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EPIDEMIOLOGY OF HIV/AIDS IN EUROPE

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HIV epidemic in Europe is very diverse but in the whole of Europe it remains an important public health issue. Prior to introduction of effective antiretroviral treatment AIDS reporting was the mainstay of monitoring of the HIV spread. However, at present the emphasis has been shifted to reporting of HIV new diagnoses. An important drawback of this approach is that the rate of diagnosed HIV infections in addition to HIV incidence reflects also the testing patterns in the country.

The peak number of registered HIV cases occurred in 2001 with 113,930 cases and was due to the peak in Eastern Europe. In 2006 in the WHO European region the number of newly diagnosed cases was 86,912. In four countries reported rates of HIV exceeded 200 per million inhabitants: Estonia, Ukraine, Russian Federation and Portugal. In the EU 27 the average rate of new diagnoses in 2006 was 57.5 per 1mln. Recently increases were noted in many Western European countries, the highest in the UK (from 70,3/mln in 2001 to 148.8/mln in 2006) and Germany (from 15.9/mln in 2001 to 32.9/mln in 2006). Increasing HIV rates were also noted in Central Europe, including Poland. In Poland in 2006 there were 19.5 newly detected HIV cases per 1 million inhabitants as compared to 14.6 in 2001.

Despite marked differences in the pattern of the epidemic overall risk of heterosexual spread in general population in Europe is judged to be small and in most countries certain key populations driving the epidemic can be identified. In the West of Europe the predominant route of transmission is heterosexual contact, concerning to a large extent people originating from countries with generalized HIV epidemics. A substantial proportion of these cases are infections imported from the countries of origin. Secondly, even with extensive prevention campaigns Western Europe experiences an increasing spread of HIV among men who have sex with men (MSM). In the East of Europe (former Soviet Union states) injecting drugs is the driving force of the epidemic and the population affected by HIV is on average younger than in the West. A considerable number of infections is now acquired through heterosexual contact, among partners of injecting drug users (IDU). The epidemic in Central Europe remains low level and heterogeneous across the region.

Testing policies in Europe are uneven and the rate of testing varied in 2006 from less than 5 per thousand inhabitants in Albania, Georgia and Poland to over 170 per thousand inhabitants in San Marino.

From 1999 AIDS incidence in Western and Central Europe decreased by 50% with general use of antiretroviral treatment. However in Eastern Europe it is still increasing and is now the highest in the region. During the same time period in Poland AIDS incidence increased by 20%. Late HIV diagnoses contributed largely to this increase.

Current challenges of the HIV epidemiology in Europe are to promote HIV testing, to maintain high level prevention in specific groups, especially MSM and immigrant populations in the West and the IDU in the East of Europe. An effort is also needed to improve information system for public health actions, including estimating incidence in different groups in order to obtain better target groups for prevention, estimating prevalence to assess treatment needs and monitor mortality among people living with HIV/AIDS to ensure proper access to treatment and supportive care.

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