

The first cases of Acquired Immunodeficiency Syndrome (AIDS) were diagnosed more than 30 years ago. The onset of AIDS is caused as a result of HIV (human immunodeficiency virus) infection and can manifest itself as any number of different diseases, such as pneumonia and tuberculosis, as the immune system is no longer able to defend the body, leaving it susceptible to opportunistic infections and tumors. There is a time lag between HIV infection, AIDS diagnosis and death, which can be any number of years depending on the treatment administered. Despite worldwide research, there is no cure currently available. HIV remains a major public health issue in Europe, with continuing transmission.

In 2010, almost 27 000 cases of newly diagnosed HIV infection were reported by EU member states, and another 1 600 cases in the six EU candidate countries, Norway and Switzerland. Estonia had the highest rate of new cases, at 27.8 per 100 000 population, followed by Belgium, Latvia and the United Kingdom, all at over ten (Figure 1.12.1). On average across EU member states, 6.2 new cases of HIV infection were diagnosed per 100 000 population in 2010. One quarter of cases were female, although the ratio varied greatly between countries, from Hungary (16 male cases for each female case) to Sweden (two). Approximately 800 000 persons were living with HIV infection in the European Union in 2010. The predominant mode of transmission of HIV was through men having sex with men (38%), followed by heterosexual contact (24%). However, in certain countries injecting drug use is also a common mode. Approximately 75% of heterosexually acquired HIV infection in Western and Central Europe is among migrants.

The number of newly reported cases of AIDS in EU member states in 2010 was 4 643, representing an average incidence rate of 1.1 per 100 000 population (Figure 1.12.1). Following the first reporting of AIDS in the early 1980s, the number of cases rose rapidly to reach an average of almost four new cases per 100 000 population across EU member states at its peak in the middle of the 1990s, four times the current incidence rate. Public awareness campaigns contributed to steady declines in reported cases through the second half of the 1990s. In addition, the development and greater availability of anti-retroviral drugs, which reduce or slow down the development of the disease, led to a sharp decrease in incidence from 1996 onward.

The highest AIDS incidence rates among EU member states in 2010 were reported in Latvia, followed by Portugal and Spain, at two or more cases per 100 000 population.

Spain had the highest incidence rates in the first decade following the outbreak, although there was a sharp decline from 1994 onwards. Incidence rates in Portugal peaked somewhat later, towards the end of the 1990s. AIDS incidence rates in Latvia increased rapidly to the mid-2000s (Figure 1.12.2). Central European countries such as Bulgaria, the Czech and Slovak Republics, Hungary, Poland and Slovenia report the lowest incidence rates of AIDS, although incomplete reporting may lead to underestimates (ECDC and WHO Regional Office for Europe, 2011).

In recent years, the number of AIDS cases reported in the EU has steadily declined. However, continuing transmission of HIV and increases in reported rates in some countries reinforce the need for evidence-based interventions which are adapted to the situation of each country.

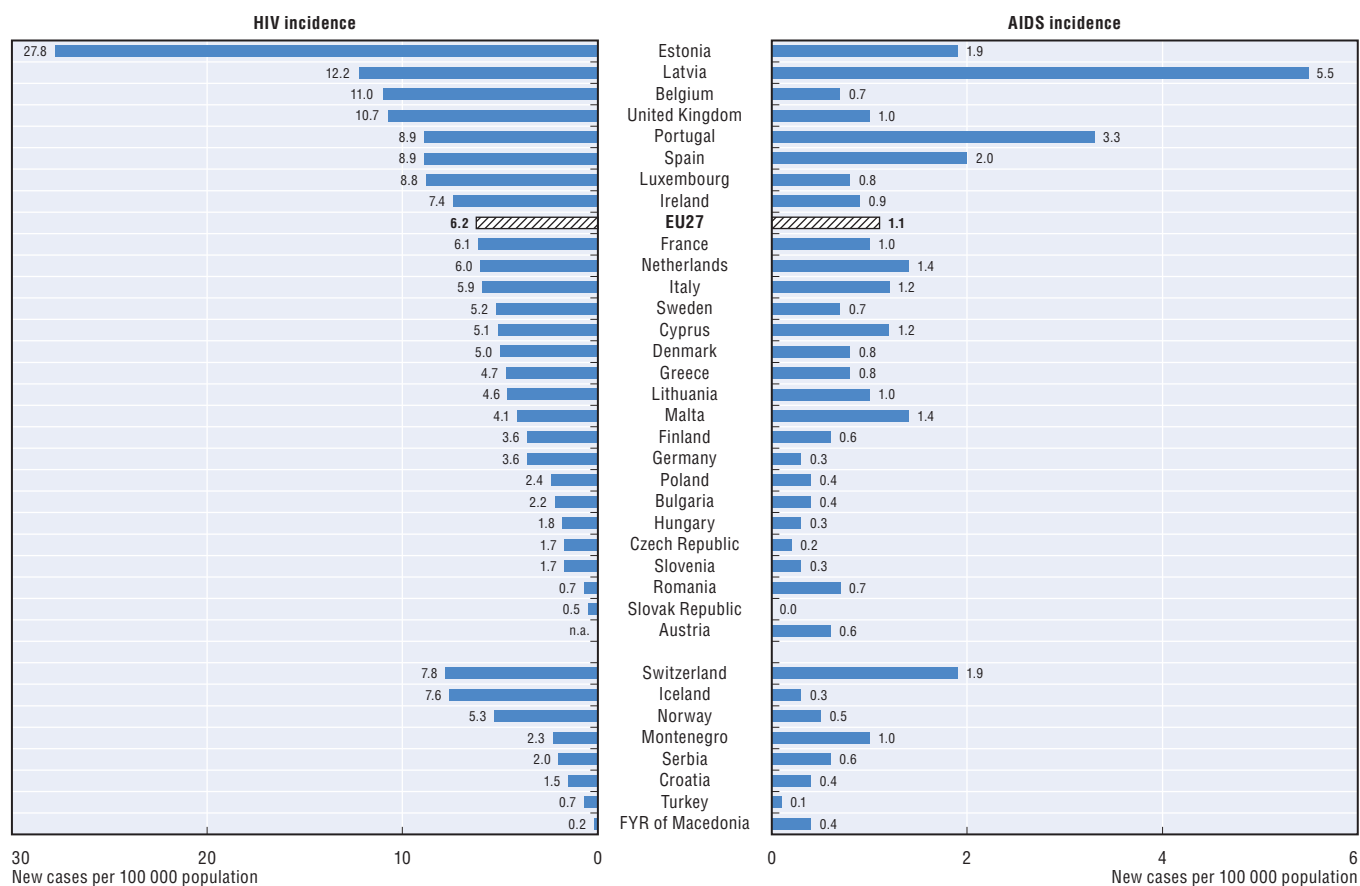
A European Commission Communication details the policy priorities regarding HIV in Europe for 2009-13. The main objectives are to reduce new HIV infections across all European countries by 2013; improve access to prevention, treatment, care and support; and to improve the quality of life of people affected by HIV/AIDS in the European Union and neighbouring countries. The Communication also highlights priority regions and priority groups and emphasises the improvement of knowledge, including surveillance, monitoring, evaluation and research (ECDC, 2012).

### Definition and comparability

The incidence rates of HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) are the number of new cases per 100 000 population at year of diagnosis. However, since newly reported HIV diagnoses may also include persons infected several years ago, the data do not represent real incidence. Underreporting and underdiagnosis also affect incidence rates, and could be as much as 40% in some countries (ECDC, 2011).

Note that data for recent years are provisional due to reporting delays, which can sometimes be for several years. Reporting is voluntary in some countries. Others report regional data only.

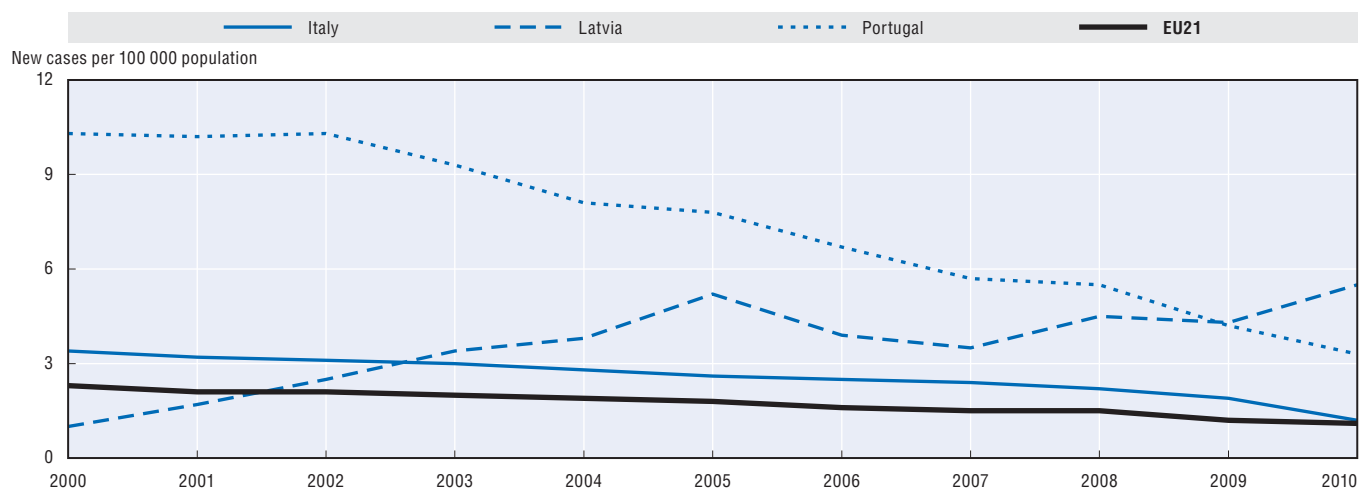
1.12.1. HIV and AIDS incidence rates in 2010



Source: ECDC and WHO Regional Office for Europe (2011).

StatLink <http://dx.doi.org/10.1787/888932703506>

1.12.2. Trends in AIDS incidence rates, selected EU member states, 2000-10



Source: ECDC and WHO Regional Office for Europe (2011).

StatLink <http://dx.doi.org/10.1787/888932703525>