

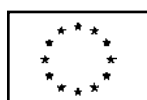


Health statistics

Atlas on mortality in the European Union

Chapter 21 AIDS

Data 1994–96



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THEME 3
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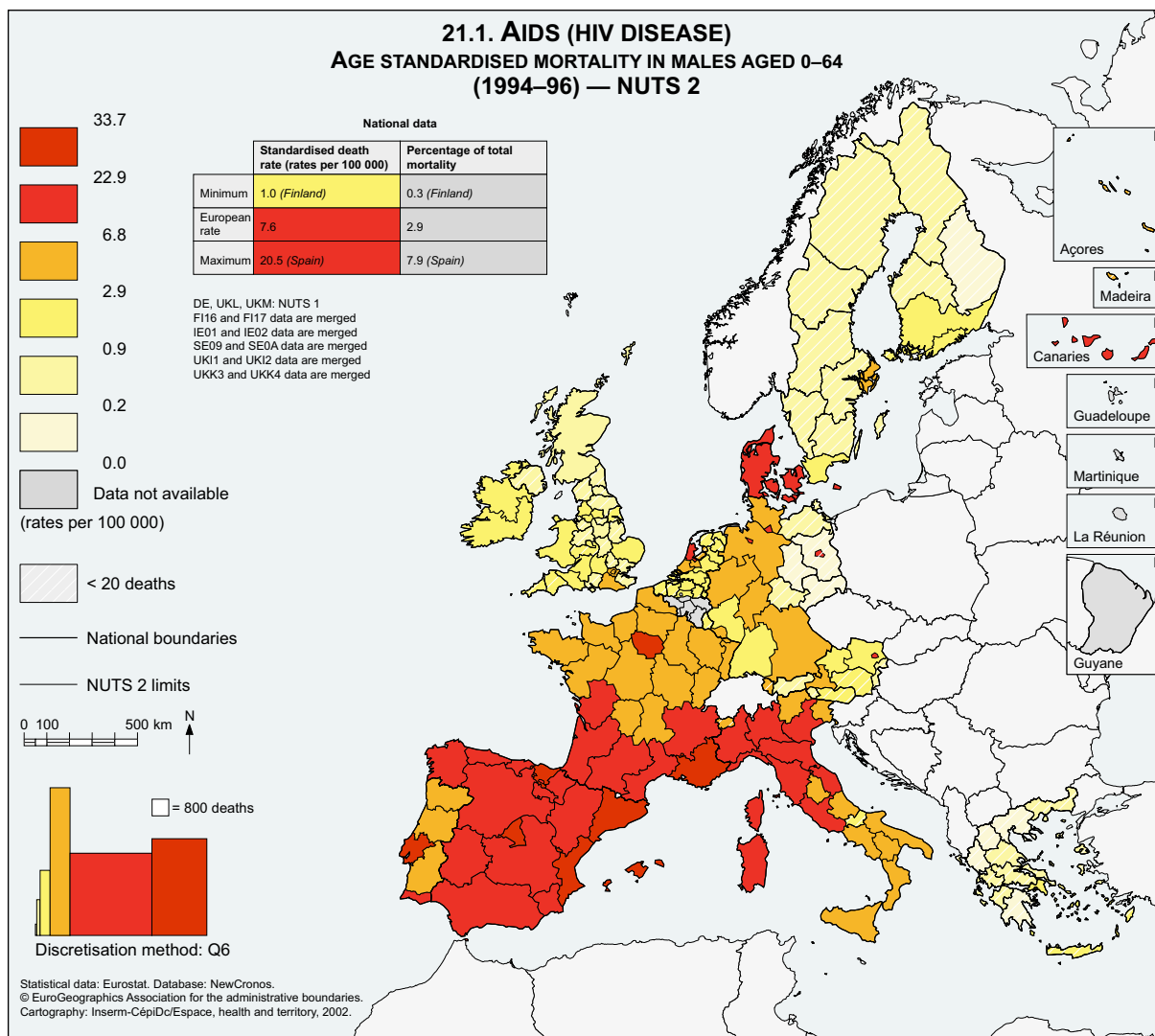
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21. AIDS

AIDS mainly affects young men and has even become the third most important cause of death in the 25–44 age group (see 'Mortality by age group', Chapter 5) and is most commonly transmitted by homosexual relations. The frequent use of infected syringes by drug addicts is another major factor of infection.

The female population is less affected, but infection through heterosexual relations and by vertical transmission is on the increase.

The length of survival is determined by a number of factors, particularly the age at which the disease is diagnosed, the year of diagnosis, the introduction of new therapeutic combinations, and the type of initial pathologies linked to the patient's level of immunity. However, recent therapeutic advances now

give patients longer life expectancy than that of the first victims of the epidemic.

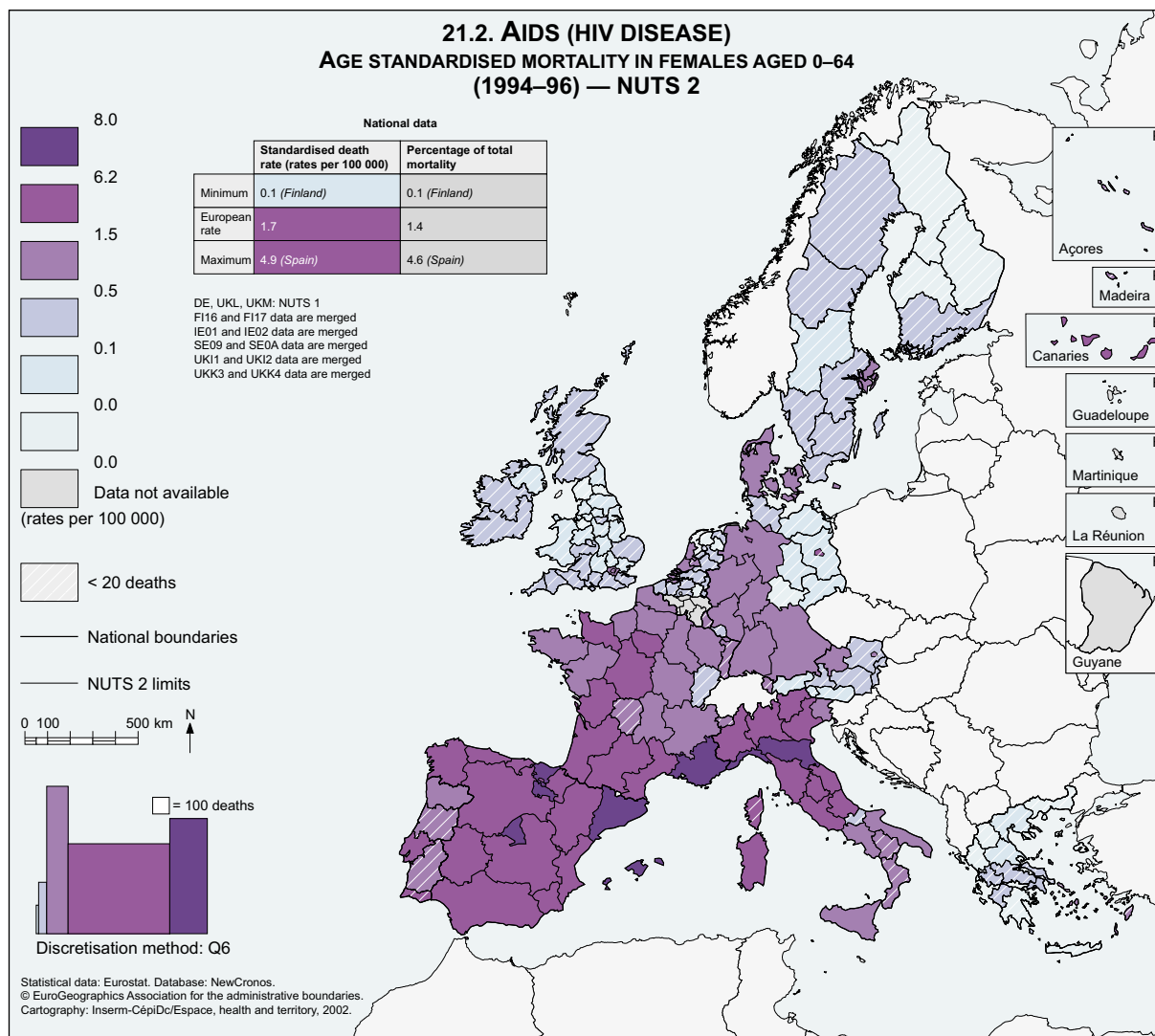
Considerable differences in mortality

AIDS is the cause of death with the widest range of regional mortality rates in the EU.

The maps reveal a clear-cut geographical pattern, similar for men and women, although the number of women concerned is far smaller.

A broad continuous band of excess mortality covers all the Spanish provinces, southern France, northern Italy, the Algarve in Portugal and the Mediterranean islands (Balearics, Corsica and Sardinia).

Within this area of excess mortality, some regions have particularly high levels: Cataluña, the Comunidad Valenciana and País Vasco in Spain, and the Provence-Alpes-Côtes d'Azur region in France. The



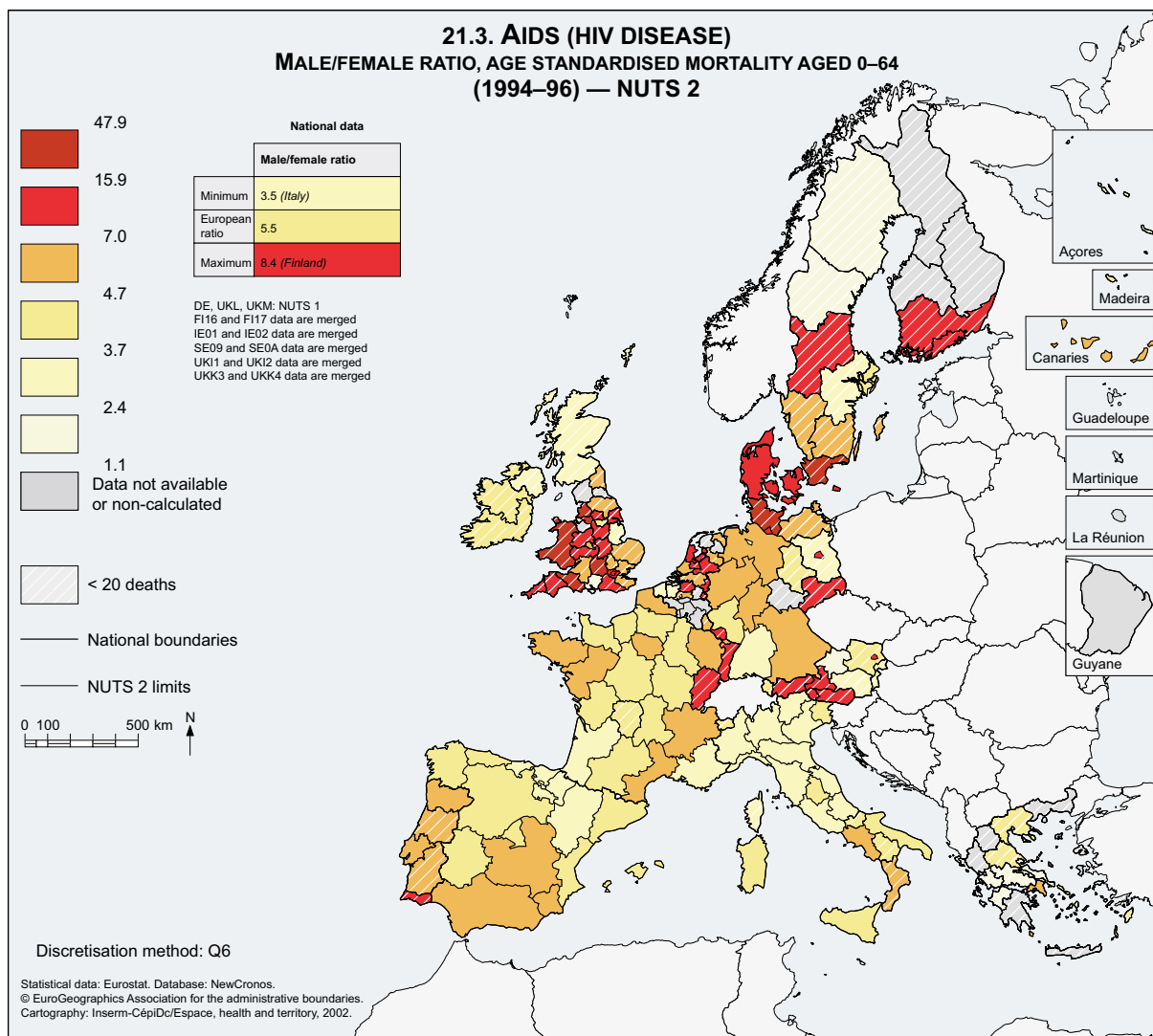
Comunidad de Madrid is also badly affected. This unfavourable situation in a major region containing the capital is found in most European countries, which confirms that the AIDS epidemic is very much an urban phenomenon. In Portugal, Lisboa e Vale do Tejo has very high rates compared with the country's other provinces. The same contrast is apparent between Île-de-France and the regions in the northern half of France. In western Germany, the impact of AIDS is greater in the urban *Länder* of Bremen and Hamburg.

The poor situation of the major urban regions is even more striking in the Member States where the impact of AIDS is otherwise small, for example in the Netherlands (Noord and Zuid-Holland) and Austria (Wien). However, the most striking example of this contrast is in eastern Germany, where the situation in Berlin contrasts with the rest of the territory, where the rates are particularly low.

In some Member States, these contrasts are less marked. In Greece, the impact of the epidemic is very small throughout the country, including the region of Attiki, which contains Athens. Greece forms an exception in the south of the EU, since its situation is the same as that of the northern countries: the UK, Sweden, Finland and Belgium, where the overall impact of AIDS is moderate. However, rates are higher in Stockholm and the London region. In the north of the EU, only Denmark is badly affected.

These major contrasts may be explained by the anteriority of the epidemic in certain regions but may also reflect the effectiveness of prevention policies in the various European countries.

However, the problem of prevention is very different depending on the Member State, since the distribution of AIDS cases by method of infection varies considerably from one to another. In the



north of the EU, particularly Denmark, Germany, the Netherlands and the United Kingdom, AIDS victims are mostly homosexuals. However, in the

southern countries, particularly Italy and Spain, drug addicts who administer drugs intravenously form the largest group.