



NORTH AMERICA, WESTERN AND CENTRAL EUROPE

In these regions, the total number of people living with HIV is increasing. This increase is due mainly to the life-prolonging effects of antiretroviral therapy and an increase in the number of new HIV diagnoses in Western Europe since 2002, combined with a relatively stable number of new HIV infections each year in North America. Overall, approximately 2.1 million [1.1 million–3.0 million] people in North America, Western and Central Europe were living with HIV in 2007, including the 78 000 [19 000–86 000] who acquired HIV in the past year. In the context of widespread access to effective antiretroviral treatment, comparatively few people died of AIDS—32 000 [20 000–84 000] in 2007.

The **United States of America** is one of the countries with the largest number of HIV infections in the world. Based on data from the 33 states and four dependent territories with long-term, confidential name-based HIV reporting, men accounted for most of the HIV or AIDS diagnoses (74%) among adults and adolescents in the country in 2005. More than half of all newly diagnosed HIV infections (53%) in 2005 were among men who have sex with men. Persons exposed to HIV through heterosexual intercourse with a non-regular partner accounted for just under one third (32%) of newly diagnosed HIV infections and AIDS cases, while about 18% occurred among injecting drug users (US Centers for Disease Control and Prevention, 2007a).

Racial and ethnic minorities continue to be disproportionately affected by the HIV epidemic in the United States. Although African Americans represent about 13% of the population (US Census Bureau, 2006) they accounted for 48% of new HIV or AIDS diagnoses in 2005. AIDS was the fourth leading cause of death among African Americans aged 25–44 years in the United States in 2004 (Anderson, Mosher & Chandra, 2006; US Centers for Disease Control and Prevention, 2006). Hispanics, who comprise

about 14% of the population, accounted for 18% of new diagnoses (US Centers for Disease Control and Prevention, 2007b).

After levelling off in the mid-1990s, the estimated total number of people living with HIV in **Canada** started to increase again in the late 1990s, mainly because of the life-prolonging effects of antiretroviral treatment. The annual number of newly reported HIV infections stayed about the same during that period, ranging between 2495 and 2538 per year (Public Health Agency of Canada, 2006).

Unprotected sex between men continues to account for the largest proportion of new HIV infections (45% in 2005 compared with 42% in 2002) (Boulos et al., 2006).

An estimated 37% of new HIV infections in 2005 were attributed to unprotected heterosexual intercourse, with a substantial proportion among people born in countries where HIV is endemic (mainly sub-Saharan Africa and the Caribbean).

Heterosexually acquired HIV infections, most of which were among immigrants and migrants, accounted for the largest proportion (42%) of new HIV diagnoses in **Western Europe** in

2006. A little under one third (29%) of newly diagnosed HIV infections were attributable to unsafe sex between men, and only 6% to injecting drug use (EuroHIV, 2007).

The HIV epidemics in **Spain, Italy, France** and the **United Kingdom**, continue to be the largest in Western and Central Europe. The annual number of newly diagnosed HIV infections has more than doubled in the United Kingdom, from 4152 in 2001 to 8925 in 2006 (EuroHIV, 2007). The increase in HIV diagnoses reported in the **United Kingdom** is mainly due to sustained levels of newly acquired infections among men who have sex with men, an increase in diagnoses among heterosexual men and women who acquired their infection in a high-prevalence country (mainly sub-Saharan Africa and the Caribbean), and improved reporting due to expanding HIV testing services. (Health Protection Agency, 2007; EuroHIV, 2007).

In Western Europe (excluding the United Kingdom), the number of annual reported new HIV diagnoses almost tripled between 1999 and 2005 (from 7497 to 19 476), but declined significantly in 2006 (to 16 316). The largest number of diagnoses were reported in **France** (where routine reporting only started in 2003 and where 5750 HIV infections were newly diagnosed in 2006), **Germany** (2718) and **Portugal** (2162). In Spain and Italy, only certain regions contribute to the reporting system. Elsewhere, the number of diagnoses is smaller, and new infections in 2006 exceeded 1000 only in the **Netherlands** (1017) (EuroHIV, 2007).

HIV in this region is transmitted mainly through unsafe sex and, to a much lesser extent (except in countries such as Portugal and Spain), through the use of contaminated equipment by injecting drug users. Most heterosexually transmitted HIV cases originate in countries with high HIV prevalence and within that group, more than 50% of new HIV diagnoses are in women (EuroHIV, 2007).

Two divergent epidemic trends have been observed in Western Europe. While the number of new HIV diagnoses attributed to unsafe sex between men nearly doubled between 1999 and 2006 (from 2538 to 5016), those attributed to injecting drug use declined in the same period (from 661 to 581).

In Central Europe, the number of newly diagnosed HIV infections in 2006 surpassed 100 in only three countries: **Poland** (750), **Turkey** (290) and **Romania** (180). Elsewhere, the epidemics are comparatively small and only in **Hungary, Montenegro** and **Serbia** more than 1000 HIV infections in total have been reported since the epidemic began (EuroHIV, 2007).

Injecting drug use is the most-reported mode of HIV transmission in the three Baltic states (**Estonia, Latvia, and Lithuania**) where the epidemics appear to have stabilized (Hamers, 2006; EuroHIV, 2007). However, **Estonia** continues to have the highest rate of newly reported HIV diagnoses (504 per one million population) and the highest estimated adult national HIV prevalence (1.3% [0.6%-4.3%] in 2005) in all of Europe (UNAIDS, 2006; EuroHIV, 2007).