

HIV AND AIDS IN THE EUROPEAN UNION, 2008

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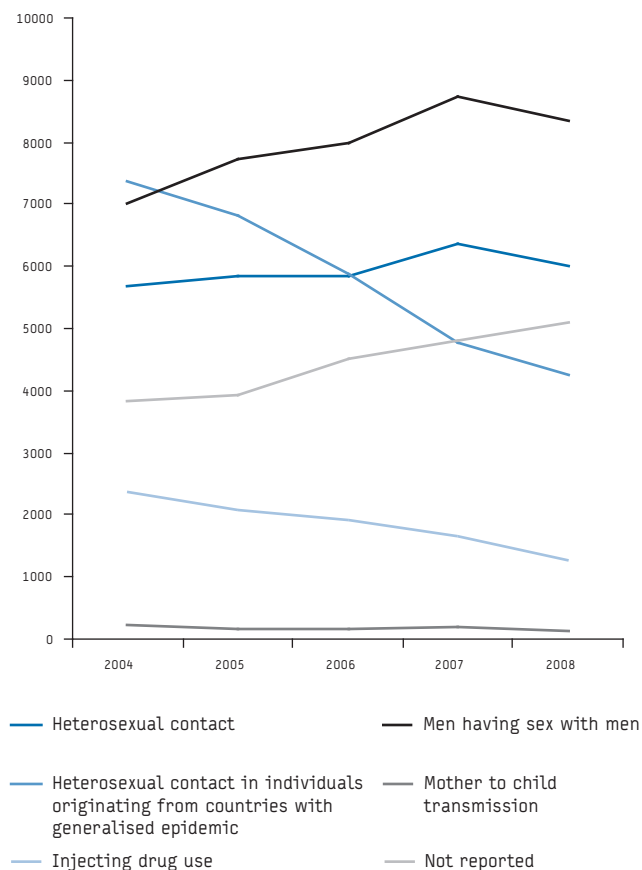
HIV infections remain to be of major public health importance in Europe, with evidence of increasing transmission in several European countries. A total of 25,656 diagnosed cases of HIV infection were reported for 2008 by the countries of the European Union and European Economic Area (EU/EEA); data were not available from Austria, Denmark or Liechtenstein. The highest rates were reported by Estonia, Latvia, Portugal and the United Kingdom. In the EU/EEA, the predominant mode of transmission for HIV infection was sex among men who have sex with men (MSM, 40%) followed by heterosexual contact (29%), when cases in persons originating from countries with generalised epidemics were excluded. Injecting drug use accounted for 6% of the reported cases. Overall, despite incomplete reporting, the number of HIV cases in 2008 has increased while the number of reported AIDS cases continued to decline except in the Baltic States. The data presented have some limitations, due to missing data from a number of countries, limiting the conclusions that can be drawn with respect to the size of the HIV and AIDS epidemics in Europe.

Since January 2008, the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO) Regional Office for Europe have jointly carried out the HIV/AIDS surveillance in Europe. Data were collected from all countries in the WHO European region in September-October 2009. This rapid communication presents the main findings for the European Union and European Economic Area (EU/EEA) countries which will be included in a comprehensive report on the surveillance of HIV/AIDS in Europe 2008 on the occasion of World-AIDS day [1].

In total 25,656 cases of HIV infection were diagnosed and reported for 2008 by 27 of the 30 EU/EEA countries (61 cases per million population); data were missing for Austria, Denmark and Liechtenstein; data from Spain and Italy do not have a national coverage. The three countries with the highest rates of newly diagnosed HIV cases in 2008 were Estonia (406/million; 545 cases), Latvia (158/million; 358 cases) and the United Kingdom (119/million; 7,298 cases). Furthermore, rates of around 100 HIV cases per million population were reported by Portugal (106/million; 1,124 cases), Belgium (101/million; 1,079 cases), Luxembourg (97/million; 47 cases) and Italy (97/million; 1,958 cases). Among those cases for which age and sex were reported, 13 per cent were individuals between 15 and 24 years of age and 30% were women. The predominant mode of transmission is sexual contact among men who have sex with men (MSM) (40%), followed by heterosexual contact (29%), when individuals from countries with generalised epidemics (19% of all diagnosed HIV cases) are excluded. Injecting drug use accounted for 6% of diagnosed HIV cases.

Among the 23 countries that have consistently reported data since 2000, the rate of diagnosed cases of HIV per million has increased by 37% from 42 per million in 2000 (13,265 cases) to 56 per million (18,019 cases) in 2008. Rates of diagnosed cases of HIV have doubled in Bulgaria, Czech Republic, Hungary, the Netherlands, Slovakia, Slovenia; rates have increased by more than 50% in Germany, Norway, Lithuania and the United Kingdom and rates have decreased by more than 20% in Latvia, Portugal and

FIGURE 1
HIV infections by transmission mode and origin by year of diagnosis, European Union (EU) and European Economic Area (EEA), 2004–2008



Source: HIV/AIDS surveillance report 2008

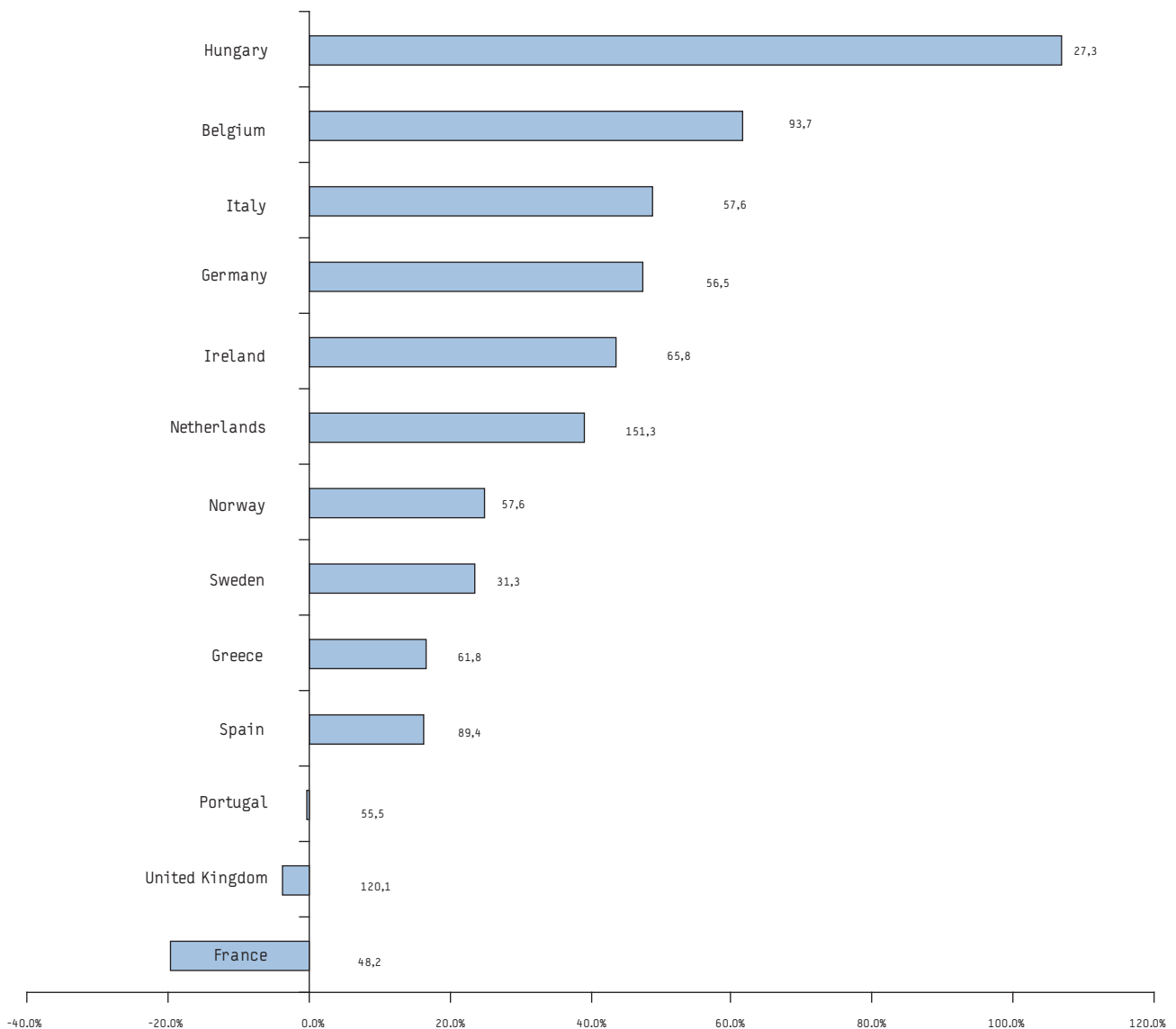
Romania. The trend data have to be interpreted with caution as reporting delays affect the actual numbers for most recent years as well as changes in reporting systems, targeting populations at risk and uptake of HIV testing may affect the numbers.

The number of HIV cases among men who have sex with men (MSM) has increased by 19% between 2004 and 2008 (Figure 1). The rate of HIV infections diagnosed in MSM as of the total male population (aged 15 – 65) ranged from 25 per million male population to 151 per million in countries that had reported at least 50 MSM diagnosed with HIV in 2008. A rate of more than 100 per million male population was found in the United Kingdom and the Netherlands. In most of the countries, diagnosed HIV cases increased between 2004 and 2008, as shown in figure 2.

The number of heterosexually acquired cases has remained fairly stable at around 6,000 cases. However, the number of cases originating from countries with generalised epidemics amongst heterosexually acquired cases decreased by 42% from 7,364 in 2004 to 4,267 in 2008. In 2008, 25 countries provided information on the origin of the cases and on the probable source of infection where the infection was acquired through heterosexual contact. In these countries, 4,267 (42%) cases were among individuals originating from countries with generalised epidemics, 113 (1%) had (or have had) a high-risk partner and 382 (4%) have had a partner from countries with generalised epidemics. The probable source of infection was unknown for 54% of cases. The proportion of heterosexually transmitted cases from countries with generalised epidemics varied from 0% in Bulgaria, Latvia, Lithuania, Poland and Slovakia to 60% in Belgium, 67% in Ireland and 69% in Norway. Around 50% of the heterosexually

FIGURE 2

Proportional increase in the rate of HIV infections among men who have sex with men (MSM) per million of male population between 2004 and 2008, and the rate in 2008 (for European Union and European Economic Area countries that reported at least 50 cases in MSM).



transmitted cases in Luxembourg, the Netherlands, Sweden and the United Kingdom were reported in individuals from countries with generalised epidemics.

The number of HIV reports among injecting drug users (IDU) has declined by 41% in the same period. The number of cases with unknown risk factors increased by 33% (from 3,817 to 5,083).

A total of 5,218 cases of AIDS were diagnosed in the EU/EEA countries in 2008 (no data from Denmark, Sweden or Liechtenstein), representing a rate of 11 cases per million population. The highest rates were reported by Estonia (46/million; 61 cases), Latvia (44/million; 99 cases), Portugal (36/million; 387 cases), and Spain (29/million; 1,170 cases). Since 2000, the number of reported AIDS cases diagnosed has declined by 36% in 2007 and more than 50% in 2008. The steady decrease in the number of AIDS diagnoses during this period could be due to the availability of highly active antiretroviral therapy (HAART), under-reporting and reporting delay particularly in the most recent years. During this period, the number of reported AIDS cases diagnosed has increased in ten and decreased in 17 countries. The largest increase was reported by Estonia, from three cases in 2000 (2/million) to 61 (46/million) in 2008. Other substantial increases (doubled or more) were observed in Latvia and Lithuania.

Conclusions

The highest proportion of the total number of HIV cases in EU/EFTA countries was reported among MSM. Despite the relatively low absolute number of cases diagnosed in these groups, IDU and MSM are disproportionately affected by the HIV epidemic compared with the heterosexual population because of the relatively small sizes of the populations and the high levels of HIV in these groups. National prevention programmes aimed at reducing HIV transmission within Europe should have a strong focus on MSM and take IDU into account. In addition, although, heterosexual HIV transmission remains important and is increasing in several countries, a considerable proportion of heterosexually acquired cases are diagnosed in persons originating from countries with generalised epidemics. As these populations affect the HIV and AIDS epidemics in Europe they should also be targeted in national prevention programmes and their access to treatment and care services should be ensured. Although there seems to be a decline in the number of new diagnoses among IDU, injecting drug use is still the predominant transmission mode in the Baltic States.

Enhanced surveillance of HIV and AIDS in Europe is essential to provide the information that is necessary to monitor the epidemic and evaluate the public health response to control the transmission of infections. In order to achieve this aim, countries in Europe need to ensure that surveillance data is of high quality, and to provide complete case reports with HIV and AIDS surveillance data. Achieving full coverage of reporting in all countries in Europe is of paramount importance.

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