



2012

# HIV/AIDS surveillance in Europe

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



# European Union and European Economic Area (EU/EEA)

# HIV infections diagnosed, 2012

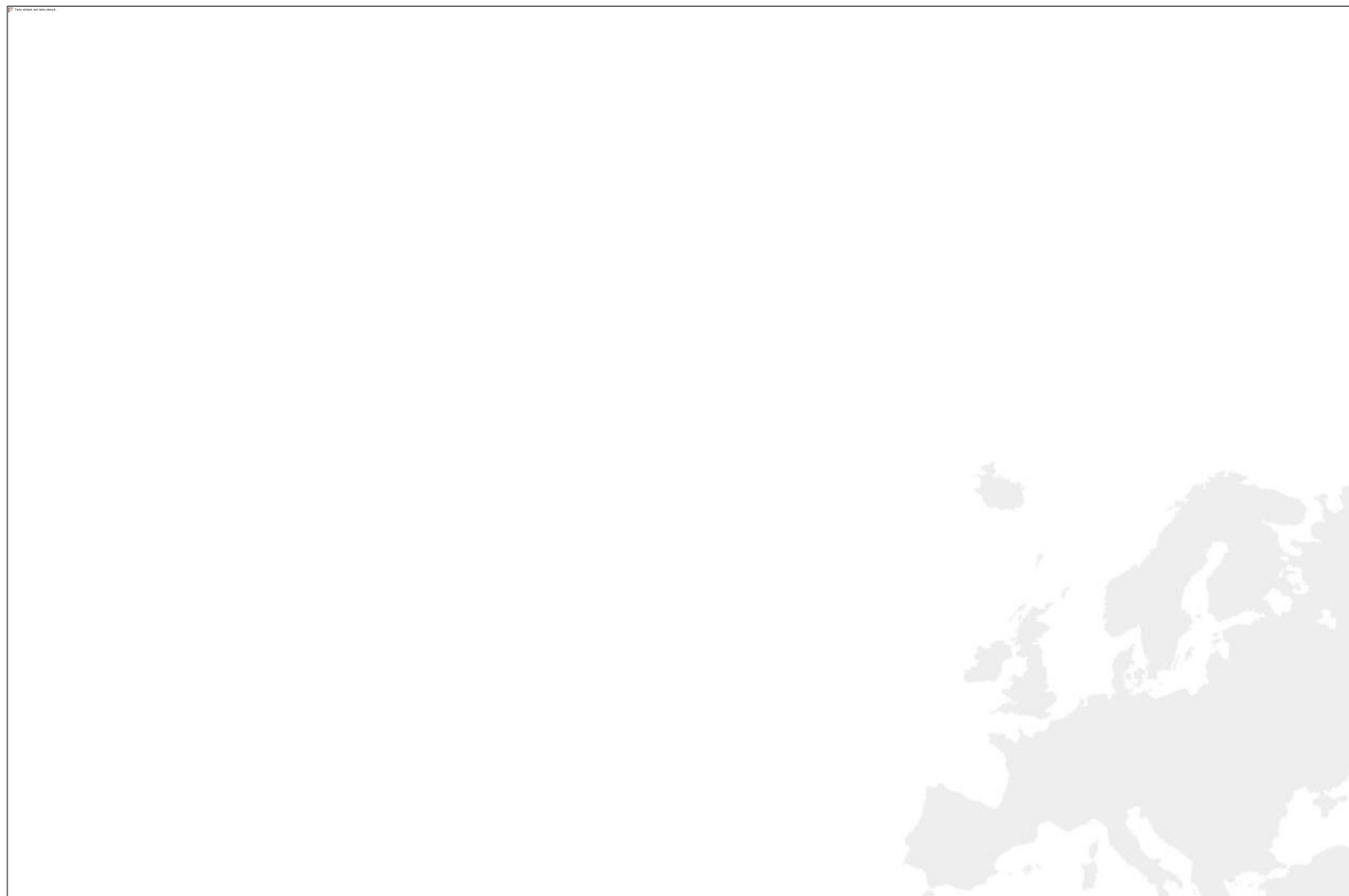
## Characteristics of reported cases EU/EEA

Number of HIV diagnoses	29 381
Diagnoses per 100 000 population	5.8
Percentage aged 15–24 years	10.6%
Male-to-female ratio	3.2
Transmission mode (percentage)	
Heterosexual	33.8%*
Men who have sex with men	40.4%
Injecting drug use	6.1%
Unknown	18.7%

\* Includes individuals (12%) originating from sub-Saharan African countries.

# HIV infections diagnosed and reported, 2012

All cases, EU/EEA



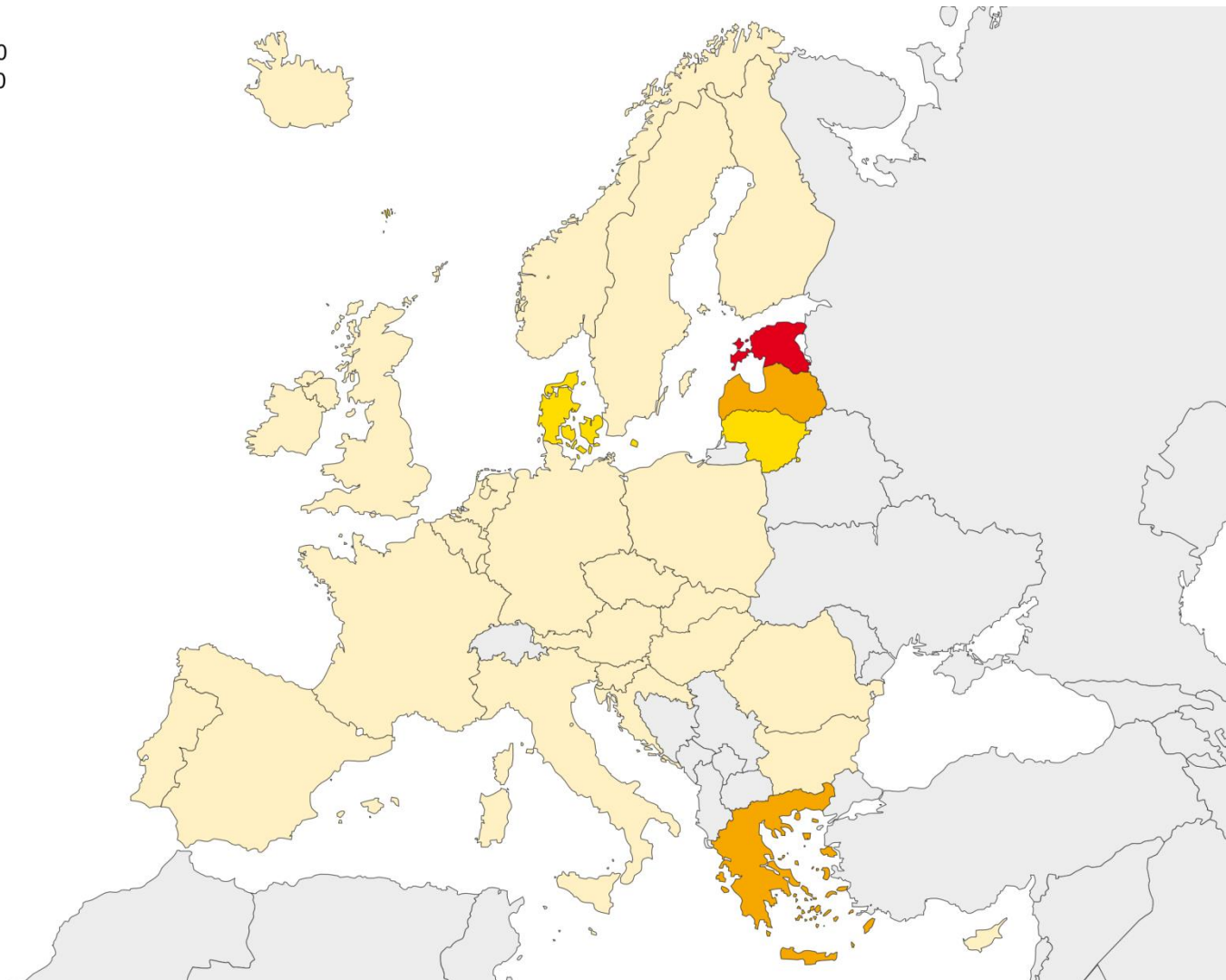
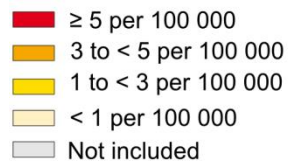
# HIV infections diagnosed and reported, 2012

## Men who have sex with men, EU/EEA



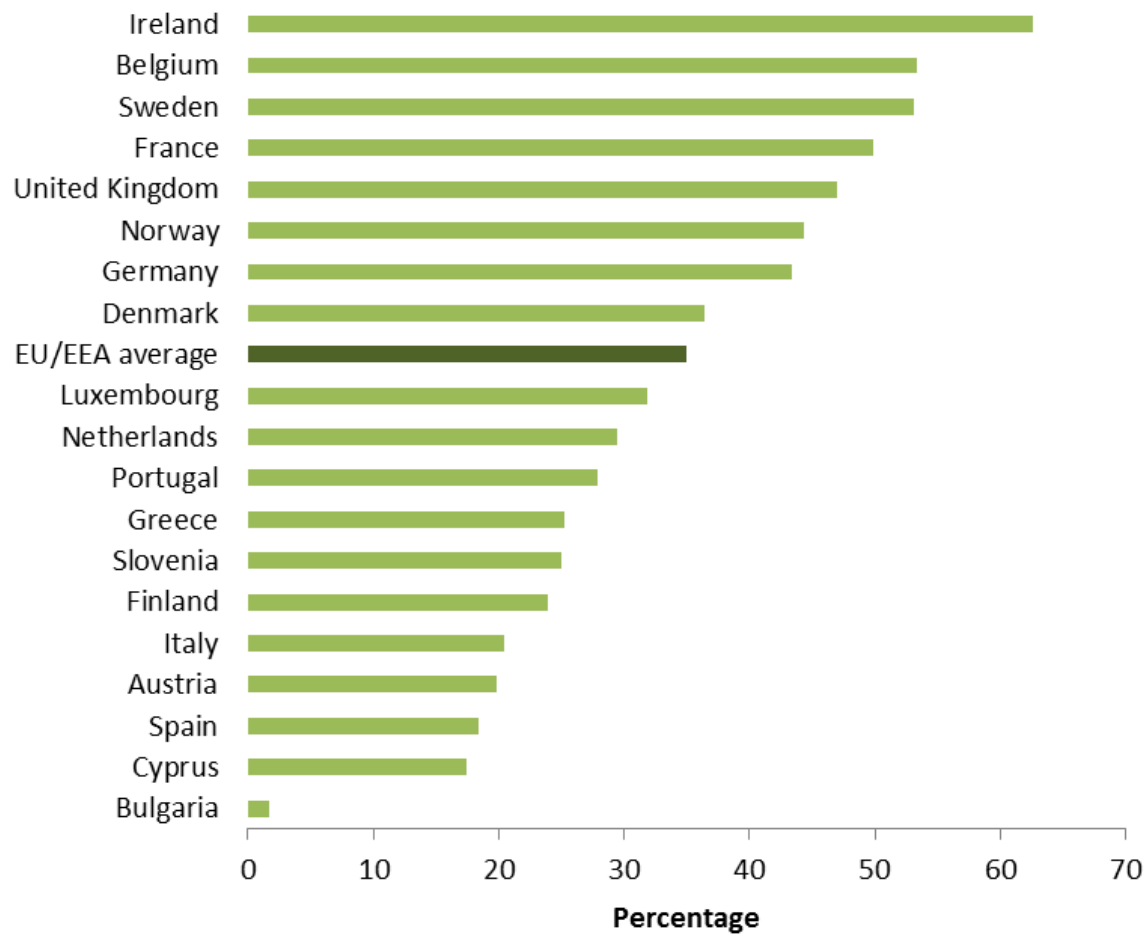
# HIV infections diagnosed and reported, 2012

## Injecting drug use, EU/EEA

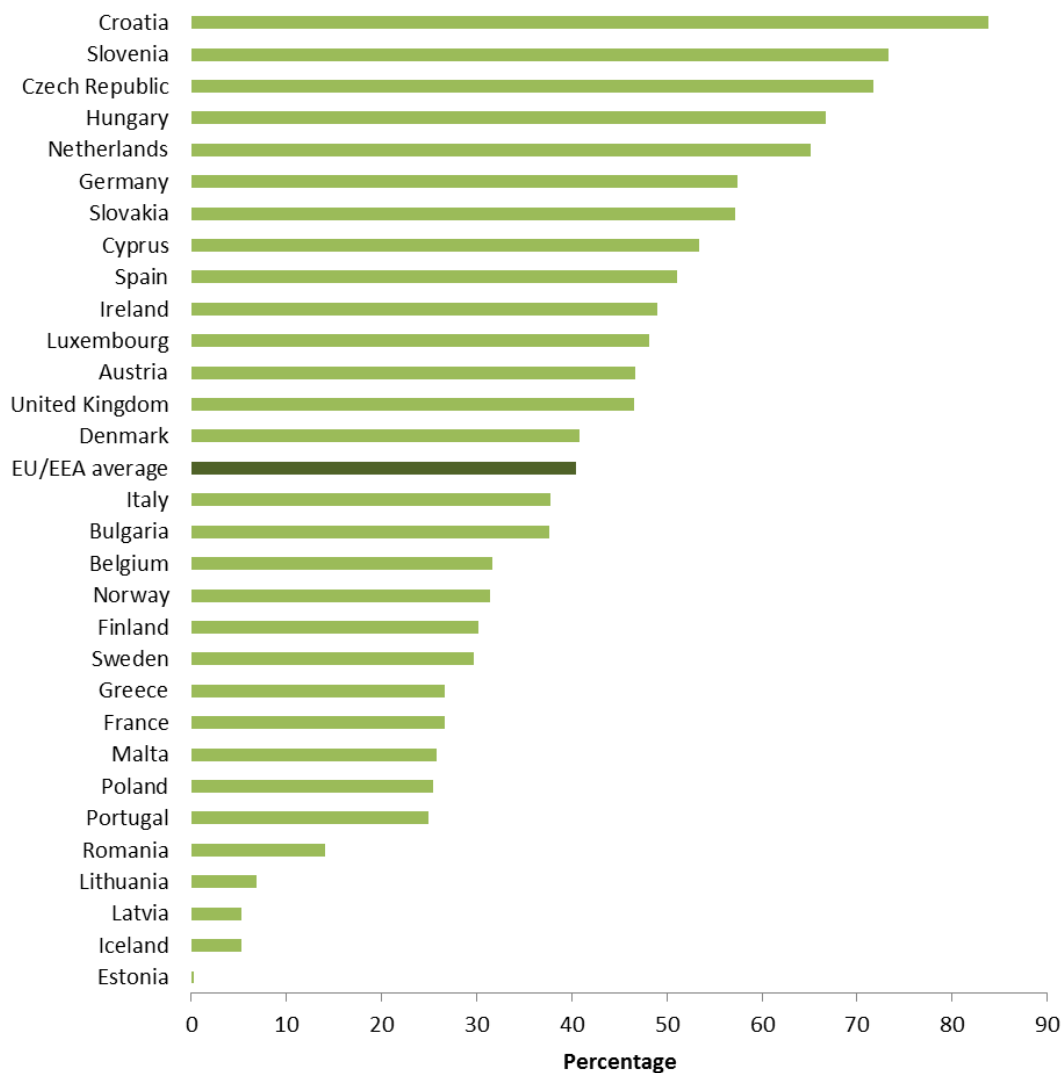


Non-visible countries  
Luxembourg  
Malta

# HIV diagnoses in persons originating from countries with a generalised epidemic among all the heterosexually acquired infections, 2012 (n=9 944)

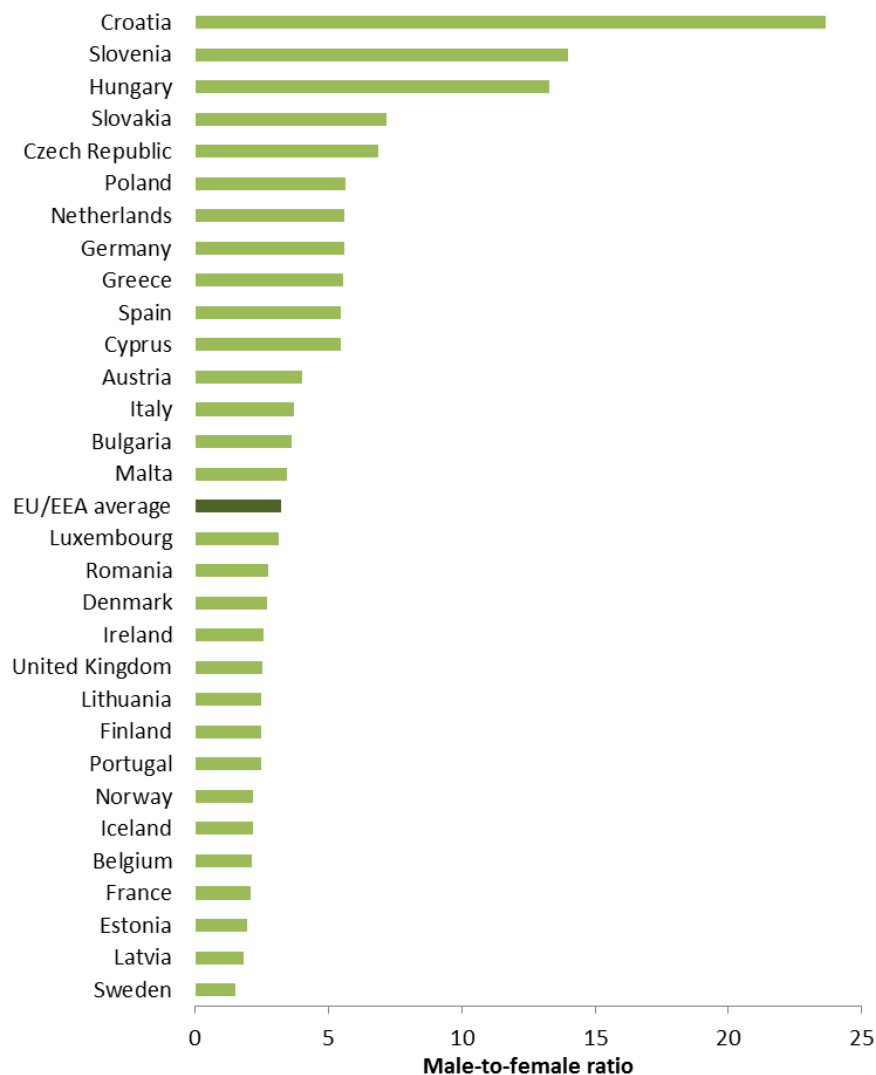


# HIV diagnoses in MSM among all reported HIV cases, by country, EU/EEA, 2012 (n=29 381)

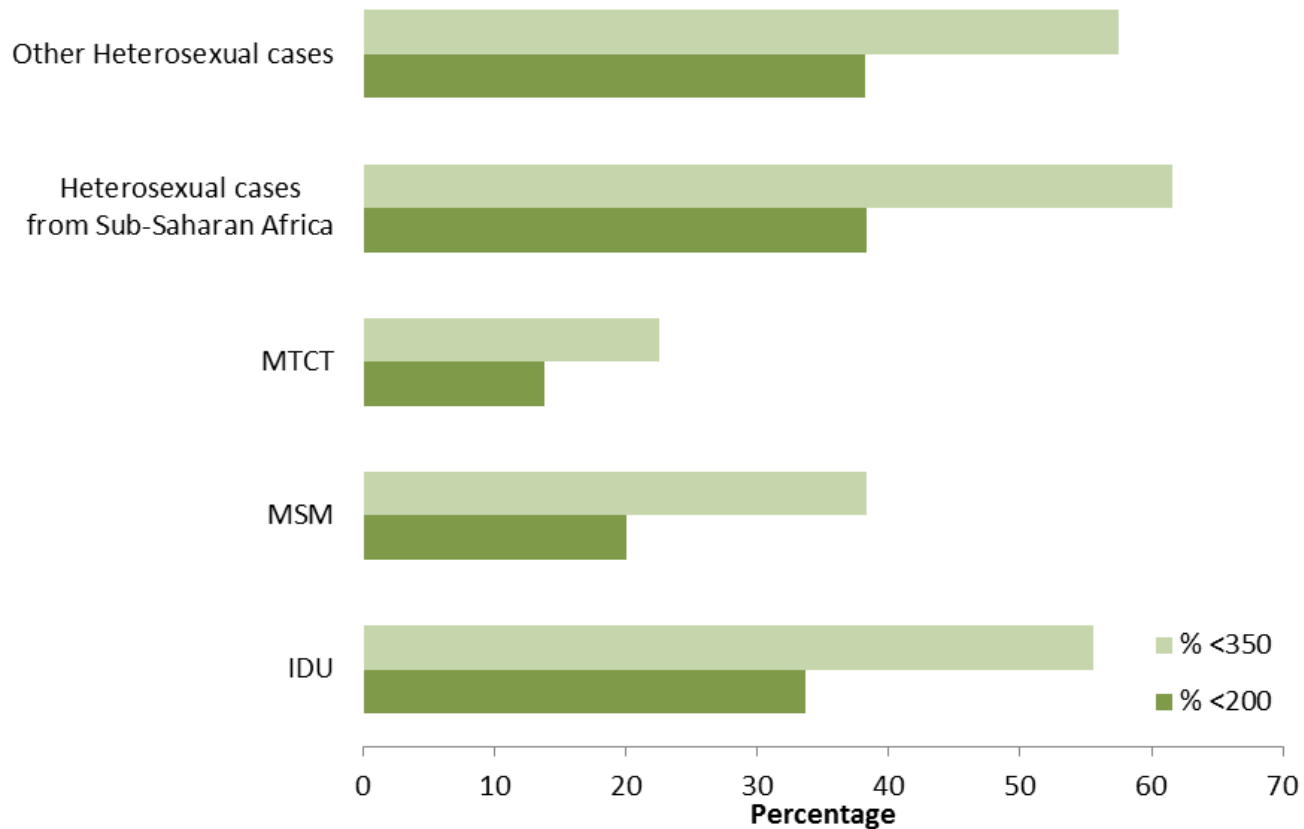




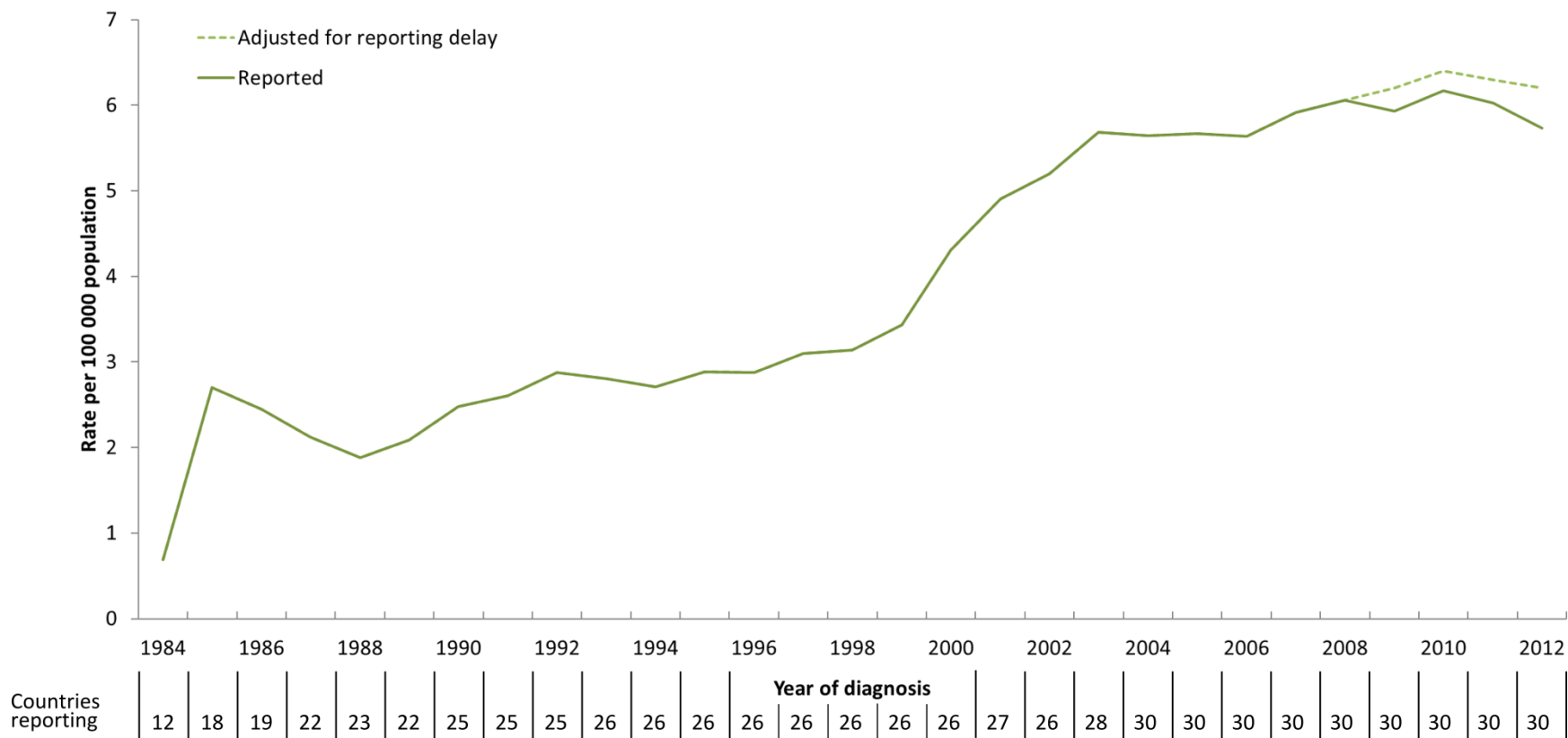
# Male-to-female ratio of HIV infections, by country, EU/EEA, 2012 (n=29 327)



# Percentage of cases presenting with CD4 cell count $<350/\text{mm}^3$ and $<200/\text{mm}^3$ , by mode of transmission, EU/EEA, 2012 (n=16 150)

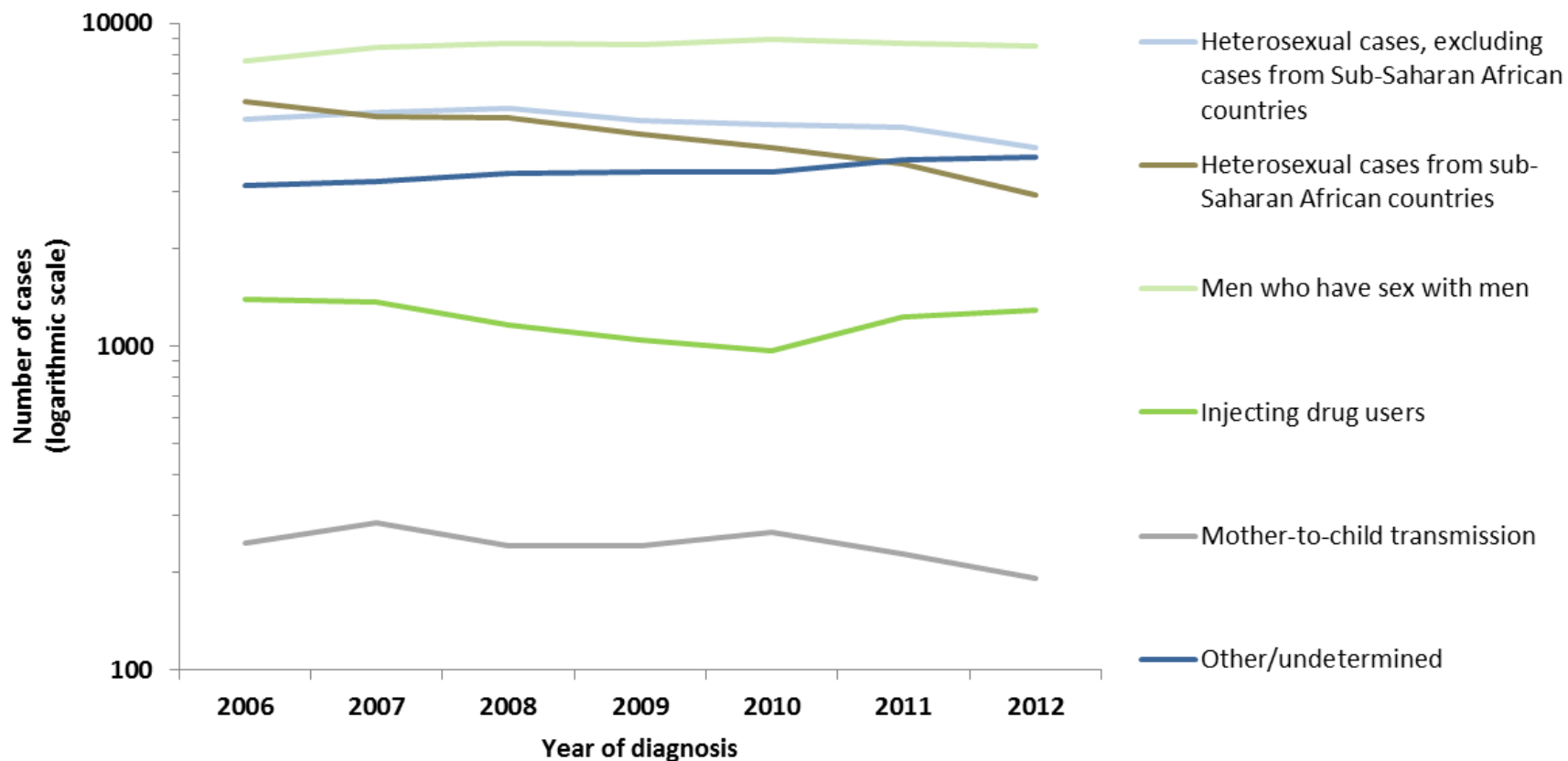


# Rate of reported HIV diagnoses, by year of diagnosis, in the EU/EEA, 1984–2012



# HIV infections reported, 2006-2012

Transmission mode and origin, adjusted for reporting delay



Predominant transmission mode: men who have sex with men

Data were not included or not available from Estonia, Poland, Spain, Italy.

# Conclusions (1)

HIV infection is of major public health importance in Europe, with evidence of continuing transmission in specific populations with no clear signs of overall decrease.

Half of the HIV infections were diagnosed as late presenters with CD4 cell counts less than 350/mm<sup>3</sup> blood.

Heterogeneity exists in HIV epidemics in the EU/EEA:

- Men who have sex with men accounted for majority of cases;
- One third of heterosexual cases have direct links to sub-Saharan Africa (areas with a generalised epidemic);
- Despite low levels of HIV reported in IDU, increases continue in Greece and Romania.

# Conclusions (2)

Interventions should be based on evidence and tailored to the local epidemiological situation and vulnerable populations such as MSM, IDU and migrant populations.

Wider access and uptake of HIV counselling and testing is needed to ensure earlier diagnosis and access to treatment – both to improve the longer term treatment outcomes for the individuals but also to prevent or reduce further transmission in the community.

Report is available from:  
[www.ecdc.europa.eu](http://www.ecdc.europa.eu)

