

HIV and AIDS in the European Union

Statistics in focus

POPULATION AND SOCIAL CONDITIONS

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While the number of newly diagnosed AIDS cases continues to decrease in the EU, an upwards trend can be observed in the number of newly reported HIV infections according to data made available by EuroHIV. For the 17 EU countries with data available for 1996 and 2003 for both HIV infections and AIDS cases, the number of newly reported HIV infections increased by almost 75% from 1996 (7 641 new infections reported) to 2003 (13 257 infections), with the most drastic increases in the number of new HIV diagnoses observed in the Baltic countries (Estonia, Latvia, Lithuania). In the same period the number of newly diagnosed AIDS cases fell by over 55% (1996: 4 085 cases, 2003: 1 772 cases). This reduction in AIDS cases is to a large extent explained by highly active antiretroviral treatment (HAART).

According to EuroHIV the cumulative number of all diagnosed HIV infections reported by the end of 2003 in the EU is almost 180 000 - a figure, however, which considerably underestimates the real number of infections which have occurred. Reporting on HIV infections is still incomplete: some of the countries with the largest HIV/AIDS epidemics (France, Italy and Spain) do not yet have a national reporting system, and even where a reporting system exists, not all prevalent HIV infections have been diagnosed and reported. Furthermore, countries implemented HIV reporting at different dates and retrospective reporting is not systematically included. Therefore, existing data on HIV reporting still considerably underestimate the real situation. Any figures on HIV infections should therefore be interpreted with caution. Table 1 provides a comparison between newly diagnosed HIV infections and newly diagnosed AIDS cases in 1996 and 2003 in order to provide a more comprehensive picture of the epidemic in Europe.

Table 1: HIV and AIDS in the EU, 1996 and 2003

Countries	Year HIV reporting started	Number of newly diagnosed HIV infections by year of report		Number of newly diagnosed AIDS cases by year of diagnosis, adjusted for reporting delays		HIV/AIDS ratio	
		1996	2003	1996	2003	1996	2003
Belgium	1986	719	1032	209	87	3.4	11.9
Czech Republic	1985	50	61	19	9	2.6	6.8
Denmark	1990	269	241	159	41	1.7	5.9
Germany	1993	1967	1823	1618	353	1.2	5.2
Estonia	1988	8	541	7	10	1.1	54.1
Greece	1999 ¹⁾	449	431	234	72	1.9	6.0
Spain	1999 ²⁾	n/a	n/a	6628	1363	n/a	n/a
France	2003	n/a	1714 ³⁾	4018	686	n/a	n/a
Ireland	1985	98	399	55	8	1.8	49.9
Italy	1985 ²⁾	n/a	n/a	5047	1759	n/a	n/a
Latvia	1987	32	403	5	58	6.4	6.9
Lithuania	1988	12	110	5	9	2.4	12.2
Luxembourg	1999 ¹⁾	25	47	13	8	1.9	5.9
Hungary	1985	62	63	46	26	1.3	2.4
Netherlands	2002	n/a	834	458	44 ⁴⁾	n/a	n/a
Austria	1998	n/a	423	138	43	n/a	9.8
Poland	1985	551	610	112	167	4.9	3.7
Portugal	1983	n/a	2298	968	818	n/a	2.8
Slovenia	1986	9	14	8	6	1.1	2.3
Slovakia	1985	4	13	0	2	n/a	6.5
Finland	1986	69	134	24	26	2.9	5.2
Sweden	1985	224	382	135	52	1.7	7.3
United Kingdom	1984	3093	6953	1436	838	2.2	8.3

Source: EuroHIV

1) Retrospective reporting 2) HIV reporting exists only for some regions; data not shown
3) data from March to December 2003 4) NL: 2001



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Impact of highly active antiretroviral treatment - HAART

AIDS, the acquired immunodeficiency syndrome was first recognised in 1981 while the human immunodeficiency virus (HIV) was only discovered in 1983. By then, it was also recognised that AIDS was the result of an advanced HIV infection. During the first 15 years of reporting the number of new AIDS cases continuously grew. The reversal of this trend in the mid-90s coincides with the increased use of highly active antiretroviral treatment (HAART), a treatment to aggressively suppress viral replication and progress of the HIV disease and which has extended the AIDS-free survival time¹. The introduction of HAART has had a major impact on AIDS incidence. However, data on HIV reporting depend on national testing and reporting patterns and are not yet widely comparable between countries. Therefore, the following analyses refer to the more comparable data on newly diagnosed AIDS cases. However, it needs to be kept in mind that trends in AIDS incidence reflect both the underlying HIV incidence and the use of HAART.

Newly diagnosed AIDS cases

50% in Italy and Spain in 2003

In 2003, 6 441 newly diagnosed AIDS cases were reported for the EU25² according to data made available by EuroHIV. The number of cases has continuously fallen since its peak in 1994³ when more than 25 000 new AIDS cases were diagnosed in the 25 countries which are now part of the EU. For the year 2003, Italy (27%) and Spain (21%) account for around 50% of all newly diagnosed cases in EU25. At the same time these two countries only represent 22% of the EU25 population. Since the mid-90s, a pattern can be observed where these two countries continue to report about half of all new AIDS cases in the EU25. At the same time, both countries have followed the EU trend of falling numbers of AIDS cases since the mid-90s.

Some differences in developments can be noted between EU15 and the new Member States. For almost all EU15 countries, the high point of newly diagnosed cases can be seen around 1994, and since then substantial declines are reported. While in Luxembourg and Finland the number of new cases only fell by around 40% between 1994 and 2003, six EU15 countries report significant decreases of over 80%:

Table 2: Newly diagnosed AIDS cases by country and year of diagnosis

	Total number								Incidence rate (per 1 mio population)	
	1985	1990	1994	1995	2000	2001	2002	2003	1994	2003
EU25	1811	15835	25096	24483	9661	8813	8449	6441	56.3	14.2
Belgium	69	206	259	249	130	130	102	87	25.6	8.4
Czech Republic	-	5	12	13	14	7	8	9	1.2	0.8
Denmark	38	197	236	213	58	72	44	41	45.4	7.6
Germany	311	1549	2068	1927	736	693	655	353	25.4	4.3
Estonia	-	-	1	3	3	2	5	10	0.7	7.4
Greece	14	143	216	216	127	89	90	72	20.5	6.5
Spain	178	3926	7390	7125	2743	2314	2009	1363	188.4	32.8
France	584	4321	5765	5302	1707	1656	1578	686	100.1	11.5
Ireland	7	68	75	53	13	27	32	8	20.9	2.1
Italy	198	3134	5505	5651	1936	1794	1741	1759	96.3	30.6
Latvia	-	2	2	3	23	40	55	58	0.8	25.0
Lithuania	-	1	2	1	7	10	9	9	0.5	2.6
Luxembourg	2	9	13	15	10	4	1	8	32.5	17.8
Hungary	-	19	23	31	27	20	26	26	2.2	2.6
Netherlands	67	419	488	538	105	44	n/a	n/a	31.8	n/a
Austria	28	164	169	207	83	50	66	43	21.3	5.3
Poland	-	21	100	115	120	130	123	167	2.6	4.4
Portugal	29	258	680	798	919	941	960	818	68.1	78.6
Slovenia	-	2	6	16	7	5	3	6	3.0	3.0
Slovakia	1	1	3	2	4	5	2	2	0.6	0.4
Finland	4	15	43	41	17	17	21	26	8.5	4.9
Sweden	34	132	187	195	59	47	58	52	21.4	5.8
United Kingdom	247	1243	1853	1769	813	716	861	838	31.8	14.1
Iceland	1	3	6	4	1	1	-	1	22.6	3.5
Norway	15	59	74	67	38	28	33	39	17.1	8.6
Switzerland	120	613	691	616	205	219	200	222	99.2	30.4
Romania	5	1169	562	716	601	355	247	201	24.7	9.2
Croatia	-	9	17	15	19	7	20	12	3.6	n/a

The figures are adjusted for reporting delays.

EU25 refers to all countries with data available (i.e. 1985-2001 EU25 without Cyprus and Malta, from 2002 EU25 without Cyprus, Malta and the Netherlands).

Denmark, France, Germany, Ireland, the Netherlands⁴ and Spain. Only Portugal, due to a later HIV epidemic, deviates from this trend with the number of newly diagnosed cases showing an overall increase of around 20% from 1994 to 2003, then figures remaining stable at a high level since the late-90s. The new Member States⁵ accounted for less than 5% of newly diagnosed AIDS cases in 2003 while at the same time they represented around 16% of the EU25 population. However, in a number of these countries, the number of newly diagnosed AIDS cases has continued to grow, with high rates in the Baltic Countries and in Poland, mainly due to a later onset of the epidemic.

EU25 – 14.2 new cases per 1 million population in 2003

For EU25, the estimated incidence rate for 2003 was 14.2 cases per 1 million population, a relatively low rate compared to 1994 with 56.3 cases. The highest incidence in 2003 by far was reported for Portugal with 78.6 cases per 1 million population, followed by Spain (32.8) and Italy (30.6). Throughout the reporting period, the following peak incidence rates were reported: Spain (188.4 in 1994), Switzerland (104.5 in 1992), Portugal (100.7 in 1999), France (100.1 in 1994) and Italy (98.7 in 1995).

Due to the significantly lower number of newly diagnosed AIDS cases for women, incidence rates for

women are below 8 cases per million in 16 EU countries in 2003. Outstanding is the high rate for women in Portugal with 31.9 cases per 1 million women. Men show higher incidence rates by far, with the highest figures reported for Portugal (128.5), Spain (53.4), Latvia (38.2), and Switzerland (39.5).

UK – largest increase in women's share of new AIDS cases

With a share of 73.4% of all new cases diagnosed, men are still more affected by far than women. However, the share of women in new AIDS cases has constantly increased over the whole reporting period (1985-2003). In 1985, only around 10% of new cases diagnosed were in women. In 1995, the share of women amounted to 20%, and in 2003, 26.6% of all newly diagnosed AIDS cases are women. While throughout all European countries men are more affected than women, considerable differences exist between countries. In 2003, the share of men in new cases ranged from below 60% in Belgium, Austria, the United Kingdom and Romania to more than 85% in the Czech Republic, Germany, Lithuania, Hungary and Slovakia⁶. The largest change is seen in the United Kingdom where in 1994 88% of all new diagnosed cases were men while in 2003 this share was as low as 56%.

Table 3: Share of men in newly diagnosed AIDS cases by country and year of diagnosis, in %

	1990	1994	1995	2000	2001	2002	2003
EU25	84.5	81.1	79.9	76.4	76.3	75.1	73.4
Belgium	81.6	73.7	71.9	59.2	60.0	50.0	55.2
Czech Republic	100.0	83.3	100.0	85.7	71.4	87.5	88.9
Denmark	91.4	83.9	86.4	69.0	63.9	70.5	73.2
Germany	89.7	87.7	86.0	82.9	76.5	79.5	85.3
Estonia	-	100.0	100.0	100.0	100.0	100.0	70.0
Greece	88.1	85.2	87.0	86.6	75.3	84.4	81.9
Spain	82.3	80.2	79.8	77.4	79.8	78.2	79.8
France	83.5	79.9	79.5	72.5	73.6	70.1	72.6
Ireland	72.1	86.7	88.7	76.9	77.8	78.1	75.0
Italy	81.4	77.7	75.7	75.9	75.0	76.2	73.8
Latvia	100.0	100.0	100.0	73.9	72.5	74.5	70.7
Lithuania	100.0	100.0	100.0	85.7	90.0	88.9	88.9
Luxembourg	100.0	84.6	93.3	90.0	100.0	100.0	62.5
Hungary	89.5	95.7	90.3	92.6	85.0	73.1	84.6
Netherlands	91.4	88.3	83.8	85.7	97.7	n/a	n/a
Austria	81.7	79.9	74.4	63.9	82.0	68.2	60.5
Poland	100.0	86.0	83.5	76.7	76.2	82.9	67.1
Portugal	88.4	82.8	83.1	82.5	83.8	83.3	79.0
Slovenia	100.0	83.3	81.3	85.7	100.0	100.0	83.3
Slovakia	100.0	66.7	50.0	75.0	80.0	100.0	100.0
Finland	93.3	90.7	90.2	52.9	70.6	66.7	73.1
Sweden	90.2	80.7	82.6	76.3	68.1	72.4	63.5
United Kingdom	92.2	87.9	84.1	70.5	67.0	63.4	55.6
Iceland	100.0	83.3	100.0	100.0	100.0	-	100.0
Norway	86.4	82.4	83.6	65.8	64.3	54.5	69.2
Switzerland	79.1	75.3	73.2	73.2	62.1	70.5	63.5
Romania	58.0	61.0	55.2	57.2	61.7	55.5	55.2
Croatia	100.0	76.5	80.0	100.0	100.0	80.0	83.3

The figures are adjusted for reporting delays.

EU25 refers to all countries with data available (i.e. 1985-2001 EU25 without Cyprus and Malta, from 2002 EU25 without Cyprus, Malta and the Netherlands).

This sharp decrease of men and the corresponding increase of women in new AIDS cases in the United Kingdom is different from the more moderate trend which can be seen in Italy, Spain, Portugal and France. These four countries represent more than two thirds of all newly diagnosed cases in EU25 and thus strongly influence the EU25 average where the share of men only decreased from 81% in 1994 to 73% in 2003.

growing share of women in newly diagnosed cases.

The share of new cases attributable to injecting drug use shows a different pattern which is very alike both for women and men. In the second half of the 80s, a sharp increase of this transmission category can be seen. Then, all through the 90s this share remained relatively stable at around 40%. The most recent data reveal a downward trend. However, only future data will show if this trend persists.

Transmission categories for AIDS

Transmission through heterosexual contacts accounts for 40% of newly diagnosed AIDS cases in EU25

In 2003, just over 40% of all newly diagnosed AIDS cases in EU25 were attributable to heterosexual contact. About 30% of new cases resulted from injecting drug use (IDU), and a bit less than 20% of all cases from homo/bisexual contacts. These three transmission categories thus accounted for more than 90% of all new cases.

However, the relative share of these three main transmission categories changed substantially between 1985 and 2003 in EU25. In 1985, with around 60% of all new cases, transmission due to contacts between homosexual or bisexual males was by far the most frequent route of transmission. The share of this transmission category in all new cases dropped sharply from 1985 to 1997. Since the late 90s, its share has remained relatively stable at around 20%. At the same time, transmission through heterosexual contact continuously grew from its lowest point in 1986 when only 7.6% of all new cases fell into this category to almost 42% in 2003. This growth of transmission through heterosexual contact is also reflected in the

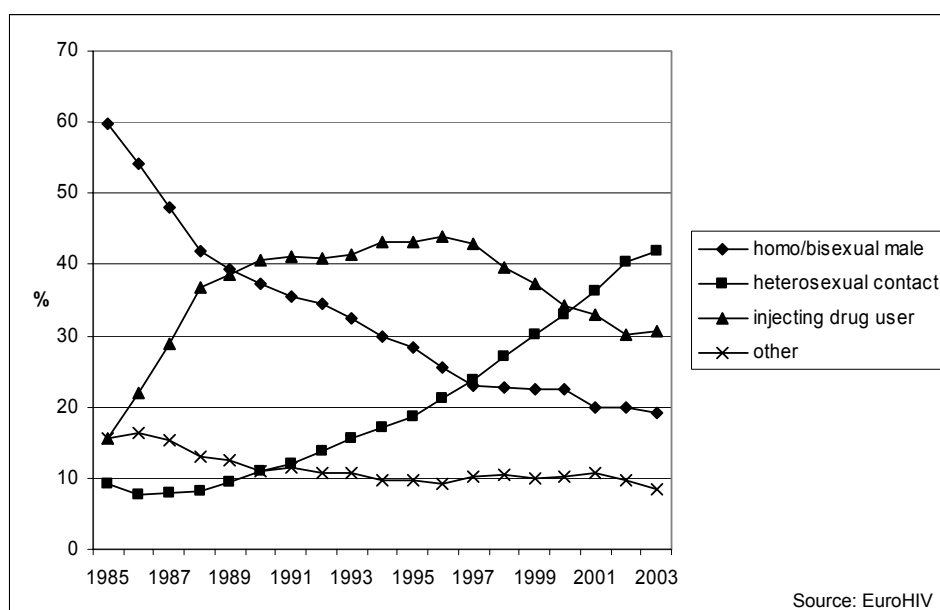
Transmission through heterosexual contacts on the rise – both for women and men

It was only in 2001 that heterosexual contacts became the most frequent transmission category among AIDS cases for EU25 (women and men together). In 2003, the share of heterosexual transmission⁷ ranged from more than 65% in the United Kingdom, Belgium and Sweden, while Germany, Latvia and Poland reported less than 16% attributable to this category.

Transmission categories related to sexual contacts obviously differ for women and men. For women in EU25, heterosexual contacts are the most likely route of transmission, accounting for about 70% of all new cases in 2003. For men, this share was only 32% while another 26% of new cases are attributable to homo- and bisexual contacts. However, for both women and men, transmission through heterosexual contacts continuously became more important: in 1985, only 6% of new cases for men and 34% for women were assigned to this category.

Almost all countries show an increase of the importance of this transmission category for women. In 2003, the highest shares, of more than 90%, were observed in Belgium and the United Kingdom, while heterosexual

Figure 1: Share of transmission categories in newly diagnosed AIDS cases 1985-2003, EU25



Source: EuroHIV

Without Cyprus and Malta, 2002 and 2003: without the Netherlands

contacts played a less significant role for transmission in Poland, Latvia, Germany and Spain, with less than 50% of cases assigned to this group for women.

For men, the weight of transmission through heterosexual contacts increased as well. Homo- and bi-sexual contacts clearly dominated the overall transmission through sexual contacts up to the early 90s, with more than 80% of transmission through sexual contacts assigned to homo- or bisexual contacts in 11 out of the 15 countries⁸ considered. However, in 2003, in 12 out of the 15 countries, the share of transmission attributable to homo- or bisexual contacts out of all sexual contacts was less than 50%. Only in Germany did homo- or bisexual contacts continue to account for more than 80% of overall sexually transmitted cases for the whole reporting period. At the same time, Germany is the only country where homo- or bisexual contacts remained the most important transmission category for all newly diagnosed cases through all years with data available.

In Spain, 49% of newly diagnosed AIDS cases attributable to IDU

The figures for transmission through injecting drug use (IDU) in 2003⁹ reveal that Spain (49%) and Portugal (41%) reported shares of new cases attributable to IDU which were considerably above the EU25 average of 31%. Even higher shares were reported by Poland (65%) and Latvia (76%), countries with a relatively low absolute number of newly diagnosed cases. The United Kingdom ranks third in terms of absolute numbers with 838 new cases in 2003 but only 20 (or 2%) of the cases were assigned to IDU.

Other countries with shares below 10% in this transmission category are Belgium, Greece and Sweden.

As regards the development of the share of IDU in all new cases, a number of countries such as Italy, Spain, France, and – to a lesser extent – Sweden and Germany (and also Switzerland) follow the EU25 trend as described above: increase in the 80s, stable during 90s and signs of a downwards trend in the most recent years. However, while the share of IDU reached values above 65% in Italy and Spain in the early 90s, the highest share of this transmission category for France is only 27%. The development in Portugal was different, with a strong increase only seen in the early 90s, and a downwards trend in the share of IDU observed since the late 90s.

Mortality due to AIDS

According to causes of deaths statistics collected by Eurostat, at least 6 017 persons died from AIDS in the EU25¹⁰ in 1999 (4 850 men and 1 167 women). The overall number of deaths (all causes) was around 4.5 million. Consequently, the share of AIDS caused deaths was low: 0.14% (0.22% for men and 0.05% for women). In terms of absolute numbers, Spain, Italy, Portugal and France report the highest values for most recent years.

Table 4: Share of newly diagnosed AIDS cases attributable to sexual contacts, selected countries, in %

	Men								Women			
	% of newly diagnosed AIDS cases attributable to homo/bisexual contacts				% of newly diagnosed AIDS cases attributable to heterosexual contacts				% of newly diagnosed AIDS cases attributable to heterosexual contacts			
	1985	1990	1995	2003	1985	1990	1995	2003	1985	1990	1995	2003
EU25	66.8	44.3	35.6	26.0	6.2	7.4	12.4	31.8	34.2	30.7	43.8	69.5
Belgium	34.9	60.1	57.5	37.5	51.2	25.0	31.3	52.1	65.4	71.1	80.0	92.1
Denmark	94.4	76.7	65.2	18.2	2.8	7.8	15.2	46.4	*	58.8	75.9	80.6
Germany	83.2	74.7	71.3	53.5	1.3	3.2	5.2	9.6	14.3	30.0	36.3	45.4
Greece	71.4	67.5	75.0	47.1	7.1	10.3	5.3	29.8	*	41.2	78.6	100.0
Spain	23.3	18.2	16.7	18.6	0.6	5.9	11.3	22.2	10.5	18.1	30.4	49.5
France	74.4	58.7	49.3	37.0	9.3	9.8	16.6	37.2	52.2	37.2	54.2	84.3
Italy	32.1	17.6	16.9	24.4	1.9	4.8	9.8	33.1	7.7	27.4	41.8	68.4
Latvia	*	*	*	9.7	*	*	*	9.7	*	*	*	29.2
Austria	48.0	51.5	46.8	18.6	4.0	7.5	9.1	28.4	*	46.7	39.6	59.0
Poland	*	61.9	28.1	6.2	*	14.3	14.6	16.0	*	*	31.6	16.7
Portugal	60.7	50.0	17.6	11.2	17.9	24.6	22.3	42.5	*	40.0	32.8	64.1
Sweden	85.3	71.4	60.2	22.4	5.9	13.4	24.8	63.4	*	76.9	64.7	84.1
United Kingdom	85.2	78.5	72.8	38.5	2.1	7.4	12.2	46.0	10.0	56.7	75.9	90.1
Norway	78.6	58.8	62.5	33.3	0.0	11.8	21.4	48.1	*	75.0	90.9	83.3
Switzerland	60.9	46.8	46.1	40.5	7.6	10.5	15.5	31.5	32.1	29.7	43.6	71.0

By year of diagnosis. The figures are adjusted for reporting delays.

EU25 refers to all countries with data available (i.e. 1985-2001 EU25 without Cyprus and Malta, from 2002 EU25 without Cyprus, Malta and the Netherlands).

The 15 countries shown in the table are countries with more than 35 AIDS cases in 2003.

* less than 5 cases

Table 5: Share of newly diagnosed AIDS cases attributable to IDU, selected countries, in %

	1985	1990	1994	1995	2000	2001	2002	2003
EU25	15.5	40.6	43.3	43.3	34.2	33.0	30.2	30.7
Belgium	-	5.3	8.1	6.0	11.5	6.2	4.9	4.6
Denmark	-	8.1	10.2	13.1	12.1	14.1	9.3	28.8
Germany	6.4	15.9	15.7	17.4	14.5	13.0	12.9	17.3
Greece	-	3.5	2.3	1.9	7.9	2.3	2.3	6.7
Spain	53.9	67.1	66.6	64.8	54.5	51.6	50.8	49.1
France	7.5	25.0	23.9	25.0	14.3	15.5	12.4	11.7
Italy	49.5	65.7	60.8	58.9	37.6	37.9	35.3	34.5
Latvia	-	-	-	-	69.6	70.0	81.8	75.8
Austria	25.0	27.4	24.9	17.9	22.9	26.0	15.9	22.1
Poland	-	23.8	49.0	47.0	50.8	52.4	56.2	65.0
Portugal	3.4	17.1	50.6	53.1	56.4	53.2	47.3	41.1
Sweden	0.0	8.3	13.9	12.3	6.8	17.4	10.7	6.9
United Kingdom	0.8	6.6	7.6	8.6	4.7	3.4	3.1	2.3
Norway	6.7	22.0	25.7	11.9	18.4	17.9	9.1	17.9
Switzerland	34.2	41.8	38.5	38.6	29.7	29.9	28.0	25.2

Source: EuroHIV

By year of diagnosis. The figures are adjusted for reporting delays.

EU25 refers to all countries with data available (i.e. 1985-2001 EU25 without Cyprus and Malta, from 2002 EU25 without Cyprus, Malta and the Netherlands).

The 15 countries shown in the table are countries with more than 35 AIDS cases in 2003.

Time series in Eurostat for causes of death statistics are only available since 1994 (1999 for the new Member States). However, compared to the high absolute number of deaths caused by AIDS in the mid-90s, around 20 000 deaths (or 0.53% of all deaths), a considerable reduction can be observed. Only Portugal shows an increase in the number of AIDS caused deaths.

In 1999, the highest standardised death rates (per 100 000 standard population, see methodological notes) for men were seen in Portugal (15.3) and Spain (7.1). While Spain saw a significant decrease in its standardised death rates since 1995 when a value of 21.9 was reached, the rates for Portugal remained roughly stable over the reporting period. Standardised death rates for women show approximately the same pattern but at a lower level (Portugal: 3.4, Spain: 1.5).

For more detailed analysis of mortality patterns in Europe, please refer to "[Health statistics - Atlas on mortality in the European Union](#)", Eurostat 2002 (available in PDF through the Eurostat website: <http://europa.eu.int/comm/eurostat/>).

¹ At the same time, the complex treatment affects the entire body, and the various drugs may cause adverse reactions in almost all organs and systems. A long list of side effects can be found in numerous clinical studies.

² AIDS cases adjusted for reporting delays. No data available for NL, MT, CY.

³ Please note that the trends in AIDS incidence were also affected by the progressive implementation of the 1993 revision of the European case definition which resulted in an unusually large increase in 1994. Trends since 1995 should be affected only minimally.

⁴ From 1994 to 2001.

⁵ No data available for CY and MT.

⁶ Please note the low absolute numbers in some of these countries.

⁷ Only the 15 countries with more than 35 AIDS cases in 2003 are considered.

⁸ Only the 15 countries with more than 35 AIDS cases in 2003 are considered.

⁹ Only the 15 countries with more than 35 AIDS cases in 2003 are considered.

¹⁰ No data for Belgium and Malta.

➤ ESSENTIAL INFORMATION – METHODOLOGICAL NOTES

HIV infection

A case of HIV infection as reported to EuroHIV is defined as an individual with HIV infection confirmed by laboratory according to country definitions and requirements, diagnosed at any clinical stage including AIDS, and not yet previously reported in that country. Data on HIV provided in this publication refer to data reported by 31 December 2003. The cumulative total is the total since the start of reporting. Data on HIV infection are taken from HIV/AIDS surveillance in Europe, End-year report 2003, No. 70, EuroHIV.

AIDS cases

The data on AIDS cases are provided to Eurostat by the European Centre for the Epidemiological Monitoring of AIDS – EuroHIV. This centre coordinates the surveillance of HIV/AIDS in the 52 countries of the World Health Organisation (WHO) European Region since 1984. The HIV/AIDS surveillance network is supported by the European Commission. EuroHIV is also a WHO and UNAIDS Collaborating Centre. For further information about the work of EuroHIV, please refer to <http://www.eurohiv.org>.

The data on which this publication is based are taken from the *European Non-Aggregate AIDS Data Set – ENAADS* (release AIDS0312.txt) prepared by EuroHIV. Compilation of this data file was made possible with the continuing participation of clinicians in mandatory and voluntary national AIDS reporting systems.

For each country, a single institution reports national data to EuroHIV and is responsible for the quality of the reported data. Since data are reported to EuroHIV without personal identifiers, it is not possible to eliminate double counting at European level.

Definition of AIDS case

The countries participating in the surveillance of AIDS in Europe use a uniform AIDS case definition which was originally published in 1982 and, after a number of revisions, the European AIDS surveillance case definition was adopted in 1993. This European definition of AIDS does not include CD4⁺ T lymphocyte count criteria and differs thus from the definition used in the USA. As regards children (less than 13 years), the case definition used in Europe is basically the same as the one used in the USA.

Reporting delays

The time between diagnosis of AIDS and reporting at national level causes reporting delays. These reporting delays vary widely between countries and transmission groups, and may be as long as several years in some cases. EuroHIV suggests that the incidence trends are best assessed by examining data by year of diagnosis with adjustments for reporting delays rather than by year of reporting. EuroHIV adjusts the data only for countries with at least 50 cumulative AIDS cases, assuming a maximum delay of 3 years (Switzerland: 5 years since cases might be reported through death certificates leading to longer delays). The latest data for Belgium and Spain were not adjusted due to irregular reporting.

Under-reporting and under-diagnosis

No adjustments are made for underreporting or under-diagnosis. Accordingly, the data presented do not take into account cases which will never be reported or diagnosed. According to information collected by EuroHIV national estimates of under-reporting for AIDS cases range from 0 to 25 percent.

Transmission categories

For surveillance purposes, cases attributable to more than one mode of transmission are counted only once, according to the most likely route of transmission. However, the most likely route of transmission varies between countries. The definition for heterosexual transmission also varies slightly between countries. This group includes persons in whom major risk factors for HIV infection other than heterosexual contact have not been recognised.

Mortality data

Data on absolute number of deaths is collected by Eurostat (at national and regional NUTS 2 level). The morbid conditions provided on the death certificate (including antecedent causes) are coded with the aim to identify the underlying cause of death. In most countries, this is done centrally in the National Statistical Office or in the national Public Health Institute. Coding causes of death (COD) is defined on the basis of the World Health Organisation's (WHO) International Classification of Diseases (ICD). All EU countries use the ninth or the tenth revision of the Classification.

Standardised Death Rates (SDR)

A crude death rate (CDR) describes mortality in relation to the total population. However, this indicator is strongly influenced by the age structure of a given population. The standard death rate (SDR) is the death rate of a population of a standard age distribution. As most causes of death vary significantly with people's age and sex, the use of standard death rates (SDRs) improves comparability over time and between countries since SDRs aim at measuring death rates independently of different age structures of populations. Eurostat uses the European Standard Population as recommended by the United Nations (UN).

Further information:

➤ **Reference publications**

Title Atlas on mortality in the European Union
Catalogue No KS-08-02-001-EN-C Price EUR 30

➤ **Databases**

[EUROSTAT website/population and social conditions/health](http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&code=sdg-11-6-1)

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European Statistical Data Support:

Eurostat set up with the members of the 'European statistical system' a network of support centres, which will exist in nearly all Member States as well as in some EFTA countries.

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