72	17.5	65	15.8	65	15.6	65	15.4
Centre	Czechia	209	4.0	248	4.8	262	5.1	230	4.4	186	3.6
West	Denmark	196	7.0	205	7.3	191	6.7	192	6.7	170	5.9
East	Estonia	182	29.6	167	27.2	139	22.5	146	23.6	131	21.1
West	Finland	138	5.1	131	4.9	121	4.5	101	3.7	104	3.8
West	France	3 829	11.9	3 561	11.1	3 587	11.1	3 510	10.9	3 266	10.1
West	Germany	2 865	7.2	2 886	7.2	2 667	6.6	2 512	6.2	2 242	5.5
West	Greece	681	12.8	683	13.0	537	10.3	535	10.2	581	11.2
Centre	Hungary	216	4.6	196	4.2	171	3.6	149	3.2	195	4.2
West	Iceland	9	5.5	10	6.1	22	13.2	21	12.3	24	13.5
West	Ireland	269	11.7	373	16.1	390	16.7	371	15.7	411	17.2
West	Italy	3 060	10.5	2 809	9.6	2 865	9.8	2 748	9.4	2 382	8.2
East	Latvia	246	26.8	273	30.0	236	26.1	247	27.6	227	25.5
West	Liechtenstein	1	5.4	0	0.0	2	10.7	2	10.7	0	0.0
East	Lithuania	90	6.6	115	8.5	165	12.3	220	16.5	117	8.9
West	Luxembourg[c]	109	39.6	121	42.9	128	44.3	107	36.1	84	27.8
West	Malta	36	16.8	53	24.0	51	22.5	35	15.1	62	25.8
West	Netherlands	848	10.2	850	10.2	796	9.5	840	9.9	782	9.2
West	Norway	199	7.8	145	5.6	157	6.0	155	5.9	122	4.6
Centre	Poland	934	5.1	1 084	5.9	1 149	6.3	1 260	6.9	1 051	5.7
West	Portugal	1 156	23.3	1 279	26.0	1 241	25.3	1 159	23.7	1 045	21.5
Centre	Romania	660	6.8	675	7.0	600	6.2	629	6.6	584	6.1
Centre	Slovakia	75	2.8	76	2.9	81	3.1	66	2.5	94	3.5
Centre	Slovenia	45	4.4	41	4.0	59	5.8	40	3.9	40	3.9
West	Spain	3 870	16.9	3 691	16.2	3 738	16.4	3 680	16.1	3 482	15.2
West	Sweden	273	5.7	276	5.7	269	5.5	273	5.4	306	6.0
	Total EU/EEA	**21 566**	**9.9**	**21 382**	**9.8**	**20 934**	**9.5**	**20 531**	**9.3**	**18 966**	**8.6**
Non-EU/EEA											
Centre	Albania	61	4.2	67	4.6	104	7.2	69	4.8	76	5.3
West	Andorra	5	13.8	3	8.3	3	8.2	3	8.0	8	21.0
East	Armenia	217	16.4	205	15.6	212	16.3	253	19.5	293	22.8
East	Azerbaijan	375	7.8	495	10.2	355	7.2	359	7.2	437	8.7
East	Belarus	1 052	23.5	1 395	31.1	1 490	33.2	1 540	34.3	1 499	33.5
Centre	Bosnia and Herzegovina	20	1.1	14	0.8	22	1.3	15	0.9	22	1.3
East	Georgia	413	23.2	545	30.7	552	31.1	492	27.7	506	28.5
West	Israel	330	8.5	291	7.3	257	6.3	298	7.2	299	7.1
East	Kazakhstan	1 334	15.9	1 442	16.9	1 684	19.5	1 818	20.7	2 004	22.5
East	Kyrgyzstan	365	12.8	342	11.8	434	14.7	490	16.3	535	17.5
West	Monaco	1	5.6	1	5.5	0	0.0	3	16.5	0	0.0
Centre	Montenegro	17	5.5	17	5.5	32	10.4	24	7.8	21	6.8
Centre	North Macedonia	1	0.1	24	2.3	28	2.7	44	4.2	45	4.3
East	Republic of Moldova	452	28.5	462	29.6	471	30.7	468	30.9	537	35.9
East	Russian Federation	55 469	82.9	62 118	92.6	53 689	79.8	53 209	78.8	52 720	78.0
West	San Marino	3	18.5	2	12.2	2	12.2	1	6.0	2	12.0
Centre	Serbia	127	2.8	182	4.0	171	3.8	179	4.0	181	4.1
Centre	Serbia excluding Kosovo[1]	121	3.3	180	5.0	160	4.5	176	4.9	174	4.9
Centre	Kosovo[1]	6	0.7	2	0.2	11	1.2	3	0.3	7	0.8
West	Switzerland	392	9.7	423	10.3	425	10.2	357	8.5	341	8.1
East	Tajikistan	557	13.3	680	15.9	621	14.2	735	16.4	874	19.0
Centre	Türkiye	1 497	3.8	1 770	4.4	2 065	5.1	2 389	5.8	2 717	6.5
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–
East	Ukraine	8 991	43.1	7 519	32.7	8 366	42.4	9 296	47.3	9 512	48.6
West	United Kingdom	4 769	15.0	4 754	14.8	4 118	12.7	3 556	10.9	3 497	10.7
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**76 448**	**37.2**	**82 751**	**39.6**	**75 101**	**36.2**	**75 598**	**36.2**	**76 126**	**36.3**
WHO European Region											
West		24 075	11.6	23 604	11.3	22 537	10.7	21 376	10.1	20 059	9.5
Centre		4 195	4.4	4 771	4.9	5 082	5.2	5 478	5.6	5 641	5.8
East		69 743	58.1	75 758	61.8	68 414	57.1	69 273	57.6	69 392	57.5
Total WHO European Region		**98 013**	**23.1**	**104133**	**24.3**	**96 033**	**22.5**	**96 127**	**22.4**	**95 092**	**22.1**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.
[c] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

2019		2020		2021		2022		2023		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
220	5.0	145	3.3	167	3.8	161	3.6	157	3.5	8 679	Austria
685	12.1	531	9.3	586	10.3	687	12.0	757	13.1	24 518	Belgium
217	6.8	168	5.3	205	6.5	215	6.9	206	6.6	3 463	Bulgaria
98	5.1	66	3.5	71	3.8	90	4.8	83	4.5	1 852	Croatia
69	16.1	87	20.0	115	26.3	154	34.9	122	27.2	1 459	Cyprus
192	3.7	203	3.9	201	3.9	435	8.4	270	5.1	4 200	Czechia
146	5.1	133	4.6	115	4.0	149	5.1	154	5.2	6 427	Denmark
113	18.1	88	14.0	80	12.7	130	20.5	109	16.8	7 149	Estonia
111	4.1	99	3.6	119	4.4	170	6.2	166	6.0	3 596	Finland
3 277	10.1	2 406	7.4	2 446	7.5	2 738	8.3	3 107	9.4	71 379	France
2 438	6.0	1 899	4.6	1 783	4.3	2 251	5.5	2 325	5.6	64 792	Germany
523	10.0	505	9.7	480	9.2	467	9.1	522	10.3	15 264	Greece
208	4.4	166	3.5	182	3.9	179	3.9	178	3.8	3 832	Hungary
23	12.6	28	15.0	14	7.4	30	15.5	33	16.5	433	Iceland
397	16.3	343	14.0	307	12.4	577	23.0	590	22.7	7 694	Ireland
2 004	6.9	1 164	4.0	1 524	5.3	1 689	5.9	1 786	6.2	44 328	Italy
187	21.1	162	18.4	136	15.5	154	17.7	131	15.0	6 013	Latvia
0	0.0	1	5.2	1	5.2	1	5.1	1	5.1	47	Liechtenstein
110	8.5	97	7.5	93	7.2	152	11.6	178	13.3	3 149	Lithuania
80	25.9	48	15.2	71	22.2	47	14.5	43	12.9	2 663	Luxembourg[c]
55	21.8	67	25.2	41	15.4	55	20.4	108	37.9	723	Malta
770	9.0	562	6.5	578	6.7	714	8.2	654	7.4	25 139	Netherlands
112	4.2	91	3.4	64	2.4	136	5.0	205	7.4	5 004	Norway
1 322	7.2	805	4.4	1 203	6.7	1 751	9.8	1 612	9.1	25 743	Poland
1 006	20.7	792	16.3	857	17.6	738	15.0	660	13.1	49 506	Portugal
583	6.1	404	4.3	503	5.4	554	6.0	551	5.9	17 517	Romania
93	3.5	90	3.4	100	3.8	122	4.6	107	4.0	1 365	Slovakia
36	3.5	30	2.9	32	3.0	45	4.3	41	3.9	961	Slovenia
3 407	14.8	2 562	11.0	2 683	11.6	2 821	12.1	2 741	11.6	59 541	Spain
288	5.6	226	4.3	232	4.4	265	5.0	196	3.7	9 951	Sweden
18 770	**8.5**	**13 968**	**6.3**	**14 989**	**6.8**	**17 677**	**8.0**	**17 793**	**8.0**	**476 387**	**Total EU/EEA**
74	5.1	70	4.9	73	5.1	71	5.0	95	6.7	1 257	Albania
–	–	–	–	–	–	–	–	–	–	78	Andorra
313	24.6	251	19.8	297	23.6	390	31.2	346	27.7	3 909	Armenia
473	9.4	386	7.6	472	9.3	524	10.3	651	12.7	7 874	Azerbaijan
1 354	30.3	899	20.2	926	21.0	1 028	23.4	889	20.3	21 348	Belarus
30	1.8	14	0.9	35	2.2	50	3.1	–	–	384	Bosnia and Herzegovina
508	28.6	403	22.7	403	22.8	454	25.8	472	26.9	7 780	Georgia
270	6.3	263	6.0	289	6.5	310	6.9	280	6.1	8 098	Israel
2 412	26.8	2 293	25.1	2 346	25.4	2 689	28.8	2 771	29.3	35 561	Kazakhstan
491	15.8	383	12.1	513	16.0	658	20.2	651	19.7	8 396	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	26	Monaco
24	7.8	14	4.6	12	3.9	34	11.1	40	13.1	365	Montenegro
64	6.1	29	2.8	41	3.9	35	3.4	46	4.4	399	North Macedonia
544	36.8	398	27.2	455	31.3	537	34.5	561	34.2	9 868	Republic of Moldova
49 177	72.6	36 659	54.2	33 543	49.8	33 396	49.7	32 187	48.0	665 379	Russian Federation
0	0.0	0	0.0	0	0.0	1	6.1	–	–	74	San Marino
210	4.7	125	2.8	181	4.1	159	3.7	179	4.2	4 131	Serbia
206	5.8	124	3.5	173	4.9	158	4.6	159	4.6	4 007	Serbia excluding Kosovo[s]
4	0.5	1	0.1	8	0.9	1	0.1	20	2.3	124	Kosovo[s]
331	7.8	230	5.4	244	5.7	251	5.8	245	5.6	24 658	Switzerland
771	16.4	644	13.4	574	11.7	666	13.3	693	13.6	10 270	Tajikistan
2 748	6.6	1 763	4.2	2 445	5.8	3 181	7.4	2 997	7.0	28 484	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
9 904	50.9	9 810	43.8	9 796	51.0	8 078	42.5	7 562	45.1	210 398	Ukraine
3 156	9.6	2 452	7.4	2 462	7.4	2 751	8.2	3 465	10.3	127 961	United Kingdom
–	–	–	–	–	–	–	–	–	–	16 234	Uzbekistan
72 854	**34.6**	**57 086**	**26.7**	**55 107**	**26.1**	**55 263**	**26.1**	**54 130**	**26.0**	**1 193 002**	**Total non-EU/EEA**
19 299	9.1	14 546	6.8	15 062	7.1	17 008	7.9	18 194	8.4	560 532	West
5 968	6.1	4 034	4.1	5 399	5.5	7 075	7.3	6 527	6.8	95 412	Centre
66 357	54.9	52 473	42.3	49 634	41.1	48 856	40.5	47 201	39.8	1 013 398	East
91 624	**21.3**	**71 053**	**16.3**	**70 095**	**16.2**	**72 939**	**16.9**	**71 922**	**16.7**	**1 669 342**	**Total WHO European Region**

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

Table 3. HIV diagnoses in females and rates per 100 000 female population, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2014		2015		2016		2017		2018	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	73	1.7	47	1.1	53	1.2	56	1.3	39	0.9
West	Belgium	334	5.9	338	5.9	292	5.1	311	5.4	294	5.1
Centre	Bulgaria	46	1.3	33	0.9	33	0.9	23	0.7	35	1.0
Centre	Croatia	9	0.4	6	0.3	4	0.2	5	0.2	6	0.3
Centre	Cyprus	7	1.6	8	1.8	15	3.4	20	4.6	13	2.9
Centre	Czechia	23	0.4	18	0.3	24	0.4	24	0.4	22	0.4
West	Denmark	60	2.1	72	2.5	53	1.8	50	1.7	49	1.7
East	Estonia	109	15.6	103	14.7	90	12.9	73	10.5	59	8.5
West	Finland	43	1.6	43	1.5	59	2.1	57	2.0	49	1.8
West	France	1 846	5.4	1 719	5.0	1 813	5.3	1 814	5.3	1 767	5.1
West	Germany	660	1.6	755	1.8	720	1.7	652	1.6	638	1.5
West	Greece	101	1.8	93	1.7	112	2.0	109	2.0	142	2.6
Centre	Hungary	20	0.4	26	0.5	21	0.4	18	0.4	8	0.2
West	Iceland	2	1.2	2	1.2	6	3.6	3	1.8	14	8.2
West	Ireland	101	4.3	113	4.8	112	4.7	115	4.8	106	4.3
West	Italy	793	2.5	814	2.6	861	2.8	871	2.8	656	2.1
East	Latvia	112	10.3	135	12.6	138	13.0	134	12.7	107	10.2
West	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	51	3.2	42	2.6	49	3.1	43	2.7	43	2.8
West	Luxembourg[c]	57	20.8	38	13.5	40	13.9	34	11.6	32	10.7
West	Malta	4	1.9	8	3.6	11	4.9	10	4.4	11	4.7
West	Netherlands	162	1.9	173	2.0	143	1.7	144	1.7	155	1.8
West	Norway	68	2.7	76	3.0	63	2.4	58	2.2	69	2.6
Centre	Poland	189	1.0	175	0.9	141	0.7	162	0.8	153	0.8
West	Portugal	453	8.3	442	8.1	455	8.4	433	8.0	394	7.3
Centre	Romania	277	2.7	246	2.4	215	2.1	215	2.1	194	1.9
Centre	Slovakia	11	0.4	10	0.4	7	0.3	6	0.2	8	0.3
Centre	Slovenia	4	0.4	7	0.7	4	0.4	2	0.2	2	0.2
West	Spain	665	2.8	617	2.6	661	2.8	639	2.7	581	2.4
West	Sweden	198	4.1	171	3.5	160	3.3	161	3.2	175	3.5
	Total EU/EEA	**6 478**	**2.8**	**6 330**	**2.8**	**6 355**	**2.8**	**6 242**	**2.7**	**5 821**	**2.5**
Non-EU/EEA											
Centre	Albania	18	1.3	29	2.0	23	1.6	25	1.7	26	1.8
West	Andorra	0	0.0	0	0.0	0	0.0	3	8.2	4	10.8
East	Armenia	117	7.5	89	5.7	91	5.8	105	6.7	136	8.8
East	Azerbaijan	229	4.6	232	4.6	201	4.0	208	4.1	219	4.3
East	Belarus	759	14.6	910	17.4	901	17.3	928	17.8	887	17.0
Centre	Bosnia and Herzegovina	3	0.2	1	0.1	2	0.1	0	0.0	2	0.1
East	Georgia	151	7.6	172	8.6	166	8.3	139	7.0	166	8.3
West	Israel	130	3.3	121	3.0	110	2.7	119	2.9	154	3.6
East	Kazakhstan	1 007	11.0	1 033	11.1	1 214	12.9	1 191	12.5	1 209	12.5
East	Kyrgyzstan	282	9.5	277	9.2	314	10.2	346	11.1	331	10.4
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	3	0.9	2	0.6	2	0.6	1	0.3	2	0.6
Centre	North Macedonia	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0
East	Republic of Moldova	379	21.6	356	20.7	361	21.3	367	22.0	368	22.3
East	Russian Federation	37 144	48.0	38 102	49.1	33 166	42.6	32 593	41.8	33 275	42.6
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	1	5.7
Centre	Serbia	17	0.4	6	0.1	16	0.3	11	0.2	14	0.3
Centre	Serbia excluding Kosovo[s]	17	0.4	5	0.1	16	0.4	11	0.3	13	0.3
Centre	Kosovo[s]		0.0	1	0.1		0.0		0.0	1	0.1
West	Switzerland	128	3.1	121	2.9	113	2.7	102	2.4	97	2.3
East	Tajikistan	429	10.3	469	11.0	417	9.6	470	10.6	547	12.1
Centre	Türkiye	341	0.9	337	0.8	372	0.9	455	1.1	531	1.3
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–
East	Ukraine	6 683	27.5	5 481	27.7	5 863	25.6	6 307	27.7	6 136	27.1
West	United Kingdom	1 614	4.9	1 458	4.4	1 273	3.8	1 227	3.7	1 210	3.6
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**49 434**	**22.4**	**49 197**	**22.4**	**44 606**	**20.0**	**44 597**	**20.1**	**45 315**	**20.1**
WHO European Region											
West		7 492	3.5	7 221	3.3	7 110	3.3	6 968	3.2	6 637	3.0
Centre		968	1.0	905	0.9	880	0.9	967	1.0	1 016	1.0
East		47 452	34.7	47 401	35.7	42 971	31.5	42 904	31.4	43 483	31.8
Total WHO European Region		**55 912**	**12.4**	**55 527**	**12.3**	**50 961**	**11.2**	**50 839**	**11.2**	**51 136**	**11.2**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.
[c] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

2019		2020		2021		2022		2023		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
40	0.9	31	0.7	33	0.7	36	0.8	37	0.8	2 598	Austria
303	5.2	226	3.9	196	3.3	333	5.7	339	5.7	13 171	Belgium
41	1.2	31	0.9	32	0.9	113	3.4	47	1.4	870	Bulgaria
5	0.2	9	0.4	6	0.3	23	1.1	14	0.7	244	Croatia
31	6.9	19	4.2	34	7.4	64	13.8	39	8.3	501	Cyprus
30	0.6	48	0.9	32	0.6	435	8.2	132	2.4	1 146	Czechia
44	1.5	28	1.0	24	0.8	109	3.7	73	2.4	2 357	Denmark
65	9.3	59	8.4	45	6.4	120	17.2	74	10.3	3 623	Estonia
37	1.3	35	1.3	43	1.5	101	3.6	116	4.1	1 465	Finland
1 780	5.1	1 093	3.1	1 136	3.3	1 395	4.0	1 744	5.0	38 347	France
683	1.6	560	1.3	459	1.1	1 006	2.4	982	2.3	17 096	Germany
150	2.7	124	2.3	111	2.0	128	2.4	153	2.9	3 129	Greece
16	0.3	15	0.3	19	0.4	26	0.5	38	0.8	484	Hungary
5	2.9	6	3.4	5	2.8	10	5.5	11	5.9	155	Iceland
133	5.4	86	3.4	82	3.2	296	11.6	313	11.7	3 561	Ireland
506	1.6	306	1.0	390	1.3	451	1.5	563	1.9	13 616	Italy
119	11.5	95	9.3	76	7.5	75	7.5	57	5.6	2 901	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	Liechtenstein
41	2.7	42	2.8	28	1.9	100	6.7	89	5.8	953	Lithuania
27	8.8	15	4.8	23	7.3	29	9.1	17	5.2	962	Luxembourg[c]
15	6.2	15	6.0	4	1.6	5	2.0	5	1.9	151	Malta
181	2.1	124	1.4	112	1.3	256	2.9	150	1.7	6 061	Netherlands
60	2.3	46	1.7	38	1.4	109	4.1	127	4.7	2 466	Norway
228	1.2	153	0.8	238	1.2	834	4.4	564	3.0	6 481	Poland
403	7.4	279	5.1	341	6.3	250	4.6	261	4.7	19 081	Portugal
201	2.0	125	1.3	149	1.5	142	1.4	152	1.6	10 491	Romania
11	0.4	11	0.4	14	0.5	78	2.8	35	1.3	269	Slovakia
6	0.6	5	0.5	6	0.6	11	1.0	3	0.3	131	Slovenia
526	2.2	415	1.7	457	1.9	479	2.0	445	1.8	11 841	Spain
161	3.2	134	2.6	119	2.3	181	3.5	108	2.1	5 000	Sweden
5 848	**2.5**	**4 135**	**1.8**	**4 252**	**1.8**	**7 195**	**3.1**	**6 688**	**2.9**	**169 174**	**Total EU/EEA**
											Non-EU/EEA
27	1.9	26	1.8	31	2.2	27	1.9	28	2.0	468	Albania
–	–	–	–	–	–	–	–	–	–	18	Andorra
135	8.7	118	7.7	128	8.3	145	9.5	154	10.1	1 705	Armenia
248	4.8	173	3.3	218	4.2	242	4.6	268	5.1	3 181	Azerbaijan
783	15.0	528	10.2	570	11.0	616	12.0	574	11.2	13 756	Belarus
3	0.2	3	0.2	2	0.1	4	0.2	–	–	53	Bosnia and Herzegovina
160	8.0	127	6.4	127	6.4	163	8.2	140	7.1	2 611	Georgia
140	3.2	112	2.5	120	2.7	167	3.7	136	3.0	3 970	Israel
1 254	12.9	1 173	11.9	1 243	12.5	1 317	13.1	1 269	12.5	18 948	Kazakhstan
352	10.9	291	8.9	328	9.9	433	12.8	403	11.8	4 886	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	14	Monaco
2	0.6	1	0.3	1	0.3	6	1.9	13	4.0	58	Montenegro
2	0.2	0	0.0	2	0.2	4	0.4	4	0.4	27	North Macedonia
378	23.2	282	17.4	337	21.0	392	22.9	367	20.4	7 140	Republic of Moldova
30 947	39.7	22 939	29.4	24 797	31.9	22 177	28.6	22 502	29.1	444 079	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	–	–	20	San Marino
19	0.4	9	0.2	7	0.1	13	0.3	18	0.4	815	Serbia
18	0.5	8	0.2	6	0.2	13	0.3	18	0.5	781	Serbia excluding Kosovo[s]
1	0.1	1	0.1	1	0.1	0	0.0	0	0.0	34	Kosovo[s]
90	2.1	60	1.4	78	1.8	104	2.4	101	2.3	10 866	Switzerland
549	11.8	440	9.3	348	7.2	371	7.5	407	8.1	5 859	Tajikistan
481	1.2	313	0.7	475	1.1	643	1.5	592	1.4	6 389	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
6 332	28.1	5 668	29.3	5 537	24.9	4 105	18.7	4 096	20.5	136 589	Ukraine
1 113	3.3	872	2.6	991	2.9	1 610	4.7	2 921	8.5	54 942	United Kingdom
–	–	–	–	–	–	–	–	–	–	7 783	Uzbekistan
43 015	**18.9**	**33 135**	**14.8**	**35 340**	**15.5**	**32 539**	**14.3**	**33 993**	**15.2**	**724 252**	**Total non-EU/EEA**
											WHO European Region
6 397	2.9	4 567	2.1	4 762	2.2	7 055	3.2	8 602	3.8	210 887	West
1 103	1.1	768	0.8	1 048	1.0	2 423	2.4	1 679	1.7	28 427	Centre
41 363	30.2	31 935	23.8	33 782	24.7	30 256	22.1	30 400	22.5	654 089	East
48 863	**10.7**	**37 270**	**8.2**	**39 592**	**8.6**	**39 734**	**8.7**	**40 681**	**8.9**	**893 403**	**Total WHO European Region**

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

Table 4. HIV diagnoses in males who acquired HIV through sex with men, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of diagnosis										Cumulative total[b]
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
EU/EEA												
West	Austria	154	174	180	200	130	143	84	104	106	92	4 608
West	Belgium	456	468	431	372	378	372	273	322	358	406	11 271
Centre	Bulgaria	98	111	96	120	170	122	96	111	106	98	1 452
Centre	Croatia	79	99	95	97	82	83	57	63	70	64	1 434
Centre	Cyprus	39	51	47	47	44	41	62	80	84	61	877
Centre	Czechia	171	211	213	182	137	150	145	145	181	141	3 051
West	Denmark	132	126	121	123	110	99	80	60	71	68	3 651
East	Estonia	3	18	9	16	11	16	8	9	11	8	215
West	Finland	55	53	48	32	38	37	34	37	46	46	1 445
West	France	1 671	1 477	1 351	1 429	1 500	1 490	1 184	1 156	1 231	1 339	29 472
West	Germany	1 970	1 895	1 737	1 631	1 428	1 461	1 014	1 000	1 060	1 037	38 670
West	Greece	417	462	324	320	306	292	285	271	271	255	9 539
Centre	Hungary	175	134	119	112	146	168	128	144	112	110	2 844
West	Iceland	0	0	8	4	15	15	19	10	19	23	218
West	Ireland	178	251	274	261	296	268	217	185	360	296	4 502
West	Italy	1 572	1 457	1 419	1 389	1 193	1 121	654	756	879	906	20 807
East	Latvia	29	34	24	24	20	18	11	11	9	9	474
West	Liechtenstein	1	0	0	1	0	0	0	1	0	1	6
East	Lithuania	12	29	29	21	19	20	18	21	29	42	408
West	Luxembourg[c]	57	54	61	46	53	42	24	44	22	21	1 420
West	Malta	25	45	38	23	38	0	30	20	30	47	349
West	Netherlands	656	634	613	628	583	556	419	406	465	453	18 165
West	Norway	115	70	87	88	73	61	63	36	59	71	2 444
Centre	Poland	337	358	414	395	313	351	205	237	219	272	5 202
West	Portugal	562	731	694	647	585	575	479	481	437	386	14 875
Centre	Romania	145	142	153	177	172	191	150	204	202	210	2 445
Centre	Slovakia	53	55	60	52	60	51	50	49	48	30	852
Centre	Slovenia	33	34	49	28	31	26	20	24	32	29	704
West	Spain	2 604	2 457	2 529	2 532	2 431	2 401	1 710	1 726	1 802	1 748	37 259
West	Sweden	119	118	136	128	158	152	116	119	127	98	4 858
	Total EU/EEA	**11 918**	**11 748**	**11 359**	**11 125**	**10 520**	**10 322**	**7 635**	**7 832**	**8 446**	**8 367**	**223 517**
Non-EU/EEA												
Centre	Albania	9	13	11	6	8	29	22	18	33	38	269
West	Andorra	4	2	3	2	4	–	–	–	–	–	38
East	Armenia	10	12	17	17	41	50	35	42	60	56	380
East	Azerbaijan	12	35	17	42	45	50	56	64	80	128	582
East	Belarus	53	58	71	72	103	82	79	81	88	69	914
Centre	Bosnia and Herzegovina	16	10	18	12	14	23	9	16	25	–	201
East	Georgia	67	161	131	130	154	97	106	112	110	110	1 398
West	Israel	151	142	130	150	134	123	136	146	151	135	3 288
East	Kazakhstan	47	82	121	145	163	206	223	273	325	353	2 114
East	Kyrgyzstan	18	23	37	45	47	38	42	89	89	88	543
West	Monaco	1	1	0	2	0	–	–	–	–	–	18
Centre	Montenegro	13	14	25	22	16	15	11	6	20	18	229
Centre	North Macedonia	1	21	18	34	37	48	26	37	25	30	307
East	Republic of Moldova	9	10	18	29	32	29	18	19	20	15	244
East	Russian Federation	0	0	0	0	0	0	1 499	1 391	1 782	1 466	6 138
West	San Marino	0	0	0	0	0	0	0	0	0	–	21
Centre	Serbia	92	138	120	126	144	183	109	147	102	105	2 196
Centre	Serbia excluding Kosovo[s]	87	136	117	126	142	180	108	140	102	94	2 152
Centre	Kosovo[s]	5	2	3		2	3	1	7		11	44
West	Switzerland	223	212	235	174	163	155	100	111	98	103	6 122
East	Tajikistan	3	3	11	13	24	11	13	19	28	21	148
Centre	Türkiye	281	350	403	494	540	539	297	351	445	282	4 588
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	0
East	Ukraine	277	368	435	490	506	467	386	428	289	289	4 899
West	United Kingdom	3 250	3 229	2 678	2 278	2 163	1 901	1 256	1 292	1 294	1 480	80 488
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	29
	Total non-EU/EEA	**4 537**	**4 884**	**4 499**	**4 283**	**4 338**	**4 046**	**4 423**	**4 642**	**5 064**	**4 786**	**115 158**
WHO European Region												
West		14 372	14 058	13 097	12 459	11 779	11 264	8 177	8 282	8 886	9 010	293 528
Centre		1 542	1 741	1 841	1 904	1 914	2 020	1 387	1 632	1 704	1 488	26 651
East		540	833	920	1 044	1 165	1 084	2 494	2 559	2 920	2 654	18 490
Total WHO European Region		**16 454**	**16 632**	**15 858**	**15 407**	**14 858**	**14 368**	**12 058**	**12 473**	**13 510**	**13 152**	**338 669**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.
[c] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

Table 5. HIV diagnoses in people who acquired HIV through injecting drug use, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of diagnosis										Cumulative total[b]
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
EU/EEA												
West	Austria	30	34	18	19	16	21	15	18	14	23	2 199
West	Belgium	13	12	5	12	16	11	3	14	37	36	903
Centre	Bulgaria	48	29	22	33	34	37	15	14	18	24	702
Centre	Croatia	0	2	0	0	0	1	3	1	3	2	77
Centre	Cyprus	3	1	2	0	1	3	3	5	2	6	35
Centre	Czechia	10	5	7	5	8	9	14	7	60	24	248
West	Denmark	11	8	9	6	6	4	1	10	18	7	599
East	Estonia	67	55	31	15	24	20	10	5	5	4	4 239
West	Finland	7	7	6	10	6	8	4	10	33	23	488
West	France	106	80	69	75	76	90	59	58	88	88	2 520
West	Germany	133	149	138	120	153	167	173	123	291	271	5 297
West	Greece	122	98	102	95	123	89	89	95	70	84	2 350
Centre	Hungary	1	2	3	1	1	1	1	0	3	2	38
West	Iceland	1	0	9	3	2	2	0	1	1	1	72
West	Ireland	27	51	20	18	14	19	11	8	39	28	1 772
West	Italy	142	121	112	103	115	102	55	88	97	79	3 066
East	Latvia	81	94	63	81	76	46	41	27	35	22	3 609
West	Liechtenstein	0	0	0	0	0	0	0	0	0	0	5
East	Lithuania	39	46	88	143	55	51	32	30	32	44	2 056
West	Luxembourg[c]	34	25	34	16	13	4	5	5	13	5	428
West	Malta	0	0	1	0	0	0	0	0	0	0	10
West	Netherlands	7	5	5	10	8	12	6	8	37	20	892
West	Norway	7	8	8	7	6	8	8	4	24	31	715
Centre	Poland	51	51	39	30	22	22	15	13	33	31	6 499
West	Portugal	65	67	52	38	38	47	35	32	25	24	19 632
Centre	Romania	220	201	141	102	86	76	42	57	50	57	2 029
Centre	Slovakia	1	3	1	0	1	0	0	1	9	3	31
Centre	Slovenia	2	1	1	0	1	2	1	4	3	3	34
West	Spain	159	129	148	125	122	98	64	55	61	55	4 073
West	Sweden	14	15	26	20	23	21	13	3	12	15	1 354
	Total EU/EEA	**1 401**	**1 299**	**1 160**	**1 087**	**1 046**	**971**	**718**	**696**	**1 113**	**1 012**	**65 972**
Non-EU/EEA												
Centre	Albania	1	0	0	0	0	0	0	1	2	1	9
West	Andorra	0	0	0	0	0	–	–	–	–	–	11
East	Armenia	42	37	35	39	33	38	22	25	31	17	829
East	Azerbaijan	185	185	163	102	108	102	88	97	71	68	3 632
East	Belarus	376	790	600	485	391	363	222	221	287	211	10 461
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	0	–	19
East	Georgia	194	187	204	150	96	115	62	69	80	53	3 330
West	Israel	44	39	25	34	34	19	24	12	30	15	1 396
East	Kazakhstan	779	826	900	900	920	1 219	1 061	850	811	716	22 256
East	Kyrgyzstan	178	162	210	205	142	106	47	37	26	25	4 048
West	Monaco	0	0	0	0	0	–	–	–	–	–	8
Centre	Montenegro	0	0	0	1	0	0	1	0	2	13	22
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Republic of Moldova	61	38	40	42	59	39	17	29	35	37	3 053
East	Russian Federation	0	0	0	0	0	0	15 203	16 702	11 416	10 133	53 454
West	San Marino	0	0	0	0	0	0	0	0	0	0	11
Centre	Serbia	5	4	1	4	2	3	0	3	3	3	993
Centre	Serbia excluding Kosovo[s]	5	4	1	4	2	3	0	3	3	3	991
Centre	Kosovo[s]	–	–	–	–	–	–	–	–	–	–	2
West	Switzerland	8	9	14	20	13	11	4	5	8	5	2 867
East	Tajikistan	227	249	202	252	199	135	83	76	82	43	3 997
Centre	Türkiye	10	13	8	14	24	10	14	11	17	21	241
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	0
East	Ukraine	4 670	3 449	3 689	3 973	3 730	4 173	5 905	5 312	3 812	2 913	146 841
West	United Kingdom	144	191	144	140	116	112	84	92	77	71	6 058
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	11 390
	Total non-EU/EEA	**6 924**	**6 179**	**6 235**	**6 361**	**5 867**	**6 445**	**22 837**	**23 542**	**16 790**	**14 345**	**274 976**
WHO European Region												
West		1 074	1 048	945	871	900	845	653	641	975	881	56 721
Centre		352	312	225	190	180	164	109	117	205	190	10 979
East		6 899	6 118	6 225	6 387	5 833	6 407	22 793	23 480	16 723	14 286	273 243
Total WHO European Region		**8 325**	**7 478**	**7 395**	**7 448**	**6 913**	**7 416**	**23 555**	**24 238**	**17 903**	**15 357**	**340 943**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.
[c] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

Table 6. HIV diagnoses in people who acquired HIV through heterosexual contact, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of diagnosis										Cumulative total[b]
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
EU/EEA												
West	Austria	114	110	89	95	66	83	64	65	60	53	3 568
West	Belgium	422	379	363	374	349	377	270	258	415	385	14 779
Centre	Bulgaria	93	86	84	85	104	98	84	110	199	130	2 085
Centre	Croatia	12	13	12	8	10	13	11	11	27	25	479
Centre	Cyprus	10	26	27	32	32	50	38	59	128	89	962
Centre	Czechia	45	46	54	59	56	57	82	69	446	181	1 656
West	Denmark	102	126	100	93	91	87	65	48	116	108	3 858
East	Estonia	162	144	116	89	67	79	72	34	98	44	1 962
West	Finland	70	79	83	70	55	44	40	33	70	107	1 941
West	France	2 217	1 798	1 666	1 732	1 975	1 917	1 293	1 365	1 575	1 837	44 279
West	Germany	818	975	887	794	759	778	538	449	1 067	1 038	19 803
West	Greece	144	128	147	155	179	195	135	129	138	109	4 210
Centre	Hungary	28	22	28	23	13	28	26	22	43	52	674
West	Iceland	0	0	9	2	15	6	10	7	13	17	179
West	Ireland	127	132	143	168	167	167	102	90	315	315	4 451
West	Italy	1 668	1 640	1 768	1 658	1 252	1 098	629	847	916	1 120	26 207
East	Latvia	133	156	144	136	112	112	108	67	95	56	2 605
West	Liechtenstein	0	0	1	0	0	0	1	0	0	0	14
East	Lithuania	74	65	70	72	67	59	68	56	152	139	1 243
West	Luxembourg[c]	64	61	63	64	48	52	29	42	34	26	1 508
West	Malta	9	15	21	17	14	0	14	7	12	21	250
West	Netherlands	262	289	238	242	223	258	189	179	290	218	9 260
West	Norway	140	138	120	115	101	100	66	58	138	153	3 936
Centre	Poland	110	113	110	105	74	100	69	84	214	169	2 505
West	Portugal	924	865	895	855	761	739	511	618	475	449	31 583
Centre	Romania	442	494	506	544	502	496	321	343	342	426	9 812
Centre	Slovakia	18	23	18	15	19	28	16	22	61	44	397
Centre	Slovenia	4	8	12	11	8	12	11	10	17	9	208
West	Spain	1 135	1 063	1 094	1 149	1 058	1 106	717	815	814	821	21 373
West	Sweden	229	211	202	212	213	204	148	133	199	113	6 667
	Total EU/EEA	**9 576**	**9 205**	**9 070**	**8 974**	**8 390**	**8 343**	**5 727**	**6 030**	**8 469**	**8 254**	**222 454**
Non-EU/EEA												
Centre	Albania	62	77	115	87	80	71	73	79	51	74	1 338
West	Andorra	0	0	0	2	7	–	–	–	–	–	30
East	Armenia	272	236	244	290	343	352	303	352	436	412	4 225
East	Azerbaijan	378	447	344	376	476	539	407	513	592	709	6 170
East	Belarus	1 349	1 416	1 671	1 868	1 861	1 659	1 098	1 159	1 240	1 150	23 004
Centre	Bosnia and Herzegovina	7	4	6	2	10	10	6	3	4	–	152
East	Georgia	294	357	372	342	411	445	351	341	415	430	5 414
West	Israel	207	201	195	188	220	185	161	186	213	195	6 053
East	Kazakhstan	1 391	1 439	1 751	1 869	2 061	2 127	2 034	2 289	2 682	2 799	27 746
East	Kyrgyzstan	395	385	428	491	549	569	478	612	879	851	7 244
West	Monaco	0	0	0	1	0	–	–	–	–	–	13
Centre	Montenegro	4	3	9	3	5	4	2	2	11	17	123
Centre	North Macedonia	0	4	10	8	6	17	3	5	11	20	105
East	Republic of Moldova	616	578	547	561	617	683	404	462	650	778	10 989
East	Russian Federation	0	0	0	0	0	0	38 937	38 381	41 119	42 326	160 763
West	San Marino	0	0	0	0	0	0	0	0	0	0	23
Centre	Serbia	35	28	35	31	35	24	13	12	28	55	1 015
Centre	Serbia excluding Kosovo[s]	34	28	30	29	30	22	12	12	27	46	939
Centre	Kosovo[s]	1		5	2	5	2	1	–	1	9	76
West	Switzerland	176	183	169	146	156	136	92	101	107	109	7 687
East	Tajikistan	628	751	703	807	1 051	970	880	752	860	951	10 384
Centre	Türkiye	495	583	646	775	951	806	536	666	789	723	10 090
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	0
East	Ukraine	10 648	9 043	10 004	11 024	11 313	11 489	9 080	9 524	8 032	8 391	189 060
West	United Kingdom	2 382	2 105	1 950	1 728	1 785	1 718	1 228	1 331	2 112	3 789	80 277
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	4 711
	Total non-EU/EEA	**19 339**	**17 840**	**19 199**	**20 599**	**21 937**	**21 804**	**56 086**	**56 770**	**60 231**	**63 779**	**556 689**
WHO European Region												
West		11 210	10 498	10 202	9 860	9 494	9 250	6 301	6 761	9 079	10 983	291 935
Centre		1 365	1 530	1 672	1 788	1 905	1 814	1 291	1 497	2 371	2 014	31 601
East		16 340	15 017	16 394	17 925	18 928	19 083	54 220	54 542	57 250	59 036	455 593
Total WHO European Region		**28 915**	**27 045**	**28 268**	**29 573**	**30 327**	**30 147**	**61 812**	**62 800**	**68 700**	**72 033**	**779 129**

[a] Country/territory/area specific comments are in Annex 5. Due to surveillance human resource constraints associated with the COVID-19 pandemic, some countries have higher than normal incomplete data on transmission route for 2020 and trends should be interpreted with care.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.
[c] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

Table 7. HIV diagnoses in people who acquired HIV through mother-to-child transmission, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of diagnosis										Cumulative total[b]
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
EU/EEA												
West	Austria	2	0	2	1	1	0	0	2	0	0	74
West	Belgium	9	14	9	4	6	7	8	6	16	9	516
Centre	Bulgaria	1	1	0	3	3	1	4	2	5	1	40
Centre	Croatia	1	0	0	0	0	0	1	0	1	0	16
Centre	Cyprus	0	1	0	0	0	1	0	4	0	1	10
Centre	Czechia	1	0	2	0	0	0	0	0	26	3	38
West	Denmark	5	4	1	5	2	0	2	3	7	4	129
East	Estonia	5	1	0	0	0	0	3	4	7	3	71
West	Finland	2	3	2	0	2	4	1	1	2	4	45
West	France	54	48	30	28	40	55	26	37	50	61	840
West	Germany	27	29	24	18	20	14	11	11	61	39	601
West	Greece	1	0	3	1	2	4	4	2	6	3	82
Centre	Hungary	1	2	1	2	0	0	0	3	1	0	21
West	Iceland	0	0	0	0	2	1	0	0	0	0	4
West	Ireland	2	5	3	0	4	3	2	4	17	15	130
West	Italy	13	16	11	16	12	3	6	2	11	11	244
East	Latvia	4	3	6	3	5	2	5	1	2	3	93
West	Liechtenstein	0	0	0	0	0	0	0	0	0	0	1
East	Lithuania	2	0	1	1	0	0	0	1	15	3	26
West	Luxembourg	3	1	0	0	0	2	1	1	0	0	33
West	Malta	0	0	2	0	2	0	1	0	0	0	5
West	Netherlands	21	20	16	13	16	11	10	9	17	6	430
West	Norway	3	2	2	2	6	2	0	4	5	12	114
Centre	Poland	3	8	1	3	2	5	3	2	24	15	269
West	Portugal	8	7	6	8	3	0	2	6	6	5	565
Centre	Romania	18	18	7	15	9	11	7	7	8	5	803
Centre	Slovakia	0	0	0	0	0	0	0	0	2	1	3
Centre	Slovenia	1	0	0	0	0	0	1	0	1	0	9
West	Spain	4	3	9	4	8	8	1	5	4	4	161
West	Sweden	7	15	10	14	12	12	9	12	13	9	316
	Total EU/EEA	**198**	**201**	**148**	**141**	**157**	**146**	**108**	**129**	**307**	**217**	**5 689**
Non-EU/EEA												
Centre	Albania	3	1	1	1	2	1	1	3	2	2	44
West	Andorra	0	0	0	0	0	–	–	–	–	–	1
East	Armenia	7	4	1	5	6	3	9	3	3	5	73
East	Azerbaijan	18	16	10	12	9	4	2	7	12	5	160
East	Belarus	15	26	20	13	4	10	5	5	4	7	338
Centre	Bosnia and Herzegovina	0	0	0	0	0	0	0	0	1	–	1
East	Georgia	5	6	4	3	6	3	3	2	6	2	121
West	Israel	9	4	4	6	7	3	3	9	6	1	286
East	Kazakhstan	22	25	24	34	24	26	23	30	22	22	493
East	Kyrgyzstan	18	23	16	16	22	21	12	25	20	13	311
West	Monaco	0	0	0	0	0	–	–	–	–	–	1
Centre	Montenegro	0	0	0	0	0	0	0	0	0	0	4
Centre	North Macedonia	0	0	0	0	0	0	0	0	0	0	2
East	Republic of Moldova	19	14	10	11	13	19	12	12	12	10	255
East	Russian Federation	0	0	0	0	0	0	162	153	129	98	542
West	San Marino	0	0	0	0	0	0	0	0	0	–	1
Centre	Serbia	1	1	2	0	1	2	0	2	0	0	55
Centre	Serbia excluding Kosovo[s]	1	0	2	0	0	2	0	1	0	0	49
Centre	Kosovo[s]	0	1	0	0	1	0	0	1	0	0	6
West	Switzerland	1	4	4	4	2	0	1	0	2	6	191
East	Tajikistan	59	56	54	61	53	47	43	33	30	24	610
Centre	Türkiye	22	23	15	12	13	15	12	15	11	4	224
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	0
East	Ukraine	122	98	77	86	71	79	67	48	35	38	2 488
West	United Kingdom	89	47	48	61	61	74	30	52	80	158	3 193
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	363
	Total non-EU/EEA	**410**	**348**	**290**	**325**	**294**	**307**	**385**	**399**	**375**	**395**	**9 758**
WHO European Region												
West		260	222	186	185	208	203	118	166	303	347	7 962
Centre		52	55	29	36	30	36	29	38	82	32	1 539
East		296	272	223	245	213	214	346	324	297	233	5 945
Total WHO European Region		**608**	**549**	**438**	**466**	**451**	**453**	**493**	**528**	**682**	**612**	**15 446**

[a] Country/territory/area specific comments are in Annex 5. Due to surveillance human resource constraints associated with the COVID-19 pandemic, some countries have higher than normal incomplete data on transmission route for 2020 and trends should be interpreted with care.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.

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

Table 8. HIV diagnoses in 2023, by country of report, transmission mode and sex, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Sex between men			Injecting drug users				Heterosexual				Mother-to-child transmission		
		Male	Transgender[b]	Total[c]	Female	Male	Transgender[b]	Total[c]	Female	Male	Transgender[b]	Total[c]	Female	Male	Total[c]
EU/EEA															
West	Austria	92	0	92	5	18	0	23	25	28	0	53	0	0	0
West	Belgium	406	0	406	7	29	0	36	217	153	15	385	4	5	9
Centre	Bulgaria	98	0	98	2	22	0	24	44	86	0	130	1	0	1
Centre	Croatia	64	0	64	0	2	0	2	12	13	0	25	0	0	0
Centre	Cyprus	61	0	61	0	6	0	6	38	51	0	89	0	1	1
Centre	Czechia	141	0	141	3	21	0	24	101	80	0	181	1	2	3
West	Denmark	68	0	68	2	5	0	7	58	50	0	108	1	3	4
East	Estonia	8	0	8	1	3	0	4	24	20	0	44	2	1	3
West	Finland	46	0	46	8	15	0	23	70	37	0	107	0	4	4
West	France	1 339	0	1 339	20	66	2	88	1 101	736	0	1 837	39	22	61
West	Germany	1 026	11	1 037	59	211	0	271	736	302	0	1 038	21	18	39
West	Greece	250	3	255	21	63	0	84	68	41	0	109	2	1	3
Centre	Hungary	110	0	110	0	2	0	2	30	22	0	52	0	0	0
West	Iceland	23	0	23	0	1	0	1	11	6	0	17	0	0	0
West	Ireland	294	2	296	6	22	0	28	191	118	6	315	8	7	15
West	Italy	906	0	906	10	69	0	79	495	625	0	1 120	8	3	11
East	Latvia	9	0	9	4	18	0	22	24	32	0	56	2	1	3
West	Liechtenstein	1	0	1	0	0	0	0	0	0	0	0	0	0	0
East	Lithuania	42	0	42	8	36	0	44	71	68	0	139	1	2	3
West	Luxembourg[d]	21	0	21	0	5	0	5	13	13	0	26	0	0	0
West	Malta	47	0	47	0	0	0	0	3	18	0	21	0	0	0
West	Netherlands	453	0	453	2	17	1	20	125	93	0	218	5	1	6
West	Norway	71	0	71	8	23	0	31	88	65	0	153	4	8	12
Centre	Poland	272	0	272	8	23	0	31	101	68	0	169	6	9	15
West	Portugal	384	2	386	3	21	0	24	237	212	0	449	1	4	5
Centre	Romania	210	0	210	11	46	0	57	137	289	0	426	2	3	5
Centre	Slovakia	30	0	30	0	3	0	3	17	27	0	44	0	1	1
Centre	Slovenia	29	0	29	0	3	0	3	2	7	0	9	0	0	0
West	Spain	1 748	0	1 748	10	45	0	55	327	494	0	821	3	1	4
West	Sweden	98	0	98	1	14	0	15	71	42	0	113	5	4	9
	Total EU/EEA	**8 347**	**18**	**8 367**	**199**	**809**	**3**	**1 012**	**4 437**	**3 796**	**21**	**8 254**	**116**	**101**	**217**
Non-EU/EEA															
Centre	Albania	38	0	38	0	1	0	1	27	47	0	74	1	1	2
West	Andorra	–	–	–	–	–	–	–	–	–	–	–	–	–	–
East	Armenia	56	0	56	1	16	0	17	151	261	0	412	1	4	5
East	Azerbaijan	128	0	128	3	65	0	68	256	453	0	709	4	1	5
East	Belarus	69	0	69	44	167	0	211	519	631	0	1 150	4	3	7
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	–	–	–	–
East	Georgia	110	0	110	1	52	0	53	136	294	0	430	0	2	2
West	Israel	133	1	135	7	8	0	15	98	97	0	195	0	1	1
East	Kazakhstan	353	0	353	111	605	0	716	1 100	1 699	0	2 799	10	12	22
East	Kyrgyzstan	88	0	88	1	24	0	25	374	477	0	851	9	4	13
West	Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Centre	Montenegro	17	1	18	4	9	0	13	8	9	0	17	0	0	0
Centre	North Macedonia	30	0	30	0	0	0	0	4	16	0	20	0	0	0
East	Republic of Moldova	15	0	15	2	35	0	37	318	460	0	778	6	4	10
East	Russian Federation	1 466	0	1 466	1 585	8 548	0	10 133	20 639	21 687	0	42 326	52	46	98
West	San Marino	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Centre	Serbia	105	–	105	0	3	–	3	11	44	–	55	0	0	0
Centre	Serbia excluding Kosovo[s]	94	0	94	0	3	0	3	11	35	0	46	0	0	0
Centre	Kosovo[s]	11	–	11	0	0	–	0	0	9	–	9	0	0	0
West	Switzerland	103	0	103	0	3	0	5	49	60	0	109	3	3	6
East	Tajikistan	21	0	21	2	41	0	43	369	582	0	951	9	15	24
Centre	Türkiye	282	0	282	0	21	0	21	148	573	0	723	3	1	4
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	289	0	289	453	2 460	0	2 913	3 616	4 775	0	8 391	19	19	38
West	United Kingdom	1 475	0	1 480	8	62	0	71	2 415	1 370	0	3 789	103	54	158
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**4 778**	**2**	**4 786**	**2 222**	**12 120**	**0**	**14 345**	**30 238**	**33 535**	**0**	**63 779**	**224**	**170**	**395**
WHO European Region															
West		8 983	19	9 010	177	697	3	881	6 398	4 560	21	10 983	207	139	347
Centre		1 487	1	1 488	28	162	0	190	680	1 332	0	2 014	14	18	32
East		2 654	0	2 654	2 216	12 070	0	14 286	27 597	31 439	0	59 036	119	114	233
Total WHO European Region		**13 124**	**20**	**13 152**	**2 421**	**12 929**	**3**	**15 357**	**34 675**	**37 331**	**21**	**72 033**	**340**	**271**	**612**

[a] Country/territory/area specific comments are in Annex 5.
[b] The mode of transmission among transgender people is advised to be classified according to the gender at the time of diagnosis. However, there are discrepancies across countries in how the mode of transmission for transgender individuals is classified. Therefore, comparisons between countries should be made with caution.
[c] Totals include transgender and persons with unknown gender and may, therefore, not equal the sum of the columns or may differ slightly from the totals presented for 2023 in tables 4–7.
[d] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

Nosocomial			Haemophiliac/transfusion			Unknown				Total[c]	Country, territory or area[a]
Female	Male	Total[c]	Female	Male	Total[c]	Female	Male	Transgender[b]	Total[c]		
											EU/EEA
0	0	0	0	0	0	7	19	0	26	194	Austria
0	0	0	2	0	2	109	164	6	281	1 119	Belgium
0	0	0	0	0	0	0	0	0	0	253	Bulgaria
0	0	0	0	1	1	2	3	0	5	97	Croatia
0	0	0	0	0	0	1	3	0	5	162	Cyprus
1	0	1	0	1	1	26	25	0	51	402	Czechia
0	0	0	2	0	2	10	28	0	38	227	Denmark
0	0	0	0	1	1	47	76	0	123	183	Estonia
0	2	2	2	1	3	36	61	0	97	282	Finland
0	0	0	8	3	11	576	941	128	1 645	4 981	France
0	0	0	0	0	0	166	768	0	936	3 321	Germany
0	0	0	0	0	0	62	167	0	229	680	Greece
0	0	0	0	0	0	8	44	0	64	228	Hungary
0	1	1	0	0	0	0	2	0	2	44	Iceland
0	0	0	0	0	0	108	149	0	257	911	Ireland
0	0	0	2	1	3	48	182	0	230	2 349	Italy
0	0	0	0	0	0	27	71	0	98	188	Latvia
0	0	0	0	0	0	0	0	0	0	1	Liechtenstein
0	0	0	0	0	0	9	30	0	39	267	Lithuania
0	0	0	0	0	0	4	4	0	8	60	Luxembourg[d]
0	0	0	0	0	0	2	43	0	46	114	Malta
4	4	8	0	0	0	14	86	29	129	834	Netherlands
1	1	2	2	4	6	24	33	0	57	332	Norway
0	0	0	2	0	2	447	1 240	0	1 700	2 189	Poland
0	0	0	2	0	2	18	39	1	58	924	Portugal
0	0	0	0	1	1	2	2	0	4	703	Romania
0	0	0	0	0	0	18	46	0	64	142	Slovakia
0	0	0	0	0	0	1	2	0	3	44	Slovenia
0	0	0	3	1	4	102	452	0	564	3 196	Spain
0	0	0	2	2	4	29	36	0	65	304	Sweden
6	**8**	**14**	**27**	**16**	**43**	**1 903**	**4 716**	**164**	**6 824**	**24 731**	**Total EU/EEA**
											Non-EU/EEA
0	0	0	0	0	0	0	8	0	8	123	Albania
–	–	–	–	–	–	–	–	–	–	–	Andorra
0	0	0	0	0	0	1	9	0	10	500	Armenia
0	0	0	0	0	0	5	4	0	9	919	Azerbaijan
0	0	0	0	0	0	7	19	0	26	1 463	Belarus
–	–	–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
0	0	0	0	0	0	3	14	0	17	612	Georgia
0	0	0	0	3	3	31	38	0	69	418	Israel
0	0	0	0	0	0	48	102	0	150	4 040	Kazakhstan
0	0	0	0	0	0	19	58	0	77	1 054	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	–	Monaco
0	0	0	0	0	0	1	5	0	6	54	Montenegro
0	0	0	0	0	0	0	0	0	0	50	North Macedonia
0	0	0	0	0	0	41	47	0	88	928	Republic of Moldova
0	0	0	0	0	0	226	440	0	666	54 689	Russian Federation
–	–	–	–	–	–	–	–	–	–	–	San Marino
0	0	0	0	0	0	7	27	–	34	197	Serbia
0	0	0	0	0	0	7	27	0	34	177	Serbia excluding Kosovo[s]
0	0	0	0	0	0	0	0	–	0	20	Kosovo[s]
0	0	0	0	0	0	49	76	1	128	351	Switzerland
0	0	0	0	0	0	27	34	0	61	1 100	Tajikistan
0	0	0	1	3	4	440	2 117	0	2 561	3 595	Türkiye
–	–	–	–	–	–	–	–	–	–	–	Turkmenistan
2	1	3	0	0	0	6	18	0	24	11 658	Ukraine
6	11	17	19	21	40	370	472	0	847	6 402	United Kingdom
–	–	–	–	–	–	–	–	–	–	–	Uzbekistan
8	**12**	**20**	**20**	**27**	**47**	**1 281**	**3 488**	**1**	**4 781**	**88 153**	**Total non-EU/EEA**
											WHO European Region
11	19	30	44	36	80	1 765	3 760	165	5 712	27 043	West
1	0	1	3	6	9	953	3 522	0	4 505	8 239	Centre
2	1	3	0	1	1	466	922	0	1 388	77 601	East
14	**20**	**34**	**47**	**43**	**90**	**3 184**	**8 204**	**165**	**11 605**	**112 883**	**Total WHO European Region**

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

Table 9. HIV diagnoses in 2023, by country of report, age and sex, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	< 15 years			15–19 years				20–24 years				25–29 years			
		Female	Male	Total[b]	Female	Male	Transgender[c]	Total[b]	Female	Male	Transgender[c]	Total[b]	Female	Male	Transgender[c]	Total[b]
EU/EEA																
West	Austria	0	0	0	0	3	0	3	2	9	0	11	4	26	0	30
West	Belgium	4	3	7	10	15	0	25	17	57	6	80	41	116	8	165
Centre	Bulgaria	1	0	1	1	2	0	3	4	26	0	30	8	30	0	38
Centre	Croatia	0	0	0	0	2	0	2	1	7	0	8	1	15	0	16
Centre	Cyprus	0	0	0	1	1	0	2	4	13	0	17	12	29	0	41
Centre	Czechia	0	0	0	0	2	0	2	7	16	0	23	10	44	0	54
West	Denmark	0	3	3	0	3	0	3	2	7	0	9	8	11	0	19
East	Estonia	2	1	3	1	0	0	1	5	5	0	10	5	9	0	14
West	Finland	0	1	1	2	3	0	5	1	11	0	12	8	11	0	19
West	France	20	11	31	68	101	2	171	193	305	19	517	245	429	33	707
West	Germany	11	13	24	18	29	0	47	70	150	1	221	110	324	3	437
West	Greece	1	0	2	10	4	0	14	26	34	1	62	18	71	1	90
Centre	Hungary	0	0	0	0	2	0	2	4	22	0	26	2	28	0	30
West	Iceland	0	0	0	2	0	0	2	0	3	0	3	2	8	0	10
West	Ireland	3	4	7	3	1	1	5	15	28	0	43	18	93	1	112
West	Italy	6	3	9	10	11	0	21	43	87	0	130	72	187	0	259
East	Latvia	2	1	3	1	1	0	2	2	4	0	6	4	7	0	11
West	Liechtenstein	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
East	Lithuania	2	2	4	3	1	0	4	2	12	0	14	3	18	0	21
West	Luxembourg[d]	0	0	0	0	0	0	0	1	7	0	8	1	6	0	7
West	Malta	0	0	0	0	1	0	1	0	4	0	4	1	20	0	21
West	Netherlands	0	1	1	0	1	0	1	9	53	4	66	13	90	3	106
West	Norway	2	2	4	2	7	0	9	1	7	0	8	9	26	0	35
Centre	Poland	10	11	21	8	25	0	33	28	163	0	191	42	236	0	279
West	Portugal	1	3	4	7	13	0	20	26	63	1	90	41	145	1	187
Centre	Romania	2	3	5	13	19	0	32	14	83	0	97	23	86	0	109
Centre	Slovakia	0	0	0	0	1	0	1	3	14	0	17	1	22	0	23
Centre	Slovenia	0	0	0	0	0	0	0	1	2	0	3	0	5	0	5
West	Spain	3	1	4	2	40	0	42	28	295	0	325	52	452	0	504
West	Sweden	2	5	7	1	0	0	1	4	10	0	14	3	30	0	33
	Total EU/EEA	**72**	**68**	**141**	**163**	**288**	**3**	**454**	**513**	**1 497**	**32**	**2 045**	**757**	**2 575**	**50**	**3 383**
Non-EU/EEA																
Centre	Albania	1	1	2	0	1	0	1	4	14	0	18	0	16	0	16
West	Andorra	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
East	Armenia	1	4	5	1	2	0	3	8	10	0	18	12	37	0	49
East	Azerbaijan	4	2	6	10	9	0	19	23	53	0	76	28	128	0	156
East	Belarus	5	5	10	4	12	0	16	24	47	0	71	49	58	0	107
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
East	Georgia	0	1	1	1	9	0	10	7	43	0	50	15	62	0	77
West	Israel	1	0	1	0	2	0	2	2	24	0	26	8	23	0	31
East	Kazakhstan	10	14	24	20	50	0	70	55	186	0	241	99	335	0	434
East	Kyrgyzstan	9	4	13	10	14	0	24	17	67	0	84	37	107	0	144
West	Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Centre	Montenegro	0	0	0	0	0	0	0	0	5	1	6	2	11	0	13
Centre	North Macedonia	0	0	0	0	0	0	0	1	4	0	5	1	12	0	13
East	Republic of Moldova	6	4	10	8	1	0	9	22	22	0	44	35	52	0	87
East	Russian Federation	201	182	383	212	130	0	342	806	722	0	1 528	1 425	1 771	0	3 196
West	San Marino	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Centre	Serbia	0	0	0	0	3	–	3	0	20	–	20	2	38	–	40
Centre	Serbia excluding Kosovo[s]	0	0	0	0	3	0	3	0	15	0	15	2	28	0	30
Centre	Kosovo[s]	0	0	0	0	0	–	0	0	5	–	5	0	10	–	10
West	Switzerland	0	0	0	2	3	0	5	4	21	0	25	8	35	0	44
East	Tajikistan	22	35	57	23	18	0	41	35	54	0	89	31	97	0	128
Centre	Türkiye	3	1	4	8	43	0	51	51	363	0	414	80	569	0	650
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	24	24	48	51	17	0	68	118	122	0	240	256	393	0	649
West	United Kingdom	13	5	18	17	40	0	58	116	235	0	354	278	557	0	843
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**300**	**282**	**582**	**367**	**354**	**0**	**722**	**1 293**	**2 012**	**1**	**3 309**	**2 366**	**4 301**	**0**	**6 677**
WHO European Region																
West		67	54	122	154	277	3	435	560	1 409	33	2 008	940	2 660	50	3 659
Centre		17	16	33	31	101	0	132	122	752	1	875	184	1 141	0	1 327
East		288	279	567	345	264	0	609	1 124	1 347	0	2 471	1 999	3 074	0	5 073
Total WHO European Region		**372**	**349**	**722**	**530**	**642**	**3**	**1 176**	**1 806**	**3 508**	**34**	**5 354**	**3 123**	**6 875**	**50**	**10 059**

[a] Country/territory/area specific comments are in Annex 5.
[b] Totals include persons with unknown gender and may, therefore, not equal the sum of the columns.
[c] The mode of transmission among transgender people is advised to be classified according to the gender at the time of diagnosis. However, there are discrepancies across countries in how the mode of transmission for transgender individuals is classified. Therefore, comparisons between countries should be made with caution.
[d] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

30–39 years				40–49 years				50+ years				Unknown age			Total[b]	Country, territory or area[a]
Female	Male	Transgender[c]	Total[b]	Female	Male	Transgender[c]	Total[b]	Female	Male	Transgender[c]	Total[b]	Female	Male	Total[b]		
																EU/EEA
17	42	0	59	8	36	0	44	6	41	0	47	0	0	0	194	Austria
115	247	7	369	84	161	0	246	67	156	0	223	1	2	4	1 119	Belgium
14	74	0	88	7	51	0	58	12	23	0	35	0	0	0	253	Bulgaria
4	24	0	28	5	20	0	25	3	15	0	18	0	0	0	97	Croatia
12	32	0	44	4	29	0	33	6	18	0	24	0	0	1	162	Cyprus
43	96	0	139	40	82	0	122	32	30	0	62	0	0	0	402	Czechia
26	63	0	89	21	38	0	59	16	29	0	45	0	0	0	227	Denmark
26	31	0	57	24	39	0	63	11	23	0	34	0	1	1	183	Estonia
40	60	0	100	43	51	0	94	22	29	0	51	0	0	0	282	Finland
473	819	46	1 338	403	590	23	1 016	342	852	7	1 201	0	0	0	4 981	France
347	713	6	1 068	269	520	0	789	153	561	1	715	4	15	20	3 321	Germany
42	143	1	186	28	135	0	163	28	135	0	163	0	0	0	680	Greece
13	52	0	65	13	44	0	57	6	26	0	32	0	4	16	228	Hungary
5	14	0	19	2	8	0	10	0	0	0	0	0	0	0	44	Iceland
103	249	3	355	119	119	2	240	52	96	1	149	0	0	0	911	Ireland
151	501	0	652	133	449	0	582	148	548	0	696	0	0	0	2 349	Italy
12	38	0	50	16	49	0	65	20	31	0	51	0	0	0	188	Latvia
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Liechtenstein
27	63	0	90	33	49	0	82	19	33	0	52	0	0	0	267	Lithuania
8	16	0	24	2	6	0	8	5	8	0	13	0	0	0	60	Luxembourg[d]
3	39	0	42	1	19	0	20	0	11	0	11	0	14	15	114	Malta
55	221	18	294	45	163	3	211	28	125	2	155	0	0	0	834	Netherlands
41	61	0	102	40	51	0	91	32	51	0	83	0	0	0	332	Norway
206	577	0	784	168	401	0	570	98	157	0	255	4	42	56	2 189	Poland
65	186	1	252	48	121	0	169	73	129	0	202	0	0	0	924	Portugal
44	176	0	220	34	128	0	162	22	56	0	78	0	0	0	703	Romania
10	29	0	39	15	30	0	45	6	11	0	17	0	0	0	142	Slovakia
1	15	0	16	0	11	0	11	1	8	0	9	0	0	0	44	Slovenia
118	912	0	1 034	130	569	0	703	112	472	0	584	0	0	0	3 196	Spain
42	68	0	110	32	47	0	79	24	35	0	59	0	1	1	304	Sweden
2 063	**5 561**	**82**	**7 713**	**1 767**	**4 016**	**28**	**5 817**	**1 344**	**3 709**	**11**	**5 064**	**9**	**79**	**114**	**24 731**	**Total EU/EEA**
																Non-EU/EEA
7	23	0	30	6	15	0	21	10	25	0	35	0	0	0	123	Albania
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	Andorra
53	127	0	180	34	91	0	125	45	75	0	120	0	0	0	500	Armenia
94	245	0	339	59	121	0	180	50	93	0	143	0	0	0	919	Azerbaijan
159	317	0	476	184	278	0	462	149	172	0	321	0	0	0	1 463	Belarus
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
38	142	0	180	33	109	0	142	46	106	0	152	0	0	0	612	Georgia
34	82	1	118	52	72	0	124	39	76	0	115	0	1	1	418	Israel
373	971	0	1 344	391	766	0	1 157	321	449	0	770	0	0	0	4 040	Kazakhstan
114	202	0	316	122	150	0	272	94	107	0	201	0	0	0	1 054	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	Monaco
6	10	0	16	5	9	0	14	0	5	0	5	0	0	0	54	Montenegro
1	17	0	18	1	5	0	6	0	8	0	8	0	0	0	50	North Macedonia
101	198	0	299	98	181	0	279	97	103	0	200	0	0	0	928	Republic of Moldova
7 260	11 713	0	18 973	7 881	12 727	0	20 608	4 717	4 942	0	9 659	0	0	0	54 689	Russian Federation
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	San Marino
5	52	–	57	5	34	–	39	6	32	–	38	0	0	0	197	Serbia
5	50	0	55	5	33	0	38	6	30	0	36	0	0	0	177	Serbia excluding Kosovo[s]
0	2	–	2	0	1	–	1	0	2	–	2	0	0	0	20	Kosovo[s]
31	64	1	96	32	60	0	93	24	62	0	88	0	0	0	351	Switzerland
148	236	0	384	87	154	0	241	61	99	0	160	0	0	0	1 100	Tajikistan
183	878	0	1 063	139	600	0	741	128	543	0	672	0	0	0	3 595	Türkiye
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	Turkmenistan
1 330	2 820	0	4 150	1 335	2 918	0	4 253	982	1 268	0	2 250	0	0	0	11 658	Ukraine
1 075	1 147	0	2 224	986	809	0	1 797	436	672	0	1 108	0	0	0	6 402	United Kingdom
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	Uzbekistan
11 012	**19 244**	**2**	**30 263**	**11 450**	**19 099**	**0**	**30 554**	**7 205**	**8 837**	**0**	**16 045**	**0**	**1**	**1**	**88 153**	**Total non-EU/EEA**
																WHO European Region
2 789	5 646	86	8 530	2 477	4 024	28	6 537	1 606	4 087	11	5 707	6	33	42	27 040	West
549	2 055	0	2 607	442	1 459	0	1 904	330	957	0	1 288	4	46	73	8 239	Centre
9 735	17 103	0	26 838	10 297	17 632	0	27 929	6 612	7 501	0	14 113	0	1	1	77 601	East
13 073	**24 804**	**86**	**37 975**	**13 216**	**23 115**	**28**	**36 370**	**8 548**	**12 545**	**11**	**21 108**	**10**	**80**	**116**	**112 880**	**Total WHO European Region**

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

Table 10. Origin of those diagnosed with HIV in 2023 by country of report or region, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Country of report		Western Europe		Central and eastern Europe		Sub-Saharan Africa	
		N	%	N	%	N	%	N	%
EU/EEA									
West	Austria	92	47.4	9	4.6	54	27.8	11	5.7
West	Belgium	222	19.8	81	7.2	131	11.7	267	23.9
Centre	Bulgaria	214	84.6	6	2.4	29	11.5	1	0.4
Centre	Croatia	53	54.6	4	4.1	28	28.9	3	3.1
Centre	Cyprus	48	29.6	13	8.0	23	14.2	61	37.7
Centre	Czechia	121	30.1	11	2.7	250	62.2	4	1.0
West	Denmark	35	15.4	22	9.7	82	36.1	32	14.1
East	Estonia	43	23.5	0	0.0	65	35.5	1	0.5
West	Finland	32	11.3	3	1.1	28	9.9	28	9.9
West	France	1 370	27.5	108	2.2	213	4.3	1 589	31.9
West	Germany	1 156	34.8	83	2.5	945	28.5	448	13.5
West	Greece	247	36.3	13	1.9	44	6.5	68	10.0
Centre	Hungary	146	64.0	4	1.8	30	13.2	2	0.9
West	Iceland	2	4.5	4	9.1	9	20.5	7	15.9
West	Ireland	75	8.2	24	2.6	139	15.3	283	31.1
West	Italy	1 469	62.5	16	0.7	199	8.5	306	13.0
East	Latvia	–	–	–	–	–	–	–	–
West	Liechtenstein	1	100.0	0	0.0	0	0.0	0	0.0
East	Lithuania	167	62.5	1	0.4	86	32.2	1	0.4
West	Luxembourg[c]	15	25.0	12	20.0	1	1.7	23	38.3
West	Malta	–	–	–	–	–	–	–	–
West	Netherlands	193	23.1	56	6.7	200	24.0	101	12.1
West	Norway	34	10.2	2	0.6	214	64.5	45	13.6
Centre	Poland	954	43.6	4	0.2	530	24.2	14	0.6
West	Portugal	417	45.1	15	1.6	16	1.7	211	22.8
Centre	Romania	681	96.9	2	0.3	8	1.1	3	0.4
Centre	Slovakia	14	9.9	0	0.0	25	17.6	0	0.0
Centre	Slovenia	24	54.5	1	2.3	14	31.8	1	2.3
West	Spain	1 534	48.0	96	3.0	99	3.1	172	5.4
West	Sweden	34	11.2	15	4.9	86	28.3	88	28.9
	Total EU/EEA	**9 393**	**38.5**	**605**	**2.5**	**3 548**	**14.5**	**3 770**	**15.4**
Non-EU/EEA									
Centre	Albania	121	98.4	1	0.8	1	0.8	0	0.0
West	Andorra	–	–	–	–	–	–	–	–
East	Armenia	498	99.6	0	0.0	2	0.4	0	0.0
East	Azerbaijan	886	96.4	0	0.0	32	3.5	0	0.0
East	Belarus	1 463	100.0	0	0.0	0	0.0	0	0.0
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–
East	Georgia	612	100.0	0	0.0	0	0.0	0	0.0
West	Israel	132	31.6	6	1.4	144	34.4	84	20.1
East	Kazakhstan	3 858	95.5	0	0.0	161	4.0	0	0.0
East	Kyrgyzstan	985	93.5	4	0.4	51	4.8	0	0.0
West	Monaco	–	–	–	–	–	–	–	–
Centre	Montenegro	32	59.3	0	0.0	21	38.9	0	0.0
Centre	North Macedonia	48	96.0	0	0.0	0	0.0	2	4.0
East	Republic of Moldova	922	99.4	0	0.0	6	0.6	0	0.0
East	Russian Federation	–	–	–	–	–	–	–	–
West	San Marino	–	–	–	–	–	–	–	–
Centre	Serbia	197	100.0	–	–	–	–	–	–
Centre	Serbia excluding Kosovo[s]	177	100.0	0	0.0	0	0.0	0	0.0
Centre	Kosovo[s]	20	100.0	–	–	–	–	–	–
West	Switzerland	89	25.4	36	10.3	53	15.1	29	8.3
East	Tajikistan	1 096	99.6	0	0.0	3	0.3	0	0.0
Centre	Türkiye	3 070	85.4	72	2.0	151	4.2	75	2.1
East	Turkmenistan	–	–	–	–	–	–	–	–
East	Ukraine	11 658	100.0	0	0.0	0	0.0	0	0.0
West	United Kingdom	987	15.4	134	2.1	307	4.8	3 442	53.8
East	Uzbekistan	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**26 654**	**79.6**	**253**	**0.8**	**932**	**2.8**	**3 632**	**10.9**
WHO European Region									
West		8 135	30.2	735	2.7	2 964	11.0	7 234	26.9
Centre		5 723	69.5	118	1.4	1 110	13.5	166	2.0
East		22 188	97.6	5	0.0	406	1.8	2	0.0
Total WHO European Region		**36 046**	**62.3**	**858**	**1.5**	**4 480**	**7.7**	**7 402**	**12.8**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.
[c] The numbers displayed here may not fully align with the numbers in the country's national statistics as these are presented by the "date of notification" instead of the "date of diagnosis" as here.

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

Latin America and the Caribbean		South and south-east Asia		Other		Unknown		Total[b]	Country, territory or area[a]
N	%	N	%	N	%	N	%		
									EU/EEA
5	2.6	14	7.2	8	4.1	1	0.5	194	Austria
137	12.2	22	2.0	47	4.2	212	18.9	1 119	Belgium
1	0.4	1	0.4	1	0.4	0	0.0	253	Bulgaria
5	5.2	4	4.1	0	0.0	0	0.0	97	Croatia
1	0.6	9	5.6	4	2.5	3	1.9	162	Cyprus
6	1.5	8	2.0	2	0.5	0	0.0	402	Czechia
23	10.1	18	7.9	9	4.0	6	2.6	227	Denmark
0	0.0	1	0.5	9	4.9	64	35.0	183	Estonia
6	2.1	22	7.8	2	0.7	161	57.1	282	Finland
348	7.0	80	1.6	177	3.6	1 096	22.0	4 981	France
184	5.5	124	3.7	94	2.8	287	8.6	3 321	Germany
8	1.2	13	1.9	15	2.2	272	40.0	680	Greece
12	5.3	7	3.1	1	0.4	26	11.4	228	Hungary
10	22.7	2	4.5	10	22.7	0	0.0	44	Iceland
177	19.4	33	3.6	9	1.0	171	18.8	911	Ireland
211	9.0	78	3.3	48	2.0	22	0.9	2 349	Italy
–	–	–	–	–	–	188	100.0	188	Latvia
0	0.0	0	0.0	0	0.0	0	0.0	1	Liechtenstein
4	1.5	0	0.0	8	3.0	0	0.0	267	Lithuania
2	3.3	0	0.0	5	8.3	2	3.3	60	Luxembourg[c]
–	–	–	–	–	–	114	100.0	114	Malta
170	20.4	53	6.4	50	6.0	11	1.3	834	Netherlands
12	3.6	19	5.7	6	1.8	0	0.0	332	Norway
6	0.3	5	0.2	1	0.0	675	30.8	2 189	Poland
244	26.4	6	0.6	2	0.2	13	1.4	924	Portugal
1	0.1	0	0.0	0	0.0	8	1.1	703	Romania
0	0.0	1	0.7	0	0.0	102	71.8	142	Slovakia
2	4.5	2	4.5	0	0.0	0	0.0	44	Slovenia
1 101	34.4	27	0.8	101	3.2	66	2.1	3 196	Spain
27	8.9	38	12.5	15	4.9	1	0.3	304	Sweden
2 703	**11.1**	**587**	**2.4**	**624**	**2.6**	**3 199**	**13.1**	**24 429**	**Total EU/EEA**
									Non-EU/EEA
0	0.0	0	0.0	0	0.0	0	0.0	123	Albania
–	–	–	–	–	–	–	–	–	Andorra
0	0.0	0	0.0	0	0.0	0	0.0	500	Armenia
0	0.0	1	0.1	0	0.0	0	0.0	919	Azerbaijan
0	0.0	0	0.0	0	0.0	0	0.0	1 463	Belarus
–	–	–	–	–	–	–	–	–	Bosnia and Herzegovina
0	0.0	0	0.0	0	0.0	0	0.0	612	Georgia
6	1.4	3	0.7	43	10.3	0	0.0	418	Israel
0	0.0	2	0.0	19	0.5	0	0.0	4 040	Kazakhstan
0	0.0	6	0.6	0	0.0	8	0.8	1 054	Kyrgyzstan
–	–	–	–	–	–	–	–	–	Monaco
1	1.9	0	0.0	0	0.0	0	0.0	54	Montenegro
0	0.0	0	0.0	0	0.0	0	0.0	50	North Macedonia
0	0.0	0	0.0	0	0.0	0	0.0	928	Republic of Moldova
–	–	–	–	–	–	–	–	–	Russian Federation
–	–	–	–	–	–	–	–	–	San Marino
–	–	–	–	–	–	–	–	197	Serbia
0	0.0	0	0.0	0	0.0	0	0.0	177	Serbia excluding Kosovo[1]
–	–	–	–	–	–	–	–	20	Kosovo[1]
15	4.3	10	2.8	5	1.4	114	32.5	351	Switzerland
0	0.0	1	0.1	0	0.0	0	0.0	1 100	Tajikistan
20	0.6	28	0.8	76	2.1	103	2.9	3 595	Türkiye
–	–	–	–	–	–	–	–	–	Turkmenistan
0	0.0	0	0.0	0	0.0	0	0.0	11 658	Ukraine
458	7.2	457	7.1	125	2.0	492	7.7	6 402	United Kingdom
–	–	–	–	–	–	–	–	–	Uzbekistan
500	**1.5**	**508**	**1.5**	**268**	**0.8**	**717**	**2.1**	**33 464**	**Total non-EU/EEA**
									WHO European Region
3 144	11.7	1 019	3.8	771	2.9	2 927	10.9	26 929	West
55	0.7	65	0.8	85	1.0	917	11.1	8 239	Centre
4	0.0	11	0.0	36	0.2	72	0.3	22 724	East
3 203	**5.5**	**1 095**	**1.9**	**892**	**1.5**	**3 916**	**6.8**	**57 892**	**Total WHO European Region**

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

Table 11. HIV diagnoses, by geographical area, transmission mode and country or region of origin, in cases reported in 2023

Transmission mode	Country of report		Western Europe		Central and eastern Europe		Sub-Saharan Africa	
	N	%	N	%	N	%	N	%
EU/EEA								
Sex between men	4 306	51.5	358	4.3	634	7.6	392	4.7
Injecting drug use	405	40.0	16	1.6	404	39.9	9	0.9
Heterosexual contact	2 779	33.7	123	1.5	1 454	17.6	2 738	33.2
Mother-to-child	32	14.7	6	2.8	62	28.6	90	41.5
Haemophiliac/transfusion recipient	3	7.0	1	2.3	19	44.2	15	34.9
Nosocomial infection	1	7.1	0	0	7	50.0	0	0
Other/undetermined	1 867	27.4	101	1.5	968	14.2	526	7.7
Total EU/EEA	**9 393**	**38.0**	**605**	**2.4**	**3 548**	**14.3**	**3 770**	**15.2**
Non-EU/EEA								
Sex between men	2 142	64.5	93	2.8	189	5.7	163	4.9
Injecting drug use	4 118	97.8	1	0.0	66	1.6	4	0.1
Heterosexual contact	17 547	81.8	60	0.3	421	2.0	2 955	13.8
Mother-to-child	137	46.1	2	0.7	11	3.7	139	46.8
Haemophiliac/transfusion recipient	4	8.5	0	0	7	14.9	18	38.3
Nosocomial infection	5	25.0	1	5.0	1	5.0	10	50.0
Other/undetermined	2 701	65.6	96	2.3	237	5.8	343	8.3
Total non-EU/EEA	**26 654**	**79.6**	**253**	**0.8**	**932**	**2.8**	**3 632**	**10.9**
West								
Sex between men	4 092	45.4	421	4.7	695	7.7	535	5.9
Injecting drug use	295	33.5	17	1.9	390	44.3	13	1.5
Heterosexual contact	2 467	22.5	163	1.5	1 251	11.4	5 629	51.3
Mother-to-child	29	8.4	8	2.3	53	15.3	227	65.4
Haemophiliac/transfusion recipient	5	6.3	0	0	20	25.0	33	41.3
Nosocomial infection	3	10.0	1	3.3	7	23.3	10	33.3
Other/undetermined	1 244	21.8	125	2.2	548	9.6	787	13.8
Total west	**8 135**	**30.1**	**735**	**2.7**	**2 964**	**11.0**	**7 234**	**26.7**
Centre								
Sex between men	1 218	81.9	29	1.9	100	6.7	18	1.2
Injecting drug use	129	67.9	0	0	50	26.3	0	0
Heterosexual contact	1 496	74.3	17	0.8	360	17.9	64	3.2
Mother-to-child	14	43.8	0	0	15	46.9	2	6.3
Haemophiliac/transfusion recipient	2	22.2	1	11.1	5	55.6	0	0
Nosocomial infection	0	0	0	0	1	100.0	0	0
Other/undetermined	2 864	63.6	71	1.6	579	12.9	82	1.8
Total centre	**5 723**	**69.5**	**118**	**1.4**	**1 110**	**13.5**	**166**	**2.0**
East								
Sex between men	1 137	95.7	1	0.1	28	2.4	2	0.2
Injecting drug use	4 099	98.7	0	0	30	0.7	0	0
Heterosexual contact	16 363	97.9	3	0.0	264	1.6	0	0
Mother-to-child	126	93.3	0	0	5	3.7	0	0
Haemophiliac/transfusion recipient	0	0	0	0	1	100.0	0	0
Nosocomial infection	3	100.0	0	0	0	0	0	0
Other/undetermined	460	63.7	1	0.1	78	10.8	0	0
Total east	**22 188**	**96.8**	**5**	**0.0**	**406**	**1.8**	**2**	**0.0**
Total WHO European Region	**36 046**	**61.9**	**858**	**1.5**	**4 480**	**7.7**	**7 402**	**12.7**

Latin America and the Caribbean		South and south-east Asia		Other		Unknown		Total	Transmission mode
N	%	N	%	N	%	N	%		
									EU/EEA
1 740	20.8	279	3.3	309	3.7	349	4.2	8 367	Sex between men
13	1.3	24	2.4	16	1.6	125	12.4	1 012	Injecting drug use
521	6.3	149	1.8	168	2.0	322	3.9	8 254	Heterosexual contact
5	2.3	7	3.2	1	0.5	14	6.5	217	Mother-to-child
1	2.3	1	2.3	1	2.3	2	4.7	43	Haemophiliac/transfusion recipient
2	14.3	0	0	2	14.3	2	14.3	14	Nosocomial infection
421	6.2	127	1.9	127	1.9	2 687	39.4	6 824	Other/undetermined
2 703	**10.9**	**587**	**2.4**	**624**	**2.5**	**3 501**	**14.2**	**24 731**	**Total EU/EEA**
									Non-EU/EEA
275	8.3	271	8.2	87	2.6	100	3.0	3 320	Sex between men
3	0.1	9	0.2	6	0.1	5	0.1	4 212	Injecting drug use
94	0.4	121	0.6	63	0.3	192	0.9	21 453	Heterosexual contact
2	0.7	2	0.7	1	0.3	3	1.0	297	Mother-to-child
0	0	14	29.8	3	6.4	1	2.1	47	Haemophiliac/transfusion recipient
1	5.0	1	5.0	0	0	1	5.0	20	Nosocomial infection
125	3.0	90	2.2	108	2.6	415	10.1	4 115	Other/undetermined
500	**1.5**	**508**	**1.5**	**268**	**0.8**	**717**	**2.1**	**33 464**	**Total non-EU/EEA**
									West
1 984	22.0	531	5.9	381	4.2	371	4.1	9 010	Sex between men
16	1.8	29	3.3	19	2.2	102	11.6	881	Injecting drug use
611	5.6	246	2.2	208	1.9	408	3.7	10 983	Heterosexual contact
7	2.0	9	2.6	2	0.6	12	3.5	347	Mother-to-child
1	1.3	15	18.8	3	3.8	3	3.8	80	Haemophiliac/transfusion recipient
3	10.0	1	3.3	2	6.7	3	10.0	30	Nosocomial infection
522	9.1	188	3.3	156	2.7	2 142	37.5	5 712	Other/undetermined
3 144	**11.6**	**1 019**	**3.8**	**771**	**2.9**	**3 041**	**11.2**	**27 043**	**Total west**
									Centre
27	1.8	16	1.1	12	0.8	68	4.6	1 488	Sex between men
0	0	4	2.1	1	0.5	6	3.2	190	Injecting drug use
4	0.2	18	0.9	8	0.4	47	2.3	2 014	Heterosexual contact
0	0	0	0	0	0	1	3.1	32	Mother-to-child
0	0	0	0	1	11.1	0	0	9	Haemophiliac/transfusion recipient
0	0	0	0	0	0	0	0	1	Nosocomial infection
24	0.5	27	0.6	63	1.4	795	17.6	4 505	Other/undetermined
55	**0.7**	**65**	**0.8**	**85**	**1.0**	**917**	**11.1**	**8 239**	**Total centre**
									East
4	0.3	3	0.3	3	0.3	10	0.8	1 188	Sex between men
0	0	0	0	2	0.0	22	0.5	4 153	Injecting drug use
0	0	6	0.0	15	0.1	59	0.4	16 710	Heterosexual contact
0	0	0	0	0	0	4	3.0	135	Mother-to-child
0	0	0	0	0	0	0	0	1	Haemophiliac/transfusion recipient
0	0	0	0	0	0	0	0	3	Nosocomial infection
0	0	2	0.3	16	2.2	165	22.9	722	Other/undetermined
4	**0.0**	**11**	**0.0**	**36**	**0.2**	**260**	**1.1**	**22 912**	**Total east**
3 203	**5.5**	**1 095**	**1.9**	**892**	**1.5**	**4 218**	**7.2**	**58 194**	**Total WHO European Region**

Table 12. Percentage of HIV diagnoses (2023) among individuals over 14 years old, reported with available CD4 cell count data, categorized by CD4 cell count levels (< 200 and < 350 cells per mm³ of blood) and by transmission mode for cases with CD4 < 350, in the EU/EEA and other countries within the WHO European Region[a]

Area	Country, territory or area[b]	Number of cases with CD4[c]	Completeness (%) CD4[d]	CD4 < 200 (%)		CD4 < 350 (%)		CD4 < 350 per mm³ blood (%)		
				N	%	N	%	Heterosexual[d]	Injecting drug user[d]	Sex between men[d]
EU/EEA										
West	Austria	184	97	51	27.7	83	45.1	58.5	42.1	36.0
West	Belgium	332	61	94	28.3	160	48.2	57.1	50.0	38.2
Centre	Bulgaria	180	88	71	39.4	111	61.7	69.1	55.6	52.3
Centre	Croatia	46	90	20	43.5	28	60.9	72.7	0.0	59.4
Centre	Cyprus	102	100	28	27.5	42	41.2	43.6	40.0	33.3
Centre	Czechia	193	87	80	41.5	116	60.1	67.8	70.0	47.0
West	Denmark	145	97	52	48.3	75	67.8	52.0	2.6	32.0
East	Estonia	98	85	30	30.6	45	45.9	56.0	66.7	42.9
West	Finland	69	90.0	24	38.7	32	51.6	56.3	40.0	40.0
West	France	2 048	68	666	32.5	1 171	57.2	60.4	67.9	48.2
West	Germany	885	31	292	33.0	443	50.1	47.6	43.5	43.1
West	Greece	240	37	102	42.5	154	64.2	72.7	69.0	54.8
Centre	Hungary	–	–	–	–	–	–	–	–	–
West	Iceland	16	94	3	18.8	9	56.3	57.1	100.0	50.0
West	Ireland	137	35	37	27.0	63	46.0	53.1	14.3	38.3
West	Italy	2 303	98	955	41.5	1 384	60.1	65.1	60.3	51.4
East	Latvia	62	34	22	35.5	40	64.5	64.5	66.7	50.0
West	Liechtenstein	–	–	–	–	–	–	–	–	–
East	Lithuania	141	76	45	31.9	80	56.7	73.4	39.3	37.5
West	Luxembourg	38	93	6	15.8	12	31.6	42.9	20.0	10.0
West	Malta	–	–	–	–	–	–	–	–	–
West	Netherlands	357	99	101	28.3	173	48.5	59.8	66.7	40.1
West	Norway	108	95	32	29.6	49	45.4	55.9	50.0	30.6
Centre	Poland	–	–	–	–	–	–	–	–	–
West	Portugal	626	78	211	33.7	371	59.3	63.8	57.9	51.1
Centre	Romania	671	96	233	34.7	401	59.8	67.6	52.7	47.3
Centre	Slovakia	26	33	2	7.7	7	26.9	23.5	0.0	37.5
Centre	Slovenia	32	100	12	37.5	22	68.8	75.0	0.0	69.6
West	Spain	2 833	89	771	27.2	1 380	48.7	56.1	47.1	42.2
West	Sweden	89	65	24	27.0	39	43.8	52.6	100.0	37.5
	Total EU/EEA	**11 961**	**77**	**3 964**	**31.6**	**6 490**	**52.7**	**58.6**	**47.0**	**43.1**
Non-EU/EEA										
Centre	Albania	113	93	51	45.1	70	61.9	61.8	100.0	63.2
West	Andorra	–	–	–	–	–	–	–	–	–
East	Armenia	–	–	–	–	–	–	–	–	–
East	Azerbaijan	809	89	218	26.9	376	46.5	45.4	54.0	48.3
East	Belarus	1 273	88	346	27.2	626	49.2	52.0	39.2	31.3
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–
East	Georgia	523	86	161	30.8	275	52.6	55.3	70.2	39.2
West	Israel	159	74	39	24.5	85	53.5	59.1	100.0	45.9
East	Kazakhstan	3 681	92	925	25.1	1 897	51.5	54.3	42.1	48.8
East	Kyrgyzstan	894	86	301	33.7	529	59.2	61.4	58.3	43.9
West	Monaco	–	–	–	–	–	–	–	–	–
Centre	Montenegro	25	76	10	40.0	13	52.0	37.5	33.3	70.0
Centre	North Macedonia	48	96	19	39.6	28	58.3	66.7	–	53.3
East	Republic of Moldova	785	86	281	35.8	458	58.3	59.4	44.0	20.0
East	Russian Federation[e]	52 547	96	7 956	15.1	15 750	30.0	–	–	–
West	San Marino	–	–	–	–	–	–	–	–	–
Centre	Serbia	168	95	76	45.2	101	60.1	78.3	33.3	52.3
Centre	Serbia excluding Kosovo[s]	154	98	72	46.8	95	61.7	80.5	33.3	54.4
Centre	Kosovo[s]	14	70	4	28.6	6	42.9	60.0	–	33.3
West	Switzerland	140	55	45	32.1	75	53.6	53.8	–	47.1
East	Tajikistan	978	94	340	34.8	555	56.7	56.6	60.0	36.8
Centre	Türkiye	432	12	111	25.7	222	51.4	52.6	100.0	56.4
East	Turkmenistan	–	–	–	–	–	–	–	–	–
East	Ukraine	9 956	86	3 827	38.4	6 119	61.5	65.0	52.4	50.4
West	United Kingdom	5 637	88	874	15.5	1 693	30.0	29.1	46.7	29.9
East	Uzbekistan	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**20 153**	**76**	**6 141**	**30.5**	**10 294**	**51.1**	**54.4**	**51.7**	**36.9**
WHO European Region										
West		16 297	75	4 420	27.1	7 479	45.9	46.8	52.9	42.0
Centre		2 036	38	713	35.0	1 161	57.0	63.7	54.0	51.0
East		13 732	85	5 013	36.5	8 172	59.5	62.7	51.7	43.8
Total WHO European Region		**32 065**	**74**	**10 146**	**31.6**	**16 812**	**52.4**	**56.2**	**52.0**	**43.0**

[a] Acute infections and previously positive cases are excluded.
[b] Country/territory/area specific comments are in Annex 5.
[c] People over 15 years old and previously positive cases reported by some countries are excluded from the data calculations. These data should be interpreted with caution, as some countries are unable to distinguish between new and previous positive cases, meaning the numbers and proportions may vary and should not be directly compared between countries.
[d] There is some variation by country for CD4 cell count completeness by transmission group and numbers of cases by transmission group (heterosexual, injecting drug user, sex between men) and therefore percentages based on five or fewer are censored.
[e] Data on CD4 cell count reported from the Russian Federation do not include disaggregation by mode of transmission and are excluded from the sub regional and regional totals.
[s] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table 13. AIDS diagnoses and rates per 100 000 population, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	Year of start of reporting	2014		2015		2016		2017		2018	
			N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA												
West	Austria	1982	85	1.0	76	0.9	67	0.8	68	0.8	53	0.6
West	Belgium	1983	136	1.2	105	0.9	78	0.7	64	0.6	60	0.5
Centre	Bulgaria	1987	64	0.9	45	0.6	42	0.6	49	0.7	57	0.8
Centre	Croatia	1986	1	0.0	3	0.1	22	0.5	21	0.5	30	0.7
Centre	Cyprus	1986	54	6.3	70	8.3	74	8.7	67	7.8	73	8.4
Centre	Czechia	1986	32	0.3	38	0.4	45	0.4	55	0.5	39	0.4
West	Denmark	1980	30	0.5	40	0.7	24	0.4	29	0.5	26	0.4
East	Estonia	1992	18	1.4	18	1.4	40	3.0	20	1.5	25	1.9
West	Finland	1983	20	0.4	19	0.3	30	0.5	18	0.3	22	0.4
West	France	1982	656	1.0	615	0.9	523	0.8	511	0.8	553	0.8
West	Germany	1981	393	0.5	362	0.4	310	0.4	295	0.4	242	0.3
West	Greece	1981	132	1.2	139	1.3	149	1.4	129	1.2	107	1.0
Centre	Hungary	1986	51	0.5	43	0.4	53	0.5	52	0.5	57	0.6
West	Iceland	1985	0	0.0	0	0.0	4	1.2	0	0.0	2	0.6
West	Ireland	1983	32	0.7	21	0.4	15	0.3	21	0.4	13	0.3
West	Italy	1982	932	1.5	874	1.4	874	1.5	803	1.3	722	1.2
East	Latvia	1990	171	8.5	132	6.6	114	5.8	118	6.1	99	5.1
West	Liechtenstein	1989	1	2.7	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	1988	37	1.2	35	1.2	48	1.6	54	1.9	37	1.3
West	Luxembourg	1983	15	2.7	19	3.4	19	3.3	9	1.5	8	1.3
West	Malta	1986	4	0.9	2	0.5	5	1.1	0	0.0	0	0.0
West	Netherlands	1999	224	1.3	263	1.6	220	1.3	212	1.2	197	1.1
West	Norway	1983	45	0.9	22	0.4	22	0.4	14	0.3	12	0.2
Centre	Poland	1986	149	0.4	128	0.3	102	0.3	109	0.3	111	0.3
West	Portugal	1985	398	3.8	357	3.4	401	3.9	321	3.1	290	2.8
Centre	Romania	1985	417	2.1	367	1.8	355	1.8	335	1.7	326	1.7
Centre	Slovakia	1985	4	0.1	8	0.1	10	0.2	9	0.2	11	0.2
Centre	Slovenia	1986	17	0.8	11	0.5	10	0.5	7	0.3	10	0.5
West	Spain	1981	679	1.5	609	1.3	541	1.2	513	1.1	384	0.8
West	Sweden	1982	–	–	–	–	–	–	–	–	–	–
	Total EU/EEA		**4 797**	**1.1**	**4 421**	**1.0**	**4 197**	**0.9**	**3 903**	**0.9**	**3 566**	**0.8**
Non-EU/EEA												
Centre	Albania	1993	50	1.7	65	2.3	58	2.0	33	1.1	47	1.6
West	Andorra	2004	0	0.0	3	4.2	0	0.0	2	2.7	0	0.0
East	Armenia	1988	176	6.1	163	5.7	163	5.7	144	5.0	211	7.4
East	Azerbaijan	1995	200	2.1	193	2.0	161	1.6	168	1.7	182	1.8
East	Belarus	1991	474	4.9	490	5.1	512	5.3	439	4.5	382	3.9
Centre	Bosnia and Herzegovina	1986	8	0.2	8	0.2	8	0.2	4	0.1	13	0.4
East	Georgia	1989	268	7.1	270	7.2	269	7.1	257	6.8	273	7.2
West	Israel	1981	70	0.9	45	0.6	47	0.6	33	0.4	42	0.5
East	Kazakhstan	1993	251	1.4	273	1.5	350	1.9	361	2.0	433	2.3
East	Kyrgyzstan	1999	53	0.9	35	0.6	33	0.5	46	0.8	47	0.8
West	Monaco	1990	1	2.8	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	1989	7	1.1	11	1.7	15	2.4	13	2.1	14	2.2
Centre	North Macedonia	1989	16	0.8	6	0.3	9	0.4	2	0.1	4	0.2
East	Repubic of Moldova	1985	299	9.0	293	8.9	366	11.3	274	8.6	365	11.6
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	–
West	San Marino	1986	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	1985	49	0.5	50	0.5	61	0.7	65	0.7	70	0.8
Centre	Serbia excluding Kosovo[s]	1985	48	0.6	47	0.6	56	0.7	59	0.8	62	0.8
Centre	Kosovo[s]	2005	1	0.1	3	0.2	5	0.3	6	0.3	8	0.4
West	Switzerland	1980	79	1.0	64	0.8	71	0.8	74	0.9	66	0.8
East	Tajikistan	1998	229	2.8	281	3.3	238	2.7	265	3.0	212	2.3
Centre	Türkiye	1985	125	0.2	118	0.1	99	0.1	121	0.1	108	0.1
East	Turkmenistan	2002	–	–	–	–	–	–	–	–	–	–
East	Ukraine	1988	9 844	21.8	8 468	19.8	8 852	20.8	9 308	21.9	8 839	20.9
West	United Kingdom	1981	368	0.6	401	0.6	297	0.5	260	0.4	256	0.4
East	Uzbekistan	1992	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA		**12 567**	**4.4**	**11 237**	**4.0**	**11 609**	**4.1**	**11 869**	**4.1**	**11 564**	**4.0**
WHO European Region												
West			4 299	1.0	4 036	1.0	3 697	0.9	3 376	0.8	3 055	0.7
Centre			1 044	0.5	971	0.5	963	0.5	942	0.5	970	0.5
East			12 020	10.7	10 651	9.6	11 146	10.0	11 454	10.3	11 105	9.9
Total WHO European Region			**17 363**	**2.4**	**15 658**	**2.2**	**15 806**	**2.1**	**15 772**	**2.1**	**15 130**	**2.0**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.

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

2019		2020		2021		2022		2023		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
61	0.7	47	0.5	54	0.6	51	0.2	41	0.5	3 530	Austria
87	0.8	63	0.5	76	0.7	70	0.4	92	0.8	5 620	Belgium
68	1.0	42	0.6	38	0.6	54	0.8	66	1.0	990	Bulgaria
20	0.5	12	0.3	25	0.6	20	0.5	17	0.4	368	Croatia
84	9.6	70	7.9	92	10.3	43	4.8	–	–	945	Cyprus
38	0.4	45	0.4	55	0.5	66	0.6	78	0.7	923	Czechia
22	0.4	25	0.4	17	0.3	20	0.3	25	0.4	2 844	Denmark
30	2.3	23	1.7	11	0.8	14	1.1	10	0.7	625	Estonia
19	0.3	12	0.2	16	0.3	15	0.3	10	0.2	800	Finland
580	0.9	452	0.7	487	0.7	507	0.7	545	0.8	75 356	France
74	0.1	–	–	–	–	–	–	–	–	32 203	Germany
97	0.9	105	1.0	86	0.8	75	0.7	74	0.7	4 480	Greece
53	0.5	42	0.4	50	0.5	43	0.4	46	0.5	1 235	Hungary
4	1.1	2	0.5	2	0.5	2	0.5	2	0.5	85	Iceland
11	0.2	10	0.2	16	0.3	20	0.4	17	0.3	1 371	Ireland
647	1.1	415	0.7	453	0.8	444	0.8	532	0.9	73 150	Italy
90	4.7	55	2.9	39	2.1	58	3.1	45	2.4	2 274	Latvia
0	0.0	0	0.0	0	0.0	–	–	–	–	12	Liechtenstein
21	0.7	23	0.8	38	1.4	25	0.9	37	1.3	734	Lithuania
5	0.8	13	2.1	19	3.0	9	1.4	8	1.2	604	Luxembourg
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	114	Malta
183	1.1	164	0.9	141	0.8	144	0.8	130	0.7	8 405	Netherlands
19	0.4	11	0.2	23	0.4	20	0.4	19	0.3	1 276	Norway
95	0.3	53	0.1	64	0.2	137	0.4	156	0.4	4 192	Poland
259	2.5	226	2.2	257	2.5	171	1.7	129	1.2	23 955	Portugal
314	1.6	204	1.1	220	1.1	286	1.5	267	1.4	11 748	Romania
3	0.1	4	0.1	3	0.1	5	0.1	3	0.1	134	Slovakia
9	0.4	6	0.3	5	0.2	9	0.4	10	0.5	309	Slovenia
282	0.6	375	0.8	253	0.5	335	0.7	299	0.7	89 477	Spain
–	–	–	–	–	–	–	–	–	–	2 190	Sweden
3 175	0.7	**2 499**	**0.7**	**2 540**	**0.7**	**2 643**	**0.7**	**2 690**	**0.7**	**349 976**	**Total EU-EEA**
											Non-EU/EEA
38	1.3	18	0.6	48	1.7	46	1.6	53	1.9	812	Albania
–	–	–	–	–	–	–	–	–	–	15	Andorra
173	6.1	152	5.4	197	7.1	230	8.3	221	8.0	2 669	Armenia
196	1.9	105	1.0	109	1.1	91	0.9	173	1.7	2 897	Azerbaijan
380	3.9	220	2.3	286	3.0	–	–	–	–	7 253	Belarus
10	0.3	–	–	–	–	–	–	–	–	178	Bosnia and Herzegovina
264	7.0	181	4.8	217	5.8	215	5.7	249	6.7	5 127	Georgia
29	0.3	34	0.4	35	0.4	17	0.2	19	0.2	1 860	Israel
451	2.4	469	2.5	459	2.4	430	2.2	367	1.9	5 840	Kazakhstan
20	0.3	28	0.4	33	0.5	39	0.6	27	0.4	794	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	51	Monaco
10	1.6	4	0.6	8	1.3	16	2.6	12	1.9	202	Montenegro
–	–	–	–	–	–	–	–	–	–	170	North Macedonia
285	9.2	199	6.5	199	6.5	259	7.9	252	7.3	5 344	Republic of Moldova
–	–	–	–	–	–	–	–	–	–	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	–	–	23	San Marino
77	0.8	34	0.4	53	0.6	54	0.6	54	0.6	2 320	Serbia
72	1.0	32	0.4	50	0.7	54	0.7	49	0.7	2 225	Serbia excluding Kosovo[1]
5	0.3	2	0.1	3	0.2	–	0.0	5	0.3	95	Kosovo[1]
71	0.8	43	0.5	39	0.4	43	0.5	30	0.3	10 288	Switzerland
157	1.7	110	1.2	129	1.3	109	1.1	104	1.0	2 668	Tajikistan
112	0.1	46	0.1	80	0.1	84	0.1	80	0.1	2 087	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
7 511	17.9	4 139	9.9	4 151	10.0	3 010	7.3	3 351	9.1	133 208	Ukraine
261	0.4	182	0.3	193	0.3	203	0.3	196	0.3	30 880	United Kingdom
–	–	–	–	–	–	–	–	–	–	651	Uzbekistan
10 045	**3.4**	**5 964**	**2.0**	**6 236**	**2.1**	**4 846**	**1.7**	**5 188**	**1.9**	**215 443**	**Total non-EU/EEA**
											WHO European Region
2 711	0.6	2 179	0.6	2 167	0.6	2 146	0.6	2 168	0.6	368 577	West
931	0.5	580	0.3	741	0.4	863	0.4	874	0.4	26 640	Centre
9 578	8.5	5 704	5.1	5 868	5.2	4 480	4.3	4 836	4.9	170 190	East
13 220	**1.8**	**8 463**	**1.3**	**8 776**	**1.3**	**7 489**	**1.1**	**7 878**	**1.2**	**565 407**	**Total WHO European Region**

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

Table 14. AIDS diagnoses in males and rates per 100 000 male population, by country and year of AIDS diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2014		2015		2016		2017		2018	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	59	1.4	57	1.4	49	1.1	55	1.3	43	1.0
West	Belgium	84	1.5	64	1.2	44	0.8	43	0.8	35	0.6
Centre	Bulgaria	52	1.5	39	1.1	39	1.2	39	1.2	48	1.5
Centre	Croatia	1	0.0	3	0.1	21	1.1	19	1.0	28	1.5
Centre	Cyprus	51	12.2	62	15.1	62	15.0	50	12.0	63	14.9
Centre	Czechia	23	0.4	30	0.6	39	0.8	45	0.9	35	0.7
West	Denmark	24	0.9	28	1.0	19	0.7	25	0.9	21	0.7
East	Estonia	13	2.1	11	1.8	23	3.7	15	2.4	19	3.1
West	Finland	14	0.5	13	0.5	25	0.9	10	0.4	18	0.7
West	France	443	1.4	426	1.3	345	1.1	364	1.1	394	1.2
West	Germany	335	0.8	297	0.7	249	0.6	231	0.6	191	0.5
West	Greece	107	2.0	114	2.2	115	2.2	98	1.9	93	1.8
Centre	Hungary	41	0.9	37	0.8	45	1.0	36	0.8	54	1.2
West	Iceland	0	0.0	0	0.0	4	2.4	0	0.0	0	0.0
West	Ireland	22	1.0	16	0.7	12	0.5	15	0.6	12	0.5
West	Italy	714	2.4	687	2.4	669	2.3	588	2.0	565	1.9
East	Latvia	110	12.0	89	9.8	90	10.0	73	8.2	63	7.1
West	Liechtenstein	1	5.4	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	29	2.1	26	1.9	41	3.0	46	3.5	29	2.2
West	Luxembourg	10	3.6	11	3.9	16	5.5	7	2.4	7	2.3
West	Malta	4	1.9	2	0.9	5	2.2	0	0.0	0	0.0
West	Netherlands	185	2.2	212	2.5	171	2.0	169	2.0	152	1.8
West	Norway	36	1.4	15	0.6	15	0.6	11	0.4	9	0.3
Centre	Poland	115	0.6	97	0.5	90	0.5	94	0.5	86	0.5
West	Portugal	307	6.2	257	5.2	288	5.9	231	4.7	192	3.9
Centre	Romania	295	3.0	256	2.6	257	2.7	247	2.6	239	2.5
Centre	Slovakia	3	0.1	7	0.3	10	0.4	9	0.3	11	0.4
Centre	Slovenia	16	1.6	11	1.1	8	0.8	7	0.7	10	1.0
West	Spain	547	2.4	492	2.2	438	1.9	409	1.8	318	1.4
West	Sweden	–	–	–	–	–	–	–	–	–	–
	Total EU/EEA	**3 641**	**1.7**	**3 359**	**1.6**	**3 189**	**1.5**	**2 936**	**1.3**	**2 735**	**1.2**
Non-EU/EEA											
Centre	Albania	36	2.5	50	3.5	50	3.5	24	1.7	35	2.4
West	Andorra	0	0.0	2	5.5	0	0.0	1	2.7	0	0.0
East	Armenia	129	9.8	129	9.8	116	8.9	111	8.6	147	11.4
East	Azerbaijan	162	3.4	150	3.1	125	2.5	114	2.3	122	2.4
East	Belarus	308	6.9	278	6.2	311	6.9	274	6.1	229	5.1
Centre	Bosnia and Herzegovina	7	0.4	7	0.4	7	0.4	4	0.2	13	0.8
East	Georgia	201	11.3	196	11.0	196	11.0	193	10.9	172	9.7
West	Israel	48	1.2	26	0.7	29	0.7	23	0.6	32	0.8
East	Kazakhstan	185	2.2	181	2.1	231	2.7	225	2.6	279	3.1
East	Kyrgyzstan	35	1.2	19	0.7	23	0.8	29	1.0	30	1.0
West	Monaco	1	5.6	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	4	1.3	11	3.6	15	4.9	12	3.9	14	4.5
Centre	North Macedonia	13	1.2	5	0.5	6	0.6	2	0.2	4	0.4
East	Republic of Moldova	183	11.5	179	11.5	210	13.7	167	11.0	213	14.3
East	Russian Federation	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	43	1.0	47	1.0	57	1.3	59	1.3	62	1.4
Centre	Serbia excluding Kosovo[s]	42	1.2	45	1.2	52	1.4	53	1.5	55	1.5
Centre	Kosovo[s]	1	0.1	2	0.2	5	0.6	6	0.7	7	0.8
West	Switzerland	63	1.6	52	1.3	49	1.2	56	1.3	50	1.2
East	Tajikistan	157	3.8	187	4.4	173	3.9	182	4.1	149	3.2
Centre	Türkiye	99	0.3	92	0.2	86	0.2	103	0.3	91	0.2
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–
East	Ukraine	6 119	29.3	5 328	23.2	5 462	27.7	5 612	28.6	5 405	27.6
West	United Kingdom	248	0.8	299	0.9	223	0.7	184	0.6	190	0.6
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**8 041**	**5.8**	**7 238**	**5.1**	**7 369**	**5.3**	**7 375**	**5.2**	**7 237**	**5.1**
WHO European Region											
West		3 251	1.6	3 070	1.5	2 765	1.3	2 520	1.2	2 322	1.1
Centre		799	0.8	754	0.8	792	0.8	750	0.8	793	0.8
East		7 631	14.3	6 773	12.2	7 001	13.3	7 041	13.3	6 857	12.9
Total WHO European Region		**11 681**	**3.3**	**10 597**	**3.0**	**10 558**	**2.9**	**10 311**	**2.9**	**9 972**	**2.8**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.

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

2019		2020		2021		2022		2023		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
47	1.1	36	0.8	43	1.0	34	0.8	30	0.7	2 681	Austria
57	1.0	40	0.7	44	0.8	46	0.8	61	1.1	3 697	Belgium
56	1.7	31	1.0	35	1.1	45	1.4	51	1.6	783	Bulgaria
18	0.9	11	0.6	23	1.2	19	1.0	15	0.8	329	Croatia
58	13.6	56	12.9	70	16.0	23	5.2	–	–	741	Cyprus
27	0.5	37	0.7	45	0.9	50	1.0	56	1.1	740	Czechia
15	0.5	21	0.7	14	0.5	11	0.4	13	0.4	2 402	Denmark
21	3.4	18	2.9	9	1.4	12	1.9	7	1.1	455	Estonia
13	0.5	7	0.3	9	0.3	12	0.4	2	0.1	629	Finland
403	1.2	320	1.0	337	1.0	330	1.0	357	1.1	58 787	France
55	0.1	–	–	–	–	–	–	–	–	27 494	Germany
70	1.3	88	1.7	63	1.2	57	1.1	66	1.3	3 715	Greece
46	1.0	35	0.7	39	0.8	32	0.7	33	0.7	1 053	Hungary
3	1.6	2	1.1	2	1.1	1	0.5	1	0.5	71	Iceland
7	0.3	7	0.3	15	0.6	17	0.7	9	0.3	1 051	Ireland
524	1.8	305	1.0	351	1.2	332	1.2	418	1.5	56 398	Italy
53	6.0	39	4.4	24	2.7	42	4.8	32	3.7	1 565	Latvia
0	0.0	0	0.0	0	0.0	–	–	–	–	11	Liechtenstein
16	1.2	18	1.4	29	2.2	17	1.3	23	1.7	581	Lithuania
3	1.0	7	2.2	15	4.7	6	1.8	5	1.5	454	Luxembourg
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	100	Malta
144	1.7	123	1.4	114	1.3	113	1.3	107	1.2	6 678	Netherlands
14	0.5	10	0.4	13	0.5	11	0.4	13	0.5	982	Norway
80	0.4	39	0.2	52	0.3	104	0.6	116	0.7	3 306	Poland
171	3.5	166	3.4	163	3.4	130	2.6	91	1.8	18 741	Portugal
218	2.3	148	1.6	156	1.7	228	2.5	206	2.2	7 218	Romania
3	0.1	4	0.2	3	0.1	2	0.1	3	0.1	118	Slovakia
5	0.5	4	0.4	3	0.3	8	0.8	10	0.9	270	Slovenia
226	1.0	309	1.3	199	0.9	273	1.2	237	1.2	71 332	Spain
–	–	–	–	–	–	–	–	–	–	1 785	Sweden
2 353	**1.1**	**1 881**	**1.0**	**1 870**	**1.0**	**1 955**	**1.1**	**1 981**	**1.1**	**274 186**	**Total EU-EEA**
											Non-EU/EEA
25	1.7	16	1.1	37	2.6	33	2.3	42	3.0	624	Albania
–	–	–	–	–	–	–	–	–	–	11	Andorra
127	10.0	113	8.9	146	11.6	173	13.8	162	13.0	1 982	Armenia
150	3.0	77	1.5	82	1.6	63	1.2	120	2.3	2 323	Azerbaijan
241	5.4	143	3.2	184	4.2	–	–	–	–	4 590	Belarus
8	0.5	–	–	–	–	–	–	–	–	148	Bosnia and Herzegovina
198	11.2	134	7.6	163	9.2	168	9.5	188	10.7	3 783	Georgia
20	0.5	26	0.6	25	0.6	9	0.2	12	0.3	1 331	Israel
293	3.3	293	3.2	289	3.1	274	2.9	229	2.4	3 908	Kazakhstan
11	0.4	13	0.4	18	0.6	26	0.8	17	0.5	566	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	40	Monaco
10	3.3	3	1.0	7	2.3	15	4.9	9	3.0	175	Montenegro
–	–	–	–	–	–	–	–	–	–	127	North Macedonia
180	12.2	123	8.4	120	8.3	152	9.8	159	9.7	3 242	Republic of Moldova
–	–	–	–	–	–	–	–	–	–	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	–	–	21	San Marino
61	1.4	28	0.6	52	1.2	50	1.2	45	1.0	1 827	Serbia
57	1.6	27	0.8	49	1.4	50	1.4	40	1.2	1 752	Serbia excluding Kosovo[s]
4	0.5	1	0.1	3	0.3	–	0.0	5	0.6	75	Kosovo[s]
57	1.3	37	0.9	29	0.7	31	0.7	20	0.5	7 671	Switzerland
109	2.3	87	1.8	97	2.0	79	1.6	65	1.3	1 941	Tajikistan
92	0.2	33	0.1	73	0.2	71	0.2	70	0.2	1 741	Türkiye
–	–	–	–	–	–	–	–	–	–	0	Turkmenistan
4 661	24.0	2 479	11.1	2 513	13.1	1 895	10.0	2 081	12.4	64 696	Ukraine
202	0.6	146	0.4	147	0.4	133	0.4	130	0.4	24 049	United Kingdom
–	–	–	–	–	–	–	–	–	–	494	Uzbekistan
6 445	**4.5**	**3 751**	**2.6**	**3 982**	**2.8**	**3 172**	**2.3**	**3 349**	**2.4**	**125 384**	**Total non-EU/EEA**
											WHO European Region
2 031	1.0	1 650	1.0	1 583	0.9	1 546	0.9	1 572	0.9	290 120	West
707	0.7	445	0.5	595	0.6	680	0.7	675	0.7	19 219	Centre
6 060	11.4	3 537	6.3	3 674	6.9	2 901	5.9	3 083	6.5	90 220	East
8 798	**2.4**	**5 632**	**1.7**	**5 852**	**1.8**	**5 127**	**1.6**	**5 330**	**1.7**	**399 559**	**Total WHO European Region**

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

Table 15. AIDS diagnoses in females and rates per female 100 000 population, by country and year of diagnosis (2014–2023) and cumulative totals, in EU/EEA and other countries of the WHO European Region

Area	Country, territory or area[a]	2014		2015		2016		2017		2018	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
EU/EEA											
West	Austria	26	0.6	18	0.4	18	0.4	13	0.3	10	0.2
West	Belgium	51	0.9	41	0.7	34	0.6	21	0.4	25	0.4
Centre	Bulgaria	12	0.3	6	0.2	3	0.1	10	0.3	9	0.3
Centre	Croatia	0	0.0	0	0.0	1	0.0	2	0.1	2	0.1
Centre	Cyprus	3	0.7	8	1.8	12	2.8	17	3.9	10	2.3
Centre	Czechia	9	0.2	8	0.1	6	0.1	10	0.2	4	0.1
West	Denmark	6	0.2	12	0.4	5	0.2	4	0.1	5	0.2
East	Estonia	5	0.7	7	1.0	17	2.4	5	0.7	6	0.9
West	Finland	6	0.2	6	0.2	5	0.2	8	0.3	4	0.1
West	France	212	0.6	185	0.5	174	0.5	143	0.4	156	0.5
West	Germany	58	0.1	65	0.2	61	0.1	64	0.2	51	0.1
West	Greece	23	0.4	25	0.4	32	0.6	28	0.5	13	0.2
Centre	Hungary	10	0.2	6	0.1	8	0.2	16	0.3	3	0.1
West	Iceland	0	0.0	0	0.0	0	0.0	0	0.0	2	1.2
West	Ireland	10	0.4	5	0.2	3	0.1	6	0.2	1	0.0
West	Italy	218	0.7	187	0.6	205	0.7	215	0.7	157	0.5
East	Latvia	61	5.6	43	4.0	24	2.3	45	4.3	36	3.4
West	Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
East	Lithuania	8	0.5	9	0.6	7	0.4	8	0.5	8	0.5
West	Luxembourg	5	1.8	8	2.8	3	1.0	2	0.7	1	0.3
West	Malta	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
West	Netherlands	38	0.4	49	0.6	46	0.5	41	0.5	38	0.4
West	Norway	9	0.4	7	0.3	7	0.3	3	0.1	3	0.1
Centre	Poland	34	0.2	31	0.2	12	0.1	15	0.1	25	0.1
West	Portugal	91	1.7	100	1.8	113	2.1	90	1.7	98	1.8
Centre	Romania	122	1.2	111	1.1	98	1.0	88	0.9	87	0.9
Centre	Slovakia	1	0.0	1	0.0	0	0.0	0	0.0	0	0.0
Centre	Slovenia	1	0.1	0	0.0	2	0.2	0	0.0	0	0.0
West	Spain	132	0.6	117	0.5	103	0.4	104	0.4	64	0.3
West	Sweden	–	–	–	–	–	–	–	–	–	–
	Total EU/EEA	**1 151**	**0.5**	**1 055**	**0.5**	**999**	**0.4**	**958**	**0.4**	**818**	**0.4**
Non-EU/EEA											
Centre	Albania	14	1.0	15	1.0	8	0.6	9	0.6	12	0.8
West	Andorra	0	0.0	1	2.8	0	0.0	1	2.7	0	0.0
East	Armenia	47	3.0	34	2.2	47	3.0	33	2.1	64	4.1
East	Azerbaijan	38	0.8	43	0.9	36	0.7	54	1.1	60	1.2
East	Belarus	166	3.2	212	4.1	201	3.9	165	3.2	153	2.9
Centre	Bosnia and Herzegovina	1	0.1	1	0.1	1	0.1	0	0.0	0	0.0
East	Georgia	67	3.4	74	3.7	73	3.7	64	3.2	101	5.1
West	Israel	22	0.6	19	0.5	18	0.4	10	0.2	10	0.2
East	Kazakhstan	66	0.7	92	1.0	119	1.3	136	1.4	154	1.6
East	Kyrgyzstan	18	0.6	16	0.5	10	0.3	17	0.5	17	0.5
West	Monaco	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Montenegro	3	0.9	0	0.0	0	0.0	1	0.3	0	0.0
Centre	North Macedonia	3	0.3	1	0.1	2	0.2	0	0.0	0	0.0
East	Republic of Moldova	116	6.6	114	6.6	156	9.2	107	6.4	152	9.2
East	Russian Federation	–	–	–	–	–	–	–	–	–	–
West	San Marino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Centre	Serbia	6	0.1	3	0.1	4	0.1	6	0.1	8	0.2
Centre	Serbia excluding Kosovo[s]	6	0.2	2	0.1	4	0.1	6	0.2	7	0.2
Centre	Kosovo[s]	–	–	1	0.1	–	–	–	–	1	0.1
West	Switzerland	16	0.4	12	0.3	21	0.5	17	0.4	15	0.3
East	Tajikistan	72	1.7	94	2.2	65	1.5	83	1.9	63	1.4
Centre	Türkiye	26	0.1	26	0.1	13	0.0	18	0.0	17	0.0
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–
East	Ukraine	3 725	15.4	3 140	15.9	3 390	14.8	3 696	16.2	3 434	15.2
West	United Kingdom	120	0.4	100	0.3	73	0.2	75	0.2	66	0.2
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–
	Total non-EU/EEA	**4 526**	**3.1**	**3 997**	**2.8**	**4 237**	**2.9**	**4 492**	**3.1**	**4 326**	**3.0**
WHO European Region											
West		1 043	0.5	957	0.5	921	0.4	845	0.4	719	0.3
Centre		245	0.3	217	0.2	170	0.2	192	0.2	177	0.2
East		4 389	7.4	3 878	7.0	4 145	7.1	4 413	7.5	4 248	7.2
Total WHO European Region		**5 677**	**1.5**	**5 052**	**1.4**	**5 236**	**1.4**	**5 450**	**1.5**	**5 144**	**1.4**

[a] Country/territory/area specific comments are in Annex 5.
[b] Cumulative total is the total number of cases reported by the country since the start of reporting.

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

2019		2020		2021		2022		2023		Cumulative total[b]	Country, territory or area[a]
N	Rate	N	Rate	N	Rate	N	Rate	N	Rate		
											EU/EEA
14	0.3	11	0.2	11	0.2	17	0.4	11	0.2	846	Austria
29	0.5	23	0.4	31	0.5	23	0.4	31	0.5	1 913	Belgium
12	0.3	11	0.3	3	0.1	9	0.3	15	0.4	207	Bulgaria
2	0.1	1	0.0	2	0.1	1	0.0	2	0.1	39	Croatia
26	5.8	14	3.1	22	4.8	20	4.3	–	–	199	Cyprus
11	0.2	8	0.1	10	0.2	16	0.3	22	0.4	183	Czechia
7	0.2	4	0.1	3	0.1	9	0.3	12	0.4	442	Denmark
9	1.3	5	0.7	2	0.3	2	0.3	3	0.4	170	Estonia
6	0.2	5	0.2	7	0.3	3	0.1	8	0.3	171	Finland
168	0.5	127	0.4	144	0.4	170	0.5	179	0.5	16 478	France
19	0.0	–	–	–	–	–	–	–	–	4 709	Germany
27	0.5	17	0.3	23	0.4	18	0.3	8	0.2	757	Greece
7	0.1	7	0.1	11	0.2	11	0.2	13	0.3	182	Hungary
1	0.6	0	0.0	0	0.0	1	0.5	1	0.5	14	Iceland
4	0.2	3	0.1	1	0.0	3	0.1	8	0.3	318	Ireland
123	0.4	110	0.4	102	0.3	112	0.4	114	0.4	16 752	Italy
37	3.6	16	1.6	15	1.5	16	1.6	13	1.3	709	Latvia
0	0.0	0	0.0	0	0.0	–	–	–	–	1	Liechtenstein
5	0.3	5	0.3	9	0.6	8	0.5	14	0.9	153	Lithuania
2	0.7	6	1.9	4	1.3	3	0.9	3	0.9	148	Luxembourg
0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	Malta
35	0.4	38	0.4	24	0.3	30	0.3	22	0.2	1 650	Netherlands
5	0.2	1	0.0	10	0.4	9	0.3	6	0.2	294	Norway
15	0.1	14	0.1	12	0.1	33	0.2	40	0.2	886	Poland
88	1.6	60	1.1	94	1.7	41	0.8	38	0.7	5 207	Portugal
96	1.0	56	0.6	64	0.7	58	0.6	61	0.6	4 530	Romania
0	0.0	0	0.0	0	0.0	3	0.1	0	0.0	16	Slovakia
4	0.4	2	0.2	2	0.2	0	0.0	0	0.0	38	Slovenia
56	0.2	66	0.3	54	0.2	61	0.3	61	0.3	18 137	Spain
–	–	–	–	–	–	–	–	–	–	405	Sweden
808	**0.4**	**610**	**0.3**	**660**	**0.4**	**677**	**0.4**	**698**	**0.4**	**75 581**	**Total EU-EEA**
											Non-EU/EEA
13	0.9	2	0.1	11	0.8	13	0.9	11	0.8	188	Albania
–	–	–	–	–	–	–	–	–	–	4	Andorra
46	3.0	39	2.5	51	3.3	57	3.7	59	3.9	687	Armenia
46	0.9	28	0.5	27	0.5	28	0.5	53	1.0	574	Azerbaijan
139	2.7	77	1.5	102	2.0	–	–	–	–	2 663	Belarus
2	0.1	–	–	–	–	–	–	–	–	28	Bosnia and Herzegovina
66	3.3	47	2.4	54	2.7	47	2.4	61	3.1	1 344	Georgia
9	0.2	8	0.2	10	0.2	8	0.2	7	0.2	529	Israel
158	1.6	176	1.8	170	1.7	156	1.6	138	1.4	1 932	Kazakhstan
9	0.3	15	0.5	15	0.5	13	0.4	10	0.3	228	Kyrgyzstan
–	–	–	–	–	–	–	–	–	–	11	Monaco
0	0.0	1	0.3	1	0.3	1	0.3	2	0.6	26	Montenegro
–	–	–	–	–	–	–	–	–	–	36	North Macedonia
105	6.4	76	4.7	79	4.9	107	6.2	93	5.2	2 102	Republic of Moldova
–	–	–	–	–	–	–	–	–	–	0	Russian Federation
0	0.0	0	0.0	0	0.0	0	0.0	–	–	2	San Marino
16	0.3	6	0.1	1	0.0	4	0.1	9	0.2	493	Serbia
15	0.4	5	0.1	1	0.0	4	0.1	9	0.2	473	Serbia excluding Kosovo[s]
1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	20	Kosovo[s]
13	0.3	6	0.1	10	0.2	12	0.3	10	0.2	2 612	Switzerland
48	1.0	23	0.5	32	0.7	30	0.6	39	0.8	727	Tajikistan
20	0.0	13	0.0	7	0.0	13	0.0	10	0.0	346	Türkiye
–	–	–	–	–	–	–	–	–	–	1	Turkmenistan
2 850	12.7	1 660	8.6	1 638	7.4	1 115	5.1	1 270	6.4	37 578	Ukraine
59	0.2	36	0.1	46	0.1	70	0.2	66	0.2	6 827	United Kingdom
–	–	–	–	–	–	–	–	–	–	157	Uzbekistan
3 599	**2.4**	**2 213**	**1.5**	**2 254**	**1.5**	**1 674**	**1.2**	**1 838**	**1.3**	**59 106**	**Total non-EU/EEA**
											WHO European Region
665	0.3	521	0.3	574	0.3	590	0.3	585	0.3	78 240	West
224	0.2	135	0.1	146	0.2	182	0.2	198	0.2	7 410	Centre
3 518	6.0	2 167	3.9	2 194	3.7	1 579	2.9	1 753	3.3	49 036	East
4 407	**1.2**	**2 823**	**0.9**	**2 914**	**0.9**	**2 351**	**0.7**	**2 536**	**0.8**	**134 686**	**Total WHO European Region**

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

Table 16. The most common AIDS-indicative diseases diagnosed in 2023 ordered by frequency[a]

Diseases	Men		Women		Children		Total	
	N	%	N	%	N	%	N	%
EU/EEA								
Pneumocystis carinii pneumonia	577	22.4	189	21.4	3	11.5	769	22.1
Wasting syndrome due to HIV	297	11.5	97	11.0	3	11.5	397	11.4
Candidiasis; oesophageal	276	10.7	106	12.0	2	7.7	384	11.0
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	217	8.4	87	9.9	1	3.8	305	8.7
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	204	7.9	62	7.0	2	7.7	268	7.7
Kaposi sarcoma	208	8.1	15	1.7	1	3.8	224	6.4
Toxoplasmosis of brain in a patient over one month of age	134	5.2	59	6.7	0	0.0	193	5.5
Mycobacterium tuberculosis; extrapulmonary	109	4.2	57	6.5	2	7.7	168	4.8
Encephalopathy; HIV-related	105	4.1	21	2.4	4	15.4	130	3.7
Cryptococcosis; extrapulmonary	55	2.1	23	2.6	1	3.8	79	2.3
Non-EU/EEA								
Wasting syndrome due to HIV	201	12.5	121	16.6	1	14.3	323	13.8
Candidiasis; oesophageal	194	12.1	100	13.7	0	0.0	294	12.5
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	150	9.3	45	6.2	0	0.0	195	8.3
Pneumocystis carinii pneumonia	131	8.1	44	6.0	0	0.0	175	7.5
Mycobacterium tuberculosis; extrapulmonary	125	7.8	34	4.7	1	14.3	160	6.8
Kaposi sarcoma	83	5.2	25	3.4	0	0.0	108	4.6
Encephalopathy; HIV-related	64	4.0	22	3.0	1	14.3	87	3.7
Candidiasis of bronchi; trachea; or lungs	54	3.4	23	3.2	0	0.0	77	3.3
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	42	2.6	25	3.4	0	0.0	67	2.9
Cervical cancer; invasive in an adult or an adolescent (aged 13 years or over)	10	0.6	36	4.9	0	0.0	46	2.0
West								
Pneumocystis carinii pneumonia	447	22.4	148	20.6	2	13.3	597	21.9
Candidiasis; oesophageal	231	11.6	85	11.8	2	13.3	318	11.7
Kaposi sarcoma	216	10.8	32	4.5	1	6.7	249	9.1
Wasting syndrome due to HIV	177	8.9	58	8.1	2	13.3	237	8.7
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	171	8.6	53	7.4	2	13.3	226	8.3
Toxoplasmosis of brain in a patient over one month of age	115	5.8	55	7.6	0	0.0	170	6.2
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	101	5.1	52	7.2	1	6.7	154	5.6
Mycobacterium tuberculosis; extrapulmonary	85	4.3	48	6.7	1	6.7	134	4.9
Encephalopathy; HIV-related	68	3.4	16	2.2	1	6.7	85	3.1
Cryptococcosis; extrapulmonary	41	2.1	18	2.5	1	6.7	60	2.2
Centre								
Wasting syndrome due to HIV	149	16.6	42	16.5	1	10.0	192	16.5
Pneumocystis carinii pneumonia	146	16.2	37	14.6	1	10.0	184	15.8
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	112	12.4	36	14.2	0	0.0	148	12.7
Candidiasis; oesophageal	65	7.2	23	9.1	0	0.0	88	7.6
Kaposi sarcoma	54	6.0	3	1.2	0	0.0	57	4.9
Encephalopathy; HIV-related	45	5.0	7	2.8	3	30.0	55	4.7
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	31	3.4	15	5.9	2	20.0	48	4.1
Cytomegalovirus disease (other than liver; spleen; or nodes) in a patient over one month of age	39	4.3	8	3.1	0	0.0	47	4.0
Mycobacterium tuberculosis; extrapulmonary	31	3.4	12	4.7	0	0.0	43	3.7
Toxoplasmosis of brain in a patient over one month of age	30	3.3	8	3.1	0	0.0	38	3.3
East								
Wasting syndrome due to HIV	172	13.3	118	18.5	1	12.5	291	15.0
Candidiasis; oesophageal	174	13.5	98	15.3	0	0.0	272	14.0
Mycobacterium tuberculosis; pulmonary in an adult or an adolescent (aged 13 years or over)	154	11.9	44	6.9	0	0.0	198	10.2
Pneumocystis carinii pneumonia	115	8.9	48	7.5	0	0.0	163	8.4
Mycobacterium tuberculosis; extrapulmonary	118	9.1	31	4.9	2	25.0	151	7.8
Encephalopathy; HIV-related	56	4.3	20	3.1	1	12.5	77	4.0
Pneumonia; recurrent in an adult or an adolescent (aged 13 years or over)	28	2.2	17	2.7	0	0.0	45	2.3
Candidiasis of bronchi; trachea; or lungs	26	2.0	14	2.2	0	0.0	40	2.1
Kaposi sarcoma	21	1.6	5	0.8	0	0.0	26	1.3
Cervical cancer; invasive in an adult or an adolescent (aged 13 years or over)	0	0.0	24	3.8	0	0.0	24	1.2

[a] Numbers and percentages relate to AIDS indicative disease events reported: some people diagnosed with AIDS have more than one event reported at the time of diagnosis.

Table 17. AIDS-related deaths, by country and year of death (2014–2023) and cumulative totals in EU/EEA and other countries of the WHO European Region[a]

Area	Country, territory or area[b]	Year of diagnosis										Cumulative total[c]
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
EU/EEA												
West	Austria	15	15	15	16	15	14	7	14	20	12	1 256
West	Belgium	34	21	27	20	16	32	28	24	35	30	2 296
Centre	Bulgaria	13	8	9	10	9	17	6	13	11	7	246
Centre	Croatia	0	2	3	2	2	9	6	5	3	7	138
Centre	Cyprus	4	2	0	0	0	0	0	1	0	0	73
Centre	Czechia	14	12	17	15	16	5	20	22	16	22	365
West	Denmark	0	1	2	1	2	1	2	4	4	0	1 802
East	Estonia	2	2	2	4	4	1	6	5	2	0	134
West	Finland	5	6	5	9	6	1	0	2	2	0	242
West	France	127	103	129	134	193	207	200	196	203	195	37 970
West	Germany	101	76	77	71	71	34	–	–	–	–	14 970
West	Greece	45	47	41	46	42	39	35	25	23	34	1 918
Centre	Hungary	15	11	11	8	16	16	10	12	19	13	474
West	Iceland	0	0	0	0	0	0	1	0	0	0	40
West	Ireland	0	1	1	1	0	2	2	1	3	1	426
West	Italy[b]	573	535	487	298	262	240	218	194	0	0	44 539
East	Latvia	72	38	37	31	29	29	12	6	16	16	927
West	Liechtenstein	0	0	0	0	0	0	0	0	–	–	6
East	Lithuania	10	7	23	15	14	5	12	18	16	14	256
West	Luxembourg	5	5	7	2	2	7	7	3	8	3	263
West	Malta	1	1	3	0	0	0	0	0	0	0	65
West	Netherlands	36	44	46	35	30	30	30	28	36	66	1 413
West	Norway	3	2	0	2	1	1	0	0	1	0	635
Centre	Poland	31	33	24	18	17	12	14	6	24	19	1 416
West	Portugal	208	177	189	168	159	116	76	97	74	58	11 121
Centre	Romania	240	200	199	201	181	177	149	158	213	130	5 623
Centre	Slovakia	0	4	2	1	3	2	1	0	0	1	53
Centre	Slovenia	4	5	3	1	1	0	0	1	1	2	109
West	Spain[b]	234	185	179	110	81	29	48	39	40	33	49 161
West	Sweden	–	–	–	–	–	–	–	–	–	–	1 323
	Total EU/EEA	**1 792**	**1 543**	**1 538**	**1 219**	**1 172**	**1 026**	**890**	**874**	**770**	**663**	**179 260**
Non-EU/EEA												
Centre	Albania	13	12	12	4	11	8	4	11	10	10	216
West	Andorra	0	3	0	0	0	–	–	–	–	–	4
East	Armenia	50	62	53	74	61	61	52	65	52	57	869
East	Azerbaijan	57	44	41	34	40	37	33	31	23	13	1 434
East	Belarus	170	127	127	88	120	117	63	33	–	–	2 291
Centre	Bosnia and Herzegovina	1	5	2	0	2	2	–	–	–	–	69
East	Georgia	48	52	107	78	76	51	63	38	53	62	1 210
West	Israel	33	25	30	18	19	17	20	14	16	7	884
East	Kazakhstan	141	169	180	213	251	263	251	207	186	138	3 485
East	Kyrgyzstan	47	50	56	59	60	36	36	46	51	57	770
West	Monaco	0	0	0	0	0		–	–	–	–	18
Centre	Montenegro	2	6	2	4	2	4	1	4	2	2	69
Centre	North Macedonia	0	0	0	2	1	–	–	–	–	–	67
East	Republic of Moldova	102	89	98	81	78	61	102	51	47	93	1 621
East	Russian Federation	–	–	–	–	–	–	–	–	–	–	0
West	San Marino	0	0	0	0	0	0	0	0	0	–	8
Centre	Serbia	10	16	13	14	26	23	16	14	21	13	1 268
Centre	Serbia excluding Kosovo[s]	10	15	10	14	25	21	16	14	21	13	1 220
Centre	Kosovo[s]	0	1	3	0	1	2	0	0	0	0	48
West	Switzerland	0	0	0	0	0	0	0	0	0	0	0
East	Tajikistan	75	92	111	152	121	104	72	55	45	60	1 244
Centre	Türkiye	11	4	4	4	8	4	1	1	7	6	134
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	1
East	Ukraine	3 426	3 032	3 253	3 298	3 448	2 977	2 114	1 928	1 293	1 474	58 242
West	United Kingdom	128	77	76	68	59	49	81	123	128	120	7 821
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	323
	Total non-EU/EEA	**4 313**	**3 865**	**4 165**	**4 191**	**4 383**	**3 814**	**2 909**	**2 621**	**1 934**	**2 112**	**82 048**
WHO European Region												
West		1 548	1 324	1 314	999	958	819	755	764	593	559	178 175
Centre		357	317	301	282	295	279	228	248	326	232	10 303
East		4 200	3 767	4 088	4 129	4 302	3 742	2 816	2 483	1 785	1 984	72 830
Total WHO European Region		**6 105**	**5 408**	**5 703**	**5 410**	**5 555**	**4 840**	**3 799**	**3 495**	**2 704**	**2 775**	**261 308**

[a] This table includes deaths reported as due to AIDS and excludes deaths reported as not due to AIDS-related cases. In countries and years for which cause of death (AIDS or non-AIDS related) was unknown or could not be reported, deaths among persons (ever) diagnosed with AIDS were included.
[b] Country/territory/area-specific comments are in Annex 5. Spain has changing national coverage of AIDS reporting during the period (see Annex 5) and trends should be interpreted with caution. Mortality statistics for 2021–2022 were unavailable in Italy.
[c] Cumulative total is the total number of deaths reported by country since the start of reporting.

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

Table 18. Number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by country and year (2014–2023) and number of tests per 1000 population in 2023, in EU/EEA and other countries of the WHO European Region

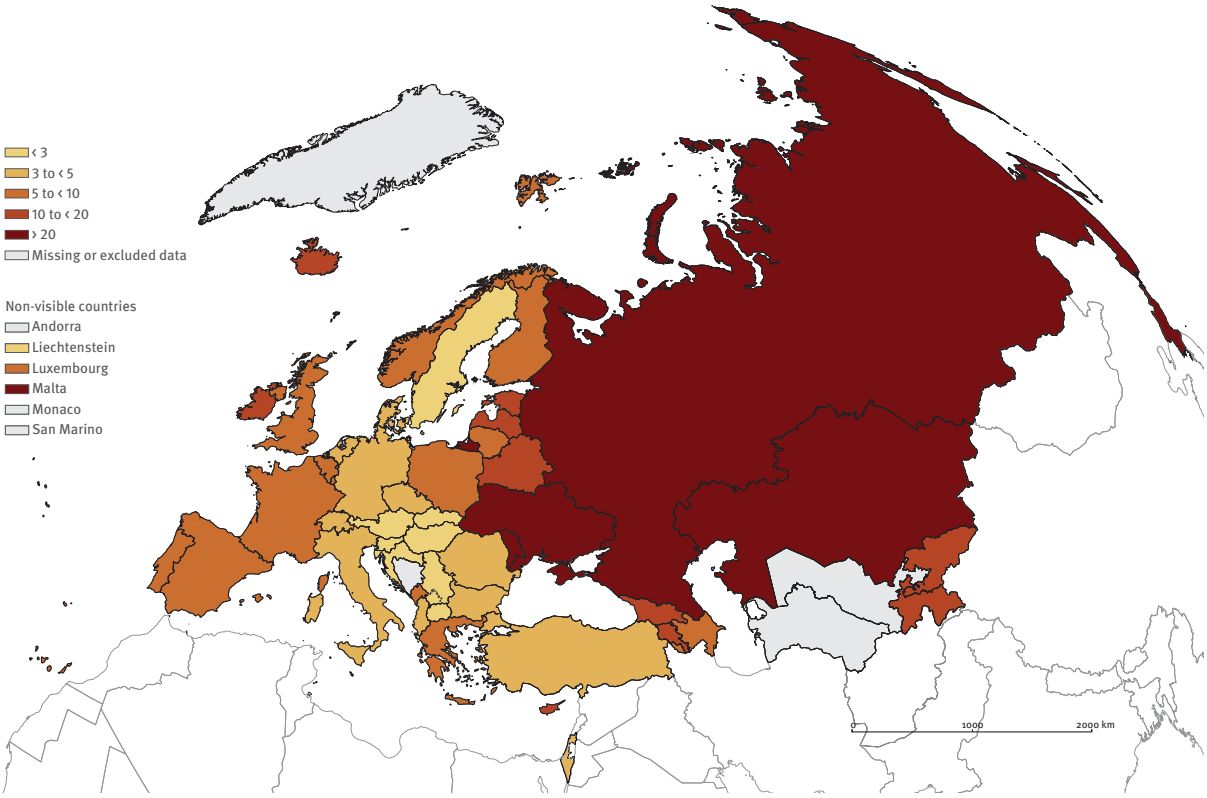
Area	Country, territory or area[a]	Number of HIV tests										Tests/1000 population in 2023
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
EU/EEA												
West	Austria	–	–	–	–	–	–	–	–	–	–	–
West	Belgium	697 684	692 679	726 457	715 536	734 506	763 413	629 063	694 792	706 294	745 514	63.5
Centre	Bulgaria	230 000	290 000	–	–	360 000	360 000	340 000	–	–	–	–
Centre	Croatia	–	–	–	–	–	–	–	–	–	–	–
Centre	Cyprus	–	–	52 385	–	–	–	37 326	41 900	–	–	–
Centre	Czechia	349 448	345 274	350 234	351 650	353 425	359 327	329 433	386 943	431 832	387 381	35.8
West	Denmark	151 970	153 050	163 779	158 331	155 609	158 009	144 859	146 263	149 263	175 440	29.4
East	Estonia	82 266	87 587	90 136	102 863	112 487	125 273	105 285	106 051	115 538	115 229	84.4
West	Finland	–	–	–	–	–	–	–	–	–	–	–
West	France	5 336 653	5 449 230	5 555 386	5 699 670	5 916 036	6 337 548	5 457 414	5 999 391	6 501 139	7 513 155	110.2
West	Germany	–	–	–	–	–	–	–	–	–	–	–
West	Greece	240 116	192 150	196 257	176 966	187 627	305 433	250 450	263 046	236 911	336 812	32.3
Centre	Hungary	93 289	91 793	–	–	–	–	–	–	–	–	–
West	Iceland	–	–	–	–	–	–	12 253	13 947	16 835	18 928	50.3
West	Ireland	168 028	178 267	192 956	223 609	239 571	247 490	206 516	224 072	243 870	260 355	49.4
West	Italy	–	–	–	–	–	–	–	–	–	–	–
East	Latvia	60 614	65 552	79 715	82 608	90 368	98 651	93 036	103 843	119 274	122 647	65.1
West	Liechtenstein	–	–	–	–	–	–	–	–	–	–	–
East	Lithuania	108 781	105 486	104 132	113 917	109 825	133 810	112 489	125 918	129 082	129 545	45.3
West	Luxembourg	–	–	71 200	100 529	–	–	–	–	–	–	–
West	Malta	–	–	–	–	–	–	–	–	–	–	–
West	Netherlands	–	–	–	–	–	–	–	–	–	–	–
West	Norway	–	–	–	–	–	–	–	–	–	–	–
Centre	Poland	272 102	318 458	440 365	430 662	385 173	432 929	432 074	460 882	699 717	415 021	11.3
West	Portugal	260 437	282 800	281 992	291 305	308 328	352 926	272 310	333 382	437 645	460323	44.7
Centre	Romania	332 422	346 032	360 893	338 898	323 468	334 410	234 520	243 718	287 865	285 629	14.83
Centre	Slovakia	126 187	127 109	104 876	111 340	177 498	–	–	–	–	–	–
Centre	Slovenia	35 498	34 366	35 788	37 315	38 570	40 462	23 798	40 147	51 143	53 992	25.5
West	Spain	–	–	–	–	–	–	–	–	–	–	–
West	Sweden	–	–	–	–	–	–	–	–	–	–	–
Non-EU/EEA												
Centre	Albania	4 156	5 442	5 582	7 149	11 219	13 261	159 281	156 175	208 833	214 595	–
West	Andorra	2 378	2 212	2 340	2 591	2 712	–	–	–	–	–	–
East	Armenia	94 122	117 012	99 270	119 628	132 509	164 933	159 281	156 175	208 833	214 595	–
East	Azerbaijan	612 860	714 621	500 469	657 704	753 568	722 136	665 000	664 614	774 714	693 236	66.6
East	Belarus	1 157 072	1 249 712	1 464 386	1 514 635	1 627 169	1 488 199	1 242 389	1 316 274	1 488 640	1 478 722	155.7
Centre	Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	–
East	Georgia	86 290	78 261	119 868	207 175	188 142	441 119	–	422 900	298 500	554 060	148.6
West	Israel	–	–	–	–	–	–	–	–	–	–	–
East	Kazakhstan	2 190 757	2 388 347	2 587 065	2 742 741	2 760 324	2 877 706	2 877 706	3 315 560	3 581 123	4 117 260	210.0
East	Kyrgyzstan	410 331	376 284	331 609	376 431	356 765	424 087	367 948	546 133	612 785	675 151	100.2
West	Monaco	–	–	–	–	–	–	–	–	–	–	–
Centre	Montenegro	6 571	6 607	6 324	5 606	6 890	6 575	5 375	6 372	6 831	8 092	12.9
Centre	North Macedonia	27 430	28 601	30 211	36 248	34 634	40 596	34 439	40 879	39 596	47 308	22.7
East	Republic of Moldova	133 476	146 762	124 010	160 947	154 575	182 196	152 500	141 100	273 666	269 466	78.4
East	Russian Federation	29 878 681	30 750 547	32 855 597	36 445 059	40 485 246	41 900 729	36 110 128	41 277 712	47 205 207	51 002 495	353.1
West	San Marino	3 427	1 548	3 600	3 685	3 411	2 200	1 550	630	2 627	1 570	46.7
Centre	Serbia	56 282	63 189	68 426	80 918	81 530	90 508	64 332	86 166	96 389	114 015	–
Centre	Serbia excluding Kosovo[b]	56 282	61 877	65 827	76 367	76 653	88 490	63 090	82 737	89 317	107 312	16.0
Centre	Kosovo[b]	–	1 312	2 599	4 551	4 877	2 018	1 242	3 429	7 072	6 703	3.8
West	Switzerland	–	–	–	–	–	–	–	–	–	–	–
East	Tajikistan	634 791	597 426	509 092	612 123	780 688	1 062 509	836 487	909 536	919 083	105 6582	–
Centre	Türkiye	6 663 547	7 203 959	6 263 020	7 107 551	7 457 674	10 257 015	7 067 571	9 379 998	10 092 464	7 689 302	89.6
East	Turkmenistan	–	–	–	–	–	–	–	–	–	–	–
East	Ukraine	1 853 626	1 695 926	1 697 479	1 816 023	1 868 565	1 961 711	1 501 984	1 428 952	1 068 483	1 622 466	44.2
West	United Kingdom	–	–	–	–	–	–	–	–	–	–	–
East	Uzbekistan	–	–	–	–	–	–	–	–	–	–	–

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

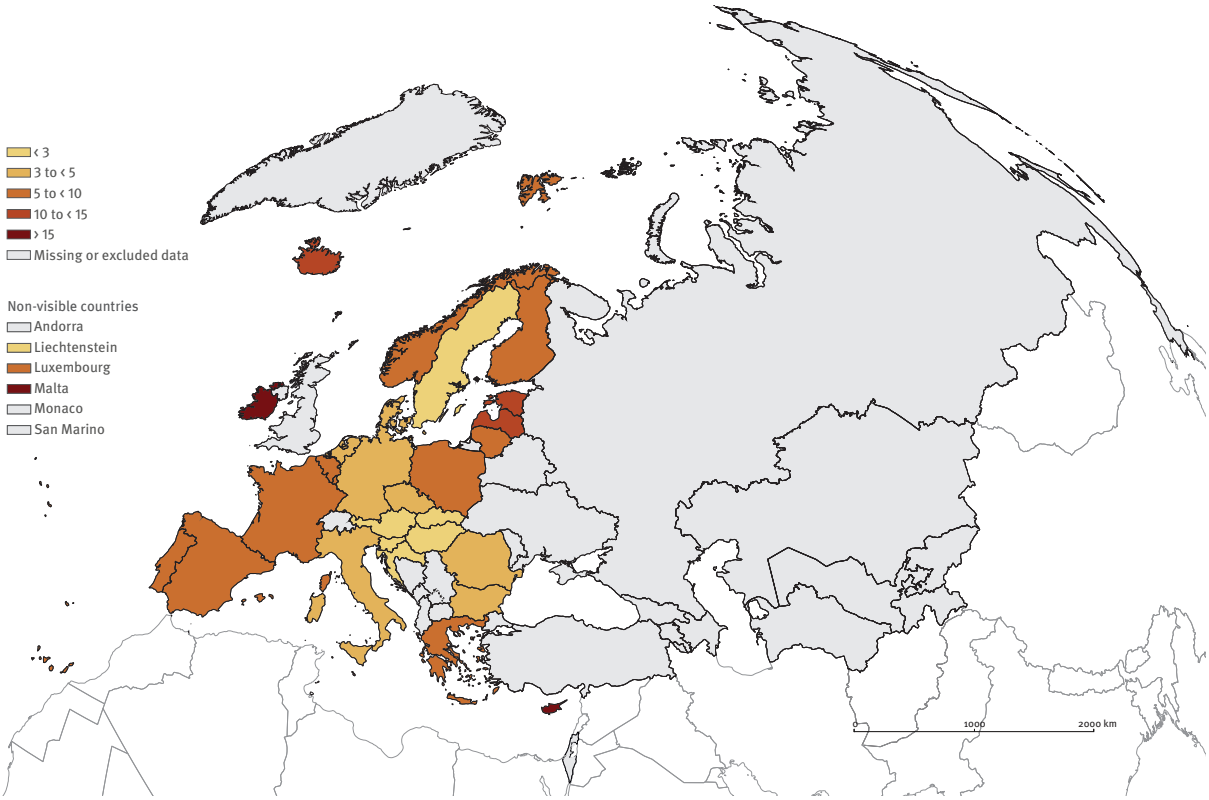
[b] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Maps

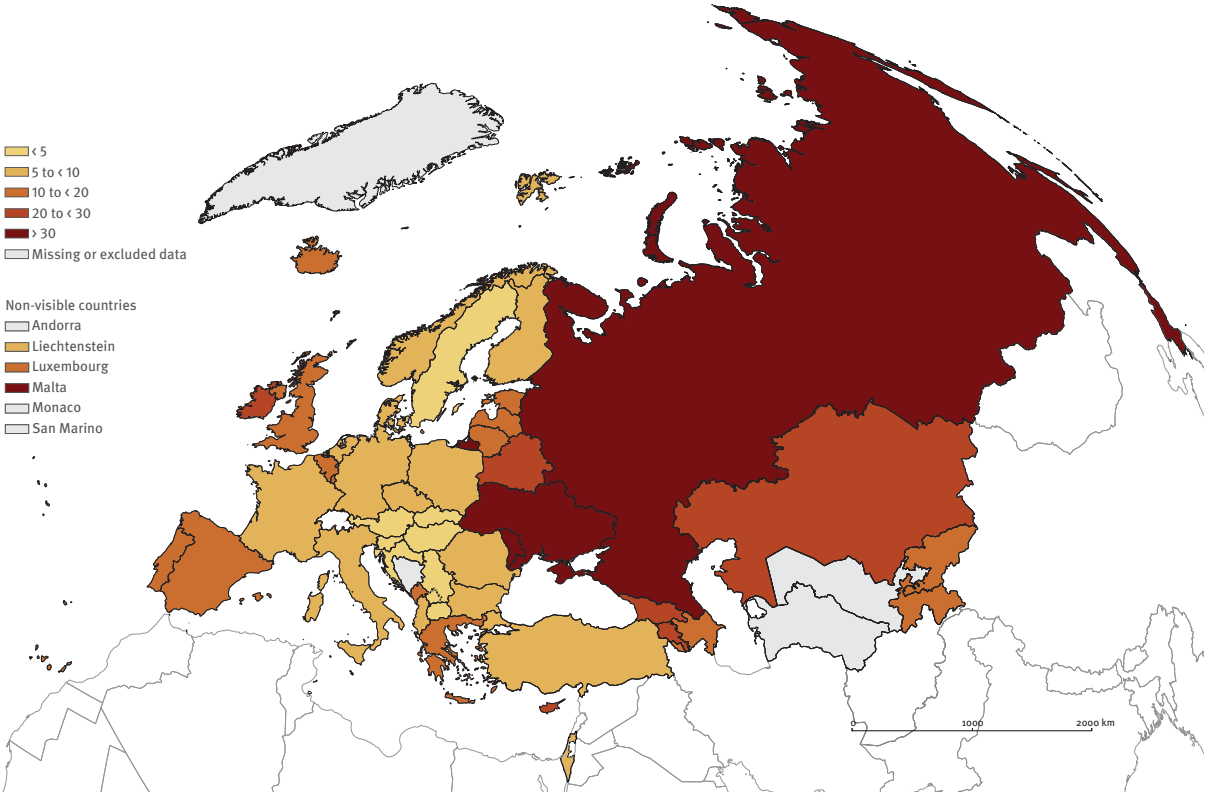
Map 1a. HIV diagnoses per 100 000 population, 2023



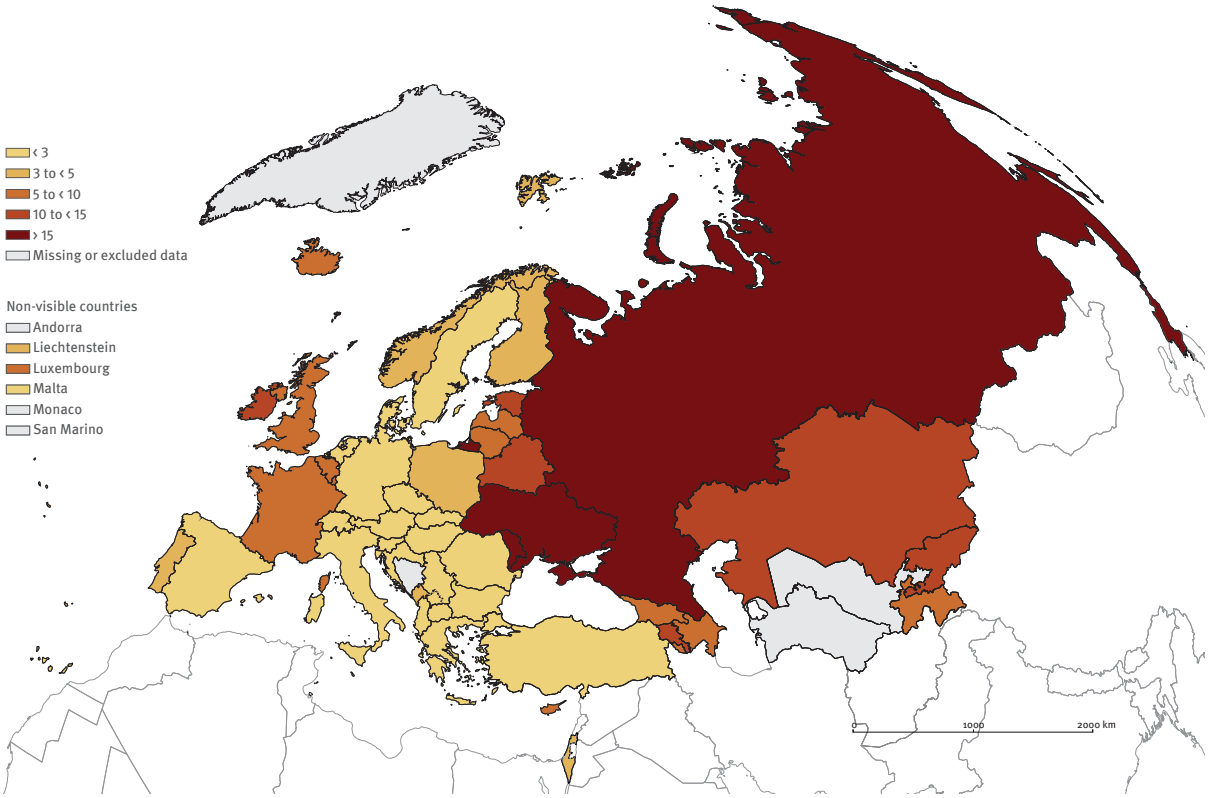
Map 1b. HIV diagnoses per 100 000 population, 2023, EU/EEA



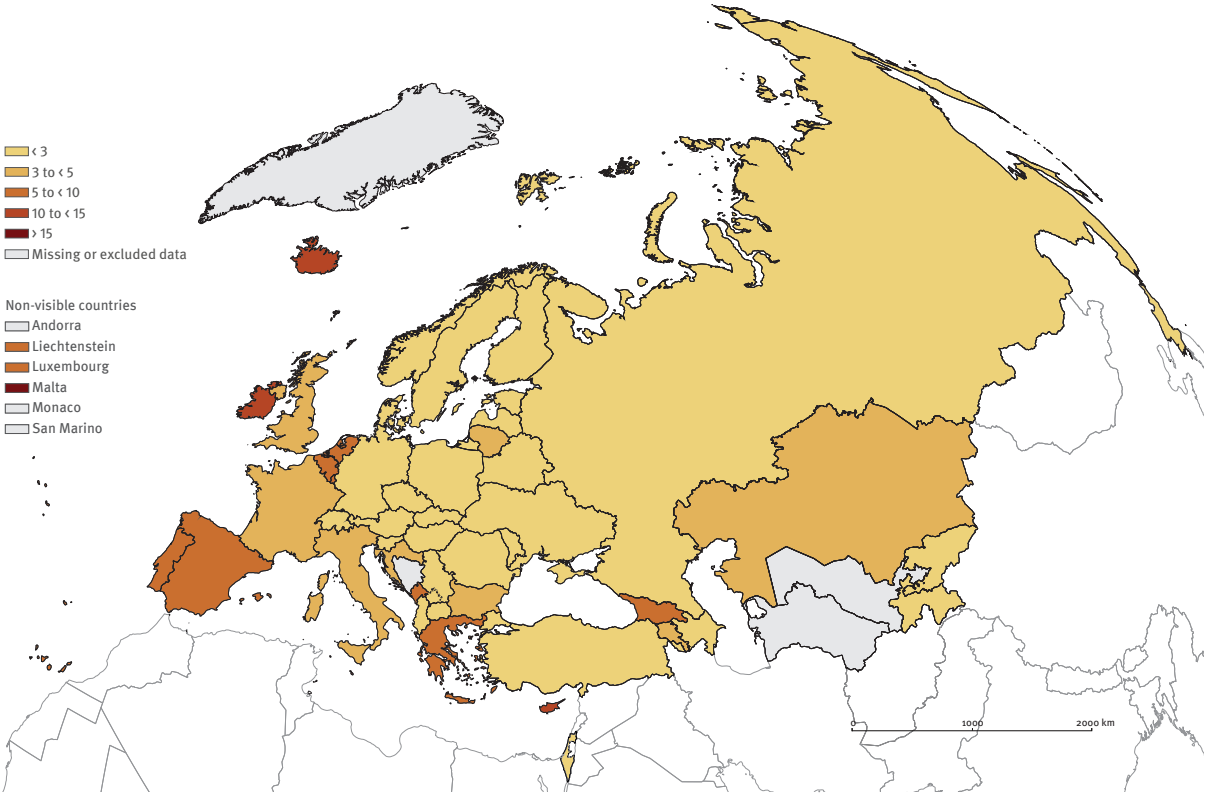
Map 2. HIV diagnoses in men per 100 000 male population, 2023



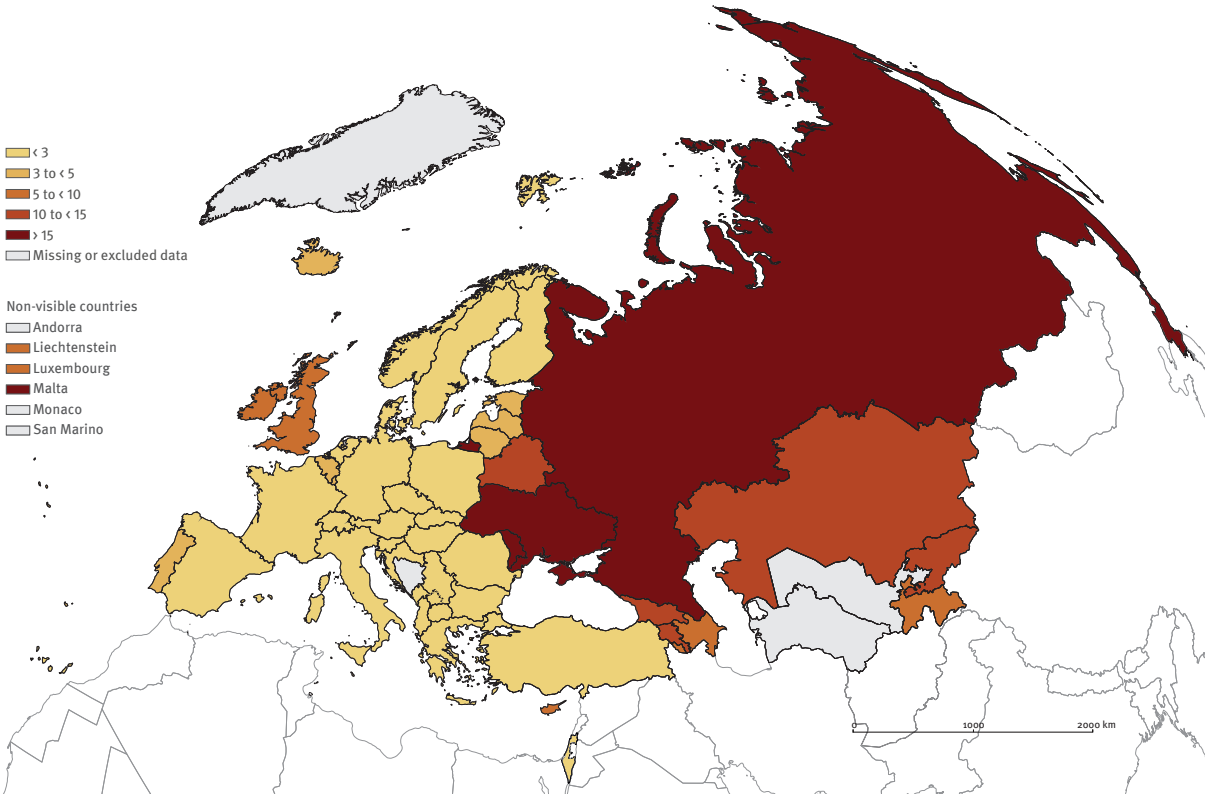
Map 3. HIV diagnoses in women per 100 000 female population, 2023



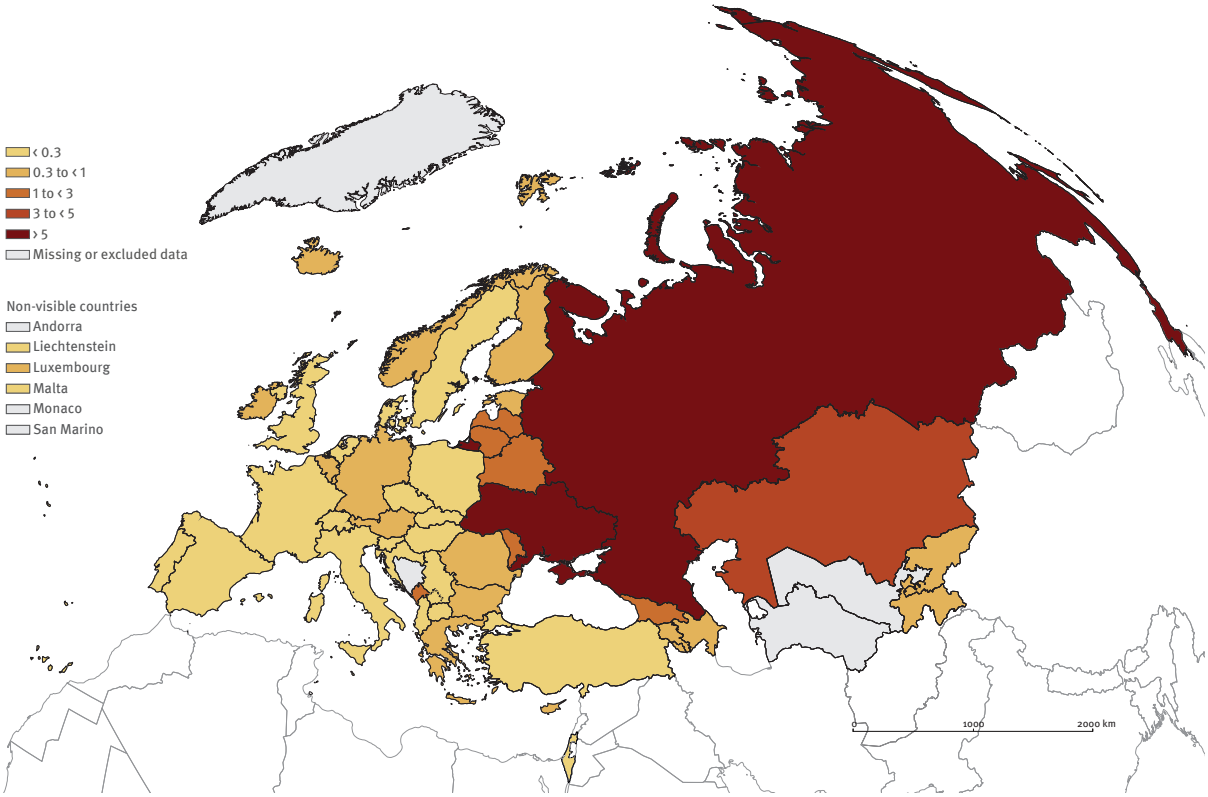
Map 4. HIV diagnoses in men who have sex with men per 100 000 male population, 2023



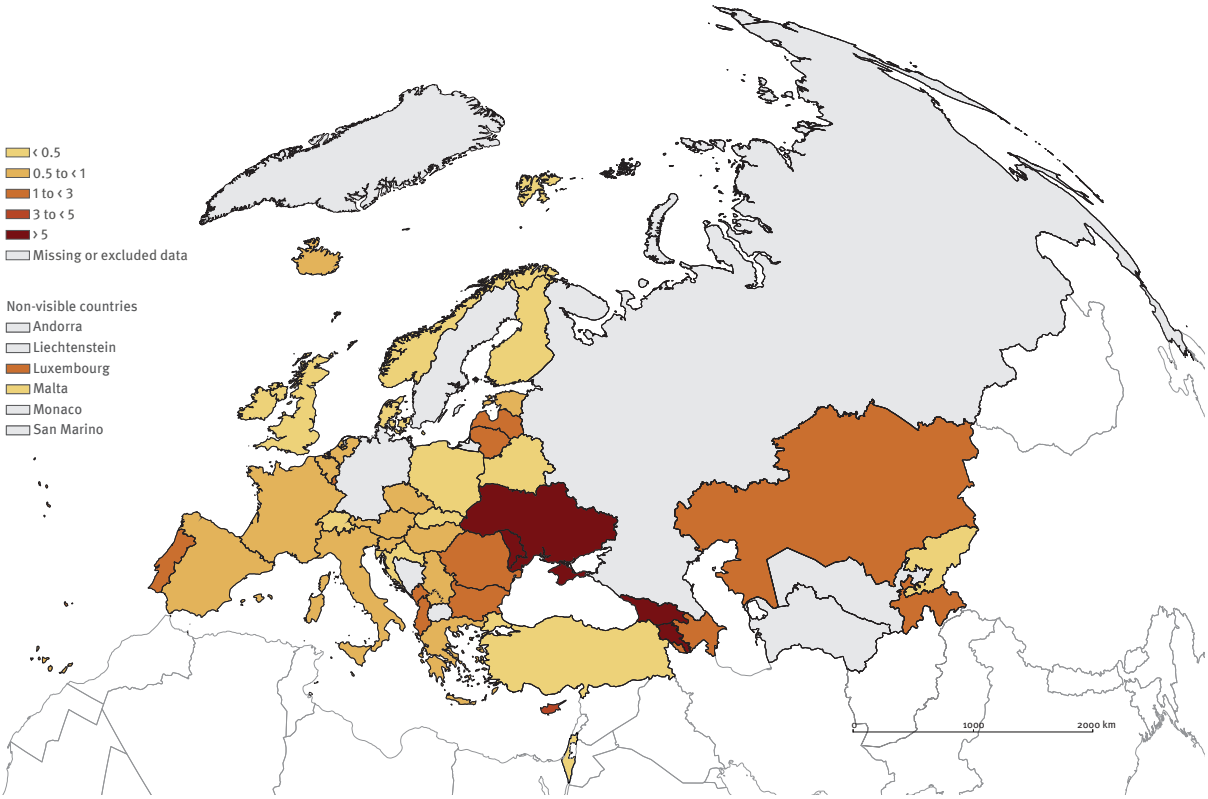
Map 5. HIV diagnoses acquired through heterosexual transmission per 100 000 population, 2023



Map 6. HIV diagnoses acquired through injecting drug use per 100 000 population, 2023



Map 7. AIDS diagnoses reported per 100 000 population, 2023



Annexes

Annex 1. Framework for data collection, validation and presentation

Reporting

The Member States' Coordinating Competent Bodies in European Union (EU) and European Economic Area (EEA) (jointly referred to as EU/EEA) countries have nominated national operational contact points for HIV/AIDS surveillance to work on reporting surveillance data to the joint European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe database for HIV/AIDS surveillance. For non-EU/EEA countries, nominations for national HIV/AIDS surveillance focal points were received directly by the WHO Regional Office for Europe via the respective ministries of health.

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

Implementation of WHO and EU case definitions for HIV and AIDS surveillance means that only confirmed cases are reported at European level *(1,2)*. It is recognized that the HIV and AIDS case definitions currently used in a number of countries may differ across the WHO European Region, but the EU and WHO case definitions are compatible for surveillance purposes. Since 2016, the case definitions have been changed in the Russian Federation. Updated forms (N61) of the Federal Statistical Surveillance are submitted by medical facilities to the Ministry of Health and include the number of individuals newly diagnosed with HIV infection; 2009–2015 data therefore cannot be directly compared to 2016–2023 data. A built-in set of validation rules in TESSy ensures verification of the data within the database during the data-uploading process, improving data quality and allowing each country to test their datasets prior to submission. Further validation checks are carried out by ECDC and the WHO Regional Office for Europe in collaboration with countries before the data are considered of sufficient quality to be used for analysis.

Andorra, Monaco, Turkmenistan and Uzbekistan did not report any HIV data through TESSy for 2023 (or previous years for some of the countries – see Table 1). Andorra, Bosnia and Herzegovina, Cyprus, Germany, Liechtenstein, Monaco, North Macedonia, the Russian Federation, Sweden, Turkmenistan and Uzbekistan did not report any AIDS data for 2023 (or previous years for some of the countries – see Table 13).

The completeness of key variables is presented for the EU/EEA and the WHO European Region as a whole in Annex 2 and by country in Annex 3.

Surveillance systems – data sources

To describe the national source of data and specify the national surveillance system from which the reported data originate, information on the country data source is included as a compulsory part of reporting (detailed in Annex 4a and 4b.) Some cross-country data comparisons are hampered by differences in surveillance systems, and by the quality and coverage of national surveillance. These issues are detailed in Annex 5 and should be taken into account when interpreting and comparing trends across countries.

Data collection and validation

Data collection 2024

The 2023 data submission for HIV and AIDS surveillance took place between 25 April and 3 October 2024. Data presented in this report were extracted from TESSy on 5 October 2024

Individual country datasets

Data were uploaded, validated and approved in the joint database for HIV/AIDS surveillance by the reporting countries. Once the data were submitted, individual datasets were reviewed by ECDC and the WHO Regional Office for Europe and validated by countries. The HIVAIDS record type was used for the first time in 2014 to collect case-based joined HIV and AIDS data (Annex 4a and 4b). The joined record type allows understanding of the relationship between the HIV and AIDS events and diagnosis dates. Additional details on record type used per country can be found in Annexes 4a and 4b.

Reporting of aggregated HIV and AIDS data has an impact on the data presentation and analysis and the epidemiological overview of HIV/AIDS in Europe because fewer variables are available from the aggregated datasets, reducing the amount of data that can be presented in certain tables and figures.

Data re-coding and adjustments

Dates used for data presentation

HIV and AIDS data are presented in this report by date of diagnosis. If countries could not provide this date or preferred to present their data by the date of statistics to avoid discrepancies with their national surveillance reports, this date was used instead. This was the case for four countries: Armenia, Belarus, Türkiye and Ukraine.

Region of origin

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

Origin of reported cases

Cases originating from countries outside of the reporting country are highlighted in some of the analyses presented here. This approach has been taken to inform epidemiological understanding and guide public health resource allocation and prevention efforts.

Reporting delay

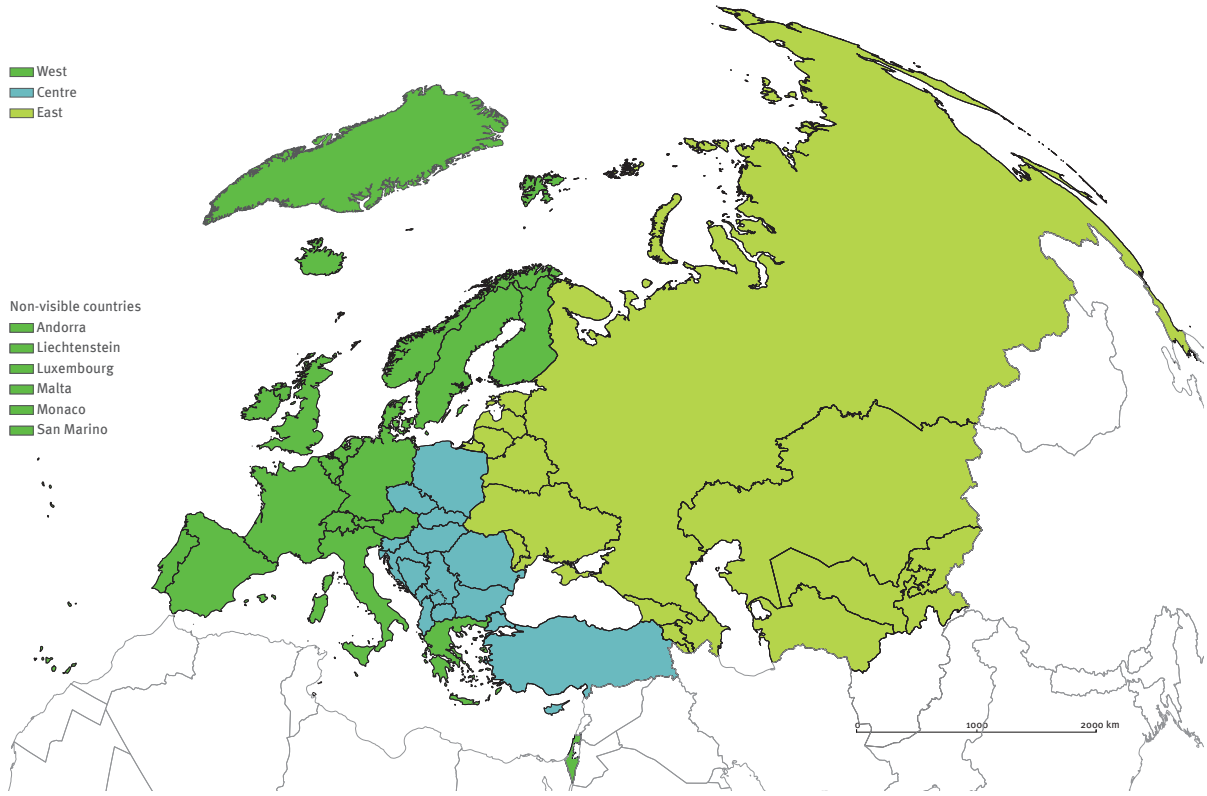
The data in this report has not been adjusted for reporting delays. This is primarily due to the impact of the COVID-19 pandemic and the incorporation of previously reported positive diagnoses into the analysis.

Data presentation

Geographical presentation

Data are presented for the WHO European Region and the EU/EEA. The EU comprises 27 Member States and the EEA an additional three countries (Iceland,

Fig. A1.1. Geographical/epidemiological division of the WHO European Region



Note: the countries covered by the report are grouped as follows:

- west, 23 countries: Andorra, Austria*, Belgium*, Denmark*, Finland*, France*, Germany*, Greece*, Iceland, Ireland*, Israel, Italy*, Luxembourg*, Malta*, Monaco, Netherlands*, Norway, Portugal*, San Marino, Spain*, Sweden*, Switzerland, the United Kingdom;
- centre, 15 countries: Albania, Bosnia and Herzegovina, Bulgaria*, Croatia*, Cyprus*, Czechia*, Hungary*, North Macedonia, Montenegro, Poland*, Romania*, Serbia, Slovakia*, Slovenia*, Türkiye and;
- east, 15 countries: Armenia, Azerbaijan, Belarus, Estonia*, Georgia, Kazakhstan, Kyrgyzstan, Latvia*, Lithuania*, Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

* Countries constituting the European Union as of 2022.

Liechtenstein and Norway) which are included in the overview of the EU/EEA.

The tables are presented for EU/EEA countries, non-EU/EEA countries and as totals. The 53 countries of the WHO European Region are also subdivided into three geographical areas, based on epidemiological considerations and in accordance with the division used in previous reports on HIV/AIDS surveillance in Europe: west (23 countries), centre (15 countries) and east (15 countries) (Fig. A1.1). The division reflects similarities in epidemiological dynamics, such as epidemic levels, trends over time and transmission patterns. Among the EU/EEA countries, 18 Member States are classified as being in the west, nine in the centre and three in the east.

Liechtenstein is not a WHO Member State, so its data are included in the totals for the EU/EEA but not for the WHO European Region. Totals for west, centre and east therefore may not always equal the EU/EEA and non-EU/EEA totals. Data from Serbia include HIV cases notified in Kosovo[1] in all figures, although these are stratified in tables to allow separate epidemiological presentation of the reported data.

Population data and rates

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

The population estimates up to 2023 were derived from Eurostat for all EU/EEA countries and from the United Nations Population Division for non-EU/EEA countries[23] *(3)*. The Eurostat data are from May 2023 *(4)* and the United Nations Population Division statistics are from the 2023 round of estimates *(5)*.

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

Rates for data presented by gender and age were calculated using relevant male and female population denominators from the sources described above. For maps presenting figures for men who have sex with men, rates were calculated using the male population.

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

Trend data

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

When presenting HIV trends for 2014–2023 countries reporting data inconsistently (Andorra, Monaco, Turkmenistan and Uzbekistan) and those reporting on transmission mode inconsistently or incompletely (such as Estonia, Latvia, Poland, the Russian Federation and Türkiye) were excluded from relevant figures reporting trends by transmission mode.

AIDS trends for 2014–2023 excluded countries not reporting consistently over the period (Andorra, Cyprus, Germany, Monaco, the Russian Federation, Sweden, Turkmenistan and Uzbekistan).

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

Data limitations

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

The data in the report for recent years are to be considered as provisional because they are subject to regular updates (such as detection and deletion of duplicate cases, and inclusion of new information about cases already reported). The limitations described below, the country comments in Annex 5 and the information on HIV and AIDS case reporting systems available in Annex 4 and 5 should be taken into account when interpreting the data presented here.

Official reports of HIV diagnoses do not represent true incidence. Reported HIV diagnoses include recently infected people, as well as those who were previously positive, or infected several years ago but only recently tested for HIV. These reports are also influenced by several factors, such as the uptake of HIV testing, patterns of reporting, the long incubation period and a slow progression of the disease. To better interpret trends in HIV case-reporting data, the total numbers of HIV tests performed annually for diagnostic purposes (excluding unlinked anonymous tests and screening of blood donations) are presented to help provide some background on HIV testing patterns. The absence of standardization and consistent collection of the HIV status variable, which distinguishes between first-time diagnoses and previous positive diagnoses, has presented challenges in interpreting the data from 2023.

In 2023, although it was not feasible to account for reporting delays, it is essential to emphasize that only a limited number of European countries have assessed

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

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

their surveillance systems for under-reporting and subsequently shared the findings *(3)*. Previous estimates of under-reporting range from 0% to 41% for AIDS cases,[24] while national estimates of under-reporting for HIV can range from 10% (Iceland and Italy) to around 40% (Germany and the United Kingdom) *(6)*.

Estimates on the under-reporting of AIDS-related deaths are not available, but according to a country survey from 2006, only around one third of countries were able to comprehensively link HIV and AIDS surveillance death registries with national statistics or death certificate information, which results in under-reporting of AIDS-related deaths.[25]

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4. Eurostat [online database]. Brussels: Eurostat; 2022 (http://ec.europa.eu/eurostat/data/database).
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6. EuroHIV 2006 survey on HIV and AIDS surveillance in the WHO European Region. Saint-Maurice: Santé publique France; 2007 (https://www.santepubliquefrance.fr/maladies-et-traumatismes/infections-sexuellement-transmissibles/vih-sida/documents/rapport-synthese/eurohiv-2006-survey-on-hiv-and-aids-surveillance-in-the-who-european-region).

[24] F. Cazein, Santé Publique France, personal communication, 2021.

[25] Ibid.

[26] All references were accessed 14 November 2024.

Annex 2

Table A2.1. Completeness of variables for data reported in 2022 and 2023

	2022				2023			
	Number of countries	Completeness %	Minimal	Maximal	Number of countries	Completeness %	Minimal	Maximal
EU/EEA Countries								
Age	30	99.5	88.8	100	30	99.5	86.8	100
Gender	30	99.8	91.5	100	30	99.8	94.5	100
Transmission	30	73.2	31.2	100	30	72.4	62.9	100
Country of birth or region of origin	28	87.8	50.7	100	28	85.8	28.2	100
CD_4 cell count	27	60.5	6.4	99.6	27	59.8	15.9	100
HIV status	25	58.5	2.1	100	26	57.1	11.5	100
WHO European Region								
Age	48	99.8	88.8	100	48	99.8	86.8	100
Gender	48	99.9	91.5	100	48	99.9	94.7	100
Transmission	47	81.0	18.9	100	48	81.2	22.3	100
Country of birth or region of origin	40	82.7	15.1	100	41	82.8	10.2	100
CD_4 cell count	45	68.4	6.4	99.6	44	70.1	12.0	100
HIV status	34	35.9	2.1	100	34	34.6	11.5	100

Annex 3

Table A3.1 Completeness by country and variable, 2023

Area	Country, territory or area[a]	Age	Gender	Transmission	CD4 cell count	Country of birth/ region of origin[b]	HIV status
EU/EEA							
West	Austria	100	100	92.1	97.4	99.5	100
West	Belgium	99.6	99.8	84.1	70.0	79.6	100
Centre	Bulgaria	100	100	100	87.0	100	14.6
Centre	Croatia	100	100	97.3	56.7	100	75.3
Centre	Cyprus	99.4	99.4	98.0	100	98.0	95.7
Centre	Czechia	100	100	93.8	87.8	100	99.8
West	Denmark	100	100	89.7	47.6	97.1	100
East	Estonia	99.5	100	63.3	86.9	65.0	100
West	Finland	100	100	79.9	67.4	42.3	52.5
West	France	100	100	78.5	56.9	77.5	75.9
West	Germany	99.4	99.9	83.1	31.9	91.1	100
West	Greece	100	99.7	79.9	37.2	59.2	100
Centre	Hungary	93	94.7	84.4	0.0	88.4	0.0
West	Iceland	100	100	97.2	36.4	100	100.0
West	Ireland	100	100	82.6	15.9	80.7	73.1
West	Italy	100	100	93.6	98.3	99.1	0.0
East	Latvia	100	100	69.6	34.0	0.0	100
West	Liechtenstein	100	100	100	100	100	100
East	Lithuania	100	100	89.4	77.2	100	29.6
West	Luxembourg	100	100	92.2	85.0	95.8	100
West	Malta	86.8	99.1	71.6	0.0	0.0	40.4
West	Netherlands	100	100	91.6	98.9	98.6	100
West	Norway	100	100	87.0	95.8	100	89.8
Centre	Poland	97.4	99.4	62.9	0.0	69.1	11.5
West	Portugal	100	100	96.0	77.1	98.6	100
Centre	Romania	100	100	99.6	96.2	98.9	0.0
Centre	Slovakia	100	100	77.5	25.4	28.2	64.1
Centre	Slovenia	100	100	96.4	81.8	100	54.5
West	Spain	100	99.7	90.1	88.8	97.9	0.0
West	Sweden	99.7	100	88.2	65.1	99.7	95.7
Non-EU/EEA							
Centre	Albania	100	100	93.5	93.5	100	100
West	Andorra	–	–	–	–	–	–
East	Armenia	100	100	98.0	0.0	99.8	–
East	Azerbaijan	100	100	99.0	88.7	100	–
East	Belarus	100	100	98.2	87.7	100	0.0
Centre	Bosnia and Herzegovina	–	–	–	–	–	–
East	Georgia	100	100	97.2	85.6	100	0.0
West	Israel	100	100	83.5	69.4	91.9	99.0
East	Kazakhstan	100	100	96.3	91.7	99.5	–
East	Kyrgyzstan	100	100	92.7	86.1	99.2	0.0
West	Monaco	–	–	–	–	–	–
Centre	Montenegro	100	100	88.9	46.3	100	100
Centre	North Macedonia	100	100	100.0	96.0	100	0.0
East	Republic of Moldova	100	100	90.5	85.5	100	0.0
East	Russian Federation	100	100	100.0	96.1	100	–
West	San Marino	–	–	–	–	–	–
Centre	Serbia	100	100	–	94.9	100	–
Centre	Serbia excluding Kosovo[s]	100	100	82.7	98.1	100	–
Centre	Kosovo[s]	100	100	–	70.0	100	–
West	Switzerland	100	98.9	63.5	59.3	0.0	24.5
East	Tajikistan	100	100	94.5	93.8	99.7	0.0
Centre	Türkiye	100	100	28.8	12.0	85.3	0.0
East	Turkmenistan	–	–	–	–	–	–
East	Ukraine	100	100	99.8	85.5	0.0	0.0
West	United Kingdom	100	100	86.8	88.3	92.3	0.0
East	Uzbekistan	–	–	–	–	–	–

[a] Completeness not computed on countries, territories or areas with fewer than five diagnoses reported in 2023 or countries that reported in the aggregated record type which did not allow reporting of all variables (Russian Federation).
[b] Completeness provided is based on country of birth, region of origin or, for Italy and Switzerland, country of nationality.

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

Annex 4a

Table A4.1. HIV surveillance system overview: data source information

Country, territory or area	HIV data source	Record type[a] for 2023 reporting	Period	Legal[b]	Coverage[c]	Comments
EU/EEA						
Austria	AT-HIV	HIVAIDS	1980–2023	V	Co	HIV surveillance in Austria is based on the AHIVCOS (Austrian HIV cohort study), which in 2022 represented 64% of people who had ever received antiretroviral therapy in Austria.
Belgium	BE-HIV/AIDS	HIVAIDS	1985–2023	C	Co	–
Bulgaria	BG-HIV	HIVAIDS	1986–2023	C	Co	HIV aggregate record type used through 2006; HIV record type 2007–2013
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2023	C	Co	–
Croatia	HR-CNIPH	HIVAIDS	1985–2023	C	Co	HIV record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1985–2023	C	Co	–
Denmark	DK-HIV	HIVAIDS	1990–2023	C	Co	HIV record type used 1990–2013
Estonia	EE-NAKIS	HIVAIDS	1988–2023	C	Co	Data source EE-HIV used 1988–2012; HIV aggregate record type used through 2006; HIV record type prior to 2015
Finland	FI-NIDR	HIVAIDS	1980–2023	C	Co	HIV record type used prior to 2016
France	FR-HIVAIDS	HIVAIDS	2003–2023	C	Co	Although compulsory, HIV diagnoses are not exhaustively reported; underreporting was estimated between 23% and 27% until 2018, then increased during the coronavirus diease pandemic years (42% in 2021), then decreased (30% in 2023). This underreporting is lower in hospitals (21% in 2023).
Germany	DE-SURVNET@RKI7.3-HIV		1993–2023	C	Co	Data source DE-HIV-Pre-IfSG used 1993–2001; HIV recordtype used to report data up to 2016
Greece	EL-HIV/AIDS	HIVAIDS	1984–2023	C	Co	–
Hungary	HU-HIV/AIDS	HIVAIDS	1985–2023	C	Co	HIV record type used 1985–2013
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1983–2023	C	Co	HIV record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1985–2023	C	Co	Data source IE-HIV/AIDS used for years 1981–2011; HIV aggregate used for reporting through 2002; HIV record type 2003–2011
Italy	IT-COA-ISS	HIV	1985–2023	C	Co	See country comments about historical coverage (Annex 5); HIV aggregate record type used through 2009. Mortality statistics for 2022-2023 were unavailable.
Latvia	LV-HIV/AIDS	HIVAIDS	1987–2023	C	Co	HIV record type used 1987–2013; HIVAIDS record type used from 2014
Liechtenstein	LI-HIVAIDS	HIVAIDS	2021–2023	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988–2023	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2023	V	Co	–
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	2001–2023	C	Co	HIV record type used in years 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1980–2023	V	Co	–
Norway	NO-MSIS_B	HIVAIDS	1984–2023	C	Co	HIV record type used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1985–2023	C	Co	–
Portugal	PT-HIVAIDS	HIVAIDS	1985–2023	C	Co	–
Romania	RO-RSS	HIVAIDS	1987–2023	C	Co	Data source: Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, National Institute for Infectious Diseases "Prof. Dr. Matei Bals". National coverage.
Slovakia	SK-EPIS	HIVAIDS	1985–2023	C	Co	HIV record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1985–2023	C	Co	–
Spain	ES-HIV	HIV	2003–2023	C	Co	See country comments about historical coverage (Annex 5)
Sweden	SE-SmiNet	HIVAIDS	1983–2023	C	Co	Data source SE-SweHIVReg used 1983–2009; HIV record type used prior to 2014
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2023	C	Co	–
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	–
Armenia	AM-NAC	HIVAIDS	1988–2023	V	Co	–
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1987–2023	V	Se	–
Belarus	BY-NAC	HIVAIDS	1981–2023	C	Co	HIVAIDS record type used only for HIV reporting (no linked HIV and AIDS reporting); HIV record type used in years 1981–2013
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986–2022	C	Co	HIV record type used in years 1993–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2023	C	Co	–
Israel	IL-MOH	HIVAIDS	1981–2023	C	Co	–
Kazakhstan	KZ-RCfAPC	HIVAIDS	1987–2023	NS/unk	NS/unk	–
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1987–2023	V	Co	HIV record type used in years 1987–2000
Montenegro	ME-IOPH	HIVAIDS	1989–2023	C	Co	–
Monaco	MC-MoSH-GEN	HIV	1987–2018	C	Co	–
North Macedonia	MK-NHASS	HIVAIDS	1993–2023	C	Co	HIV record type used in years 1993–2016
Republic of Moldova	MD-NAC	HIVAIDS	1987–2023	V	Other	–
Russian Federation	RU-MOH	HIVAGGR	2009-2023	C	Co	–
San Marino	SM-AIDS/HIV	HIVAGGR	1985–2022	C	Co	–
Serbia	RS-NAC	HIVAIDS	1984–2023	C	Co	HIV aggregate record type used in years 1984–2001
Switzerland	CH-FOPH	HIV	1985–2023	C	Co	–
Tajikistan	TJ-RHAC	HIVAIDS	1991–2023	C	Co	–
Türkiye	TR-MOH	HIV	1985–2023	C	Co	–
Turkmenistan	TM-NAC	–	1990–2012	V	Co	–
Ukraine	UA-NAC	HIVAIDS	1987–2023	V	Other	HIVAIDS record type used only for HIV reporting (no linked HIV and AIDS reporting); HIVAGGR record type used in years 1987–2015.
United Kingdom	UK-HIVAIDS	HIVAIDS	1981–2023	V	Co	–
Uzbekistan	UZ-RAC	–	1981–2010	V	Co	Did not report data 2011–2020; used HIV record type in years 1981–2010
Kosovo[s]	XK-IPH	HIVAIDS	1986–2023	V	Co	HIVAIDS record type used for all years

[a] Type: HIVAIDS: HIV and AIDS joined case-based record type; HIV: HIV case-based record type; AIDS: AIDS case-based record type; HIVAGGR: HIV aggregate record type; AIDSAGGR: AIDS aggregate record type.
[b] Legal: V: voluntary reporting; C: compulsory reporting; NS/unk: not-specified/unknown.
[c] Coverage: Se: sentinel system; Co: comprehensive; NS/unk: not-specified/unknown.

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

Annex 4b

Table A4.2. AIDS surveillance system overview: data source information

Country, territory or area	AIDS Data source	Record type[a] for 2023 reporting	Period	Legal[b]	Coverage[c]	Comments
EU/EEA						
Austria	AT-AIDS	HIVAIDS	1982–2023	V	Co	HIV surveillance in Austria is based on the AHIVCOS (Austrian HIV cohort study), which in 2022 represented 64% of people who had ever received antiretroviral therapy in Austria.
Belgium	BE-HIV/AIDS	HIVAIDS	1983–2023	V	Co	–
Bulgaria	BG-AIDS	HIVAIDS	1987–2023	C	Co	AIDS record type was used for cases prior to 2014
Cyprus	CY-HIV/AIDS	HIVAIDS	1986–2023	C	Co	–
Croatia	HR-CNIPH	HIVAIDS	1986–2023	C	Co	AIDS record type used prior to 2016
Czechia	CZ-HIV/AIDS	HIVAIDS	1986–2023	C	Co	–
Denmark	DK-HIV	HIVAIDS	1980–2023	C	Co	AIDS record type from data source DK-MIS used 1980–2013
Estonia	EE-NAKIS	HIVAIDS	1992–2023	C	Co	AIDS record type used prior to 2015
Finland	FI-NIDR	HIVAIDS	1983–2023	C	Co	AIDS record type used prior to 2016
France	FR-HIVAIDS; FR-AIDS	HIVAIDS	1982–2023	C	Co	Additional data from record type AIDS used for the years 1978–2023. Although compulsory, AIDS diagnoses are not exhaustively reported. Underreporting was estimated at 41% in 2007–2009, then increased to 46% in 2016–2017. It was estimated at 42% in 2023.
Germany	DE-AIDS	–	1981–2019	V	Co	Did not report 2020 data, AIDS record type used through 2016
Greece	EL-HIV/AIDS	HIVAIDS	1981–2023	C	Co	–
Hungary	HU-HIV/AIDS	HIVAIDS	1986–2023	C	Co	AIDS record type used 1986–2013
Iceland	IS-SUBJECT_TO_REGISTRATION	HIVAIDS	1985–2023	C	Co	AIDS record type used prior to 2017
Ireland	IE-CIDR	HIVAIDS	1983–2023	V	Co	Data source IE-HIV/AIDS and AIDS record type used for years 1981–2011
Italy	IT-COA-ISS	AIDS	1982–2023	C	Co	Mortality statistics for 2022–2023 were unavailable.
Latvia	LV-AIDS	HIVAIDS	1990–2023	C	Co	Same data source in AIDS record type used for 1990–2013
Liechtenstein	LI-HIVAIDS	HIVAIDS	2021–2023	C	Co	Cases reported through Switzerland's surveillance system using another data source through 2020
Lithuania	LT-NPHC	HIVAIDS	1988–2023	C	Co	New data source LT_NPHC (National Public Health Centre under the Ministry of Health) from 2021
Luxembourg	LU-HIVAIDS	HIVAIDS	1983–2023	V	Co	–
Malta	MT-DISEASE_SURVEILLANCE	HIVAIDS	1986–2023	C	Co	Same data source and AIDS record type used 1986–2014
Netherlands	NL-HIV/AIDS	HIVAIDS	1999–2023	V	Co	–
Norway	NO-MSIS_B	HIVAIDS	1983–2023	C	Co	Data source NO-MSIS-A and record type AIDS used in years 1980–2013
Poland	PL-HIV	HIVAIDS	1986–2023	C	Co	–
Portugal	PT-HIVAIDS	HIVAIDS	1985–2023	C	Co	–
Romania	RO-RSS	HIVAIDS	1985–2023	C	Co	Data source: Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, National Institute for Infectious Diseases "Prof. Dr. Matei Bals". National coverage.
Slovakia	SK-EPIS	HIVAIDS	1985–2023	C	Co	AIDS record type used in years 1985–2013
Slovenia	SI-HIVAIDS	HIVAIDS	1986–2023	C	Co	–
Spain	ES-AIDS	AIDS	1981–2023	C	Co	See country comments about coverage
Sweden		–	1982–2007	V	Co	AIDS surveillance discontinued in 2008
non-EU/EEA						
Albania	AL-NIoPH	HIVAIDS	1993–2023	C	Co	–
Andorra	AD-MoHWFH	HIVAIDS	2004–2018	V	Co	–
Armenia	AM-NAC	HIVAIDS	1988–2023	V	Se	–
Azerbaijan	AZ-AIDS-CENTER-NEW	HIVAIDS	1995–2022	V	Co	–
Belarus	BY-NAC	AIDS	1991–2023	C	Co	–
Bosnia and Herzegovina	BA-FMoH-MoHSWRS	HIVAIDS	1986–2019	C	Co	AIDS record type used in years 1986–2013
Georgia	GE-IDACIRC	HIVAIDS	1989–2023	C	Co	–
Israel	IL-MOH	HIVAIDS	1981–2023	C	Co	–
Kazakhstan	KZ-RCfAPC	HIVAIDS	1993–2023	NS	NS	–
Kyrgyzstan	KG-HIV KG 2008	HIVAIDS	1999–2023	V	Co	AIDS record type used in years 1987-2000
Montenegro	ME-IOPH	HIVAIDS	1990–2023	C	Co	–
Monaco	MC-MoSH-GEN	AIDS	1985–2018	C	Co	–
North Macedonia	MK-NHASS	HIVAIDS	1989–2018	C	Co	AIDS record type used in years 1993–2016
Republic of Moldova	MD-NAC	HIVAIDS	1989–2023	V	Co	–
Russian Federation	-	–	–	–	–	–
San Marino	SM-AIDS/HIV	AIDS	1986–2023	C	Co	–
Serbia	RS-NAC	HIVAIDS	1985–2023	C	Co	AIDS record type used in years 1985–2001
Switzerland	CH-FOPH	AIDS	1980–2023	C	Co	–
Tajikistan	TJ-RHAC	HIVAIDS	1998–2023	C	Co	–
Türkiye	TR-MOH	AIDS	1985–2023	C	Co	–
Turkmenistan	TM-NAC	–	2002–2012	V	Co	–
Ukraine	UA-NAC	AIDSAGGR	1988–2023	V	Co	HIVAIDS record type used only for HIV reporting (i.e. no linked HIV and AIDS reporting)
United Kingdom	UK-HIVAIDS	HIVAIDS	1981–2023	V	Co	–
Uzbekistan	UZ-RAC	–	1992–2010	V	Co	Did not report data 2011–2020; used AIDS record type in years 1992–2010
Kosovo[1]	XK-IPH	HIVAIDS	1986–2023	V	Co	HIVAIDS record type used for all years

[a] Type: HIVAIDS: HIV and AIDS joined case-based record type; HIV: HIV case-based record type; AIDS: AIDS case-based record type; HIVAGGR: HIV aggregate record type; AIDSAGGR: AIDS aggregate record type.
[b] Legal: V: voluntary reporting; C: compulsory reporting; NS/unk: not-specified/unknown.
[c] Coverage: Se: sentinel system; Co: comprehensive; NS/unk: not-specified/unknown.

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

Annex 5

Table A5.1. Country-specific comments regarding national HIV and AIDS reporting

Country, territory or area	Comments
EU/EEA	
Austria	HIV surveillance in Austria is based on the AHIVCOS (Austrian HIV cohort study), which in 2022 represented 64% of people who had ever received antiretroviral therapy in Austria.
Belgium	–
Bulgaria	Case-based reporting of HIV is available from 2007 onwards.
Croatia	–
Cyprus	–
Czechia	Foreigners with short-term stays in Czechia are not included in cases notified. The increase in the number of cases in 2022 and 2023 compared to the previous years is clearly due to the arrival of Ukrainians in connection with the war in Ukraine, who account for 77.7% and 52.7% of the cases reported in 2022 and 2023, respectively.
Denmark	–
Estonia	The surveillance system was modified substantially in 2008. Previously, the probable mode of HIV transmission was not reported by Estonia (from 2003 to 2007, Estonia supplied partial information on people who inject drugs only).
Finland	–
France	Since 2016, HIV and AIDS diagnoses should be reported online, and physicians should report HIV diagnoses spontaneously, without waiting for the laboratory report. Case-based data reported through The European Surveillance System (TESSy) are not exhaustive because of reporting delays (cases reported several months or years after the diagnosis) and underreporting (cases that are diagnosed but never reported). The coronavirus disease pandemic has affected French HIV surveillance by increasing the underreporting in 2020 and 2021, which affects the reliability of adjusted number of HIV and AIDS diagnoses. The most recent estimates of underreporting in France are 42% in 2023 for AIDS and 30% in 2023 for HIV. Considering only reports in hospitals, HIV underreporting would be estimated at 21% in 2023. To assess the real numbers and trends of HIV and AIDS diagnoses in France, it is essential to use adjusted data, which take into account reporting delays, underreporting and missing data (incomplete reports). The actual number of new HIV diagnoses in 2023, after adjustment, is estimated at 5 473, 95% confidence interval (CI): 5 343–5 603. The actual number of AIDS diagnoses in 2023 is estimated at 937 (95% CI: 862–1013. Transgender people known to be infected by sexual intercourse are not classified as men who have sex with men nor heterosexual, but as "Sexual transmission" in French surveillance data. This category does not exist in TESSy, so transgender people infected through sexual intercourse are listed as "unknown transmission mode".
Germany	–
Greece	Previous positive cases are classified, according to the year of diagnosis abroad. In case the date of HIV diagnosis abroad is not available, the date of the first positive HIV test in Greece is used
Hungary	Case report for HIV has been available since 1985 and for AIDS since 1986.
Iceland	–
Ireland	HIV was made a notifiable disease in September 2011. The HIV reporting system was modified substantially in 2012. AIDS cases and deaths among AIDS cases are now only reported at the time of HIV diagnosis. HIV diagnoses include a growing proportion of so-called previous-positive people, who are transferring their HIV care when moving to Ireland and tested positive and were notified within the Irish system when moving to the country. These people are excluded when reviewing late diagnosis. There was a change in the implementation of the case definition in 2015 (requiring confirmatory testing on a single sample rather than two samples) which resulted in more people being notified to the surveillance system.
Italy	Data on new HIV diagnoses have been collected since 1985 in some regions of Italy. New HIV diagnoses were reported by 10 of the 21 Italian regions between 2004 and 2006, 11 regions in 2007, 12 in 2008, 18 in 2009 and all of the 21 regions of Italy since 2012. Between 2004 and 2011, population denominators were based on the annual resident population in the regions reporting cases. From 2012, the coverage of the surveillance system has been national, so the total Italian population is used as a denominator. AIDS deaths are not reported after 2017 due to lack of updated data from the national mortality register.
Latvia	–
Liechtenstein	Liechtenstein is a small country with about 39 000 inhabitants. Due to a customs treaty with Switzerland, Liechtenstein adopted the Swiss Law of Epidemiology in 2015. Since then, all communicable diseases collected in Liechtenstein are reported to a Swiss database.
Lithuania	–
Luxembourg	HIV tests reported through 2010 include only tests performed at two major public laboratories, so underestimate the total number of HIV tests performed during those years. From 2011, tests reported include all laboratories in the country.
Malta	A new HIV reporting system started in 2004. Due to the different data cut-off times between the European Centre for Disease Prevention and Control (ECDC) and national data collection, there are some discrepancies between ECDC data and the national reports. These differences are explained as follows: HIV diagnosis in men who acquired HIV through sex with men should read 41 in 2019 HIV diagnosis in men who acquired HIV through intersexual contact should read 15 in 2019 AIDS diagnosis and rates per 100 000 population should read 1 in 2020 and 2 in 2023 AIDS diagnosis in males and rates per 100 000 population should read 2 in 2023 AIDS diagnosis in females and rates per 100 000 population should read 1 in 2020.
Netherlands	HIV surveillance is based on the ATHENA cohort, which includes 98% of people who entered HIV care in the Netherlands. Data collection started from 1996 onwards and HIV diagnoses before 1996 are incomplete. The national Dutch HIV monitoring report publishes slightly different figures than those displayed in the European report because migrants with a documented HIV diagnosis before arrival in Netherlands are excluded in the national report.
Norway	–
Poland	There were an increased in the number of cases in Poland due to the arrival of Ukraine war refugees, who account for 22.3% of reported cases in 2023.
Portugal	The PT-HIV database is fully case-based, containing details of HIV and AIDS cases diagnosed from 1983. Strategies to address underreporting and reporting delay implemented in 2013 and 2017, by the Portuguese HIV/AIDS Programme, resulted in a significant increase in the number of reported cases and deaths for all previous years.

Table A5.1. contd.

Country, territory or area	Comments
Romania	The Romanian surveillance and reporting system has been implemented since the beginning of the 1990s, in real time. The data is collected in the National HIV/AIDS Registry, where the patients are recorded one-time only, wihout duplicates. Updates in the patients' data are made constantly with changes from HIV to AIDS. The national reporting addressess to the Ministry of Health, the National Public Health Institute , on a quarterly basis. Also, the information is available, in-real time, for the respective year. Annually, the data is transmitted to ECDC and any other international entity involved in the field, including the Joint United Nations Programme on HIV/AIDS and WHO, in the case where they are sollicited. The statistical evaluation is made with SPECTRUM. The national HIV/AIDS Regsitry is stored at The National Institute for Infectious Diseases "Prof. Dr. matei Bals" through the Compartment for Monitoring and Evaluation of HIV/AIDS.
Slovakia	–
Slovenia	–
Spain	HIV reporting has existed since the 1980s in some of the 19 Autonomous Regions of Spain. For 2003–2011 data are available only for nine Regions: Asturias, Balearic Islands, Basque Country, Canary Islands, Catalonia, Ceuta, Extremadura, La Rioja, and Navarre; since 2004, data are available for 10 Regions (+Galicia); since 2007, data are available for 11 Regions (+Madrid); since 2008, data are available for 14 Regions (+ Aragón, Castilla-La Mancha and Melilla); since 2009, data are available for 17 Regions (+Cantabria, Castilla-León and Murcia); since 2012 data are available for 18 Regions (+Valencia); and since 2013 data are available for all the 19 Regions of Spain (+Andalucía). In 2018, data from Catalonia are not available. AIDS data: For technical reasons, it has not been possible to include AIDS data from one region in 2014, two regions from 2015 to 2022, and three in 2023. Rates are based on the corresponding population for each year.
Sweden	Due to changes in the HIV/AIDS surveillance system, AIDS reporting has not been mandatory since 2005. Since 2008, AIDS data are not reported from Sweden because the national AIDS surveillance system had been discontinued.
Non-EU/EEA	
Albania	–
Andorra	–
Armenia	–
Azerbaijan	All data are presented by "date of statistics" (instead of "date of diagnosis").
Belarus	All data are presented by "date of statistics" (instead of "date of diagnosis").
Bosnia and Herzegovina	–
Georgia	Data are presented by "date of statistics" (instead of "date of diagnosis").
Israel	Discrepancies may exist between the figures displayed in the report and those presented in the country's national statistics.
Kazakhstan	–
Kyrgyzstan	–
Monaco	–
Montenegro	Data on HIV tests refer to the number of people tested and do not include people tested in the private laboratories.
North Macedonia	AIDS cases include only people diagnosed with AIDS at the time of HIV diagnosis.
Republic of Moldova	–
Russian Federation	The Russian Federation reported an aggregated dataset with new HIV diagnoses registered in 2023 disaggregated by sex, age group and mode of transmission and data on testing for 2023, whereas data reported for 2009–2019 was limited to new HIV diagnoses by sex only. This enabled the inclusion of the country's data in Tables 1–12 and 18 and in the figures showing the trend of HIV diagnosis but not in the rest of the trend figures due to inconsistent reporting. The country also reported separately information about CD4 cell count at the time of diagnosis. These data were manually entered into Table 12. Since 2016, case definitions have been changed in the Russian Federation. Updated Forms (N61) of the Federal Statistical Surveillance are submitted by medical facilities to the Ministry of Health and include the number of individuals newly diagnosed with HIV infection. Data for 2009–2015 cannot therefore be compared directly with those for 2016–2023. Due to discrepancies in the methodology used for calculating the population rates by the Russian Federal Statistics Service and the United Nations Population Division, rates on overall HIV diagnoses, as well as data disaggregated by sex, presented in the report in Tables 1, 2 and 3 and elsewhere in the report may differ from the data presented in national statistics.
San Marino	–
Serbia	Data on HIV tests refer to the number of people tested and do not include people tested in the reference laboratory or private laboratories.
Switzerland	–
Tajikistan	Due to technical problems, no data export for 2018 from Tajikistan was available.
Türkiye	Reported HIV cases exclude people diagnosed with AIDS at the time of HIV diagnosis. Reported AIDS cases only include people diagnosed with AIDS at the time of HIV diagnosis. Table 14 (see Tables section): CD4 cell count data exclude people diagnosed with AIDS at the time of HIV diagnosis. All data are presented by "date of statistics" (instead of "date of diagnosis").
Turkmenistan	–
Ukraine	Ukraine's national HIV and AIDS case notification system was established in 1987. It is a mandatory reporting system where health facilities routinely collect data from all 25 regions of Ukraine and, since 2018, report the data to the information system for monitoring socially significant diseases. The major gap in HIV Surveillance in Ukraine is that there is no HIV case electronic registration right after the confirmation of positive test results, so all data for TESSy are presented by "date of statistics" (instead of "date of diagnosis"). The war in Ukraine starting in 2022 caused a significant population migration, which has had a negative impact on the completeness and quality of data.
United Kingdom	Data for the United Kingdom in 2023 excludes diagnoses made in Northern Ireland which were not available at the time of publication. Rises in HIV diagnoses in 2022 and 2023 have largely been driven by increases in people previously diagnosed abroad arriving in the United Kingdom and subsequently diagnosed in the United Kingdom. The majority of these people were rapidly linked to care, on treatment and virally suppressed.
Uzbekistan	–
Kosovo[s]	–

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

Annex 6

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

Country, territory or area	National institutions
EU/EEA	
Austria	Austrian Agency for Health and Food Safety; Federal Ministry of Social Affairs, Health, Care and Consumer Protection
Belgium	Sciensano
Bulgaria	Ministry of Health
Croatia	Croatian National Institute of Public Health
Cyprus	Ministry of Health
Czechia	National Institute of Public Health
Denmark	Statens Serum Institut
Estonia	Health Board
Finland	National Institute for Health and Welfare (THL).
France	Santé Publique France (French National Public Health Agency)
Germany	Robert Koch Institute
Greece	Hellenic Center for Disease Control and Prevention
Hungary	National Center for Public Health and Pharmacy
Iceland	Directorate of Health, Centre for Health Security and Communicable Disease Control
Ireland	Health Protection Surveillance Centre (HPSC)
Italy	Ministry of Health DG Prevention - Unit V
Latvia	Centre for Disease Prevention and Control of Latvia
Liechtenstein	Principality of Liechtenstein
Lithuania	National Public Health Center under the Ministry of Health
Luxembourg	National Service of Infectious Diseases, Centre Hospitalier
Malta	Department of Health Promotion and Disease Prevention
Netherlands	National Institute for Public Health and the Environment (RIVM)
Norway	Norwegian Institute of Public Health
Poland	National Institute of Public Health NIH - National Research Institute
Portugal	Directorate-General of Health (Direção-Geral da Saúde) and National Institute of Health Dr Ricardo Jorge (Instituto Nacional de Saúde Doutor Ricardo Jorge, I.P.)
Romania	Institute of Public Health and National Institute for Infectious Diseases "Prof. Dr. Matei Bals"
Slovakia	Regional Public Health Authority of capital Bratislava
Slovenia	National Institute of Public Health
Spain	Instituto de Salud Carlos III - Centro Nacional de Epidemiología
Sweden	Public Health Agency of Sweden
Non-EU/EEA	
Albania	National Institute of Public Health
Andorra	Ministry of Health, Social Welfare and Family
Armenia	National Center For Infectious Diseases
Azerbaijan	Azerbaijan AIDS Center
Belarus	National Centre for Hygiene, Epidemiology and Public Health
Bosnia and Herzegovina	Ministry of Civil Affairs of Bosnia and Herzegovina; Federal Ministry of Health; Ministry of Health and Social Welfare the Republica Srpska; and Public Health Institutes of the Federation of Bosnia and Herzegovina and Republica Srpska
Georgia	Infectious Diseases, AIDS & Clinical Immunology Research Center
Israel	Ministry of Health
Kazakhstan	National Center for the Prevention and Control of AIDS
Kyrgyzstan	Republic Centre for AIDS Prevention and Control
Monaco	Ministry of Social Health
Montenegro	Institute of Public Health of Montenegro
North Macedonia	Public Health Institute
Republic of Moldova	National AIDS Center; National Center for Preventative Care
Russian Federation	Ministry of Health of the Russian Federation
San Marino	Ospedale di Stato
Serbia	Institute of Public Health of Serbia
Switzerland	Bundesamt für Gesundheit
Tajikistan	Republican HIV/AIDS Center
Turkey	General Directorate of Public Health, Ministry of Health
Turkmenistan	National AIDS Prevention Center
Ukraine	State Institution "Public Health Center of the Ministry of Health of Ukraine"
United Kingdom	UK Health Security Agency
Uzbekistan	Republican AIDS Center
Kosovo[1]	Institute of Public Health

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

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