

HIV (Human Immunodeficiency Virus) remains a major public health issue, with approximately 37 million people living with HIV infection in the world in 2017, of which 27 million live in Africa according to WHO. **For the 28 European OECD countries for which data are available, nearly 32 000 people were newly diagnosed in 2016, corresponding to 6.4 new cases of HIV infection per 100 000 population** (Figure 7.7). Latvia and Estonia had the highest rates of new HIV cases (at 17-18 per 100 000 population), followed by Ireland, Portugal and Luxembourg (at 10-11 per 100 000 population). Hungary and the Slovak Republic had the lowest rates, with around two cases per 100 000 population. The average annual rates of newly-diagnosed HIV cases have been fairly stable in OECD-Europe over the past decade, but these averages hide diverging trends across countries. In Estonia and Portugal, infection rates decreased rapidly although they remain high, while infection rates doubled in Iceland and Lithuania, albeit from rather low initial levels. Men account for three-quarters of the newly diagnosed HIV cases.

The predominant mode of transmission of HIV is through same-sex sexual acts (40%; of which 99.7% relate to men having sex with men), followed by heterosexual contact (32%). Drug use through injections is another common mode of HIV transmission (ECDC and WHO Regional Office for Europe, 2017).

HIV infection causes the onset of AIDS (Acquired Immunodeficiency Syndrome), which manifests itself through many different diseases, such as pneumonia and tuberculosis, as the immune system is no longer able to defend the body, leaving it susceptible to different infections and tumours. There is a time lag between HIV infection, AIDS diagnosis and death, which can be any number of years depending on the treatment administered.

The rate of newly-reported cases of AIDS in OECD countries in 2016 was 1.5 per 100 000 population (Figure 7.8). 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 OECD countries at its peak in the middle of the 1990s. Public awareness campaigns contributed to steady declines in new cases of HIV/AIDS in the second half of the 1990s. The development and greater availability of antiretroviral drugs, which reduce or slow down the development of the disease, also led to a sharp decrease in new cases since the mid-1990s. Mexico had the highest AIDS reporting rates among OECD countries in 2016 (at 11 new cases per 100 000 population), followed by

Chile, Latvia and the United States (at around six new cases per 100 000 population). The low rates in some countries may be due to incomplete reporting.

The HIV/AIDS death rate also declined on average across OECD countries in the last two decades. However, people still die because of HIV/AIDS. In 2015, 18 000 lives were taken away due to HIV/AIDS in OECD countries, corresponding to an average death rate of 1.2 deaths per 100 000 population (Figure 7.9). Among OECD countries, HIV/AIDS death rates were highest in Latvia and Mexico, at four to five deaths per 100 000 population. Rates were slightly higher in Brazil, Colombia and the Russian Federation, and a lot higher in South Africa where HIV-AIDS caused more than 50 deaths per 100 000 population.

Definition and measurement

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 the real incidence. Under-reporting and under-diagnosing also affect incidence rates, and could represent as much as 40% of reported cases in some countries (ECDC and WHO Regional Office for Europe, 2017).

Death rates are based on numbers of HIV/AIDS deaths registered in a country in a given year divided by the size of the corresponding population. The rates have been age-standardised to the 2010 OECD population (available at <http://oe.cd/mortality>) to remove variations arising from differences in age structures across countries and over time. The source for the HIV/AIDS death rates is the WHO Mortality Database.

Further reading

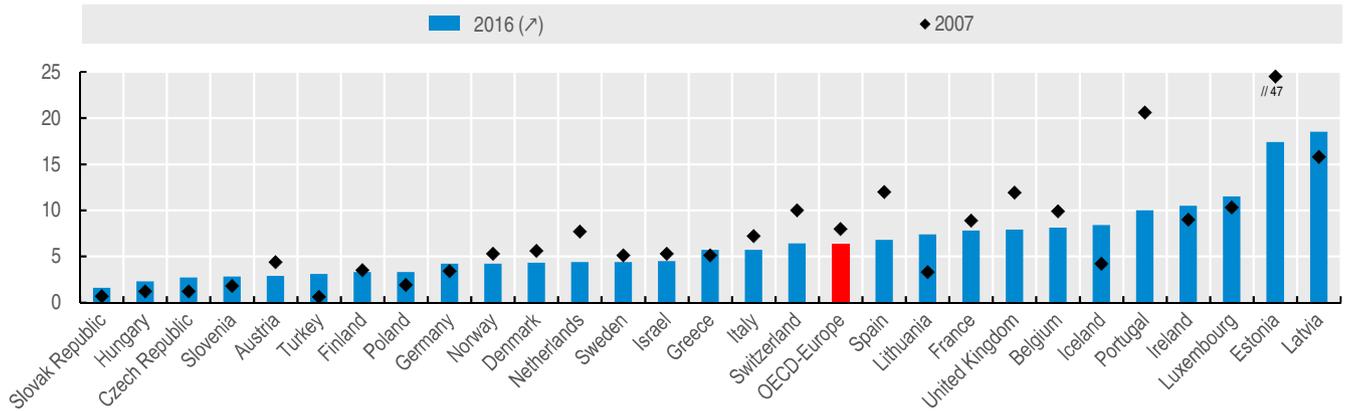
ECDC and WHO Regional Office for Europe (2017), HIV/AIDS surveillance in Europe 2016.

Figure notes

Figure 7.8 and Figure 7.9: See Statlink for precise years.

7.7. HIV reporting rates have been fairly stable in European OECD countries over the past decade

Newly reported cases of HIV (Human Immunodeficiency Virus) per 100 000 population, 2007 and 2016

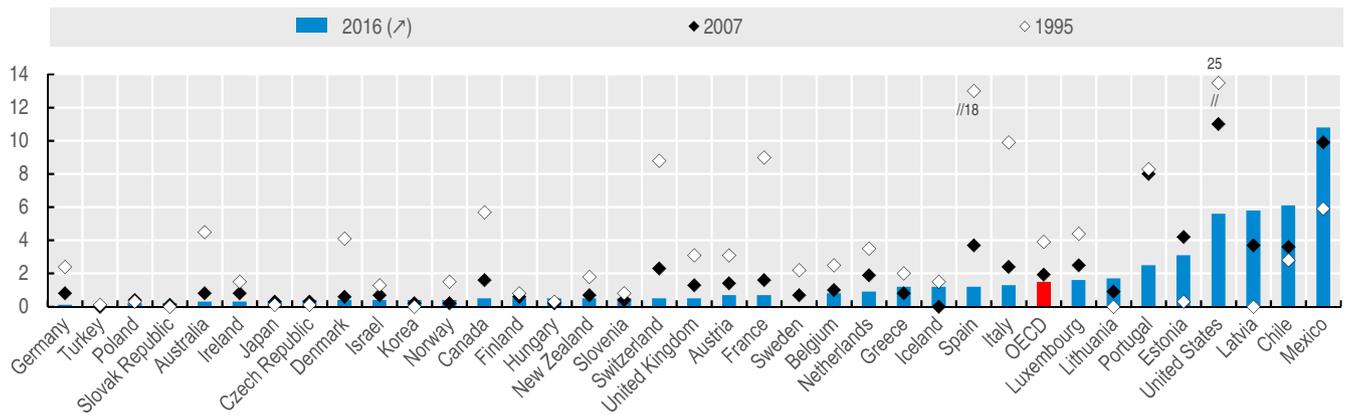


Source: ECDC and WHO Regional Office for Europe (2017), HIV/AIDS surveillance in Europe 2016.

StatLink <http://dx.doi.org/10.1787/888933939408>

7.8. AIDS reporting rates have been declining since the mid-1990s

Newly reported cases of AIDS (Acquired Immunodeficiency Syndrome) per 100 000 population, 1995, 2007 and 2016 (or nearest years)

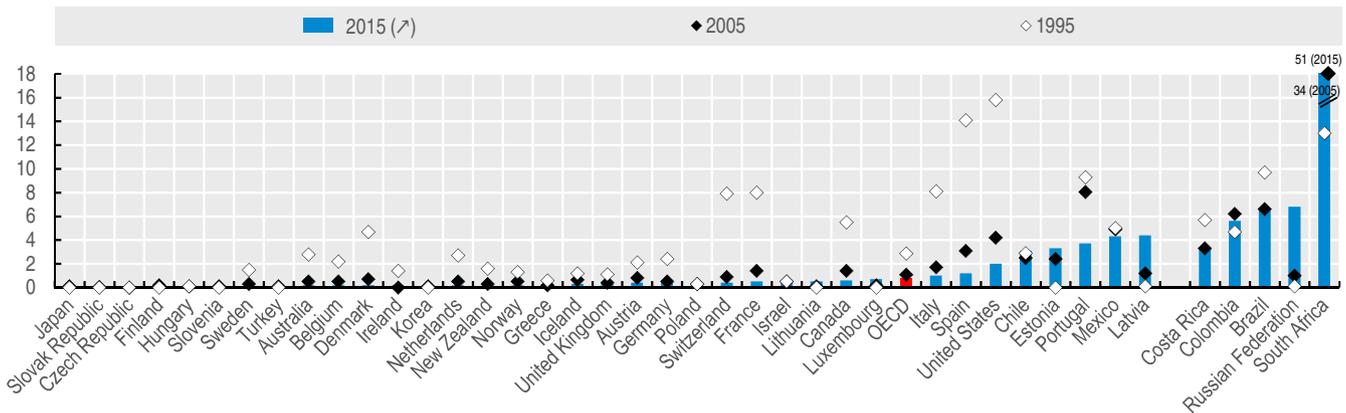


Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933939427>

7.9. HIV/AIDS death rates declined in most OECD countries over the last two decades

Age-standardised HIV/AIDS deaths per 100 000 population, 1995, 2005 and 2015 (or nearest years)



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933939446>



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