



2015

HIV/AIDS in the European Union and European Economic Area (EU/EEA)

European Centre for Disease Prevention and Control, Stockholm WHO Regional Office for Europe, Copenhagen

HIV diagnoses in the EU/EEA, 2015



Reporting countries/Number of countries	31/31
Number of HIV diagnoses	29 747
Rate per 100 000 population (adjusted rate*)	6.3
Percentage age 15-24 years	10.8
Male-to-female ratio	3.3
Transmission mode (%)**	
Sex between men	42
Heterosexual	32
Injecting drug use	4
Mother to child transmission	<1
Unknown	20

^{*} Rate adjusted for reporting delay for the most recent year of reporting due to the lag in cases being reported to European level in some countries

^{**} Numbers are rounded and may thus not total 100%

New HIV diagnoses, 2015, EU/EEA



Rate per 100 000 population

< 2

2 to <5

5 to < 10

10 to <20

≥ 20

Not included or not reporting

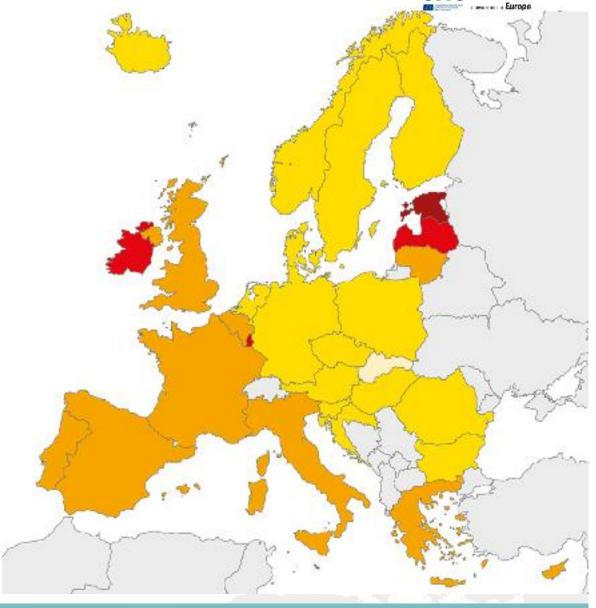
EU/EEA rate 6.3 per 100 000*

Non-visible countries

Liechtenstein

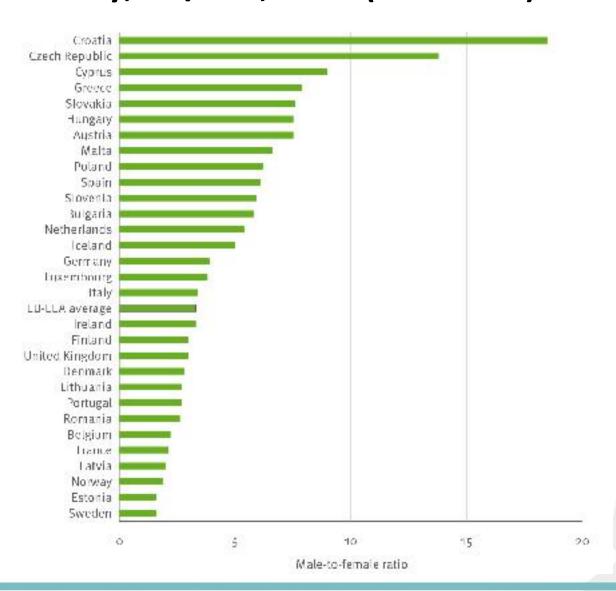
Luxembourg

Malta



Male-female ratio, new HIV diagnoses, by country, EU/EEA, 2015 (n= 29 651)

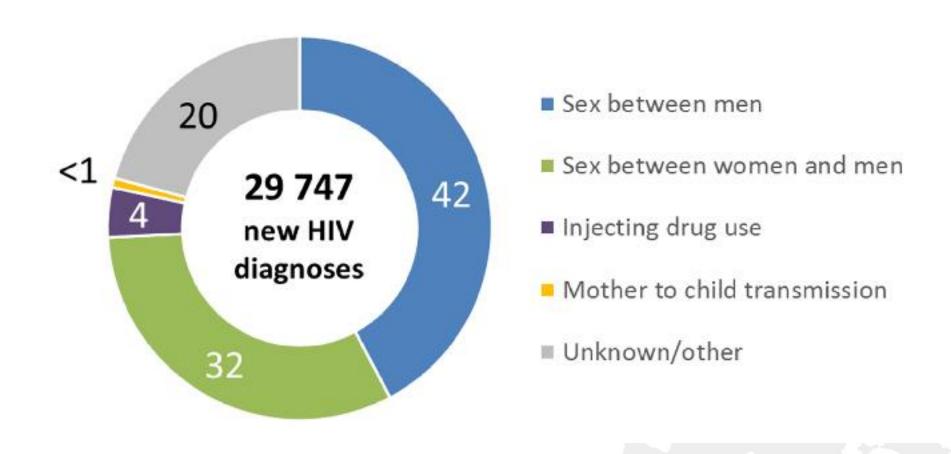




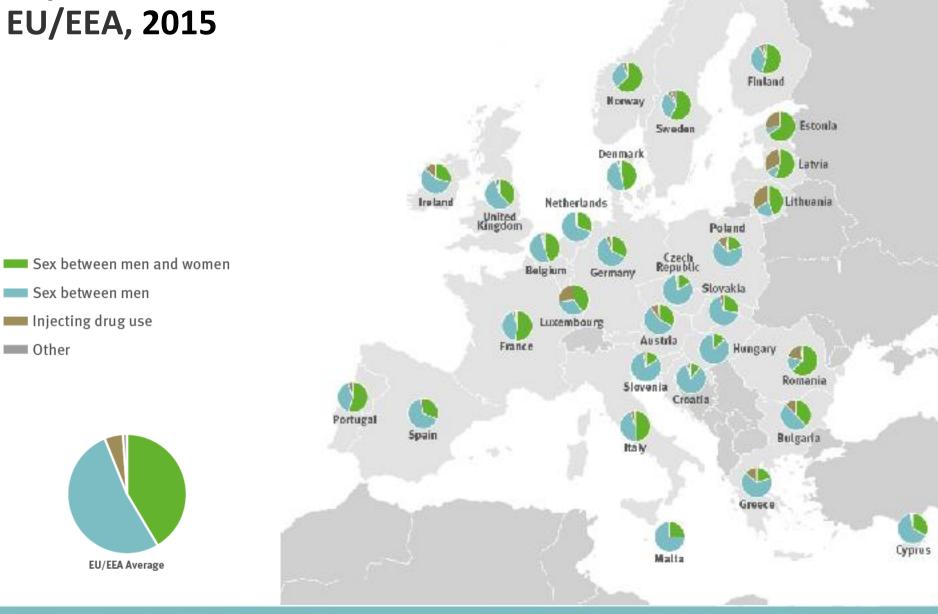
EU/EEA
Male-Female
ratio: 3.3

Percentage of HIV diagnoses, by route of transmission, 2015, EU/EEA



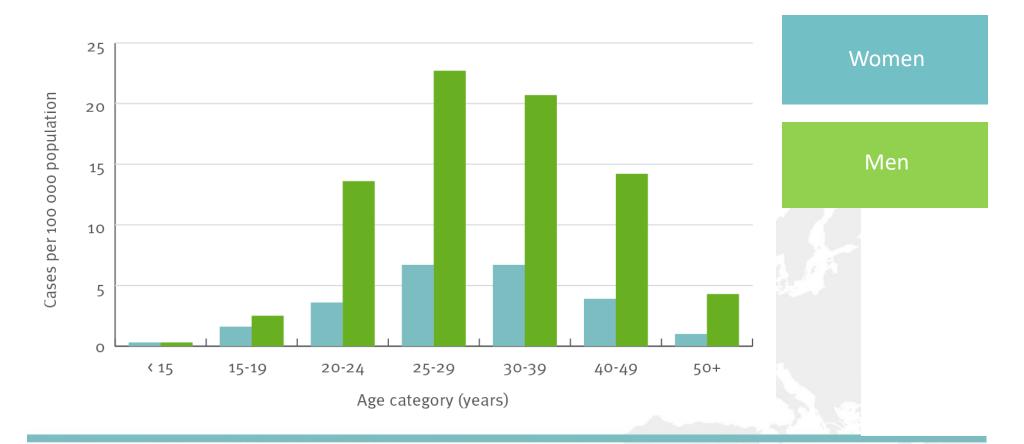


Reported HIV transmission modes in the



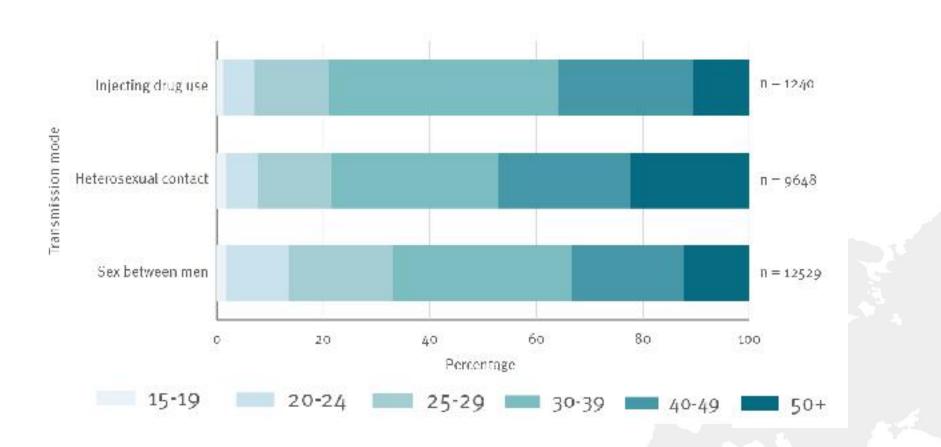
Age- and gender-specific rates of new HIV diagnoses, EU/EEA, 2015 (n=29 639)





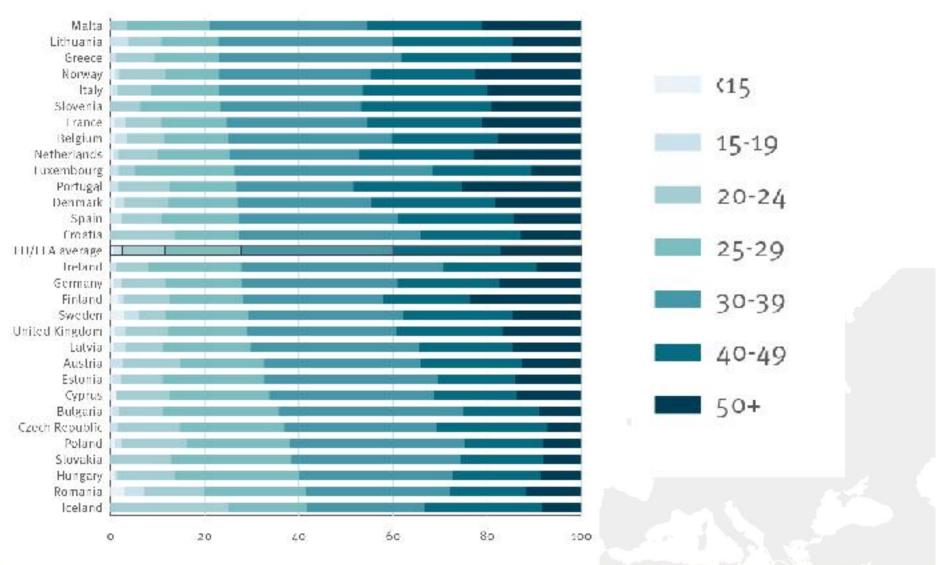
New HIV diagnoses by age group and transmission mode, EU/EEA, 2015





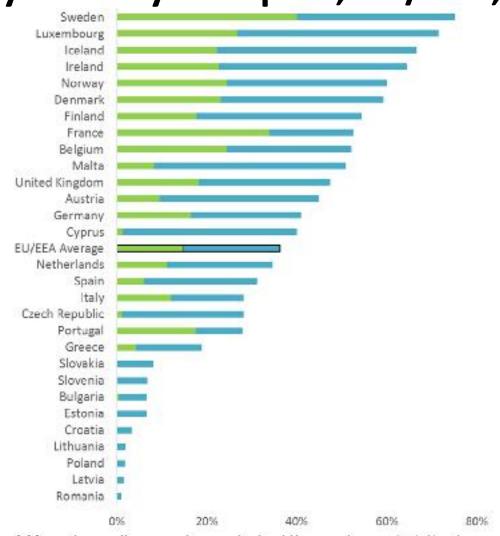
Percentage new HIV diagnoses, by age group and country, EU/EEA, 2015





Proportion HIV diagnoses among migrants* by country of report, EU/EEA, 2015 (n= 25 785)





New diagnoses in people originating from countries with generalised HIV epidemics

New diagnoses in people originating from other countries

100%

^{*} Migrants are all persons born outside of the country in which the diagnosis was made. Data presented here are among cases with known region of origin; There were no cases reported among migrants in Hungary or Liechtenstein

Late diagnosis of HIV is still common



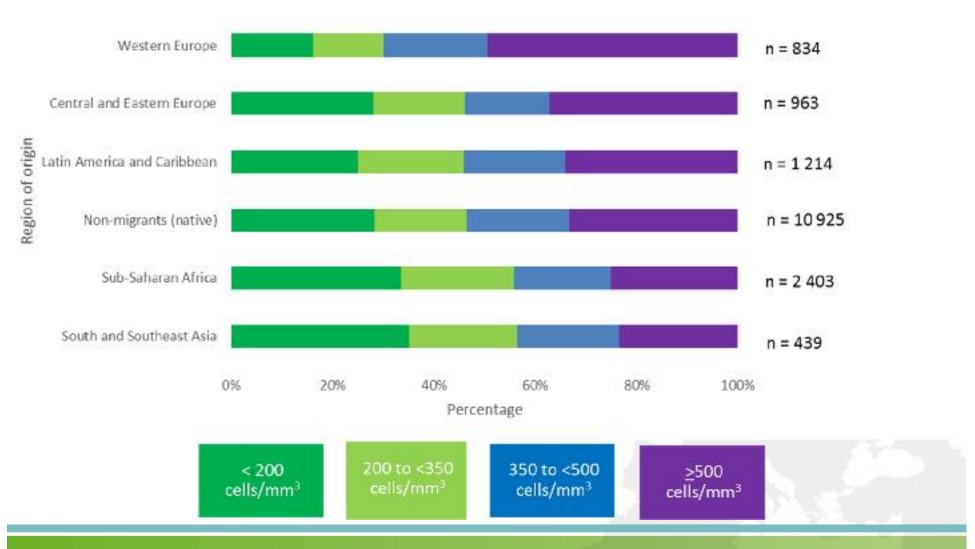


diagnosis and transmission mode, EU/EEA, 2015



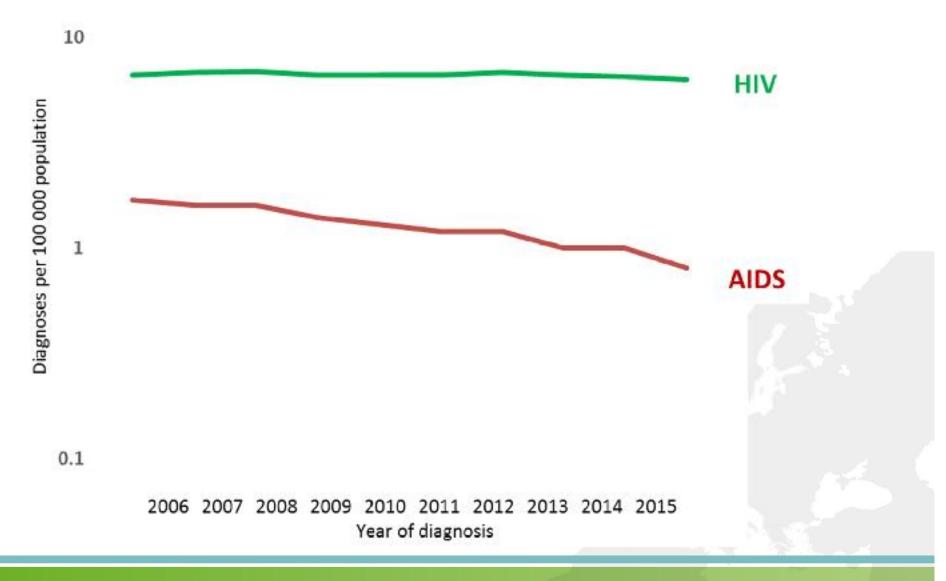


New HIV diagnoses, by CD4 cell count per mm³ at world Health Organization diagnosis and region of origin of the case, EU/EEA, 2015



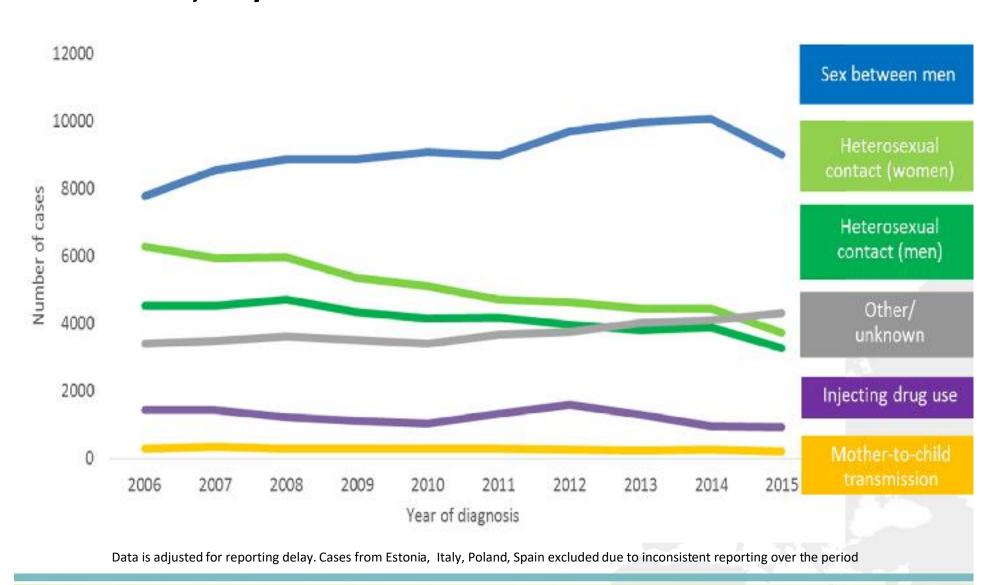
New HIV and AIDS diagnoses per 100 000, 2006-2015, EU/EEA





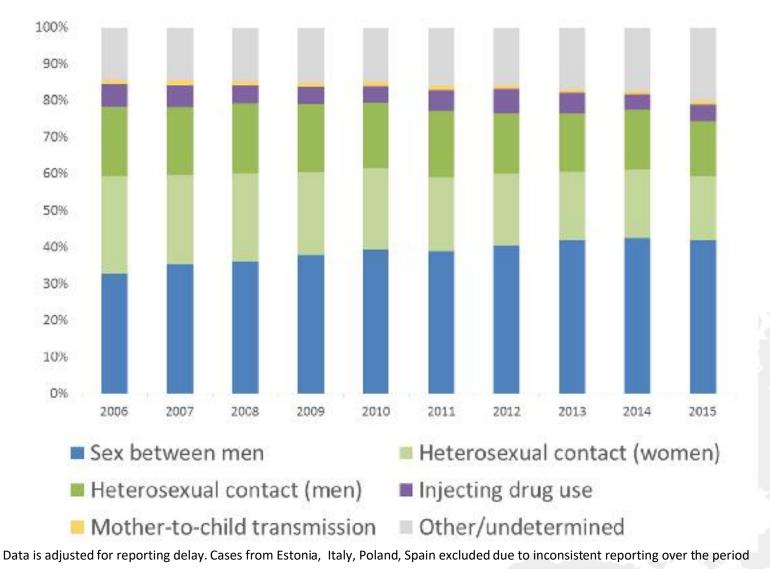
HIV diagnoses, by transmission mode, 2006-2015, EU/EEA





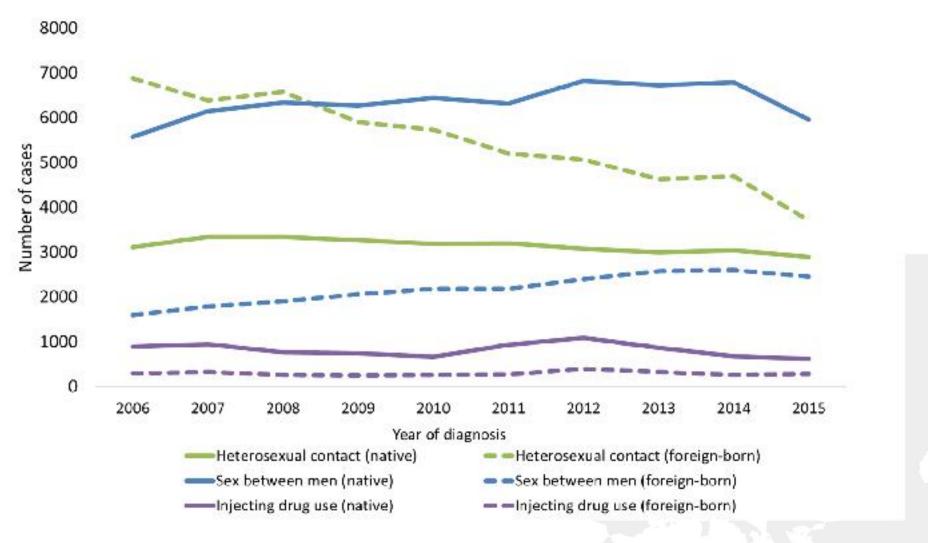
HIV diagnoses, by transmission mode, 2006-2015, EU/EEA





HIV diagnoses, by transmission mode and migration status, 2006-2015, EU/EEA

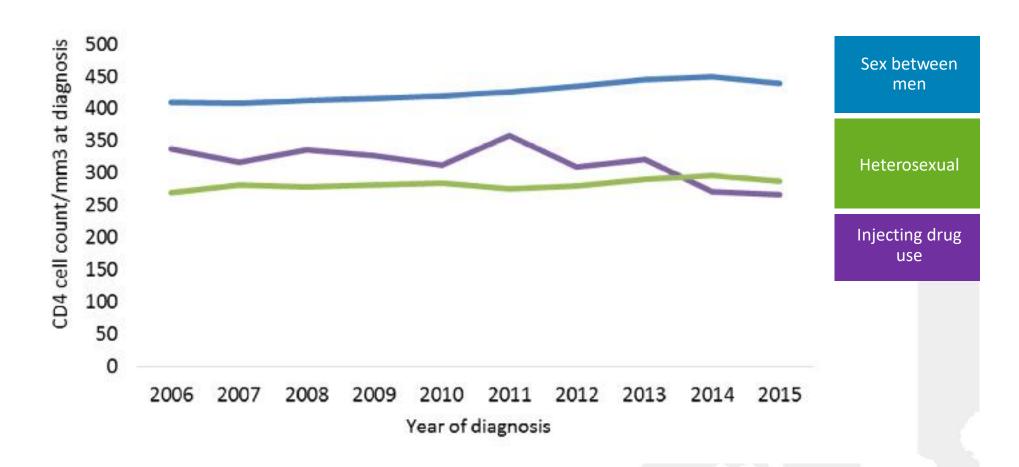




Data is adjusted for reporting delay. Cases from Estonia, Italy, Poland, Spain excluded due to inconsistent reporting over the period

Median CD4 cell count per mm³, by transmission mode, EU/EEA, 2006-2015

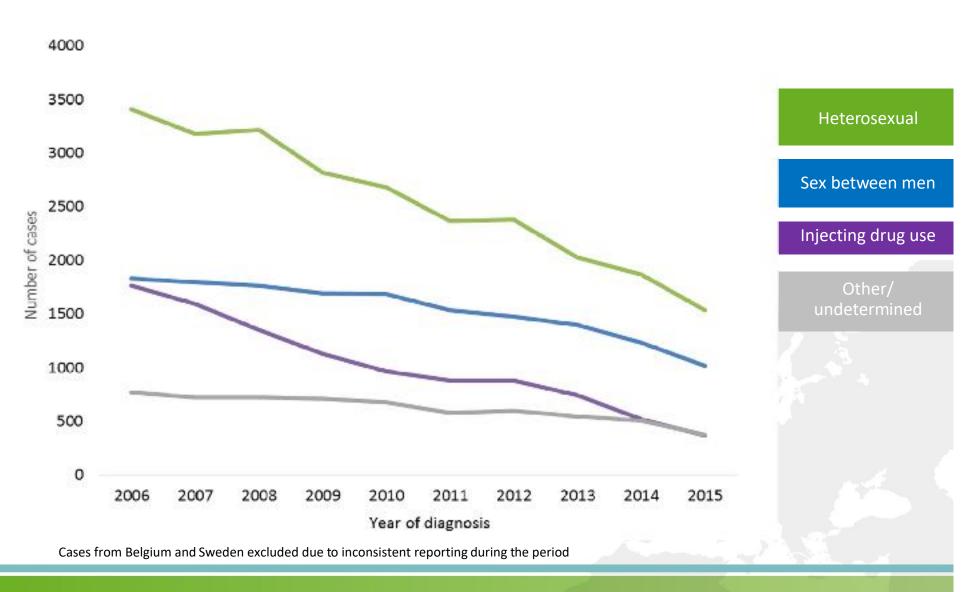




Excludes countries with >60% incomplete data on CD4 cell count during any year over the period (Belgium, Bulgaria, Croatia, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Slovak Republic, Sweden)

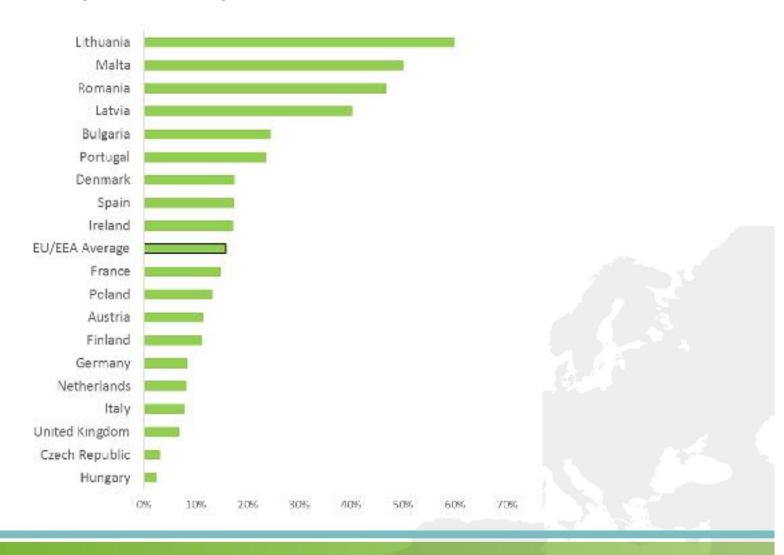
AIDS diagnoses, by transmission mode, EU/EEA, 2006-2015





Proportion of persons diagnosed with AIDS in 2015 with tuberculosis as an AIDS-defining illness, EU/EEA (n= 3 750)





Conclusions (1)



Although preventable through effective public health measures, significant HIV transmission continues in the EU/EEA

During the past decade (2006-2015) in the EU/EEA:

- Sex between men accounted for the majority of cases diagnosed in 2015 (42%) and is the only group where HIV infections have increased
- Heterosexual cases declined, driven by a decline among those from countries with generalised HIV epidemics
- Still, 37% of HIV diagnoses in 2014 were among people originating from outside the reporting country
- HIV cases attributed to injecting drug use declined over the last decade, despite the increase in two countries due to localised outbreaks

Nearly half (47%) of those diagnosed in 2015 were diagnosed late (CD4 cell count of <350/mm³ at diagnosis).

Conclusions (2)



Evidence-based HIV prevention interventions tailored to the local epidemiological context and targeted at those most at risk should be sustained and scaled-up.

- Programmes for men who have sex with men should be a cornerstone of HIV prevention in all EU/EEA countries
- Given the high proportion of HIV cases among migrants in many EU/EEA countries, and evidence of post-migration HIVacquisition, migrant-sensitive prevention services are crucial
- Adequate harm reduction levels will continue to prevent HIV among people who inject drugs
- Expansion of **HIV testing and linkage to care** will ensure early diagnosis and access to treatment; this will reduce the number of late presenters and improve treatment outcomes.





Full report and tables and can be downloaded at:

www.ecdc.europa.eu

