

Status of HIV, hepatitis, STIs and TB testing in Europe

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European Centre for Disease Prevention and Control (ECDC)
HepHIV in Europe
Dublin, Ireland, 2-3 November 2026

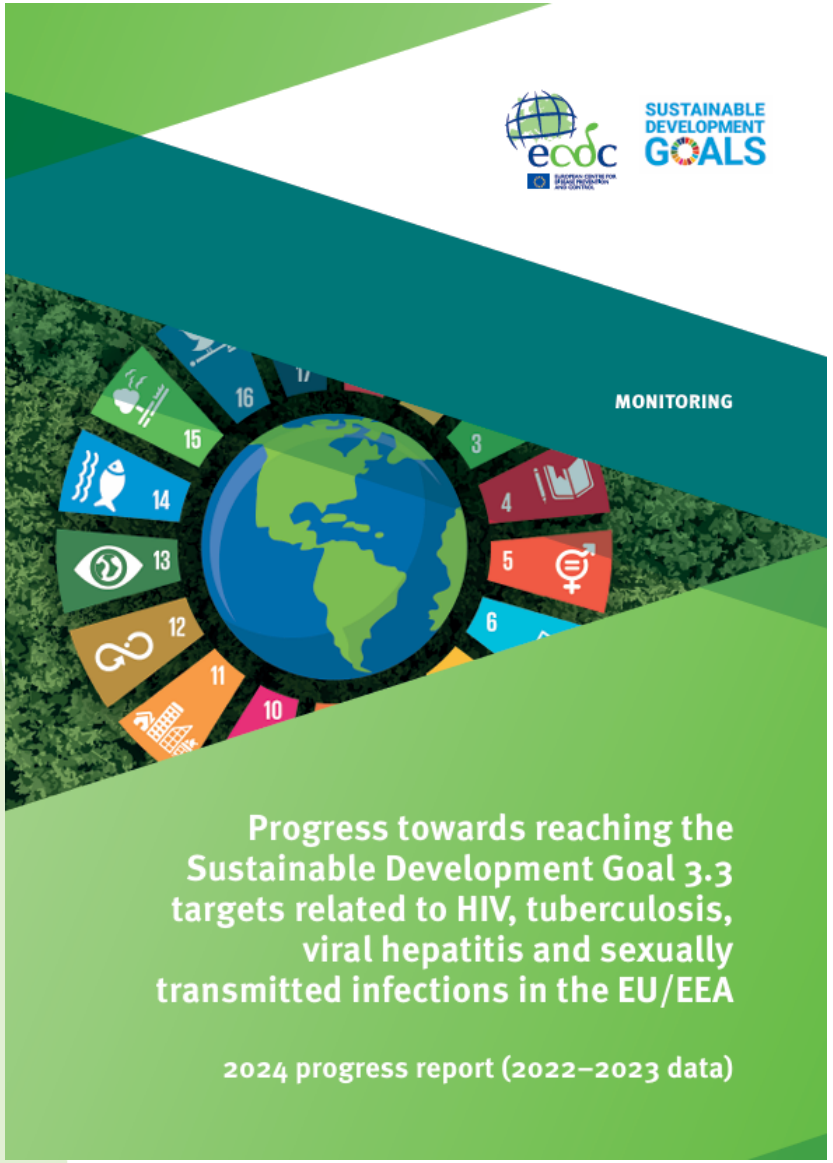
No conflicts of interest to declare

Content

- Trends of chlamydia, gonorrhoea and syphilis in the EU/EEA

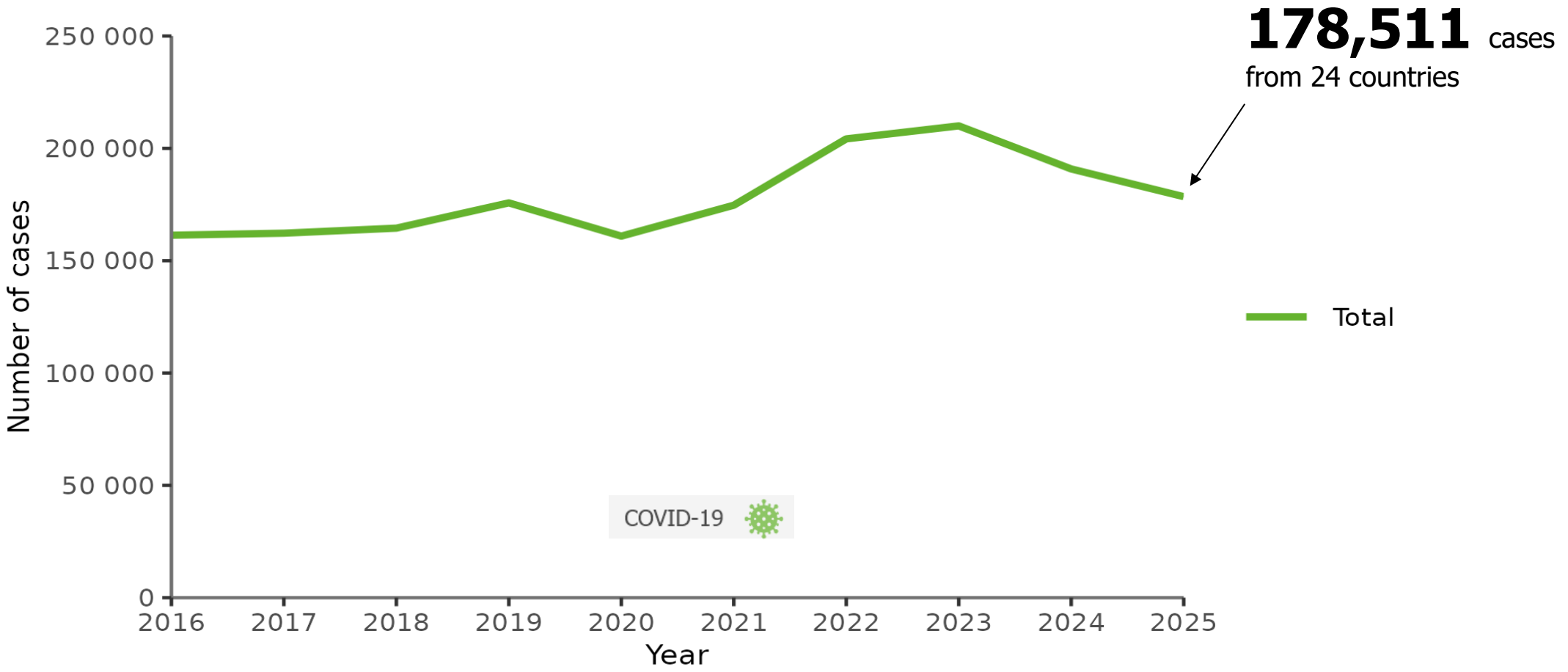
- Progress towards SDG testing targets
  - TB
  - Hepatitis B and C
  - HIV

- Key considerations for improving HIV/STI/HEP/TB testing in Europe



Sexually transmitted infections

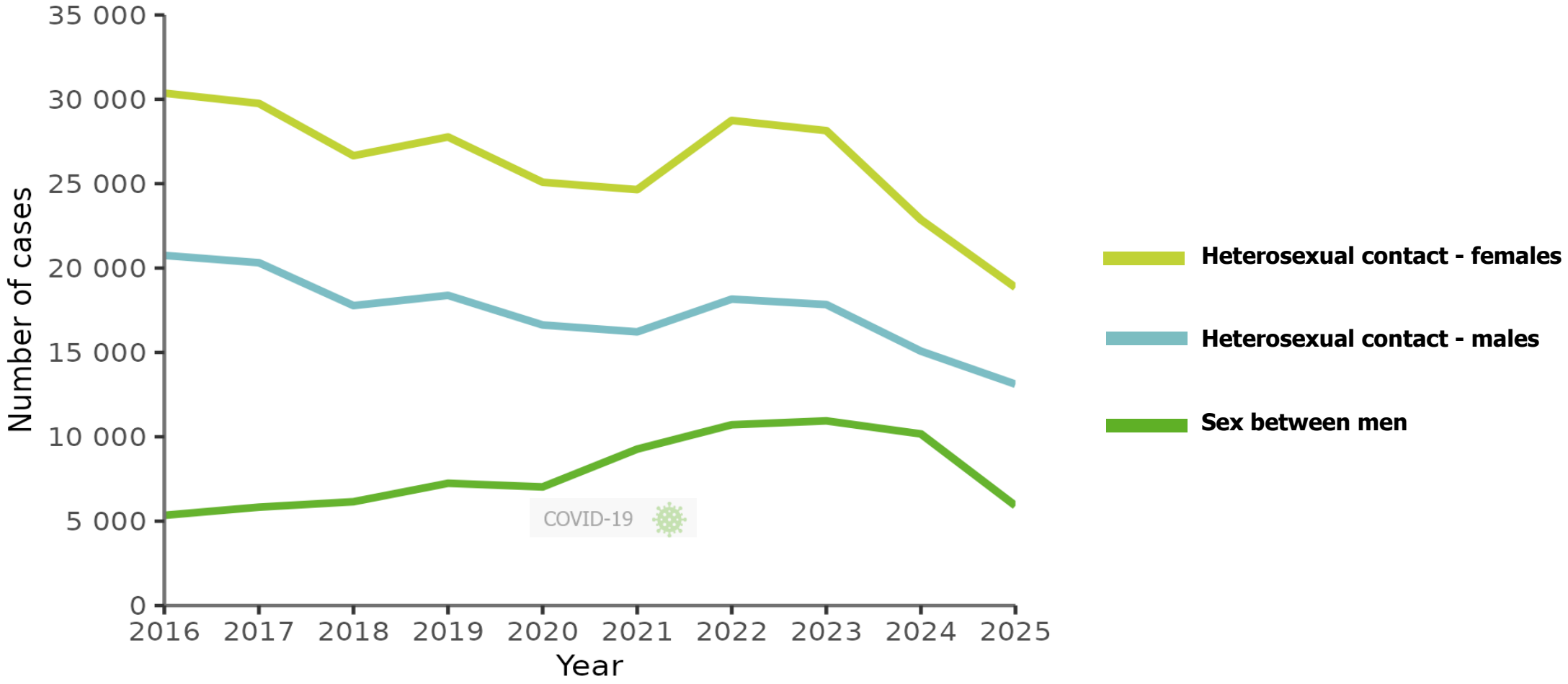
Chlamydia diagnoses in EU/EEA countries, 2016–2025



Source: Routine STI surveillance data reported by EU/EEA countries to ECDC. **Preliminary data, changes may occur.**
The figure does not include data from six EU/EEA countries: Austria, Czechia, France, Germany, Liechtenstein, and Luxembourg.

Chlamydia diagnoses by transmission mode

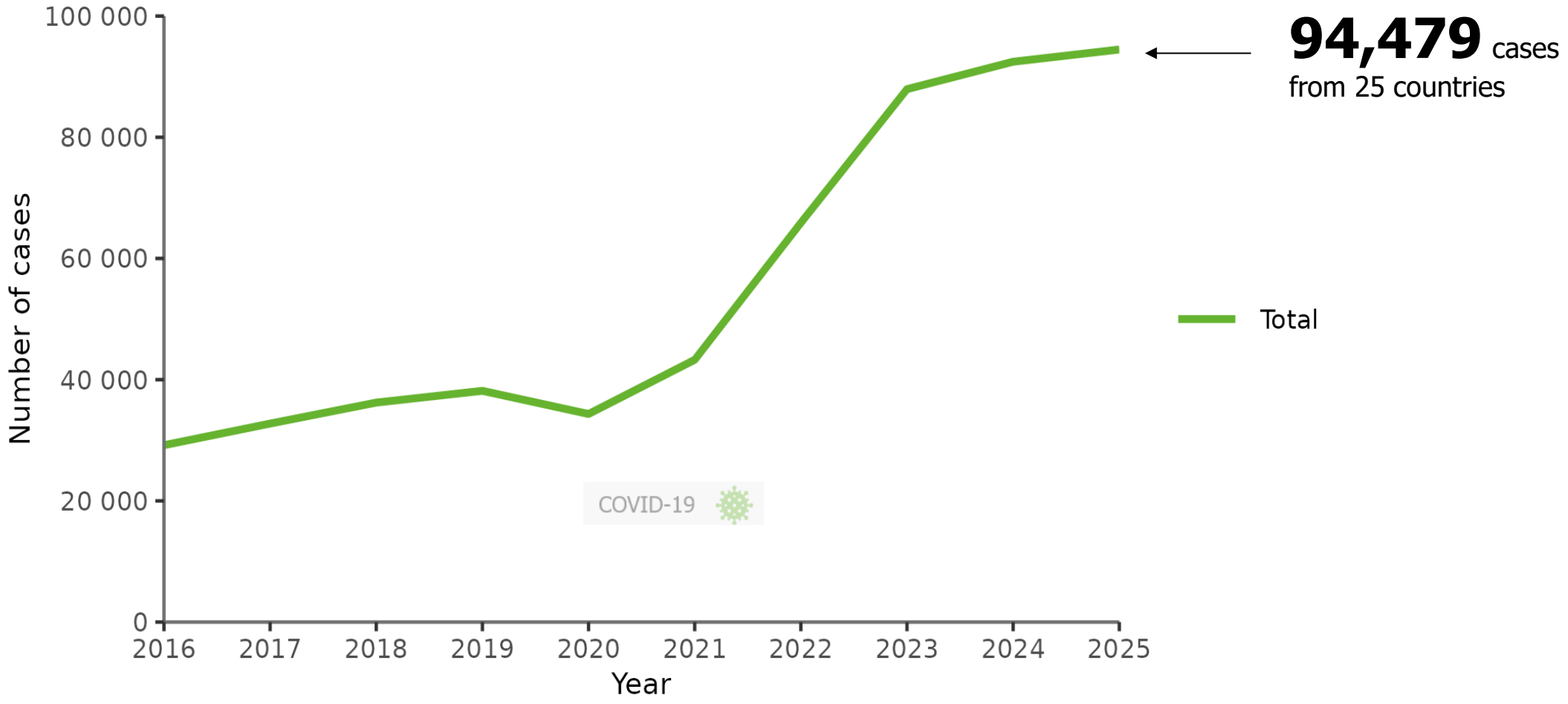
EU/EEA countries, 2016–2025



Source: Routine STI surveillance data reported by EU/EEA countries to ECDC. **Preliminary data, changes may occur.**

Data provided from countries that consistently provided transmission information for at least 50% of cases: Hungary, Lithuania, Netherlands, Portugal, Romania, Slovakia, and Sweden. In 2025, this represents 22% of all chlamydia cases reported to ECDC.

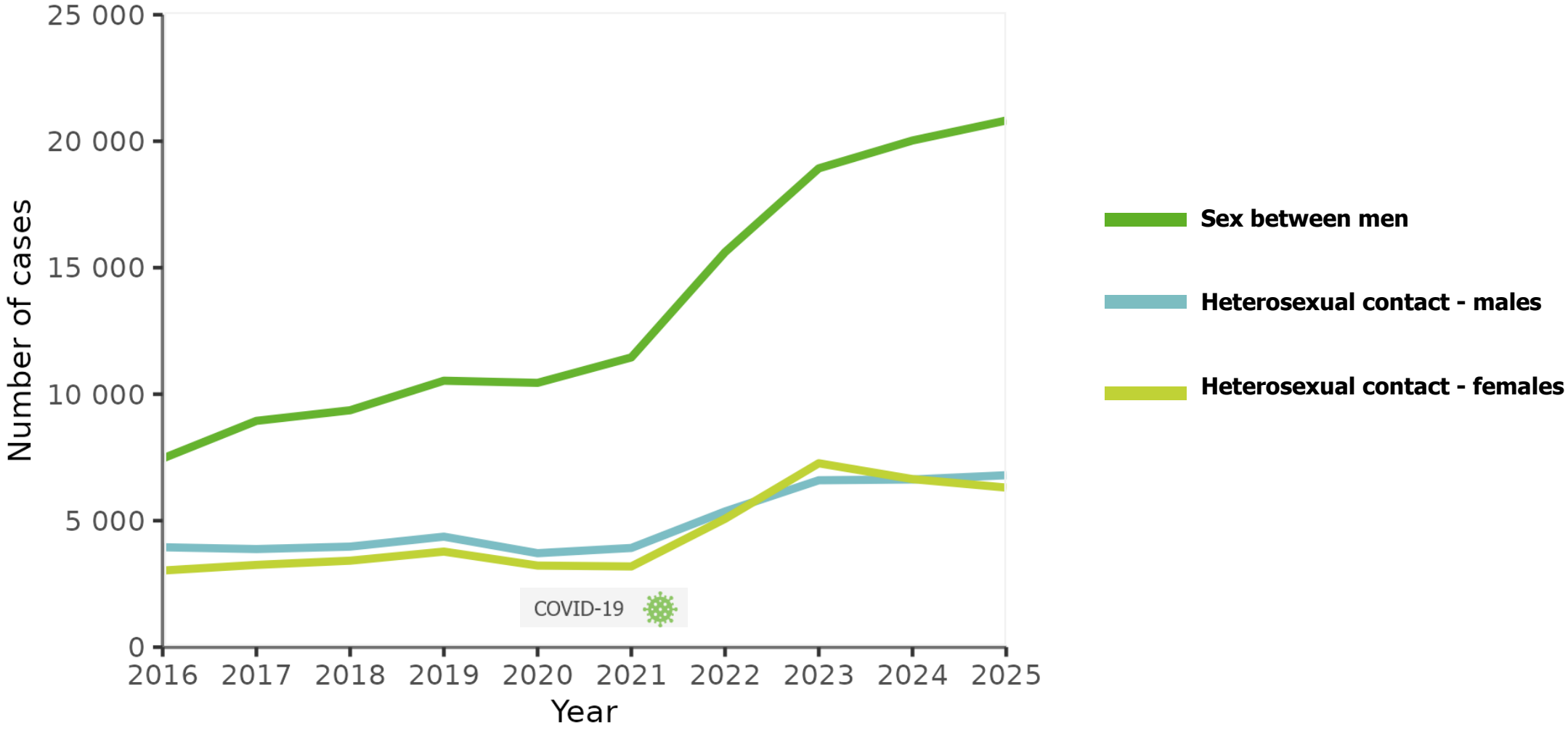
Gonorrhoea diagnoses in EU/EEA countries, 2016–2025



Source: Routine STI surveillance data reported by EU/EEA countries to ECDC. ***Preliminary data, changes may occur.***
Data not included from: Austria, France, Germany, Liechtenstein, and Luxembourg

Gonorrhoea diagnoses by transmission mode

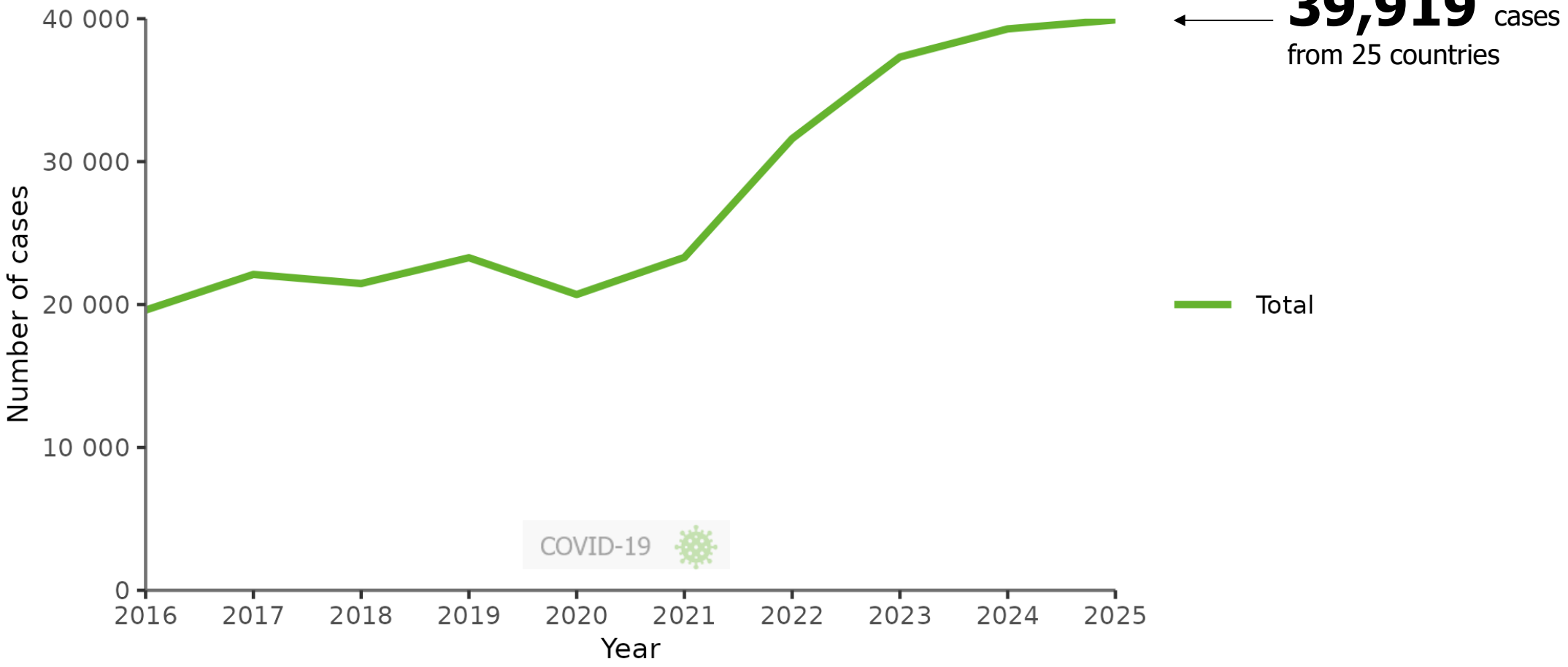
EU/EEA countries, 2016–2025



Source: Routine STI surveillance data reported by EU/EEA countries to ECDC. **Preliminary data, changes may occur.**

Following countries included: Czechia, Denmark, Finland, Greece, Hungary, Netherlands, Norway, Portugal, Slovakia, Slovenia, Sweden

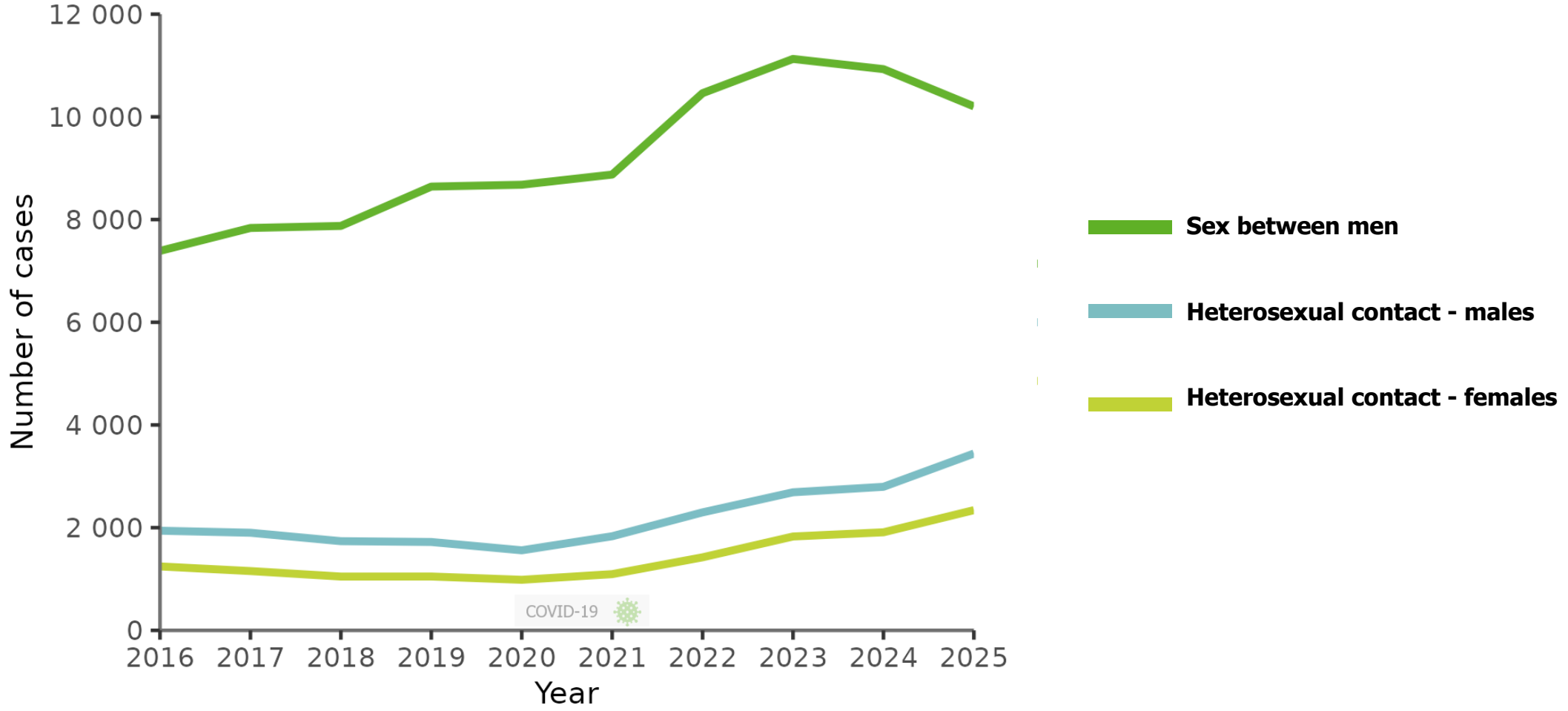
Syphilis diagnoses in EU/EEA countries, 2016–2025



Source: Routine STI surveillance data reported by EU/EEA countries to ECDC. **Preliminary data, changes may occur.**
Following five countries are not included: Austria, Belgium, France, Liechtenstein, and Luxembourg.

Syphilis diagnoses by transmission mode

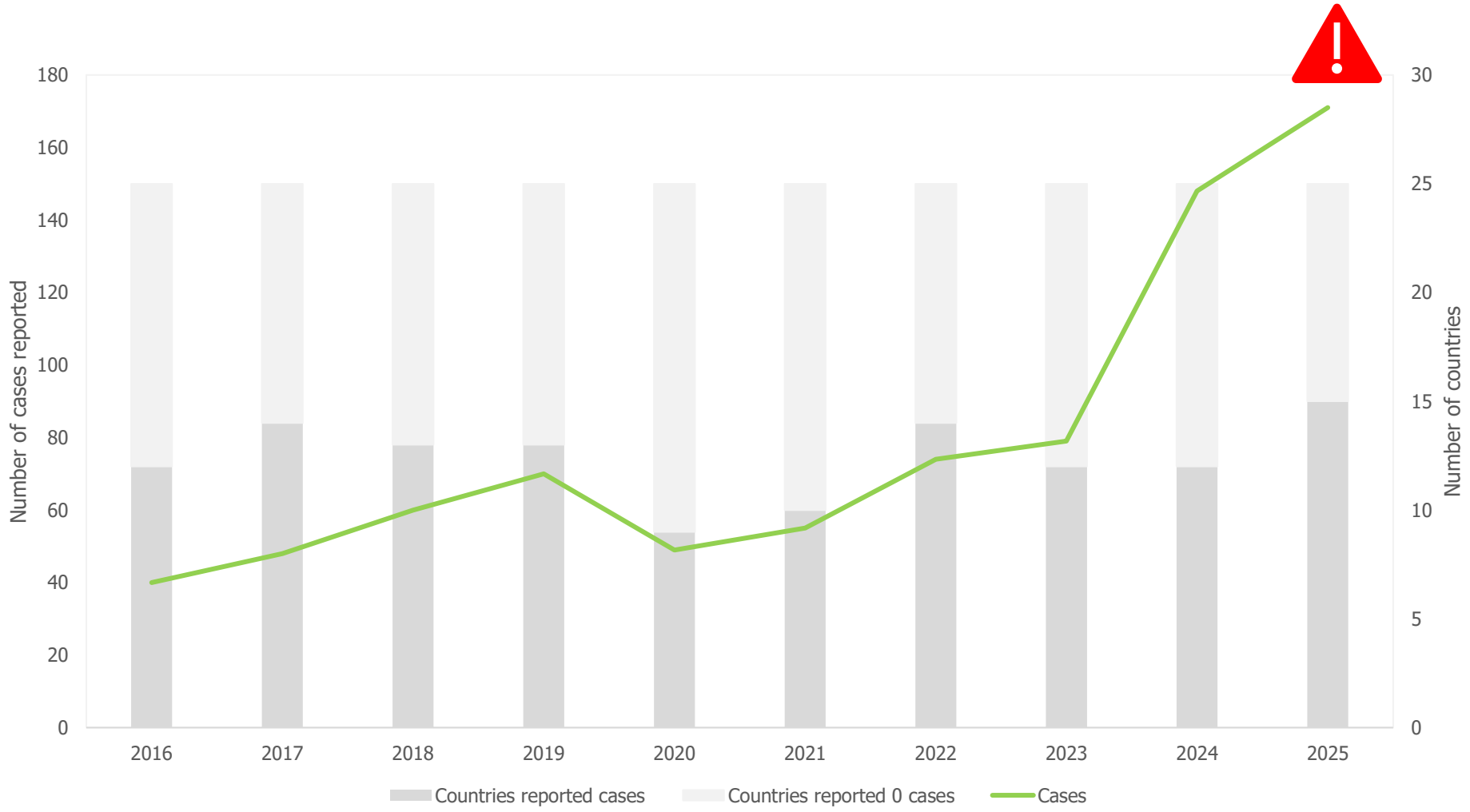
EU/EEA countries, 2016–2025



Source: Routine STI surveillance data reported by EU/EEA countries to ECDC. **Preliminary data, changes may occur.**

Included countries that consistently reported transmission with over 50% completeness include: Czechia, Denmark, Germany, Greece, Hungary, Latvia, Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden

Congenital syphilis diagnoses in EU/EEA countries, 2016–2025



Source: Routine STI surveillance data reported by EU/EEA countries to ECDC. **Preliminary data, changes may occur.**
Countries no included: Austria, Belgium, Finland, Italy, Liechtenstein

GOOD NEWS



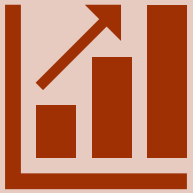
Chlamydia

LGV

Gonorrhoea in young women

Syphilis in MSM

BAD NEWS



Gonorrhoea

Syphilis in heterosexual populations

Syphilis in women of reproductive age

Congenital syphilis



Changes in STI trends usually reflect a combination of factors

Testing policies

Prevention and treatment



Sexual behaviour, exposure patterns

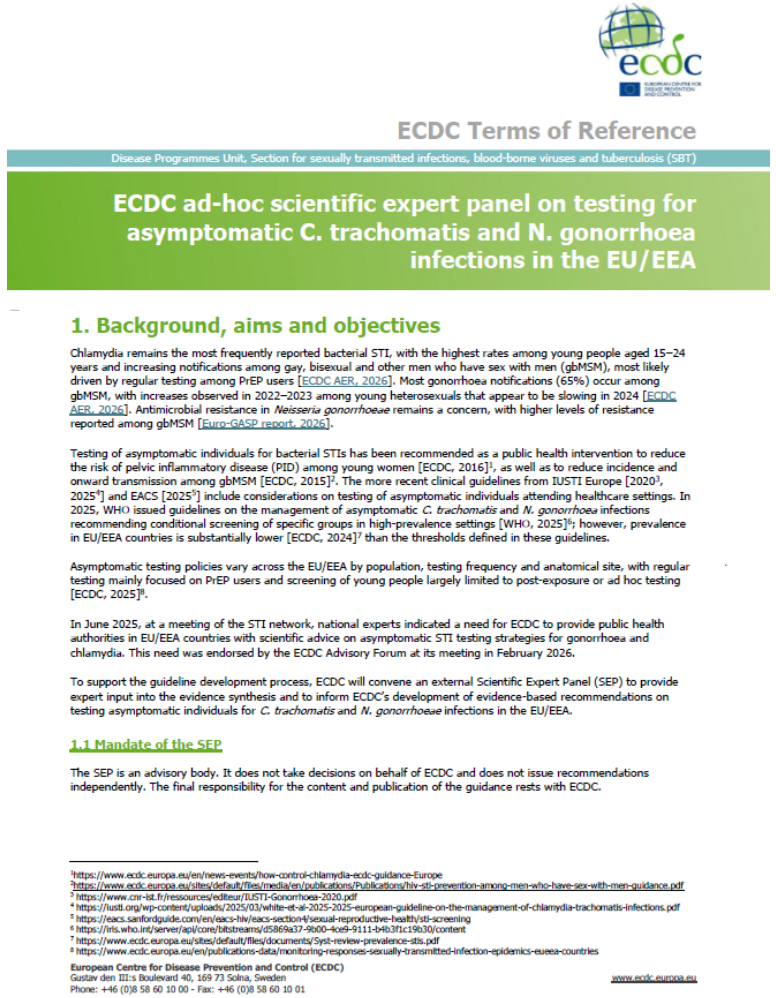
Surveillance and reporting

Policy changes in 2024-2025: discontinuation of routine asymptomatic CT, or CT/NG testing in some countries.
Doxy-PEP awareness and use; national/clinical guidelines and recommendations in several countries.

ECDC developing guidance on testing for asymptomatic *C. trachomatis* and *N. gonorrhoea* infections

Questions the guidance will cover:

- Should asymptomatic testing for *C. trachomatis* and *N. gonorrhoea* be offered to specific population groups?
- What are the public health benefits and potential harms of asymptomatic testing?
- Which testing approaches (including test type, testing settings, and testing frequency) are most appropriate for asymptomatic testing?



ECDC Terms of Reference

Disease Programmes Unit, Section for sexually transmitted infections, blood-borne viruses and tuberculosis (SBT)

ECDC ad-hoc scientific expert panel on testing for asymptomatic C. trachomatis and N. gonorrhoea infections in the EU/EEA

1. Background, aims and objectives

Chlamydia remains the most frequently reported bacterial STI, with the highest rates among young people aged 15–24 years and increasing notifications among gay, bisexual and other men who have sex with men (gbMSM), most likely driven by regular testing among PrEP users [ECDC AER, 2026]. Most gonorrhoea notifications (65%) occur among gbMSM, with increases observed in 2022–2023 among young heterosexuals that appear to be slowing in 2024 [ECDC AER, 2026]. Antimicrobial resistance in *Neisseria gonorrhoeae* remains a concern, with higher levels of resistance reported among gbMSM [Euro-GASP report, 2026].

Testing of asymptomatic individuals for bacterial STIs has been recommended as a public health intervention to reduce the risk of pelvic inflammatory disease (PID) among young women [ECDC, 2016][1], as well as to reduce incidence and onward transmission among gbMSM [ECDC, 2015][2]. The more recent clinical guidelines from IUSTI Europe [2020[3], 2025[4]] and EACS [2025[5]] include considerations on testing of asymptomatic individuals attending healthcare settings. In 2025, WHO issued guidelines on the management of asymptomatic *C. trachomatis* and *N. gonorrhoea* infections recommending conditional screening of specific groups in high-prevalence settings [WHO, 2025][6]; however, prevalence in EU/EEA countries is substantially lower [ECDC, 2024][7] than the thresholds defined in these guidelines.

Asymptomatic testing policies vary across the EU/EEA by population, testing frequency and anatomical site, with regular testing mainly focused on PrEP users and screening of young people largely limited to post-exposure or ad hoc testing [ECDC, 2025][8].

In June 2025, at a meeting of the STI network, national experts indicated a need for ECDC to provide public health authorities in EU/EEA countries with scientific advice on asymptomatic STI testing strategies for gonorrhoea and chlamydia. This need was endorsed by the ECDC Advisory Forum at its meeting in February 2026.

To support the guideline development process, ECDC will convene an external Scientific Expert Panel (SEP) to provide expert input into the evidence synthesis and to inform ECDC's development of evidence-based recommendations on testing asymptomatic individuals for *C. trachomatis* and *N. gonorrhoeae* infections in the EU/EEA.

1.1 Mandate of the SEP

The SEP is an advisory body. It does not take decisions on behalf of ECDC and does not issue recommendations independently. The final responsibility for the content and publication of the guidance rests with ECDC.

[1] https://www.ecdc.europa.eu/en/news-events/how-control-chlamydia-ecdc-guidance-Europe
[2] https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/hiv-sti-prevention-among-men-who-have-sex-with-men-guidance.pdf
[3] https://www.cnr-ist.fr/ressources/editeur/IUSTI-Gonorrhoea-2020.pdf
[4] https://iusti.org/wp-content/uploads/2025/03/white-et-al-2025-2025-european-guideline-on-the-management-of-chlamydia-trachomatis-infections.pdf
[5] https://eacs.sanfordguide.com/en/eacs-hiv/eacs-section4/sexual-reproductive-health/sti-screening
[6] https://iris.who.int/server/api/core/bitstreams/d5869a37-9b00-4ce9-9111-b4b3f1c19b30/content
[7] https://www.ecdc.europa.eu/sites/default/files/documents/Syst-review-prevalence-stis.pdf
[8] https://www.ecdc.europa.eu/en/publications-data/monitoring-responses-sexually-transmitted-infection-epidemics-eueea-countries

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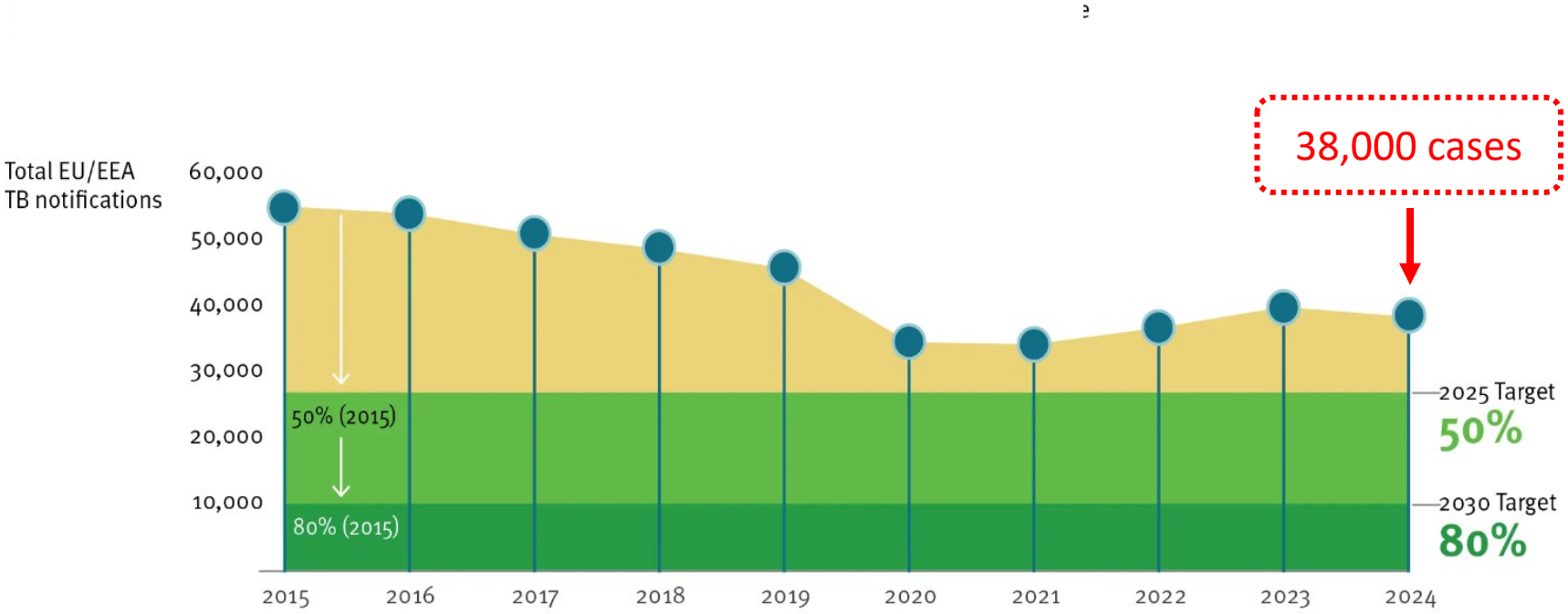
TB

TB notification rates in the EU/EEA, 2015-2024



8.4

TB cases notified per 100,000

2.4

2030 notification-rate target per 100,000

The EU/EEA is behind target, but the number of people falling ill with TB is decreasing.

Number of people who have developed TB that are diagnosed

Estimated case detection rate, 28 EU/EEA countries, 2024

- The response in not more testing everywhere, but smarter testing
- People with symptoms need to be identified quickly, focusing on screening groups at higher risk, and strengthened contact investigation
- Every person with TB should be offered HIV testing, and people living with HIV should be assessed for TB disease and preventive treatment when indicated

≈ 41,000

estimated incident TB cases

≈ 35,000

new and relapse cases notified

≈6,000

not diagnosed or not reported

Sources: ECDC/WHO (2025). Tuberculosis surveillance and monitoring in Europe 2026–2024 data
Overview of progress towards the Sustainable Development Goal 3.3 targets on HIV, tuberculosis, viral hepatitis and sexually transmitted infections in the EU/EEA, 2025 – Data from 2023–2024

Hepatitis B and C

Epidemiological overview of viral hepatitis across the EU/EEA

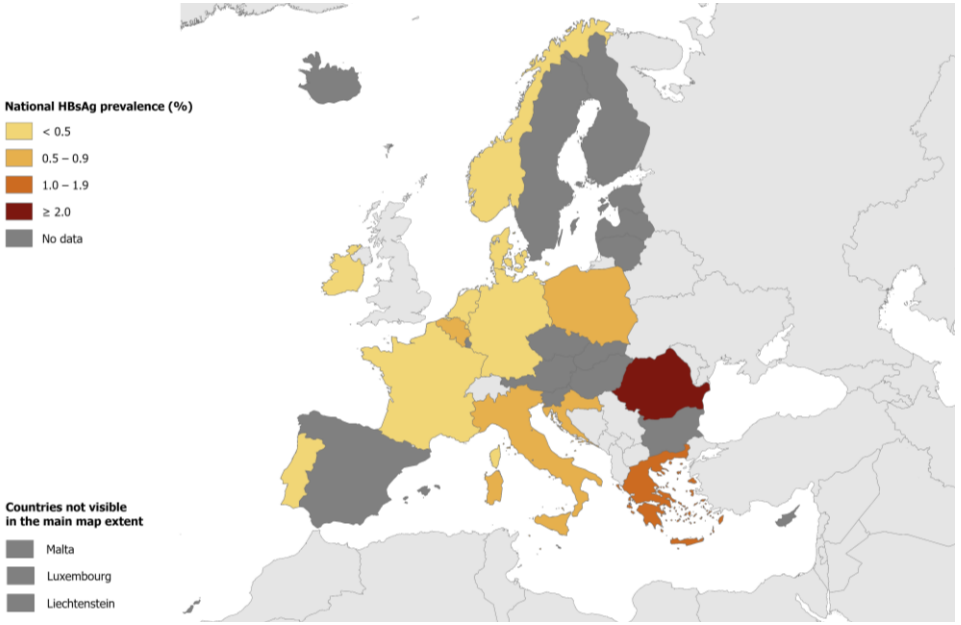
Hepatitis B

Estimated 3.2 million (2.4 – 4.1) people living with chronic hepatitis B infection in the EU/EEA

1/3 infections among migrant populations

National estimates of prevalence range from 0.5% to > 2%

National estimates of hepatitis B surface antigen (HBsAg) prevalence, 2025

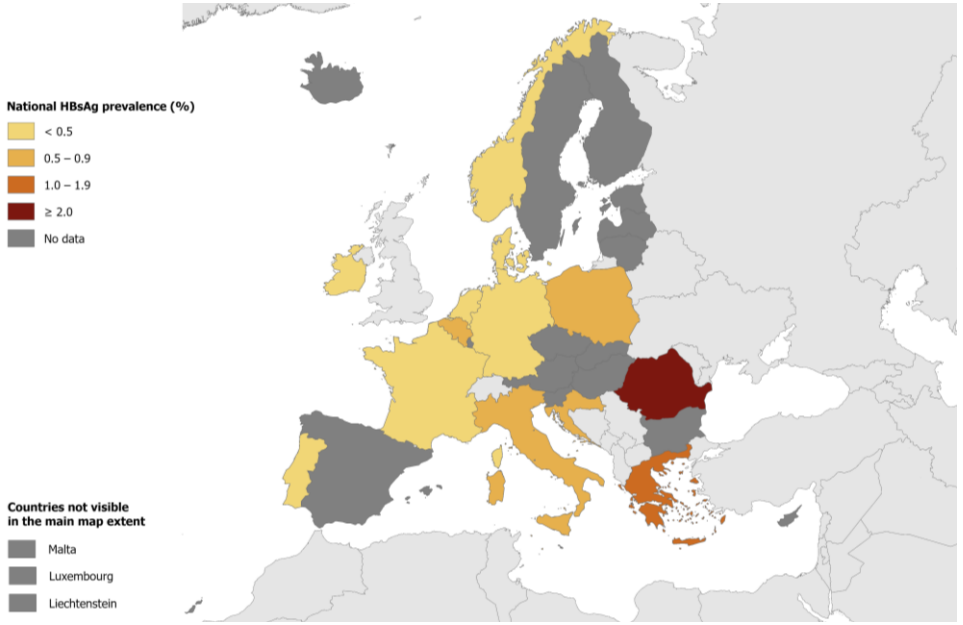


Source: Canabarro APF, et al. Eurosurveillance. 2026;31(14):2500322. *Thomadakis C et al. Lancet Reg Health Eur. 2023 Dec 13;36:100792. Bivegete S TA, et al. Euro Surveill. 2023 Jul;28(30):2200738. ECDC.* Prevention of Hepatitis B and C in the EU/EEA. Monitoring progress towards the Sustainable Development Goals for Viral Hepatitis in the EU/EEA: 2026. Stockholm: ECDC; 2026.

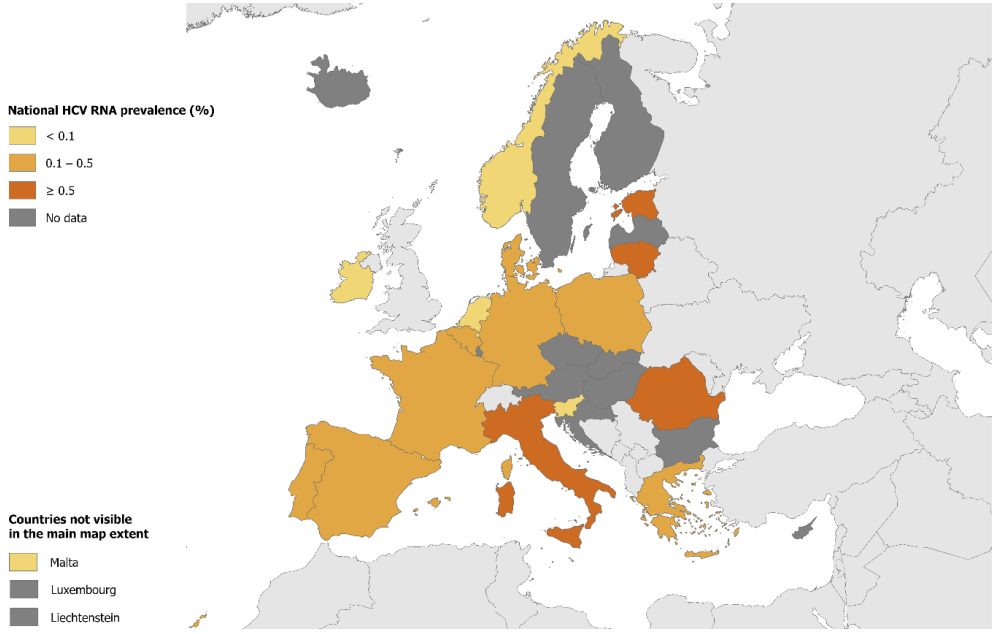
Epidemiological overview of viral hepatitis across the EU/EEA

Hepatitis B	Hepatitis C
Estimated 3.2 million (2.4 – 4.1) people living with chronic hepatitis B infection in the EU/EEA	Estimated 1.8 million (1.6 – 1.9) people living with chronic hepatitis C infection in the EU/EEA
1/3 infections among migrant populations	1/3 infections among people who inject drugs
National estimates of prevalence range from 0.5% to > 2%	National estimates of prevalence range from <0.1% to 0.8%

National estimates of hepatitis B surface antigen (HBsAg) prevalence, 2025



National estimates of HCV RNA prevalence, 2025



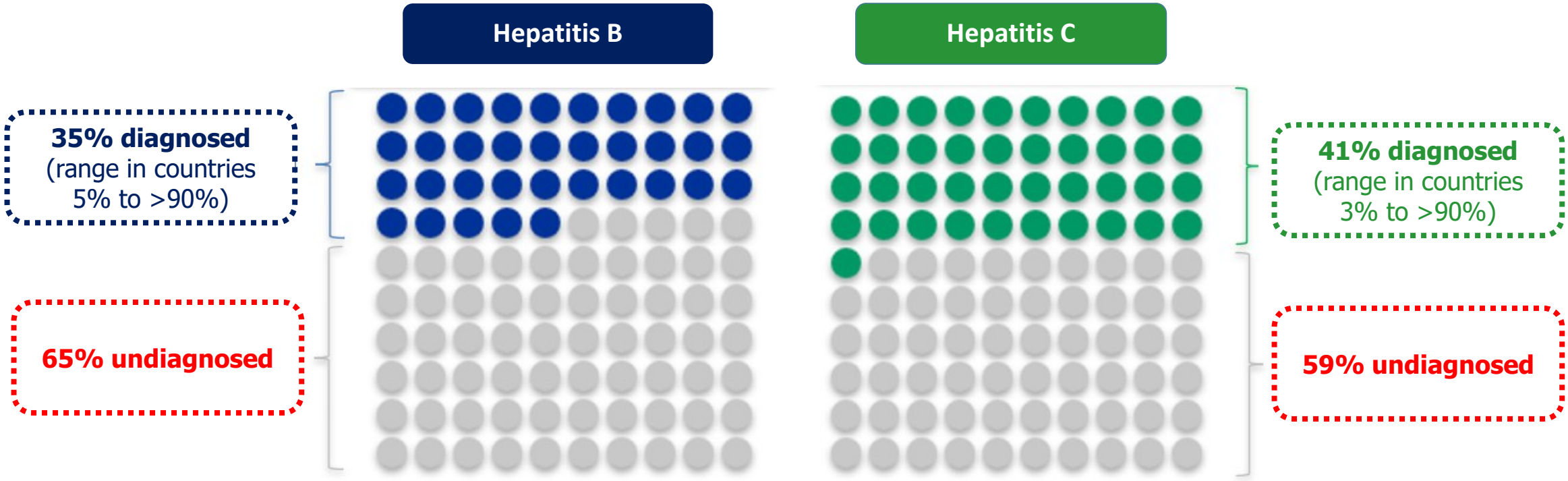
Source: Canabarro APF, et al. Eurosurveillance. 2026;31(14):2500322. *Thomadakis C et al. Lancet Reg Health Eur. 2023 Dec 13;36:100792. Bivegete S TA, et al. Euro Surveill. 2023 Jul;28(30):2200738. ECDC.* Prevention of Hepatitis B and C in the EU/EEA. Monitoring progress towards the Sustainable Development Goals for Viral Hepatitis in the EU/EEA: 2026. Stockholm: ECDC; 2026.

WHO diagnosis targets for hepatitis B and C

Hepatitis B	Hepatitis C
WHO diagnosis 2025 target: **60%** of people living with chronic HBV infection are diagnosed	**WHO diagnosis 2025 target:** **60%** of people living with chronic HCV infection are diagnosed

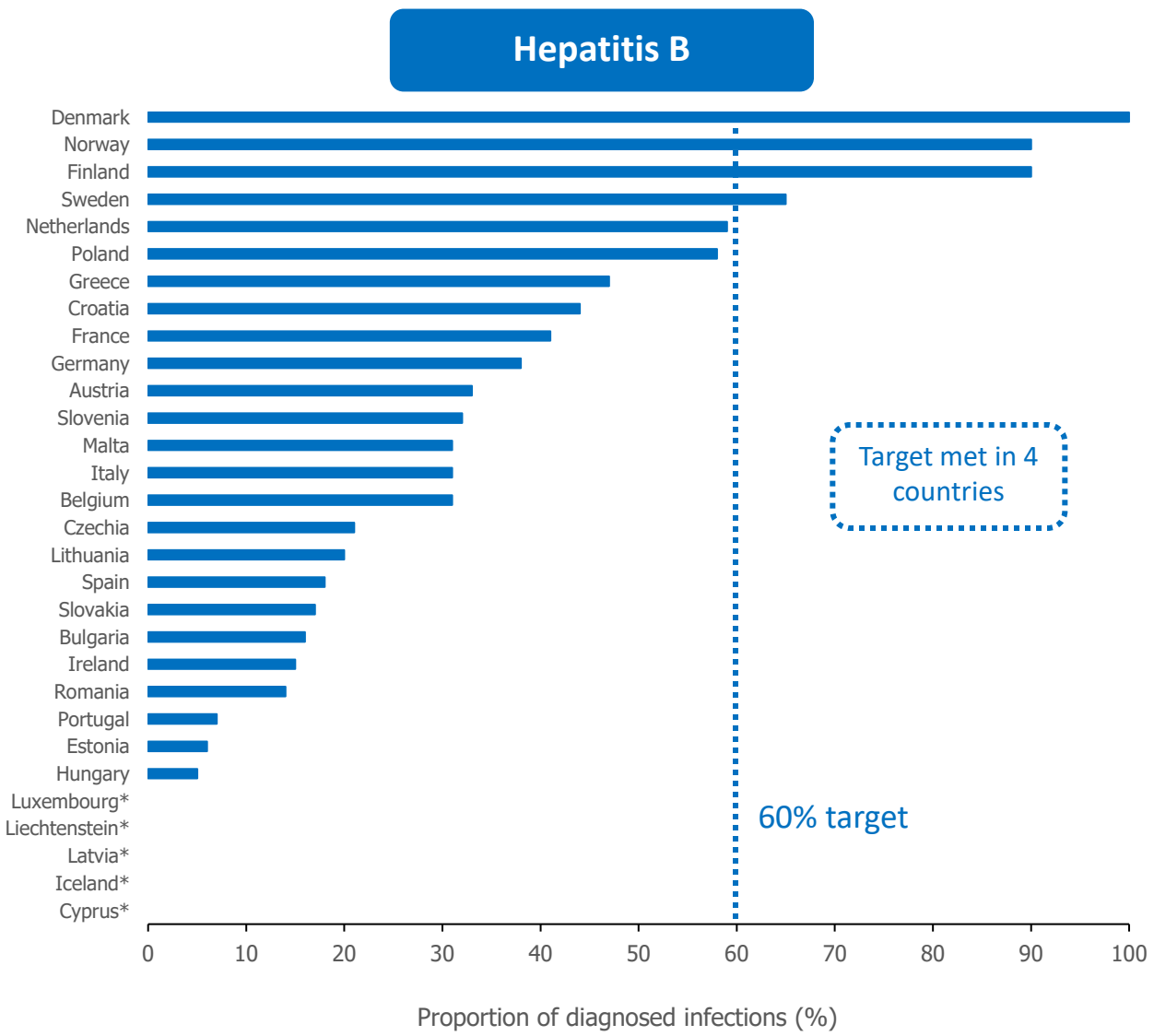
Source: ECDC. Data reported from EU/EEA countries 2025.

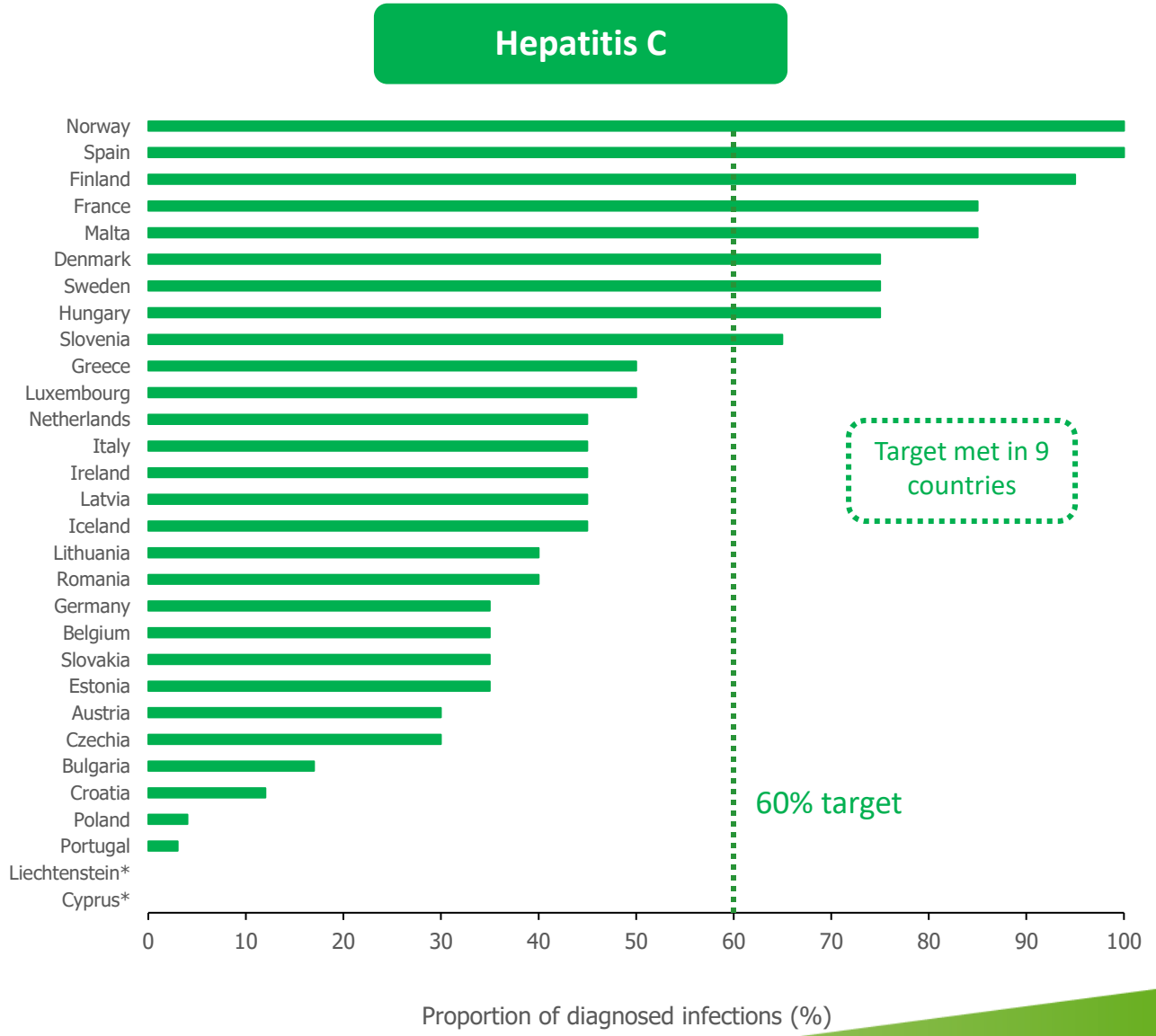
Modelled estimates of the proportion of chronic hepatitis B and C cases diagnosed, EU/EEA, 2025



Source: 2025 estimates from the Polaris Observatory Collaborators. https://doi.org/10.1016/ S2468-1253(23)00233-9 and ECDC. Data reported from EU/EEA countries 2025.

Modelled estimates of the proportion of chronic hepatitis B and C cases diagnosed per country, EU/EEA 2025



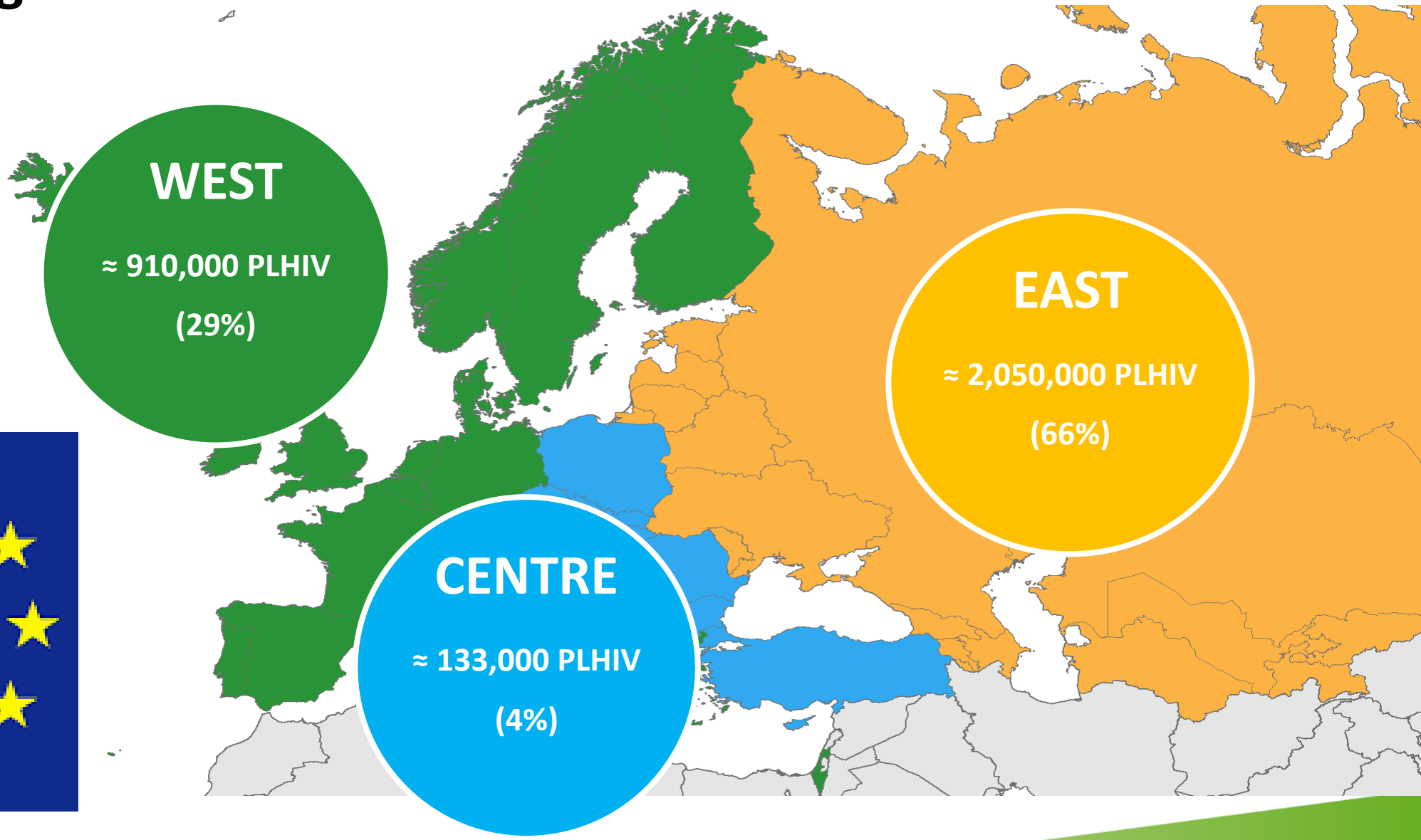


*No data

Source: 2025 estimates from the Polaris Observatory Collaborators. https://doi.org/10.1016/ S2468-1253(23)00233-9

HIV

~3.1 million people were living with HIV in the WHO European Region in 2025



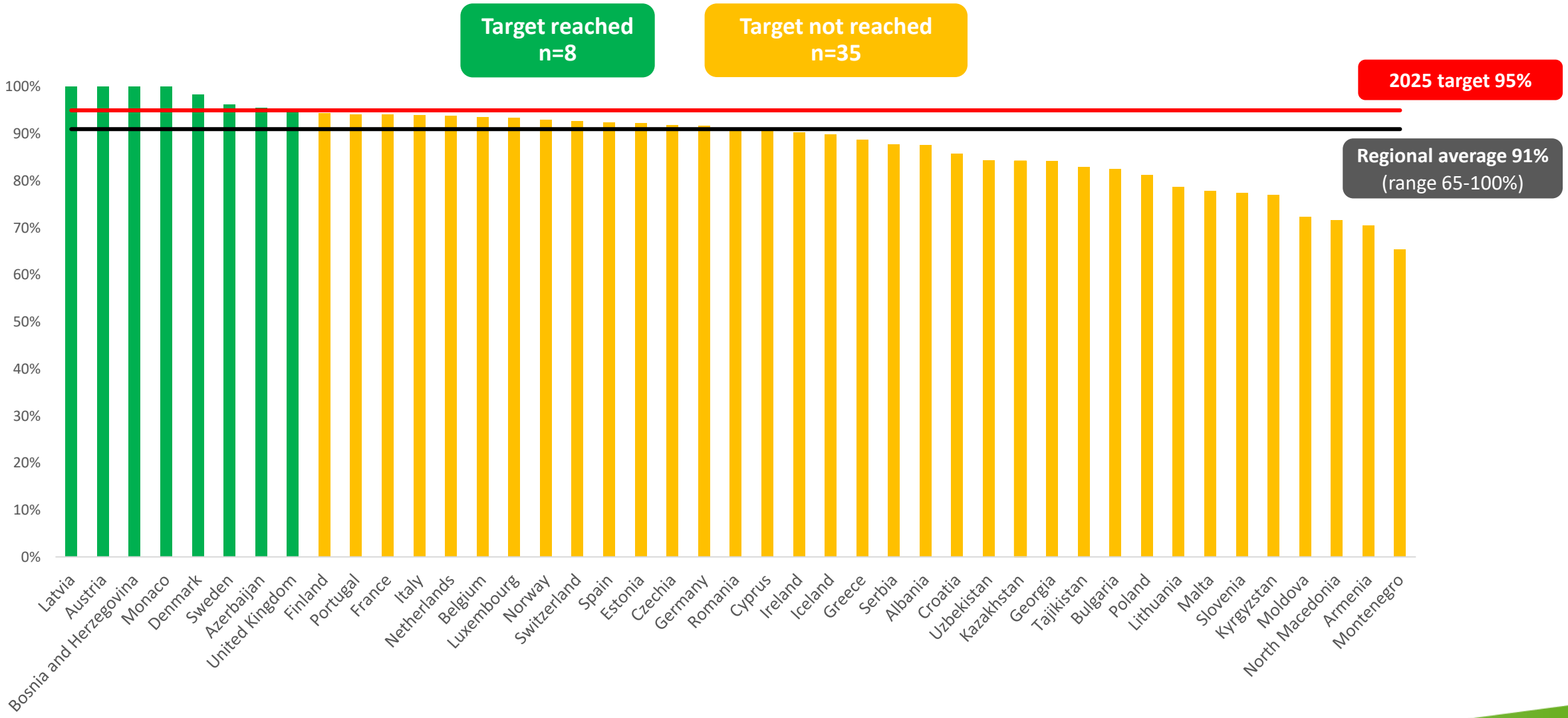
Estimated nr of PLHIV in the EU/EEA (2025)
844,000

Source: UNAIDS Spectrum estimates 2026.

Note: % may not total 100% due to rounding

Progress toward the 1st 95% testing target (2025):

95% of all PLHIV who know their status (n=43 countries)



Source: ECDC Dublin Declaration monitoring, preliminary data reported in 2026.

Distribution of people with transmissible levels of virus

by sub-region, 2024 (n=38 countries)

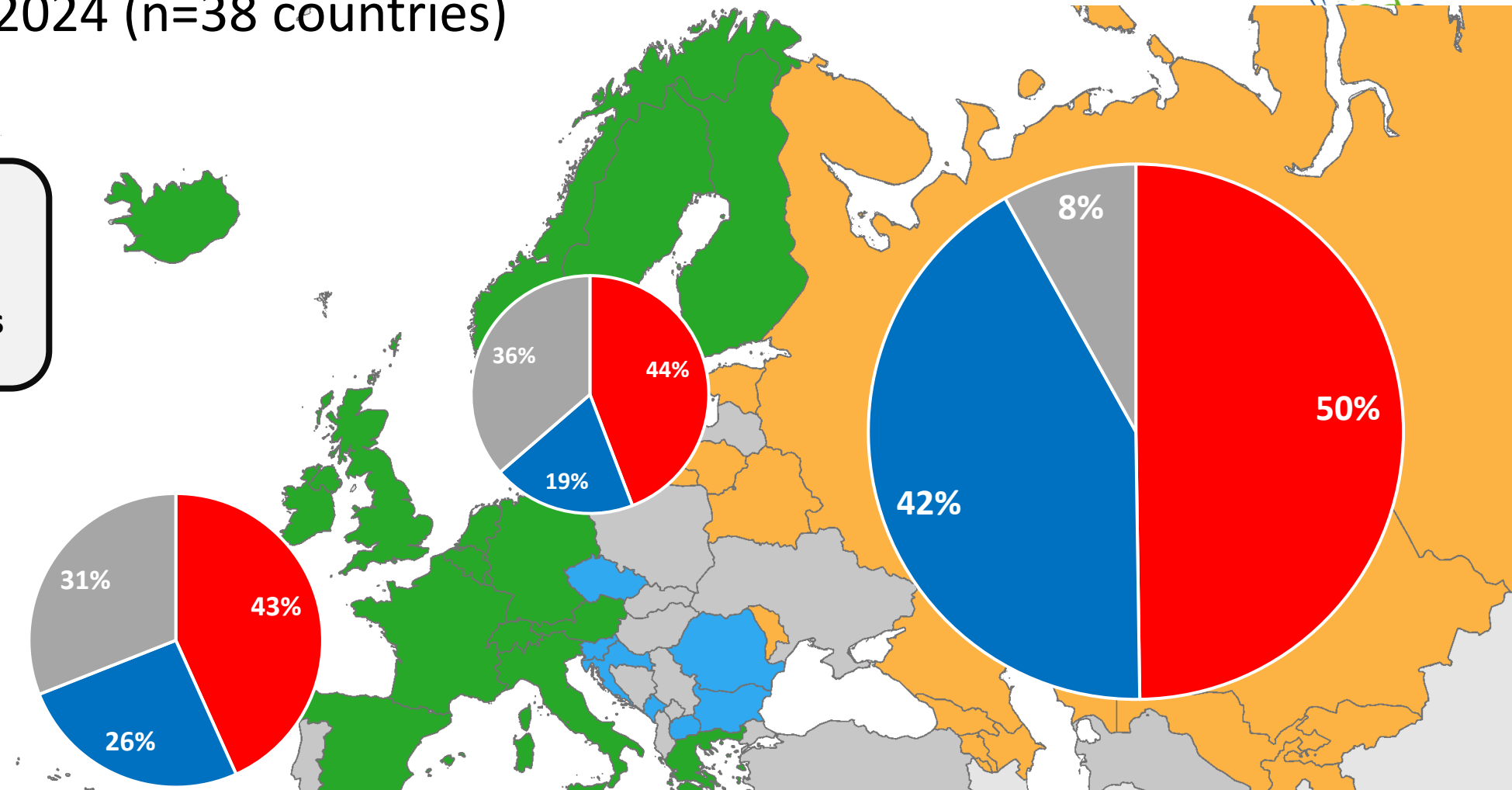
n ≈ 620,000

People living with transmissible levels of virus (30% of all PLHIV)

Undiagnosed

Diagnosed but not on treatment

Treated but not virally supressed



WEST

15% (n=118,000) living with transmissible levels of virus

CENTRE

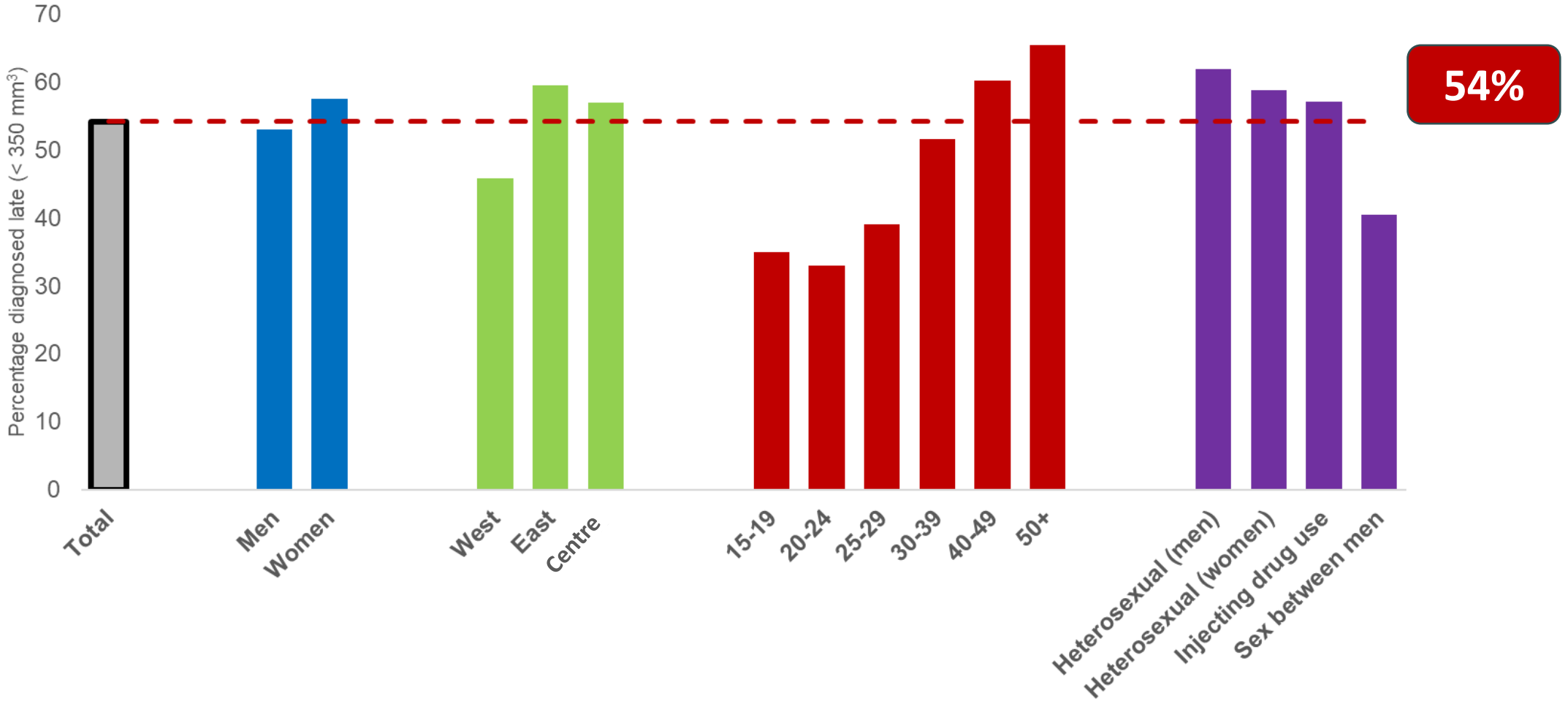
27% (n=9,000) living with transmissible levels of virus

EAST

40% (n=493,000) living with transmissible levels of virus

Source: ECDC. Continuum of HIV care. Stockholm: ECDC; 2025. https://www.ecdc.europa.eu/en/publications-data/continuum-hiv-care-monitoring-implementation-dublin-declaration-partnership-1

Late HIV diagnosis* in the WHO European Region, 2024

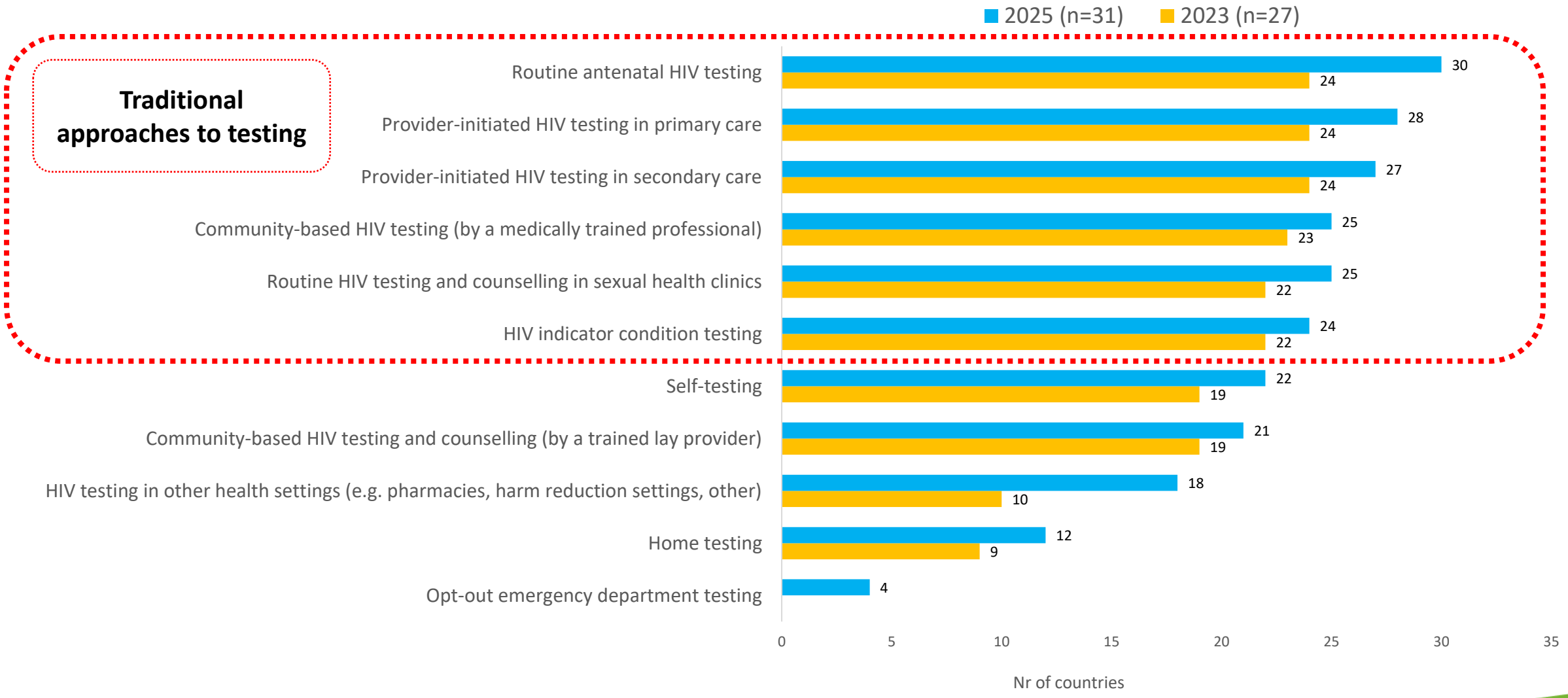


*Diagnosed late=CD4<350 cells/mm³ at diagnosis

Source: ECDC/WHO (2025). HIV/AIDS Surveillance in Europe 2025 (2024 data): https://www.ecdc.europa.eu/en/publications-data/hivaids-surveillance-europe-2025-2024-data

Implementation of different testing modalities

EU/EEA, Switzerland and the UK, 2023 and 2025



Source: ECDC Dublin Declaration monitoring, preliminary data reported in 2026.

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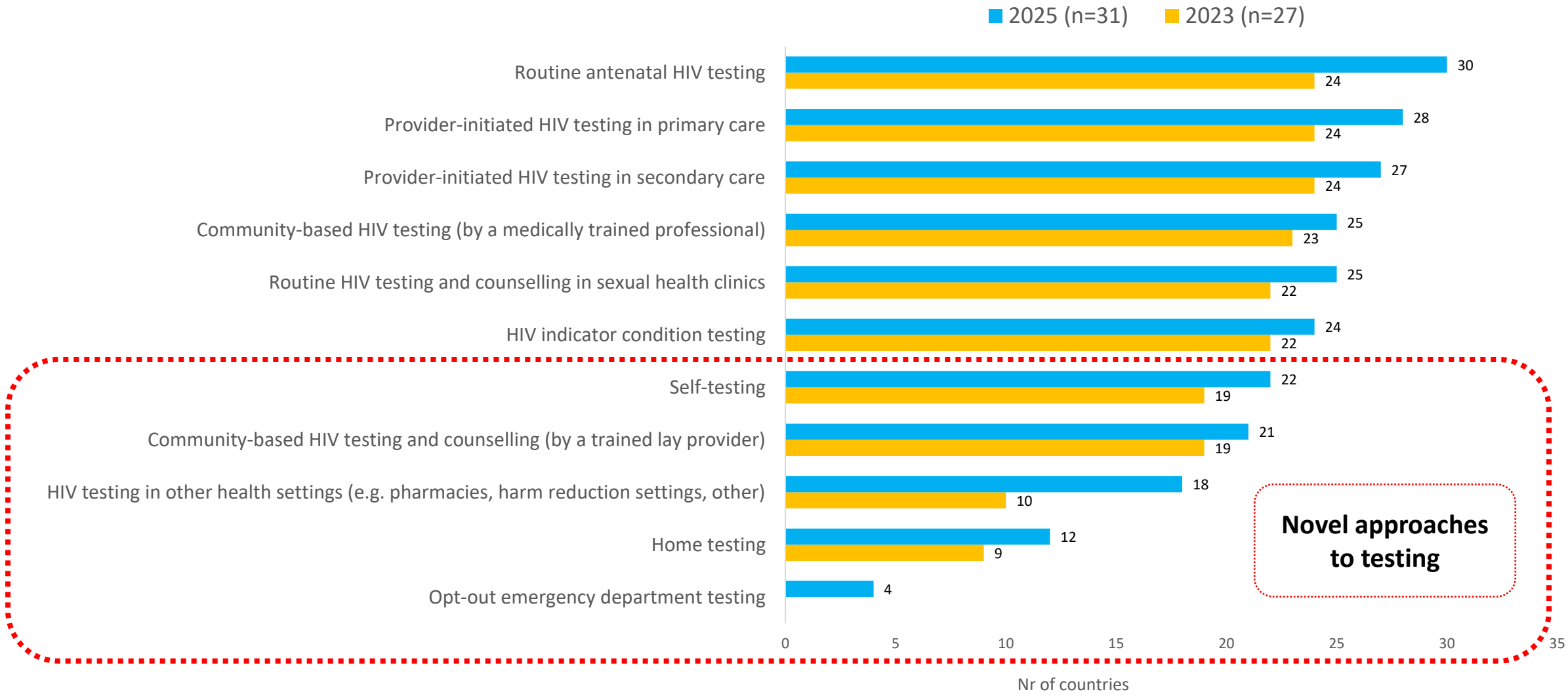

Source: ECDC Dublin Declaration monitoring, preliminary data reported in 2026.

Conclusions

Progress towards testing targets

Infection	Indicator	2025 target	2030 target	Status 2024/25
TB	Percentage of TB patients who have been diagnosed	85%	85%	**86% (69-100%)** 18 out of 28 countries in the EU/EEA reached the target
HIV	Percentage of people living with HIV diagnosed (1st 95 target)	95%	95%	**91% (72– >99%)** 8 out of 43 countries in the WHO Region reached the target
Hepatitis	Percentage of people living with HBV diagnosed	60%	90%	**Range 43–66%** 1 in 3 EU countries reached the target
	Percentage of people living with HCV diagnosed	60%	90%	**Range 66–>99%** 7 EU countries reached the target
STIs	Percentage of priority populations screened for syphilis	80%	90%	**gbMSM: Range 0-51%** no EU country reached the target
	Percentage of priority populations screened for gonorrhoea	20%	90%	**gbMSM: 47%** 1 EU country reached the target

	Target met or exceeded		Within 5% of target		Insufficient data to assess progress

ECDC SDG report from 2026

Key considerations for improving HIV/STI/HEP/TB testing in Europe

Make testing routine and integrated

Offer combined testing where risks overlap

Embed testing where appropriate

(in primary care, emergency departments, sexual health services, antenatal care, prisons, drug services and migrant health services)

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Prioritise key populations

Use community-led, peer-based and outreach approaches to reduce access barriers

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Expand convenient testing options

Scale up novel approaches to testing

(self-testing, home testing & low-threshold community testing)

Ensure services are free, confidential, culturally appropriate

(and available beyond traditional clinic hours

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- **Train healthcare workers** to normalise test offers and address stigma & discrimination
- **Strengthen indicator-condition and risk-based testing** to reduce late diagnoses

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Link every diagnosis to prevention and care

- **Rapid linkage to HIV/HBV/HCV treatment, partner notification, vaccination and HIV PrEP where indicated**
- **Monitor testing coverage, positivity, linkage-to-care and equity outcomes**

Thank you

ECDC

Erika Duffell, Katja Siling, Otilia Mårdh, Senia Rosales-Klintz, Juliana Reyes, Charlotte Deogan, Anastasia Pharris

Rigshospitalet - University of Copenhagen

Oleksandr Korotych, Annemarie Stengaard, Sarah North, Marie Louise Jakobsen, Francesca Roper, Anne Louise Grevsen, Anne Raahauge, Dorthe Raben, Jens Lundgren

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