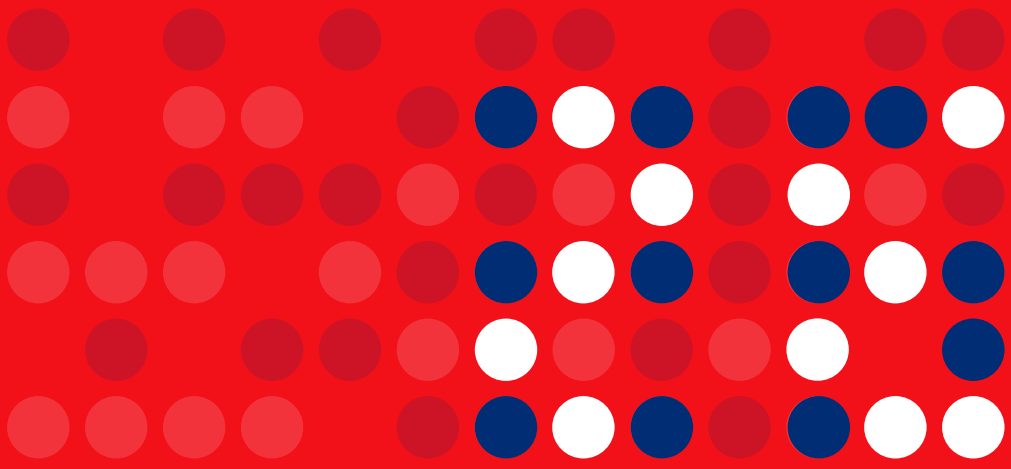
Human Immunodeficiency Virus (HIV)
Infection in the Netherlands

hiv Monitoring

HIV Monitoring Report 2026

Chapter 1: HIV in the Netherlands



1. HIV in the Netherlands

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Results shown in this chapter are based on data recorded in the SHM database as of 1 May 2026. On a few occasions, as indicated in the text or figures, data are used as of 1 September 2026.

Key findings

In 2025, 500 people were newly diagnosed with HIV: 255 (51%) men who have sex with men (MSM), 130 (26%) other men, 95 (19%) women, and 20 (4%) trans individuals (registered in the SHM database as of 1 September 2026).

In the past five years, the annual number of new HIV diagnoses increased: 425 in 2021, 446 in 2022, 484 in 2023, 489 in 2024, and 500 in 2025.

The estimated number of newly acquired HIV infections rose from 315 in 2020 to

The increase in the number of diagnoses was most prominent in people born in 1990 or later, including 47% of all diagnoses in MSM and approximately 30% in all other men and in women.

An increasing proportion of MSM and trans individuals with a new HIV diagnosis reported prior use of PrEP. In 2025, the proportion was 21%, while 51% had not used PrEP. Information on prior use of PrEP was not available for the remaining 28%.

In 2023-2025, 306 (38%) of all diagnosed MSM and 177 (48%) of MSM born in 1990 or later had evidence of having acquired their infection at most one year before. Of these, 281 (35%) had a negative HIV test in the year prior to their diagnosis. This indicates that they were likely aware of being at risk of acquiring HIV and would have benefited from PrEP.

The proportion diagnosed with late-stage HIV remained high among other men (56%) and among women (60%) and was much lower among MSM (29%).

By the end of 2025, there were an estimated 26,225 people with HIV in the Netherlands, including 1,650 (6%) with an undiagnosed HIV infection. Altogether, 86% of people with HIV had a suppressed viral load.

Introduction

By May 2026, stichting hiv monitoring (SHM) had registered 37,435 individuals with HIV. The vast majority of these (36,330, or 97.0%) agreed to the collection of further clinical data once registered, whereas 1,105 (3.0%) declined to take part. Among those whose clinical data had been collected, most (34,752) were registered with one of the HIV treatment centres in the Netherlands (*Figure 1.1*).

Of the 34,752 individuals registered in the Netherlands, the vast majority were diagnosed with HIV-1 (33,523, or 96%). Only 102 people were diagnosed with HIV-2, while 62 individuals were found to carry antibodies against both HIV-1 and HIV-2. Data is limited for individuals registered before the start of the AIDS Therapy Evaluation in the Netherlands (ATHENA) study in 1998, which accounts for the absence of serological information for most of the remaining 1,065.

The first part of this chapter focuses on the characteristics of people with HIV-1 at the time of diagnosis, and individuals with HIV-1 still in care at the end of 2025. This is followed by a brief overview of trans people with HIV-1. The chapter concludes with an outline of the population with an HIV-2 infection.

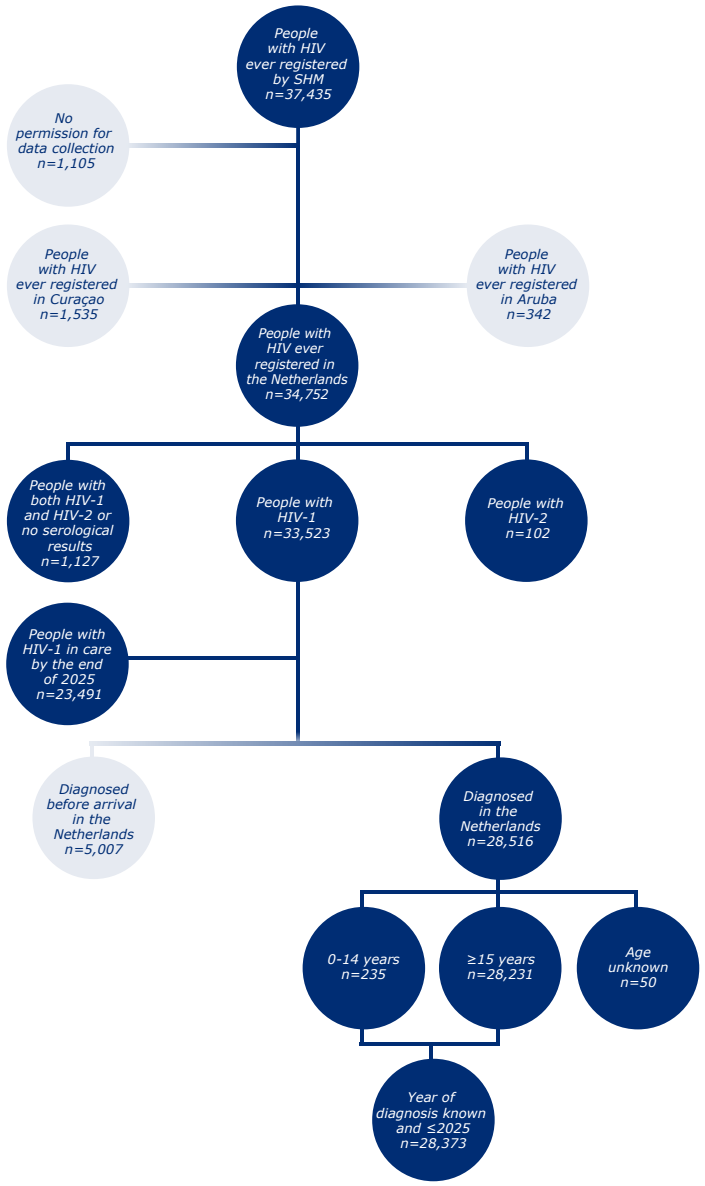
Infection, diagnosis, entry into care, and registration	
HIV infection	The moment an individual acquires HIV. The time of infection is often unknown.
HIV diagnosis	The moment an HIV infection in an individual is confirmed by blood tests. The time of diagnosis can be weeks, months, or years after infection.
Entry into care	The moment an individual with HIV first receives care at an HIV treatment centre. This usually takes place within a few weeks of HIV diagnosis.
Registration	The moment an HIV physician or nurse notifies SHM of an individual with HIV (in care) and the individual's details are recorded in the SHM database. Registration usually takes place within a few months of entering care, but can take longer. Demographic and clinical data from the time of HIV diagnosis can only be collected after registration.

HIV-1

Individuals with HIV-1

Of the 33,523 individuals in the Netherlands who were ever diagnosed with HIV-1, 5,007 (15%) were born abroad and had a documented HIV diagnosis prior to arrival in the Netherlands (*Figure 1.1*). These 5,007 individuals have been excluded from the analyses on newly diagnosed individuals later in this section. The remaining 28,516 individuals were newly diagnosed while living in the Netherlands, or their date of arrival in the country has not yet been recorded in the SHM database.

***Figure 1.1:** Overview of the population with HIV registered by stichting hiv monitoring (SHM).*



Individuals diagnosed before arriving in the Netherlands

Of the 5,007 individuals who were born abroad and had a documented HIV-1 diagnosis before arriving in the Netherlands, 1,072 (21%) arrived in the Netherlands in 2023-2025, including 260 in 2025 (*Figure 1.2A*). Information on diagnosis abroad and date of arrival in the Netherlands has been recorded for all newly registered individuals since early 2018, but is not yet available for everyone included in the SHM database.

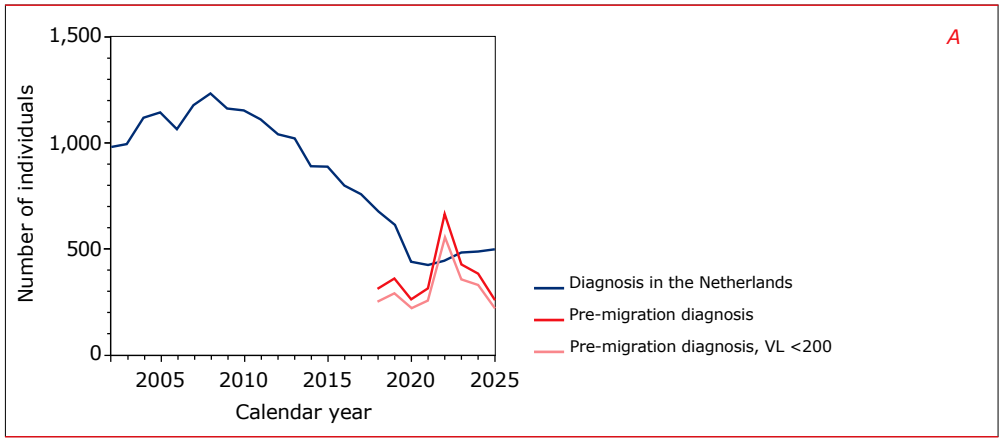
Of the 1,072 people who arrived in 2023-2025 with a documented pre-arrival HIV diagnosis, 576 (54%) were men who have sex with men (MSM), 228 (21%) were other men, 218 (20%) were women, and 50 (5%) were trans people. The median age at the time of arrival was 36 years (interquartile range [IQR] 30-44); 107 (10%) were below 25 years of age, including 4 children under the age of 15, while 112 (10%) were 50 years of age or older. In terms of geographic origins, migrants arrived from:

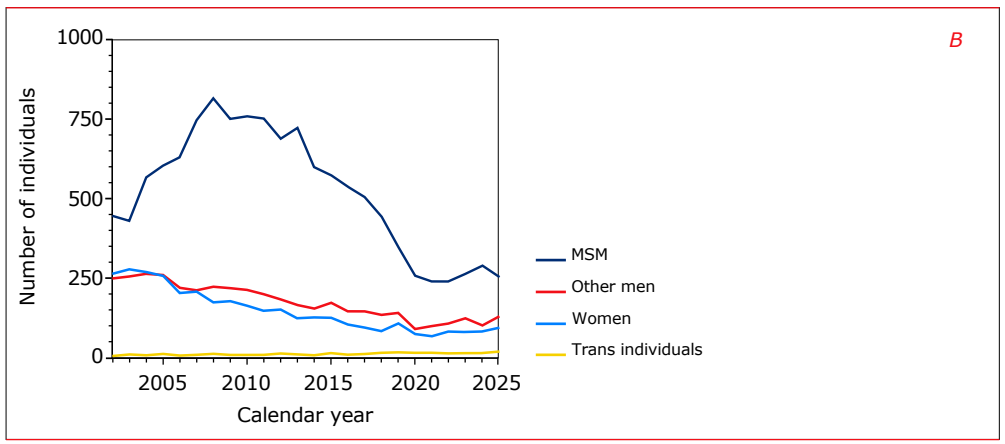
- South America (253, 24%);
- sub-Saharan Africa (183, 17%);
- eastern Europe (179, 17%);
- central Europe (104, 10%);
- western Europe (101, 9%);
- Caribbean (71, 7%);
- Middle East and north Africa (64, 6%);
- south and southeast Asia (64, 6%); and
- other regions (53, 5%).

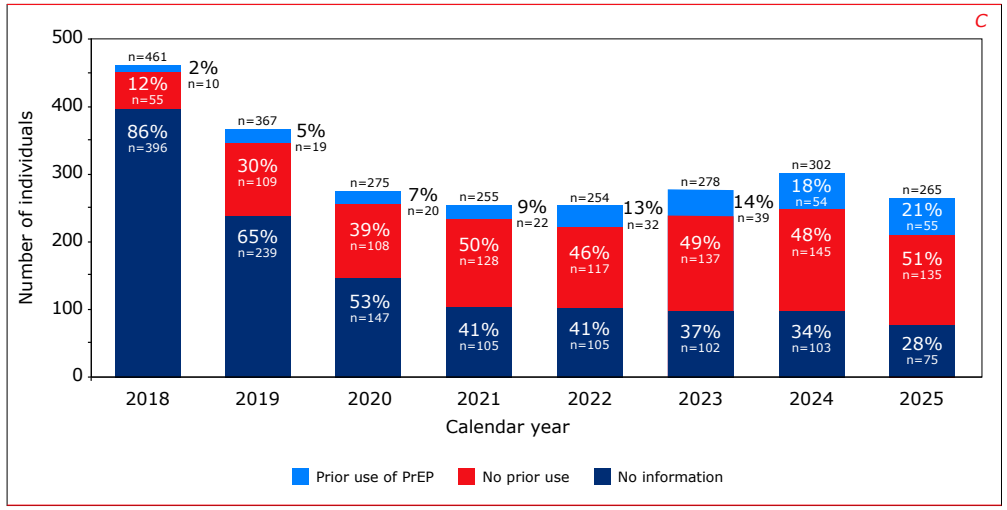
The most commonly reported countries of origin (from where at least 30 individuals with a known HIV diagnosis arrived in the Netherlands) were Ukraine (122, 11%), Brazil (72, 7%), Colombia (66, 6%), Turkey (41, 4%), Curaçao (38, 4%), Poland (38, 4%), Suriname (36, 3%), Venezuela (32, 3%), and Nigeria (30, 3%).

The majority (954, or 89%) of the 1,072 people had already started antiretroviral therapy (ART) before arriving in the Netherlands, while 38 (4%) started ART in the Netherlands; for 80 (7%) migrants there was no unequivocal evidence whether they started ART before or after arrival due to uncertainty in date of arrival and/or date of start ART. By the time the 1,072 individuals entered HIV care in the Netherlands, their median CD4 counts were 663 (IQR 460-902) cells/mm^3. HIV RNA levels were below 1,000 copies/ml for 932 individuals (88% of the 1,063 who had an available viral load measurement), including 909 individuals with RNA levels below 200 copies/ml (86%) and 868 with RNA levels below 50 copies/ml (82%).

Figure 1.2: *(A) Annual number of individuals newly diagnosed with HIV-1 in the Netherlands or while living in the Netherlands (by year of diagnosis, reported as of 1 September 2026) or with documented diagnosis abroad before moving to the Netherlands (by year of arrival in the Netherlands), (B) annual number of individuals newly diagnosed with HIV-1 in the Netherlands and aged 15 years or older at the time of diagnosis, reported as of 1 September 2026, according to key population, and (C) annual number of new diagnoses in men who have sex with men (MSM) and trans individuals stratified by whether or not prior use of PrEP was reported. In 2025, MSM accounted for 51% of the annual number of new diagnoses, other men for 26%, women for 19%, and trans individuals for 4%. VL <200: individuals with documented diagnosis abroad before moving to the Netherlands who already had a suppressed viral load below 200 copies/ml by the time they entered HIV care in the Netherlands. NB: individuals diagnosed in the Netherlands may include people born abroad for whom the date of arrival has not yet been recorded.*







Legend: *MSM = men who have sex with men; VL = viral load; PrEP = pre-exposure prophylaxis.*

Individuals newly diagnosed in the Netherlands

Of the 28,516 individuals who were living in the Netherlands at the time of their HIV-1 diagnosis, or whose date of arrival in the country had not yet been recorded in the SHM database, 235 (1%) were diagnosed as children under 15 years of age: they are described in more detail in Chapter 8. Among the 28,373 individuals for whom the date or period of diagnosis was known, 28,140 (99%) were diagnosed at 15 years of age or older. Of these 28,140 individuals, 16,730 (59%) were men who have sex with men, 6,022 (21%) were other men, 5,060 (18%) were women, and 328 (1%) were trans individuals (*Table 1.1A and 1.1B*).

***Table 1.1A:** Annual number of HIV-1 diagnoses as of 1 May 2026 among men who have sex with men (MSM), other men, women, trans individuals, and children below 15 years of age.*

Year of diagnosis	MSM	Other men	Women	Trans individuals	<15 years of age	Total
≤2001	4,311	1,817	1,514	42	128	7,812
2002	446	249	264	6	15	980
2003	430	256	278	11	21	996
2004	565	262	269	8	13	1,117
2005	603	261	258	12	11	1,145
2006	630	221	204	7	4	1,066
2007	746	212	208	9	4	1,179
2008	814	223	175	12	9	1,233
2009	749	219	178	9	6	1,161
2010	753	214	164	9	8	1,148
2011	745	200	149	10	1	1,105
2012	689	183	152	13	3	1,040
2013	722	165	124	10	1	1,022
2014	599	156	127	8	2	892
2015	569	173	126	15	1	884
2016	527	146	105	6	2	786
2017	504	145	95	12	1	757
2018	445	134	82	16	1	678
2019	349	142	108	18	1	618
2020	260	89	76	15	0	440
2021	240	101	68	15	1	425
2022	239	108	83	15	0	445
2023	263	124	80	15	0	482
2024	287	99	83	15	0	484
2025	245	123	90	20	0	478
Total	**16,730**	**6,022**	**5,060**	**328**	**233**	**28,373**

***Legend:** MSM = men who have sex with men*

***Table 1.1B:** Annual number of HIV-1 diagnoses as of 1 September 2026 among among men who have sex with men (MSM), other men, women, trans individuals, and children below 15 years of age.*

Year of diagnosis	MSM	Other men	Women	Trans individuals	<15 years of age	Total
≤2001	4,312	1,817	1,521	43	128	7,821
2002	445	250	264	6	15	980
2003	430	255	278	11	21	995
2004	565	264	269	8	13	1,119
2005	603	260	258	12	11	1,144
2006	630	220	204	7	4	1,065
2007	746	212	208	9	4	1,179
2008	814	223	174	13	9	1,233
2009	750	219	178	9	6	1,162
2010	758	214	164	9	8	1,153
2011	751	200	148	10	1	1,110
2012	688	184	152	14	3	1,041
2013	721	166	124	11	1	1,023
2014	599	155	127	8	1	890
2015	573	173	126	15	1	888
2016	537	146	105	10	2	800
2017	505	146	95	12	1	759
2018	444	135	84	16	1	680
2019	349	142	108	18	1	618
2020	258	91	76	16	0	441
2021	240	100	68	16	1	425
2022	240	108	83	15	0	446
2023	264	124	81	15	0	484
2024	289	102	83	15	0	489
2025	255	130	95	20	0	500
Total	**16,766**	**6,036**	**5,073**	**338**	**232**	**28,445**

***Legend:** MSM = men who have sex with men*

Number of new diagnoses

The annual registered number of new HIV diagnoses steadily fell from approximately 1,200 in 2008 to 425 in 2021 (*Table 1.1A; Table 1.1B; Figure 1.2A*). Thereafter, the number of diagnoses increased, and, so far, 478 (1 September 2026: 500) new HIV diagnoses have been registered for 2025[a].

In MSM, the annual number of diagnoses peaked at 814 in 2008, and then fell to 239 (1 September 2026: 240) in 2022. By 2024, diagnoses had increased to 287 (1 September 2026: 289) before falling to 245 (1 September 2026: 255) in 2025 (*Figure 1.2B*). Among other men and among women, the annual number of new diagnoses has decreased to 123 (1 September 2026: 130) and 90 (1 September 2026: 95), respectively, in 2025. Finally, the number of new diagnoses among trans individuals varied between 15 and 20 in most recent calendar years.

SHM collects data on prior use of pre-exposure prophylaxis (PrEP) in all individuals newly diagnosed with HIV since 2018. Among MSM and trans individuals, who are the primary target groups of the national PrEP programme, the proportion of people reporting prior use of PrEP has steadily increased over calendar time (*Figure 1.2C*). In 2025, 55 (21%) of the 265 observed new diagnoses in MSM and trans individuals were in people who reported prior use of PrEP, while 135 (51%) people reported never to have used PrEP. For 75 individuals, or 28%, information on prior use of PrEP was not available, down from 65% in 2019 (see Chapter 2 for more details).

Number of newly acquired infections

The observed changes over time in the number of HIV diagnoses are, in part, a consequence of changes in the annual number of newly acquired HIV infections[1]. The estimated number of infections in people living in the Netherlands at the time they acquired HIV decreased from 880 (95% confidence interval [CI] 850-915) in 2010 to 315 (285-345) in 2020. Thereafter, the number of infections appeared to rise, albeit with considerable uncertainty, to 425 (345-510) in 2025 (*Figure 1.3A*). During the same period, the number of newly acquired HIV infections among MSM fell from 685 (655-715) in 2010 to 175 (145-200) in 2020, and was 275 (215-335) in 2025 (*Figure 1.3B*).

In other men and in women, the estimated numbers of newly acquired infections in 2010 were 115 (95% CI 105-125) and 85 (75-90), respectively. In 2025, the number of newly acquired infections were estimated at 105 (65-145) in other men and 45 (15-80) in women (*Figure 1.3C and 1.3D*).

a As it takes some time before people with HIV are registered in the SHM database by their treating physician and, subsequently, can have their data collected, there may be a backlog for the most recent calendar years. Previously, numbers of diagnoses were adjusted based on past trends in registration. Following changes in data collection from 2025 onwards, part of the backlog may have been cleared. However, as a result, historical trends are not comparable anymore, and adjustment factors cannot be estimated.

Figure 1.3: Observed annual number of HIV diagnoses reported as of 1 September 2026 (red) and estimated annual number of newly acquired HIV infections (blue) in: the total population (A), in men who have sex with men (B), in other men (C), in women (D), according to the European Centre for Disease Prevention and Control (ECDC) HIV Platform tool[1]. The shaded bands are the uncertainty bounds. The dashed lines indicate that estimates in 2022 and later are still uncertain, as these are quite sensitive to the observed number of diagnoses in those years. Estimates are based on numbers of diagnoses reported as of 1 May 2026 excluding migrants with a documented pre-arrival diagnosis and other migrants who were likely to have acquired their HIV infection before arrival in the Netherlands.

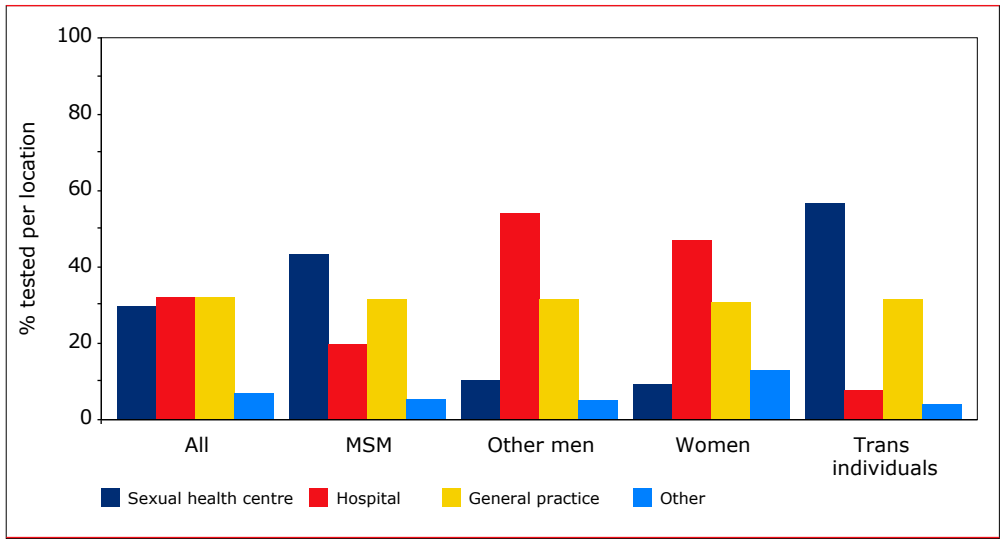


Legend: MSM = men who have sex with men

Location of testing

Information on the testing location where HIV was first diagnosed was available for 1,371 (95%) of the 1,444 people with an HIV diagnosis in 2023-2025, while the location of testing was unknown for eight (1%) individuals. The remaining 65 (5%) individuals, including 27 (42%) born in the Netherlands, reported to have been diagnosed abroad. Overall, 407 (30%) of the 1,371 individuals received their first HIV-positive test result at a sexual health centre, 437 (32%) at a hospital, 437 (32%) at a general practice, and 90 (7%) at another location (*Figure 1.4*). Among the 407 individuals diagnosed at sexual health centres, 327 (80%) were MSM, 30 (7%) were other men, 23 (6%) were women, and 27 (7%) were trans individuals, which was similar to the proportions directly reported by sexual health centres for 2025[2]. Among the 437 individuals diagnosed in a hospital, 153 (35%) were MSM, 168 (38%) were other men, 112 (26%) were women, and 4 (1%) were trans individuals, while among the 437 people diagnosed at a general practice 246 (56%) were MSM, 100 (23%) were other men, 76 (17%) were women, and 15 (3%) were trans individuals.

Figure 1.4: *Proportion of individuals diagnosed in 2023–2025, stratified by location of testing and key population. Location of testing in the Netherlands was known for 1,371 (95%) of 1,444 individuals diagnosed, of whom 767 (56%) MSM, 313 (23%) other men, 243 (18%) women, and 48 (4%) trans individuals, while 65 (5%) individuals were diagnosed abroad.*



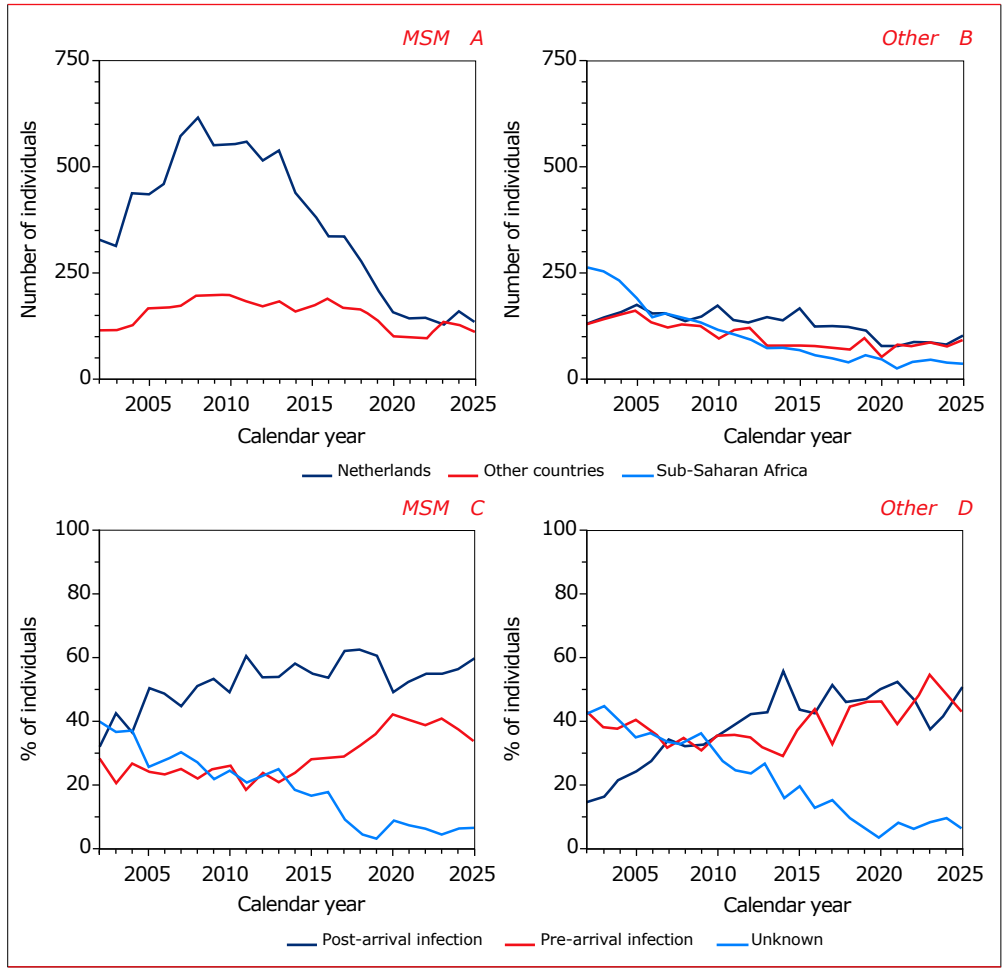
Legend: *MSM = men who have sex with men*

Geographical region of origin

Of the 20,456 people diagnosed with HIV-1 in the Netherlands in 2002-2025 at 15 years of age or older, 11,860 (58%) were born in the Netherlands and 8,596 (42%) outside the Netherlands. Of the 12,419 MSM, 71% originated from the Netherlands, 11% from other European countries, 6% from South America, 4% from the Caribbean, and 3% from south and southeast Asia (*Figure 1.5A*). In 2023-2025, the proportion of MSM of Dutch origin was 53%, down from 72% before 2023. The proportion of MSM born abroad increased from 28% before 2023 to 47% in 2023-2025, with 11% originating from central Europe (4% before 2023), 8% from South America (6% before 2023), and 5% from the Caribbean (4% before 2023).

Among the 8,037 individuals other than MSM diagnosed in 2002-2025, 39% originated from the Netherlands, while 31% originated from sub-Saharan Africa, 9% from South America, 9% from other European countries, 5% from the Caribbean, and 4% from south and southeast Asia (*Figure 1.5B*). Between 2023 and 2025, 41% were of Dutch origin (38% before 2023), and 19% originated from sub-Saharan Africa (32% before 2023), while 7% were from central Europe (3% before 2023), and 10% from Eastern Europe (2% before 2023).

Figure 1.5: *Annual number of diagnoses by region of origin and, for individuals born outside the Netherlands, proportion of pre- and post-arrival infections among: (A, C) men who have sex with men (MSM), and (B, D) other people aged 15 years or older at the time of diagnosis. Of the 795 MSM diagnosed in 2023–2025, 422 (53%) originated from the Netherlands, 146 (18%) from other European countries, 64 (8%) from South America, 40 (5%) from the Caribbean, and 34 (4%) from south and southeast Asia. Of the other 649 people diagnosed in 2023–2025, 269 (41%) originated from the Netherlands, 123 (19%) from sub-Saharan Africa, 118 (18%) from other European countries, 60 (9%) from South America, 19 (3%) from the Caribbean, and 19 (3%) from south and southeast Asia.*

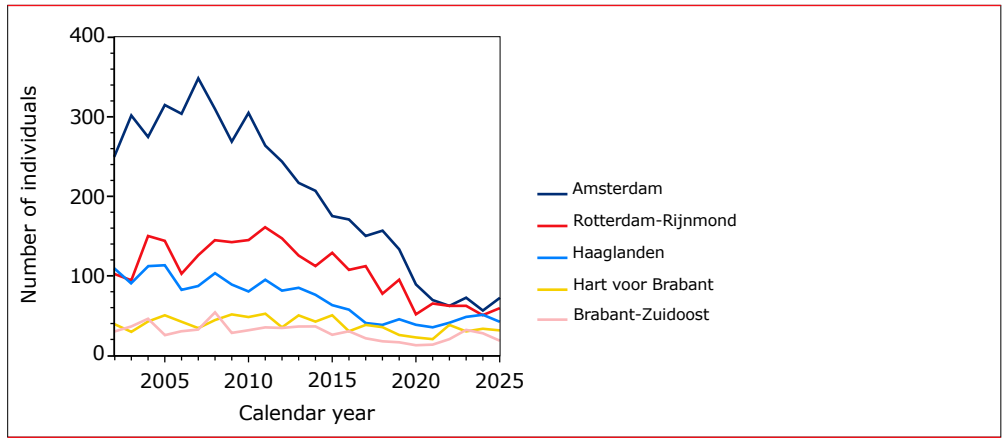


Legend: *MSM = men who have sex with men.*

Region of residence

Overall, 14% of individuals newly diagnosed in 2023-2025 were living in the Amsterdam public health service (PHS) region at the time of diagnosis, and 12% were living in the Rotterdam-Rijnmond PHS region (*Figure 1.6*). Other PHS regions with at least 5% of the new diagnoses in 2023-2025 were Haaglanden (10%, including Den Haag), Hart voor Brabant (7%, including Den Bosch and Tilburg), Utrecht (5%), and Brabant-Zuidoost (5%, including Eindhoven).

Figure 1.6: *Annual number of diagnoses by public health service (PHS) region. Only PHS regions with at least 5% of the new diagnoses in 2023–2025 are shown.*



HIV infections acquired before arrival in the Netherlands

Among the 1,444 individuals who were diagnosed with HIV in the Netherlands in 2023-2025, 753 (52%) were born outside the Netherlands, of whom 373 MSM and 380 other men, women, or trans individuals. For each of these 753 individuals, the likelihood of pre- or post-arrival was determined based on whether the individual was diagnosed with a recent HIV infection, on the CD4 cell count at the time of diagnosis, on the time of arrival in the Netherlands, and on the rate of decline in CD4 cell counts after acquiring HIV[3,4]. Overall, 325 (43%) most likely acquired their HIV infection before arrival in the Netherlands and 377 (50%) after arrival. For 51 (7%) individuals, there was not enough information to determine whether they acquired HIV before or after arrival.

In MSM born outside the Netherlands, the proportion with likely pre-migration infection appears to have increased since 2010 (*Figure 1.5C*). Of the 373 MSM born outside the Netherlands and diagnosed in 2023-2025, 140 (38%) most likely acquired their HIV infection before moving to the Netherlands, 212 (57%) most likely acquired their infection after arrival, while for 21 (6%) the likelihood of pre- or post-migration could not be determined. Among individuals other than MSM, there were no changes over time since 2010 and in 2023-2025, 185 (49%) most likely acquired HIV before arrival in the Netherlands, 165 (43%) after arrival, and for 30 (8%) the likelihood could not be determined (*Figure 1.5D*).

Age at time of HIV diagnosis

In 2002-2025, the median age at the time of diagnosis was 38 years (interquartile range [IQR] 30-47); in 2025, it was 37 years (IQR 29-50). During the same period, 20% of individuals who received an HIV diagnosis were aged 50 years or older; in 2025, 24% were 50 years or older (*Figure 1.7*).

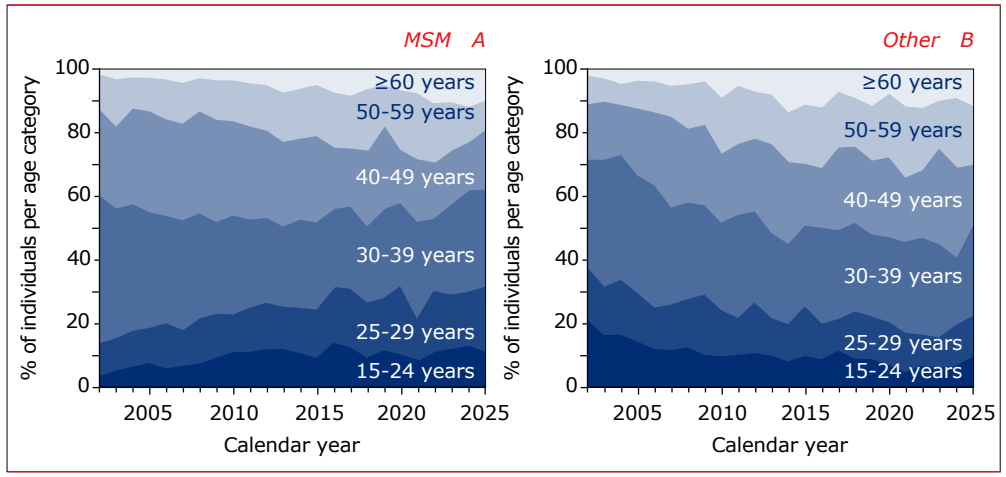
Although the median age at diagnosis in MSM (39 years) did not change between 2002 and 2025, both the proportion diagnosed below 30 years of age and the proportion diagnosed above 50 years of age increased during this period. In 2002, 14% of MSM were younger than 30 years at the time of their diagnosis while 13% were 50 years of age or older; these proportions were 32% and 19%, respectively, in 2025, although they have been around these levels since 2020. The increases in the proportions do, however, not reflect increases in the annual number of HIV diagnoses but rather a steeper decrease in diagnoses in the group between 30 and 50 years of age. Between 2010 and 2025, the annual number of diagnoses among MSM 30 to 50 years of age decreased by 74%, from 457 to 121. During the same period, the number of diagnoses decreased from 172 to 78, or 55%, in MSM younger than 30 years, and from 146 to 46, or 63%, in MSM 50 years of age or older.

There were some age differences between MSM, other men, and women diagnosed in 2023-2025. MSM born in the Netherlands were diagnosed at a median age of 40 years (IQR 30-55), while MSM of foreign origin were diagnosed at a younger median age of 33 years (28-41). Men other than MSM were 43 years (33-54) of age at the time of diagnosis, which was similar to the median age of 42 years (33-51) for women. In 2025, 19% of MSM, 34% of other men, and 31% of women were 50 years or older at the time of diagnosis.

HIV diagnoses in people under 25 years of age

Between 2002 and 2025, 2,144 (10%) individuals who received an HIV diagnosis at 15 years of age or older were under 25 years of age (*Figure 1.7*). In 2025, 51 people under 25 years of age were diagnosed with HIV, which amounted to 11% of all people diagnosed with HIV that year. The number of individuals under 25 years of age diagnosed in 2025 was 28 (11%) among MSM, 10 (8%) among other men, and 12 (13%) among women. Of the 51 young people, 23 (45%) were born in the Netherlands, while six originated from the Caribbean, five from central Europe, five from Middle East and North Africa, and twelve from elsewhere.

Figure 1.7: *Age distribution at the time of diagnosis among: (A) men who have sex with men (MSM), and (B) other men and women with HIV-1. In 2002–2025, the proportion of individuals between 15 and 29 years of age changed from 14% to 32% for MSM, and from 38% to 23% for other individuals. During the same period, the proportion of MSM aged 50 years or older at the time of diagnosis changed from 13% to 19%, while these proportions were 11% and 30% for other individuals.*



Legend: *MSM = men who have sex with men.*

HIV diagnoses in MSM by birth decades

Over time, MSM from younger generations become involved in HIV transmission although successive generations had lower maximum annual numbers that were reached at younger ages (*Figure 1.8A and 1.8B*). However, while overall numbers decreased, there was a resurgence in new diagnoses among MSM born in the 1990s. Separating the curves by region of origin shows that the number of diagnoses among MSM born in the Netherlands and abroad currently show a similar pattern (*Figure 1.8C*).

Among other men there was also an increase in new diagnoses in the 1990s birth decade (*Figure 1.8D*), while among women diagnoses in the 1990s birth decade remained at similar levels as in previous years. Among trans individuals, diagnoses in the 1990s birth decade increased to 12 in 2025, or 60% of the 20 trans individuals diagnosed in that year. Overall, people born from 2000 onwards were increasingly observed with an HIV diagnosis in recent years, in earlier birth cohorts the decrease in diagnoses stagnated, and in the earliest birth decades the number of diagnoses decreased further. Almost half of MSM born in 1990 or later were diagnosed at a recent stage of infection (*Table 1.2*).

Figure 1.8: *(A) Annual number of new HIV diagnoses among men who have sex with men by birth decade, (B) annual number of diagnoses by age of each birth decade, (C) annual number of HIV diagnoses by birth decade stratified by being born in the Netherlands (solid lines) or abroad (dashed lines), and annual number of new HIV diagnoses among (D) other men and (E) women by birth decade. Age of a birth decade is defined as the age of individuals born in the first year of the decade.*

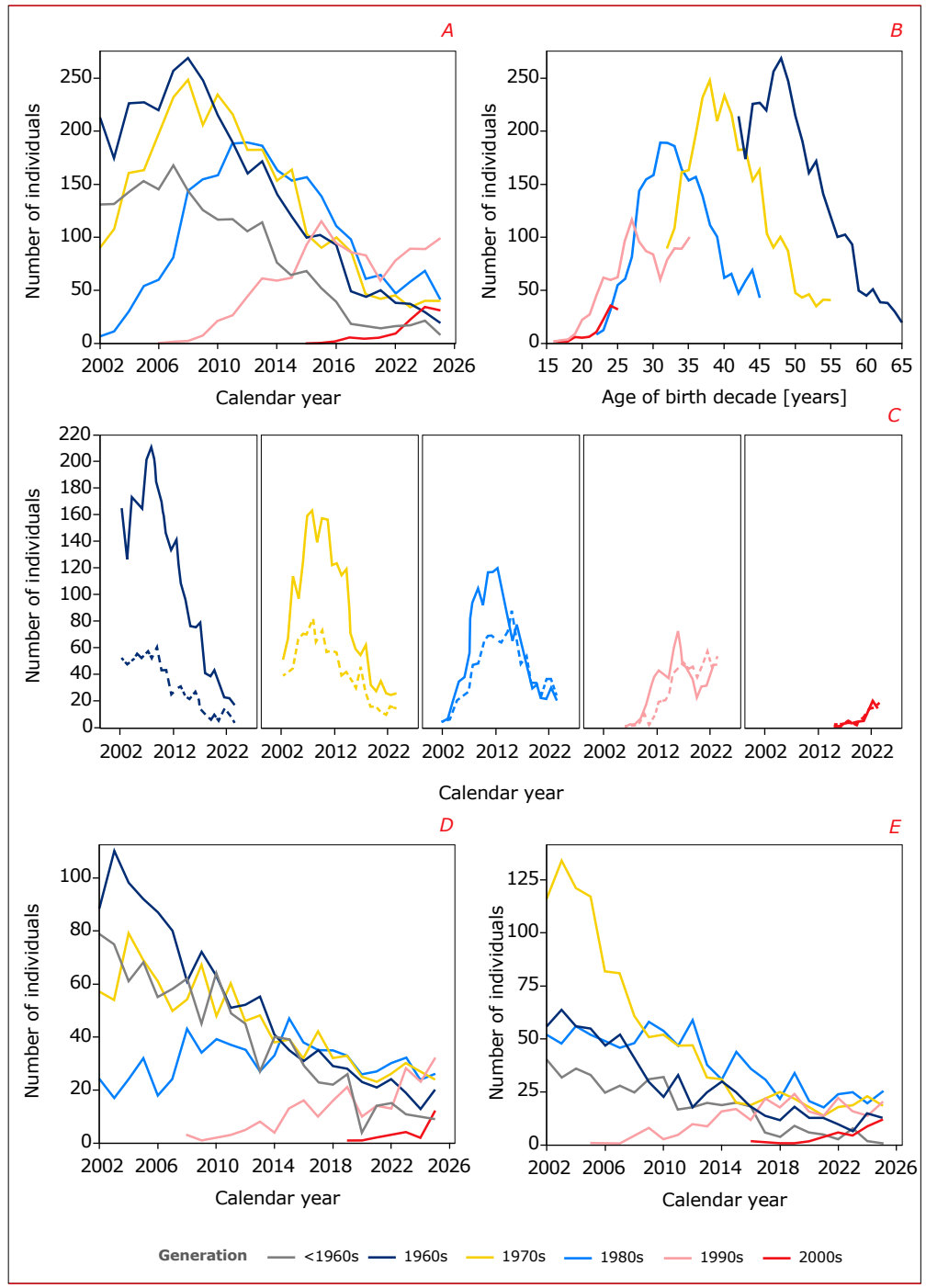


Table 1.2: Characteristics at the time of diagnosis of the youngest two birth decades (1990s and 2000s) and the older birth decades (1980s and earlier) with HIV diagnosis in 2023–2025, stratified by group.

	MSM		Other men		Women	
	Born ≥1990 (n=370, 47%)	Born <1990 (n=425, 53%)	Born ≥1990 (n=101, 29%)	Born <1990 (n=245, 71%)	Born ≥1990 (n=76, 30%)	Born <1990 (n=177, 70%)
Region of origin						
The Netherlands	166 (45%)	256 (60%)	60 (60%)	126 (51%)	22 (29%)	52 (29%)
Abroad	204 (55%)	169 (40%)	41 (41%)	119 (49%)	54 (71%)	125 (71%)
Living in Amsterdam or Rotterdam	113 (31%)	103 (24%)	29 (29%)	58 (24%)	16 (21%)	39 (22%)
Median (IQR) age (years)	28 (25–31)	47 (39–57)	30 (26–32)	48 (41–57)	27 (23–31)	48 (41–55)
Stage of infection						
Recent	177 (48%)	129 (30%)	22 (22%)	25 (10%)	6 (8%)	11 (6%)
Established	116 (31%)	131 (31%)	41 (41%)	56 (23%)	33 (43%)	46 (26%)
Late-stage	71 (19%)	152 (36%)	33 (33%)	150 (61%)	29 (38%)	113 (64%)
Unknown	6 (2%)	13 (3%)	5 (5%)	14 (6%)	8 (11%)	7 (4%)
Median (IQR) CD4 count (cells/mm³)	469 (317–639)	414 (204–599)	429 (280–570)	200 (50–490)	390 (266–590)	230 (76–499)
Location of HIV diagnosis						
Sexual health centre	202 (55%)	125 (29%)	14 (14%)	16 (7%)	14 (18%)	9 (5%)
Hospital	30 (8%)	123 (29%)	32 (32%)	136 (56%)	18 (24%)	94 (53%)
General practitioner	102 (28%)	145 (34%)	40 (40%)	60 (24%)	18 (24%)	58 (33%)
Pregnancy screening	–	–	–	–	21 (29%)	5 (3%)
Other / unknown	36 (10%)	32 (8%)	15 (15%)	33 (13%)	5 (7%)	11 (6%)
Prior use of PrEP						
Yes	75 (20%)	62 (15%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)
No	191 (52%)	209 (49%)	44 (44%)	101 (41%)	23 (30%)	56 (32%)
Unknown	104 (28%)	154 (36%)	57 (56%)	143 (58%)	53 (70%)	121 (68%)

Entry into care

Of the 1,371 individuals diagnosed with HIV in 2023-2025 for whom the diagnosis setting was known, 61% entered HIV care within a week of diagnosis, 84% within two weeks, 95% within four weeks, and 98% within six weeks. For individuals diagnosed in 2025, these proportions were 64%, 86%, 95%, and 97%, respectively. The proportion in care within four weeks was 95% for individuals who received their first HIV-positive test at a sexual health centre, and similar for those who tested HIV-positive in a hospital (98%), at a general practice (95%), or at other locations (88%). The proportion in care within four weeks did not differ between MSM, other men, and women, nor by age at the time of diagnosis. The proportion in care within four weeks of diagnosis was higher among individuals born in the Netherlands (97%) than among those born abroad (94%).

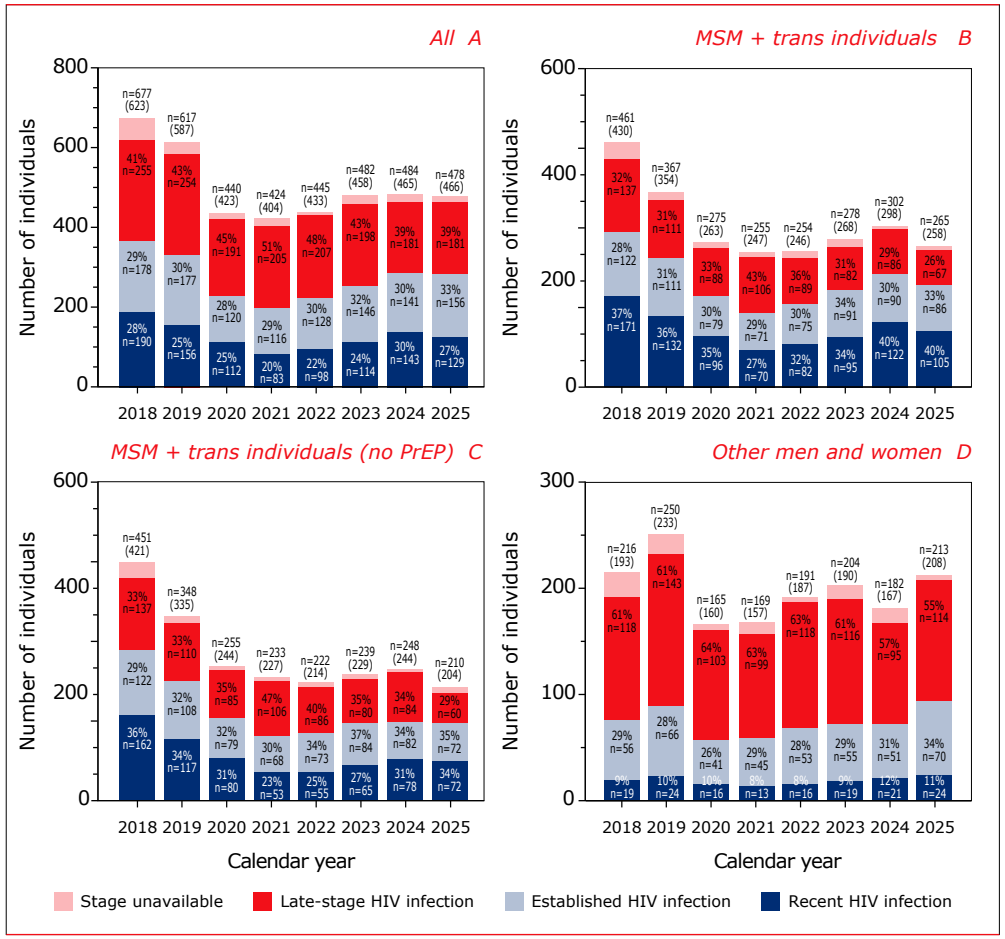
Stage at time of HIV diagnosis

Individuals newly diagnosed with HIV were classified into the following four mutually exclusive stages:

- Recent HIV infection: evidence of having acquired HIV in the 12 months prior to diagnosis, based on having (i) a negative or indeterminate blot at the time of diagnosis, or (ii) a last negative test at most 12 months prior to diagnosis.
- Established HIV infection: diagnosed with a CD4 count above 350 cells/mm³, no AIDS-defining event at the time of diagnosis, and no evidence of having acquired HIV in the previous 12 months.
- Late-stage HIV infection: diagnosed with a CD4 count below 350 cells/mm³ or an AIDS-defining event regardless of CD4 count, and no evidence of having acquired HIV in the previous 12 months[5].
- Stage unavailable: no evidence of having acquired HIV in the previous 12 months, no AIDS-defining event at the time of diagnosis, and no CD4 count available at the time of diagnosis.

The proportion of individuals diagnosed with recent HIV infection decreased from 28% in 2018 to 20% in 2021 and then increased to 27% in 2025, while the proportion with late-stage HIV was 41% in 2018, increased to 51% in 2021, and was 39% in 2025 (*Figure 1.9A*). Meanwhile, there were only minor changes in the proportion with established HIV infection. On closer inspection, these changes were to some extent the result of a decreasing number of MSM and trans individuals relative to the total annual number of newly diagnosed HIV infections, from 68% in 2018 to 55% in 2025. Besides, changes in the number and proportion of MSM and trans individuals diagnosed with recent, established, or late-stage HIV were also the result of the increasing share of people reporting prior use of PrEP among the annual number of new HIV diagnoses (*Figure 1.9B and 1.9C*). In other men and women, changes in the proportion diagnosed in each of these three stages were less pronounced (*Figure 1.9D*).

Figure 1.9: *Annual number and proportion of individuals diagnosed with recent, established, or late-stage HIV infection in 2018–2025 (A) in the total population aged 15 years or older at the time of diagnosis, (B) in men who have sex with men (MSM) and trans individuals, (C) in MSM and trans individuals excluding those who reported prior use of pre-exposure prophylaxis, and (D) in other men and women. Recent HIV infection was (i) a negative or indeterminate blot at the time of diagnosis, or (ii) a last negative test at most 12 months prior to diagnosis; established HIV infection: no recent HIV infection, CD4 counts above 350 cells/mm³, and not having AIDS at the time of diagnosis; late-stage HIV infection: no recent HIV infection, CD4 counts below 350 cells/mm³ or having AIDS, regardless of CD4 count. Numbers above the bars are the total number of diagnoses in each year, while numbers in brackets are the number of diagnoses excluding individuals whose stage at diagnosis is unavailable. Percentages inside the bars are relative to the number in brackets for late-stage and established infection, and relative to the total number of diagnoses for recent HIV infection.*

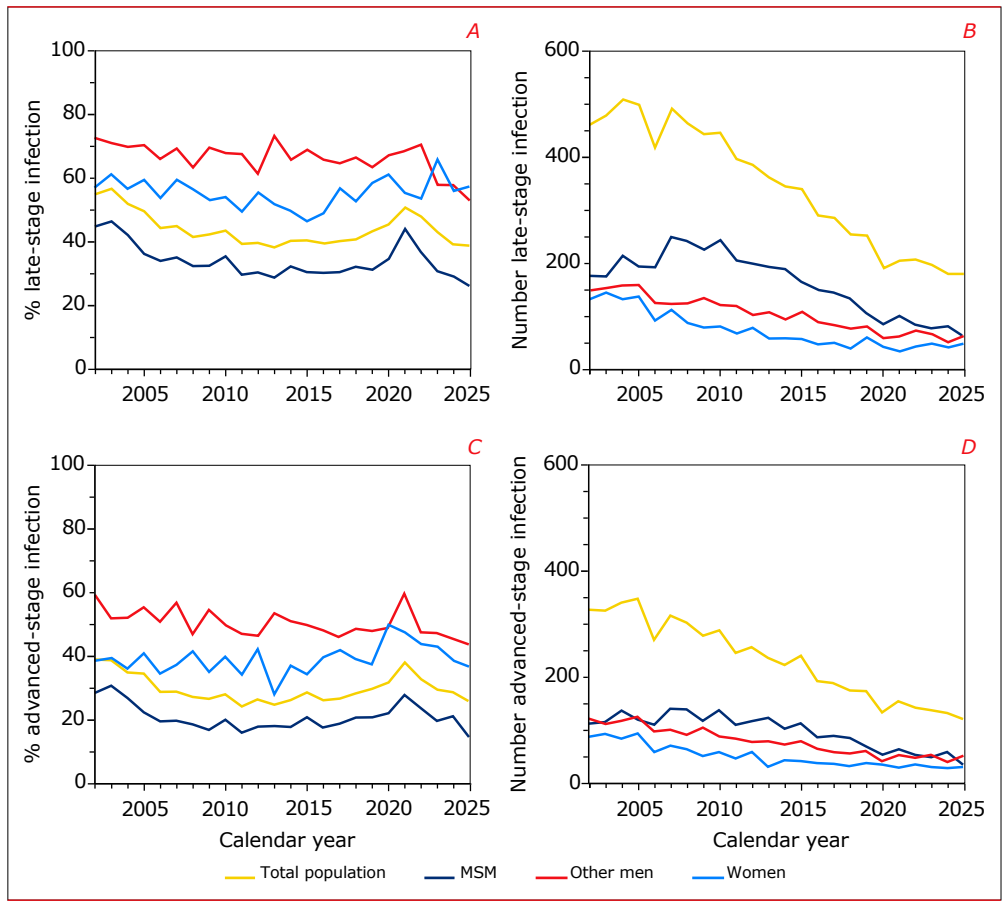


Legend: *MSM = men who have sex with men; PrEP = pre-exposure prophylaxis.*

Late diagnosis

Overall, 40% of the individuals diagnosed in 2023-2025 had a late-stage HIV infection at the time of diagnosis. Over time, the proportion of late-stage HIV diagnoses decreased from 55% in 2002 to a nadir of 38% in 2013, increased to 51% in 2021, and then again decreased to 39% in 2025 (*Figure 1.10A*). This increase between 2013 and 2021 was mainly due to changes in the proportion of MSM diagnosed with late-stage HIV (see also *Figure 1.9B*). The proportion of individuals diagnosed with advanced HIV disease (i.e. with a CD4 count below 200 cells/mm³ or AIDS-defining event, and no evidence of having acquired HIV in the previous 12 months), has followed a similar pattern, and reached 26% in 2025 (*Figure 1.10C*). Although the downward trend in these proportions appears to have halted after 2013, the number of individuals diagnosed with late-stage or advanced-stage HIV infection continued to decrease, albeit gradually (*Figure 1.10B and 1.10D*). It is worth noting that although newly diagnosed MSM had the lowest proportion of late-stage HIV infections, they accounted for 223 (40%) of all 560 individuals diagnosed with late-stage HIV in 2023-2025.

Figure 1.10: *Proportion and number of individuals classified as having: (A, B) late-stage, or (C, D) advanced-stage HIV infection at the time of diagnosis. In 2025, 181 (39%) individuals were diagnosed with late-stage HIV infection: 63 (26%) men who have sex with men (MSM), 64 (53%) other men, 50 (57%) women, and 4 (22%) trans individuals. During the same year, 121 (26%) individuals were diagnosed with advanced-stage HIV infection: 35 (15%) MSM, 53 (44%) other men, 32 (37%) women, and 1 (6%) trans individuals. Late-stage HIV infection: CD4 counts below 350 cells/mm3 or having AIDS, regardless of CD4 count. Advanced-stage HIV infection: CD4 counts below 200 cells/mm³ or having AIDS. As a CD4 count measurement close to the time of diagnosis and before start of therapy was sometimes missing, the stage of the HIV infection could not be determined for all individuals. In 2023-2025, the stage of infection was unknown for 55 (4%) individuals.*



Legend: MSM = men who have sex with men.

Late diagnosis by region of origin, age, and setting of diagnosis

Among individuals diagnosed with HIV in 2023-2025, 223 (29%) MSM, 183 (56%) other men, 142 (60%) women, and 12 (25%) trans individuals had a late-stage HIV infection. Late-stage HIV infections, in relative terms, were most common among people originating from sub-Saharan Africa (61%, or 89 individuals), Eastern Europe and Central Asia (56%, 45 individuals), or from south and southeast Asia (53%, 27 individuals) (*Table 1.3*).

Older age at the time of diagnosis was also associated with a higher proportion of late-stage HIV infection. Of those diagnosed in 2023-2025, late-stage HIV was seen in 50% of MSM, 58% of other men, and 62% of women aged 60 years or older, compared with 18% of MSM, 19% of other men, and 33% of women diagnosed below the age of 30 years (*Table 1.3; Figure 1.11*).

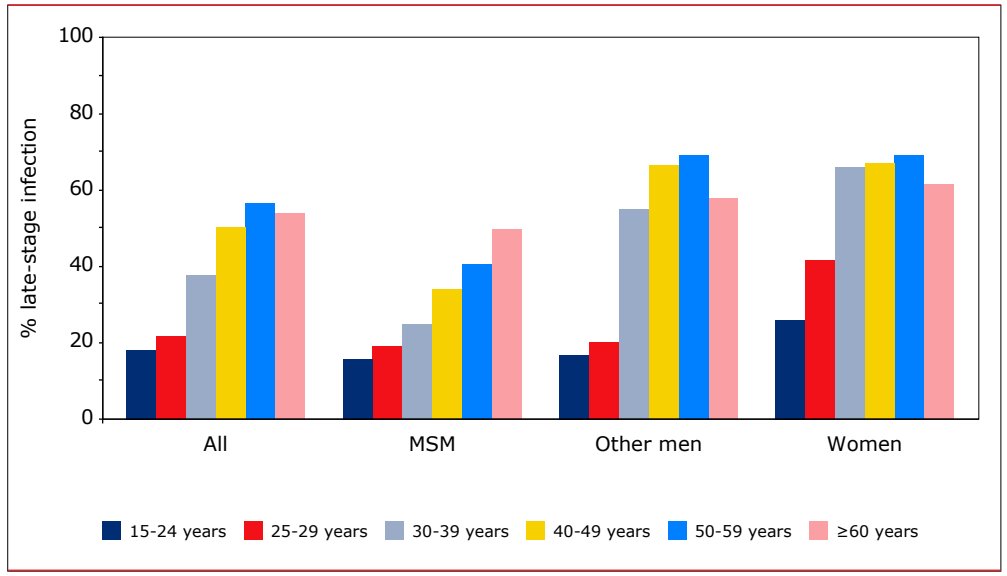
Table 1.3: *Characteristics of the 560 individuals with a late-stage HIV infection among the 1,346 individuals diagnosed with HIV in 2023-2025. In total, as a result of missing CD4 cell counts at diagnosis, it was not possible to classify whether 55 (4%) individuals (19 MSM, 19 other men, 15 women, and 2 trans individuals) had a late-stage HIV infection. For each of the five groups (MSM, other men, women, trans individuals, and total), percentages represent the proportion with late-stage infection of the total number of individuals diagnosed in each category listed in the first column.*

	MSM (n=776)		Other men (n=327)		Women (n=238)		Trans individuals (n=48)		Total (n=1,389)	
	n	%	n	%	n	%	n	%	n	%
Overall	223	29	183	56	142	60	12	25	560	40
Age at diagnosis (years)										
15-24	15	16	3	17	7	26	1	25	26	18
25-29	27	19	6	21	10	42	3	19	46	22
30-39	59	25	50	55	35	66	6	35	150	38
40-49	45	34	56	67	41	67	1	11	143	50
50-59	37	41	43	69	36	69	1	50	117	57
60-69	28	45	19	54	10	63	0	0	57	50
≥70	12	67	6	75	3	60	0	0	21	68
Region of origin										
Western	*121*	*27*	*94*	*50*	*32*	*44*	*1*	*11*	*248*	*34*
The Netherlands	111	27	90	50	32	45	1	11	234	35
Other western*	10	24	4	57	0	0	0	0	14	28

	MSM (n=776)		Other men (n=327)		Women (n=238)		Trans individuals (n=48)		Total (n=1,389)	
	n	%	n	%	n	%	n	%	n	%
Non-Western	*102*	*32*	*89*	*64*	*110*	*66*	*11*	*28*	*312*	*47*
Sub-Saharan Africa	12	39	28	70	49	65	0	0	89	61
Central Europe	20	26	11	48	7	58	1	25	39	33
Eastern Europe and Central Asia	4	17	12	63	29	78	0	0	45	56
South America	19	30	13	76	10	59	8	32	50	41
Caribbean	10	26	3	50	6	60	1	33	20	34
South and southeast Asia	18	53	5	50	3	60	1	50	27	53
Middle East and North Africa	11	31	12	67	3	50	0	0	26	43
Other/unknown	8	50	5	71	3	75	0	0	16	57
Location of HIV diagnosis										
Sexual health centre	47	15	7	24	6	29	7	27	67	17
Hospital	96	64	128	79	85	78	0	0	309	73
General practice	62	26	32	34	35	47	3	21	132	31
Other/unknown	18	28	16	39	16	48	2	50	52	37
Last negative test†										
(1–2] years	21	26	1	13	3	25	2	50	27	26
(2–4] years	18	32	8	47	10	53	4	40	40	39
>4 years	68	60	26	62	39	71	1	25	134	63
Never tested / not available	116	52	148	69	90	67	5	36	359	62

Legend: *MSM = men who have sex with men; *includes western Europe, North America, Australia and New Zealand; †all individuals with a negative test within 1 year prior to diagnosis are classified as recent HIV infection.*

Figure 1.11: Proportion of individuals diagnosed with late-stage HIV infection stratified by age category at the time of diagnosis for those diagnosed in 2023–2025 or later.



Legend: *MSM = men who have sex with men.*

Late-stage HIV was also observed more frequently in people who received their HIV diagnosis at a hospital (73%) than among those who were tested at a general practice (31%), a sexual health centre (17%), or another testing location (37%). Late diagnosis was less common (33%) among people who had a most recent negative HIV test one to four years prior to their diagnosis than among individuals whose last negative test was more than four years previously (63%) or who did not report ever having tested for HIV before (62%).

Late diagnosis and hospitalisation

Hospitalisation around the time of HIV diagnosis was more frequently reported for individuals diagnosed with late-stage HIV infection than for those with recent or established HIV infection (*Table 1.4*). Among the 560 people diagnosed with late-stage HIV infection in 2023-2025, 247 (44%) were hospitalised within a year of diagnosis, including 204 (36%) as a direct result of their HIV infection. In contrast, only 80 (10%) of the 829 individuals diagnosed with recent or established HIV infection were hospitalised within a year of diagnosis, including 29 (3%) hospitalisations due to HIV. Within the group of people with late-stage HIV infection, hospitalisation was most frequently recorded among those who were diagnosed with AIDS (*Table 1.4*).

Late diagnosis and mortality

Of the 560 individuals diagnosed with late-stage HIV infection in 2023-2025, 14 (3%) died within a year of diagnosis, including 11 (2%) who died of AIDS (*Table 1.4*). Among the 829 people diagnosed with recent or established HIV infection, 3 (0%) died within a year of diagnosis, including no one who died of AIDS.

Table 1.4: *Number and proportion of individuals diagnosed in 2023–2025 who were hospitalised or who died within a year of diagnosis, stratified by stage of infection; [a]one heart/vascular, one psychiatric disease, and one unknown/unclassifiable cause; [b]eleven AIDS-related deaths, and three unknown/unclassifiable causes. Note: AIDS = AIDS-defining event.*

Year of diagnosis		Hospitalisation				Death			
		Total		HIV-related		Total		AIDS-related	
Stage	n	n	%	n	%	n	%	n	%
Recent or established HIV infection	829	80	10	29	3	[a]3	0	0	0
Late-stage HIV infection	560	247	44	204	36	[b]14	3	11	2
CD4 200–349, no AIDS	168	27	16	9	5	1	1	0	0
CD4 <200, no AIDS	170	45	26	29	17	1	1	1	1
AIDS	222	175	79	166	75	12	5	10	5

Late diagnosis and prior use of PrEP

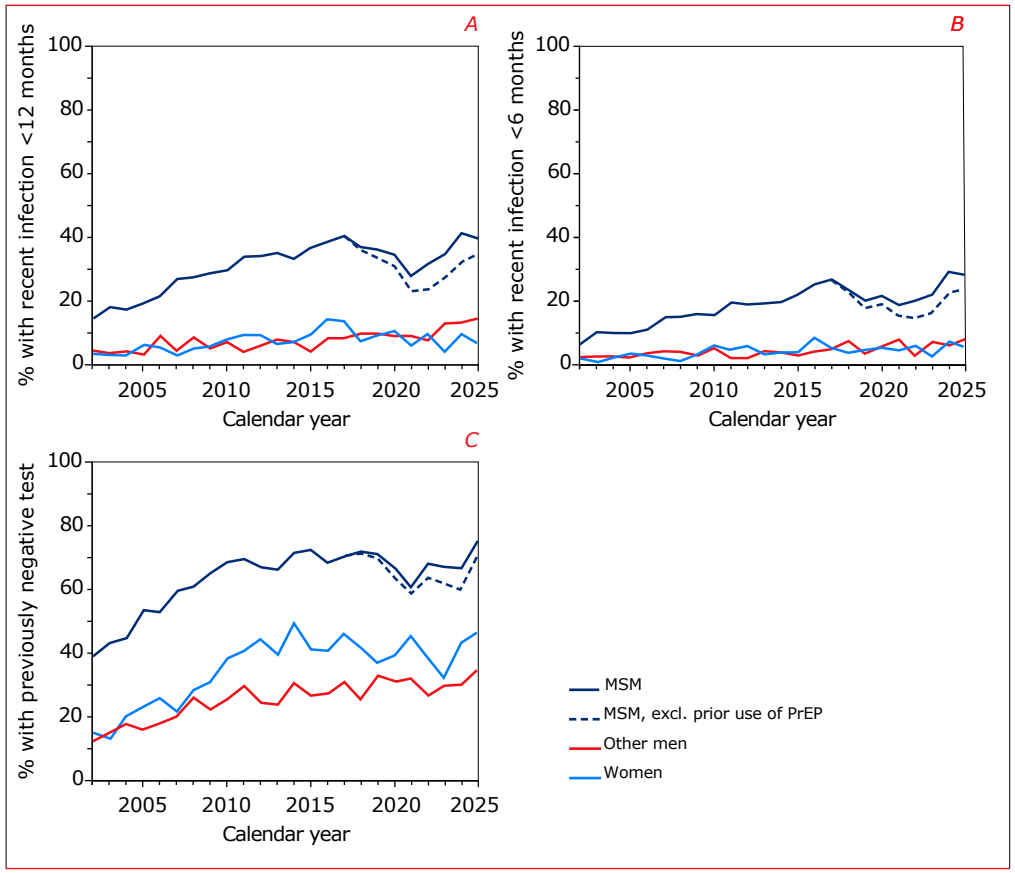
Among MSM and trans individuals diagnosed in 2023-2025, 235 (29%) were diagnosed with a late-stage HIV infection (*Figure 1.9B*). When people who reported prior use of PrEP were excluded, the number diagnosed with late-stage HIV reduced to 224, but this represented a slightly higher proportion, 33%, of those diagnosed (*Figure 1.9C*).

Recent infection

Although many individuals were diagnosed with a late-stage HIV infection, a considerable proportion of people received their HIV diagnosis early in the course of their infection. In total, among the individuals diagnosed in 2023-2025, 27% had evidence of having acquired their HIV infection in the 12 months prior to diagnosis, while 18% had evidence of having acquired HIV in the six months prior to diagnosis (*Figure 1.12A and 1.12B*). For MSM, these proportions were 38% and 27%, respectively, while they were somewhat lower for trans individuals, 32% and 18%, respectively. Among other men and among women these proportions were considerably lower (11% and 6%, respectively).

Among the 306 MSM who were diagnosed in 2023-2025 and had evidence of having acquired their HIV infection in the 12 months prior to diagnosis, 57 (19%) had a negative or indeterminate blot at the time of diagnosis, indicating that they acquired their infection very recently. In total, 281 individuals, or 35% of all MSM diagnosed in 2023-2025, had a negative test within the 12 months prior to their diagnosis. These proportions were 45% (168) among MSM born in 1990 or later, and 27% (113) among MSM before 1990. Among other men, 17 (17%) of those born in 1990 or later and 17 (7%) of those born before 1990 had a negative test at most 12 months before their diagnosis, while these numbers were 5 (7%) and 9 (5%), respectively, among women.

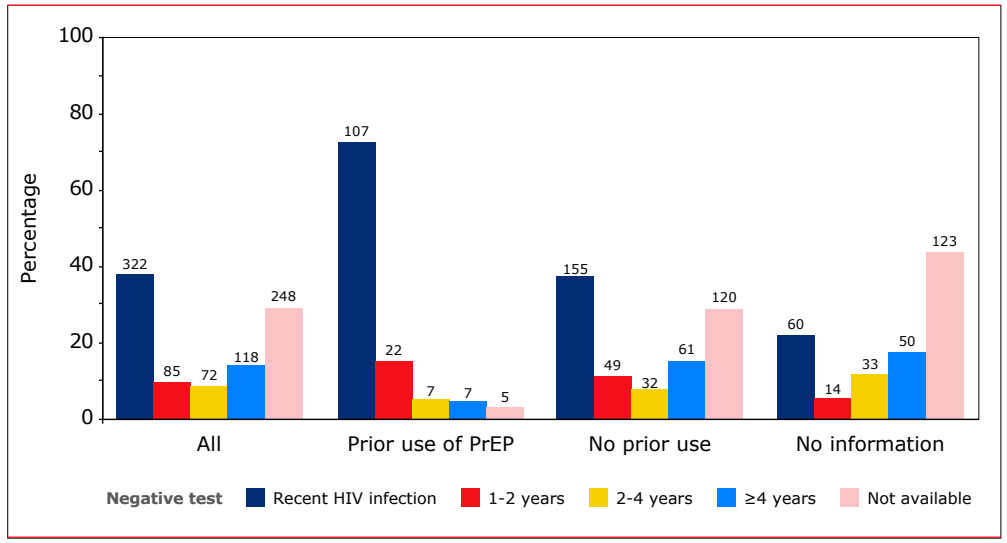
Figure 1.12: *Proportion of people diagnosed (A) with evidence of having acquired their HIV infection at most 12 months prior to their diagnosis, (B) at most 6 months prior to their diagnosis, (C) with a previously negative test at any time prior to their diagnosis. Evidence of a recent infection was (i) a negative or indeterminate blot at the time of diagnosis, or (ii) a last negative test at most 12 months or 6 months prior to diagnosis. In total, 97 (40%) men who have sex with men (MSM), or 68 (35%) MSM when excluding those who reported prior use of pre-exposure prophylaxis (PrEP), 18 (15%) other men, 6 (7%) women, 8 (40%) trans individuals, and 129 (27%) of all 478 individuals diagnosed in 2025 had evidence of having acquired HIV at most 12 months before diagnosis. In the same year, 69 (28%) MSM, or 47 (24%) MSM when excluding those who reported prior use of PrEP, 10 (8%) other men, 5 (6%) women, 5 (25%) trans individuals, and 89 (19%) of all 478 individuals had evidence of having acquired HIV at most six months before diagnosis.*



Legend: *MSM = men who have sex men; PrEP = pre-exposure prophylaxis.*

It is worth noting that the proportion of MSM with evidence of having acquired their HIV infection in the 12 months prior to diagnosis was 36% in 2018-2020, appeared to be lower, 28%, in 2021, and then increased to 40% in 2025 (*Figure 1.12A*). The lower proportion in 2021 may have been, in part, a consequence of disrupted testing services due to the (partial) lockdowns in response to the COVID-19 pandemic and/or changes in sexual behaviour during the pandemic. The increase after 2021 appeared to be to a large extent due to the growing proportion of MSM reporting prior use of PrEP. When these MSM were excluded the proportions with a recent HIV infection were considerably lower, 23% in 2021 and 35% in 2025. A similar reduction in the proportion with recent HIV infection after excluding individuals reporting prior use of PrEP was seen in the combined population of MSM and trans individuals (*Figure 1.9B and 1.9C*). The reason that the proportion with recent HIV infection decreased after excluding people reporting prior use of PrEP is that in this group of former PrEP users, the proportion diagnosed with recent HIV infection was much higher, 72%, than in people who never used PrEP or for whom no information on PrEP use was available (*Figure 1.13*).

Figure 1.13: *Proportion of men who have sex with men (MSM) and trans individuals diagnosed in 2023-2025 whose most recent negative HIV test was less than 1 year (i.e. recent HIV infection, including those with negative or indeterminate blot at the time of diagnosis), 1 to 2 years, 2 to 4 years, or more than 4 years prior to their HIV diagnosis, or who reported never having tested for HIV, overall and stratified by whether or not they reported prior use of PrEP. Numbers at the bottom are the number of individuals diagnosed in each category and represented by each bar.*



The proportion of people with a recorded previously negative HIV test any time before their HIV diagnosis increased from 26% in 2002 to 60% in 2025. MSM were more likely to have a previously negative HIV test than other men and women. In 2025, 76% of MSM newly diagnosed with HIV had a previously negative test, while this proportion was 35% in other men and 47% in women (*Figure 1.12C*). Overall, of MSM diagnosed in 2023-2025, 70% reported a previously negative test, meaning that almost a third (30%) never had an HIV test before their HIV diagnosis (see also *Figure 1.13*). In all three groups (MSM, other men, and women), the proportion of people without a reported previously negative HIV test has remained around the same level since 2010. In 2025, the proportion with a known previously negative test was highest among those diagnosed at a sexual health centre (80%), compared with 38% of those diagnosed in a hospital, and 63% of those diagnosed at a general practice.

Time between HIV infection and viral suppression

Individuals with a suppressed viral load below 200 copies/ml cannot sexually transmit HIV to other people (undetectable equals untransmittable, or U=U)[6-9]. Hence it is crucial to minimise the time between the moment a person acquires HIV and the point at which they achieve this threshold, not only for people with HIV, but also from a public health perspective. However, people with HIV must first be diagnosed, then linked to care, and subsequently start therapy in order to be able to reach viral suppression.

Over time there have been significant improvements in several of these steps in the HIV care continuum. Between 2010 and 2025, the median time from diagnosis to reaching a viral load level below 200 copies/ml decreased from 10.1 months (IQR 4.5-31.2) to 2.1 months (IQR 1.4-3.5). This decrease in time to viral suppression was achieved mainly as a result of starting therapy sooner after entry into care, and individuals with HIV reaching viral suppression faster once therapy had begun. The estimated time between infection to diagnosis was the greatest contributing factor to the delay between acquiring HIV and achieving viral suppression. In 2025, this was estimated to be a median of 2.7 years (IQR 1.3-5.2).

Population in care

In total, 23,491 (70%) of the 33,523 individuals with HIV-1 ever registered in the Netherlands were known to be in clinical care by the end of 2025 (*Figure 1.1*; *Table 1.5*). People were considered to be in clinical care if they had visited their treating physician in 2025, or had a CD4 count or HIV RNA measurement in that year, and were still living in the Netherlands. Of the 10,032 people who were not in care by the end of 2025, 4,743 (47%) had died, of whom 2,621 (55%) died before the end of 2015. Another 2,914 (29%) had moved abroad, including 1,283 (44%) who did so before the end of 2015. The remaining 2,375 (24%) individuals:

- were lost to care (2,217, 93%);
- were only diagnosed with HIV in 2026 (87, 4%);
- had only moved to the Netherlands in 2026 (19, 1%); or
- had newly entered care in 2026 (52, 2%).

Of the people who moved abroad, 2,387 (82%) had RNA levels below 200 copies/ml at their last viral load measurement; in those lost to care, that figure was 1,456 (66%).

Table 1.5: Characteristics of the 23,491 people with HIV-1 in clinical care by the end of 2025.

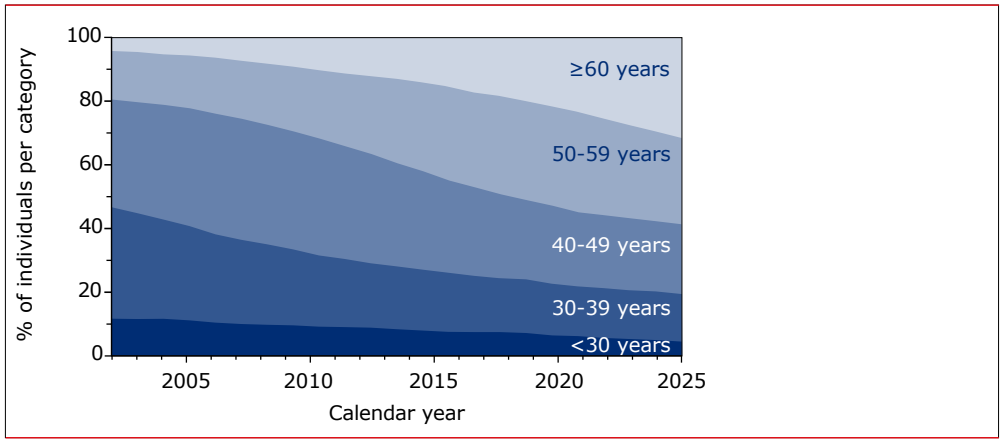
	MSM (n=14,332, 61%)		Other men (n=4,281, 18%)		Women (n=4,475, 19%)		Trans individuals (n=403, 2%)		Total (n=23,491)	
	n	%	n	%	n	%	n	%	n	%
Transmission										
Sex with men	13,235	92	–	–	3,887	87	314	78	17,436	74
Sex with women	14	0	2,721	64	4	0	11	3	2,750	12
Sex, unspecified	981	7	147	3	0	0	45	11	1,173	5
IDU	12	0	198	5	80	2	1	0	291	1
Blood/blood products	1	0	97	2	65	1	1	0	164	1
Other/unknown	89	1	1,118	26	439	10	31	8	1,677	7
Current age (years)										
0-14	0	0	35	1	39	1	0	0	74	0
15-24	89	1	89	2	110	2	7	2	301	1
25-29	416	3	99	2	125	3	44	11	684	3
30-39	2,266	16	507	12	577	13	145	36	3,495	15
40-49	2,878	20	854	20	1,289	29	95	24	5,116	22
50-59	3,820	27	1,217	28	1,346	30	80	20	6,463	28
60-69	3,467	24	1,035	24	721	16	25	6	5,248	22
70-79	1,213	8	376	9	218	5	7	2	1,184	8
≥80	183	1	69	2	50	1	0	0	302	1
Region of origin										
The Netherlands	9,214	64	1,905	44	1,230	27	76	19	12,425	53
Sub-Saharan Africa	271	2	975	23	1,739	39	12	3	2,997	13
Western Europe	890	6	148	3	110	2	8	2	1,156	5
Central Europe	622	4	178	4	119	3	12	3	931	4
Eastern Europe and Central Asia	274	2	211	5	300	7	5	1	790	3
South America	1,166	8	306	7	385	9	159	39	2,016	9
Caribbean	652	5	195	5	212	5	71	18	1,130	5
South and southeast Asia	526	4	110	3	263	6	39	10	938	4
Middle East and North Africa	302	2	187	4	75	2	18	4	582	2
Other	331	2	36	1	27	1	1	0	395	2
Unknown	84	1	30	1	15	0	2	0	131	1
Years aware of HIV infection										
<1	241	2	126	3	91	2	19	5	477	2
1-2	570	4	227	5	172	4	32	8	1,001	4
3-4	553	4	227	5	168	4	39	10	987	4
5-9	2,342	16	665	16	581	13	84	21	3,672	16
10-19	6,398	45	1,544	36	1,627	36	141	35	9,710	41
20-29	3,087	22	1,198	28	1,497	33	71	18	5,853	25
≥30	1,132	8	277	6	322	7	15	4	1,746	7
Unknown	9	0	17	0	17	0	2	0	45	0

Legend: MSM = men who have sex with men; IDU = injecting drug use.

Ageing population

The median age of the population in clinical care by the end of 2025 was 54 years (IQR 43-62). This figure has been increasing since 2002 (*Figure 1.14*), which is mainly a result of the improved life expectancy of people with HIV following the introduction of combination antiretroviral therapy (ART). Moreover, individuals are being diagnosed at an increasingly older age, as discussed earlier in this chapter. Consequently, more than half of those currently in care (59%) are 50 years or older (61% of MSM, 63% of other men, 52% of women, and 28% of trans individuals), and 31% are 60 years or older, with 6% 70 years or older. As the population with HIV continues to age, the number of individuals with age-related comorbidities also increases. These conditions are known to complicate the management of people with HIV (see Chapter 6).

***Figure 1.14:** Increasing age of the population with HIV-1 in clinical care over calendar time. In 2002, 12% of the individuals in care were younger than 30 years of age, whereas 20% were 50 years or older. In 2025, these proportions were 4% and 59%, respectively, while 31% of individuals in care were 60 years of age or older. The proportion of individuals in clinical care as of 31 December each calendar year is shown according to age category: <30 years of age, 30-39 years, 40-49 years, 50-59 years, and 60 years or older.*



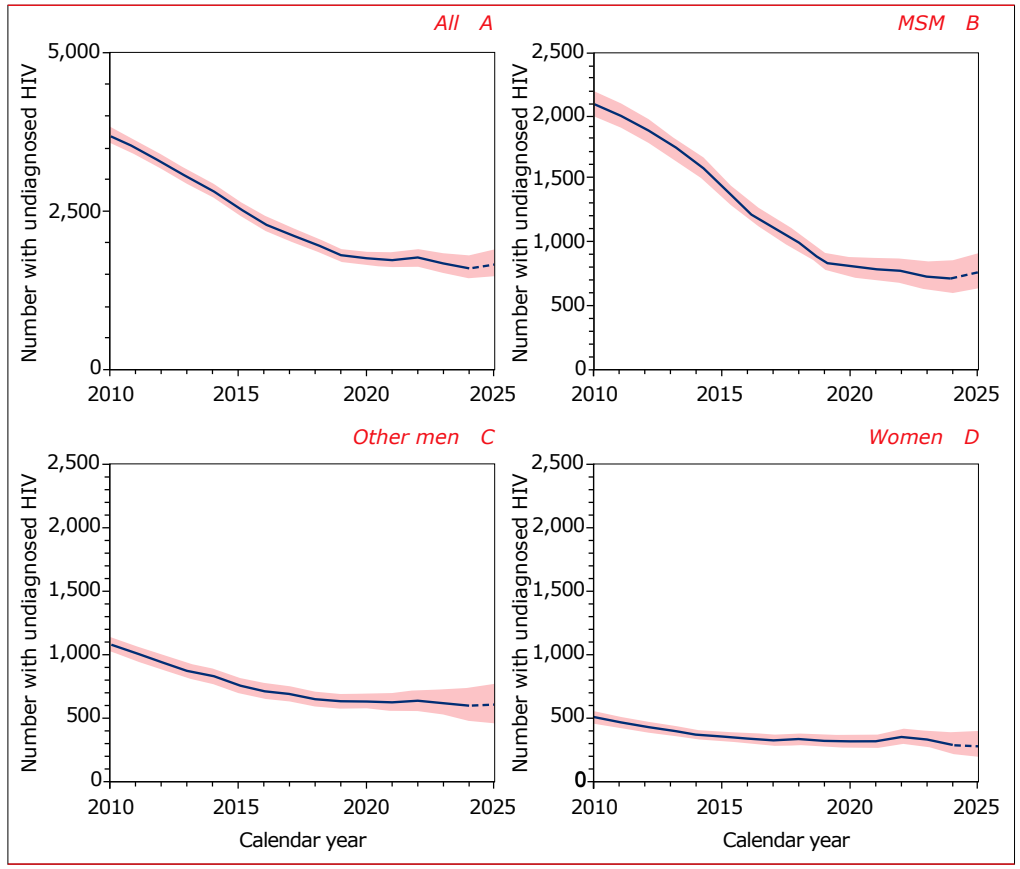
Duration since diagnosis

People in clinical care by the end of 2025 were known with HIV for a median of 15.7 years (IQR 9.6-22.1). Therefore, a large group (74%) of those in care have been living with HIV for more than 10 years, including 32% who have done so for more than 20 years. The median time since diagnosis was 15.3 years for MSM, 15.6 years for other men, 17.7 years for women, and 11.5 years for trans individuals.

Undiagnosed population

The estimated number of people with an undiagnosed HIV infection, according to the ECDC HIV Platform tool, decreased from 3,675 (95% CI 3,565-3,810) in 2010 to 1,650 (1,470-1,900) in 2025 (*Figure 1.15A*). The 1,650 individuals with an undiagnosed HIV infection comprised 1,480 (1,300-1,730), or 90%, who most likely acquired their HIV infection while living in the Netherlands and an estimated 170 (10%) individuals who acquired their HIV infection before migrating to the Netherlands. This decrease was mostly driven by MSM, among whom the number of undiagnosed HIV cases fell from 2,090 (1,995-2,195) in 2010 to 765 (635-920) by the end of 2025 (*Figure 1.15B*). Among other men, the estimated number with undiagnosed HIV was 1,080 (1,025-1,135) in 2010 and 605 (460-770) in 2025, while in women these numbers were 505 (450-555) and 280 (195-395), respectively (*Figures 1.15C and 1.15D*).

Figure 1.15: *Estimated number of people with undiagnosed HIV in the Netherlands: (A) overall, (B) men who have sex with men (MSM), (C) other men, and (D) women, according to the European Centre for Disease Prevention and Control (ECDC) HIV Platform tool. Estimates for the overall population do not include trans individuals and children.*



Legend: *MSM = men who have sex with men.*

Continuum of HIV care – national level

The estimated total number of people with HIV in the Netherlands by the end of 2025 was 26,225 (95% CI 26,045-26,475), including 1,650 (1,470-1,900) who remained undiagnosed (*Figure 1.16A*)[1]. Of these 26,225 individuals with HIV:

- 24,575 (94% of the total number of people with HIV) had been diagnosed, linked to care, and registered by SHM;
- 23,491 (90%, or 96% of those diagnosed and linked to care) were retained in care (i.e. they had at least one documented HIV RNA or CD4 count measurement, or a clinic visit in 2025);
- 23,405 (89%, or 95% of those diagnosed and linked to care) had started ART;
- 22,774 (87%, or 97% of those treated) had a most recent HIV RNA measurement below 1,000 copies/ml;
- 22,262 (86%, or 97% of those treated) had a most recent HIV RNA measurement below 200 copies/ml; and
- 22,004 (84%, or 94% of those treated) had a most recent measurement below 50 copies/ml.

Overall, 86% of the total estimated population with HIV and 92% of those diagnosed and ever linked to care had a suppressed viral load below 200 copies/ml. This means that by 2025 the Netherlands had almost reached the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets for 2025[10]; with the estimate standing at 94-95-97, or 94-95-97 if 1,000 copies/ml, and 94-95-94 if 50 copies/ml is used as a threshold of viral suppression[11]. Of the 21,260 (91%) people still in care by the end of 2025 who had at least one CD4 count measurement in 2023-2025, 17,063 (80%) had a most recent CD4 count of 500 cells/mm3 or higher.

Viral suppression

In total, 803 individuals had started therapy but did not have a suppressed viral load below 200 copies/ml by the end of 2025. On closer inspection, 362 (45%) of these individuals did not have an HIV RNA measurement available in 2025; 304 (84%) of these 362 individuals had an HIV RNA level below 200 copies/ml at their last measurement in 2024, 14 (4%) had an HIV RNA level of 200 copies/ml or above, and 44 (12%) also had no HIV RNA measurement in 2024. At the time of analysis, 135 (37%) of the 362 individuals had an RNA measurement in 2026, of which 127 (94%) below 200 copies/ml.

The median HIV RNA level among the 441 (55%) people with a viral load measurement and a viral load level above 200 copies/ml was 3,095 copies/ml (IQR 422-54,000). Of these 441 people, 64 (15%) started therapy after their last available viral load measurement in 2025. Another 38 (9%) had only started therapy in the six months prior to that last measurement and may not have had sufficient follow up to achieve a documented suppressed viral load.

Lost to care

Of the people diagnosed and linked to care, 2,217 individuals were lost to care by the end of 2025, and of these:

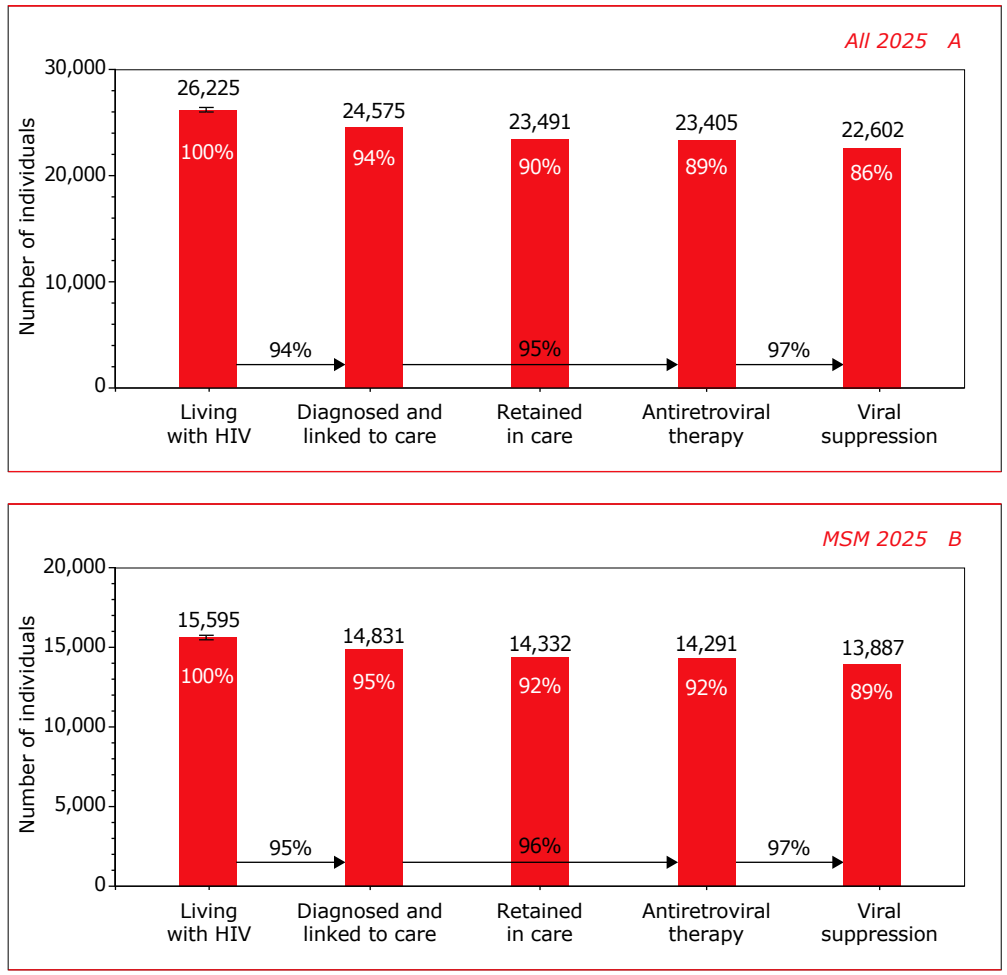
- 1,185 (53%) were last seen for care before the end of 2015;
- 455 (21%) in 2016-2021;
- 114 (5%) in 2022;
- 157 (7%) in 2023; and
- 306 (14%) in 2024[b].

The 1,185 individuals who were lost to care in or before 2015, were excluded from the estimated number of people with HIV and the number of people diagnosed and linked to care. It was assumed to be unlikely that these 1,185 individuals were still living in the Netherlands by the end of 2025 without requiring care or ART during that ten-year period.

Of the 1,032 individuals lost to care after 2015, 71% were born outside the Netherlands; this proportion was only 47% for those who were still in care by the end of 2025. This suggests that some of those lost to care may have moved abroad; in particular, back to their country of birth. It should be pointed out that 100 (10%) of the 1,032 individuals were lost to care because they had planned transfer of care to another treatment centre, but there was no confirmation that they did indeed register at a new centre. Of the 463 individuals last seen for care in 2023 or 2024, 359 (78%) had a suppressed viral load below 200 copies/ml, 68 (15%) had a viral load level above 200 copies/ml, and 38 (8%) had no measurement available. At the time of analysis, 89 (19%) of the 463 individuals had a documented HIV RNA or CD4 count measurement, or a clinic visit in 2026.

b In addition to the 2,217 individuals lost to care there were 52 individuals who had already been diagnosed by the end of 2025 and were living in the Netherlands but entered care in 2026. These 52 individuals, as well as the 1,032 lost to care after 2015, are counted in the first and second stage of the continuum but not in the other stages.

Figure 1.16: *Continuum of HIV care for people with HIV in the Netherlands by the end of 2025: (A) the total population with HIV-1, (B) men who have sex with men (MSM), (C) other men, and (D) women. Viral suppression was defined as an HIV RNA measurement below 200 copies/ml. Percentages at the top of the bars are calculated relative to the number with HIV, while percentages at the bottom correspond to the UNAIDS' 95-95-95 targets for 2025.*



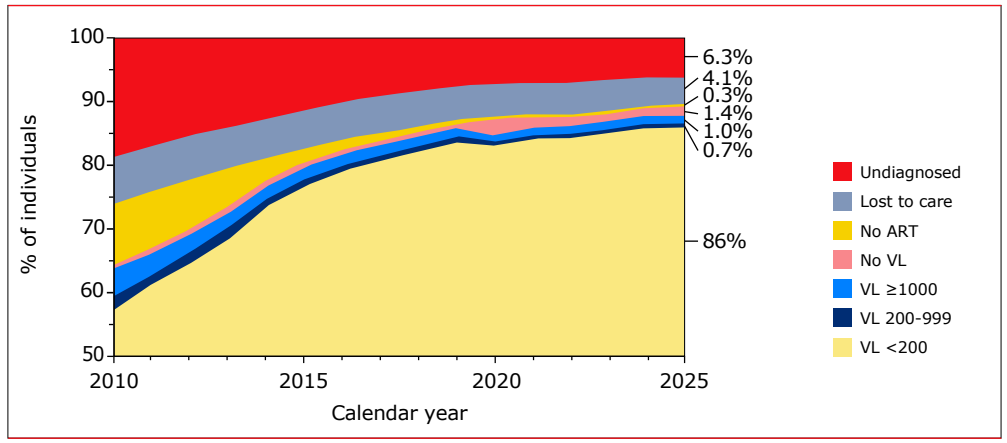
Legend: *MSM = men who have sex with men.*

Transmittable levels of HIV

The proportion of people with HIV living in the Netherlands (at the end of each calendar year) who were using ART and had a confirmed viral load level below 200 copies/ml, grew steadily between 2010 and 2025 (*Figure 1.17*). In 2010, 58% of the estimated 19,770 (95% CI 19,655-19,905) people with HIV had a suppressed viral load below 200 copies/ml, while this proportion was 86% in 2025. During the same period, the proportion using ART with a viral load below 1,000 copies/ml grew from 60% in 2010 to 87% in 2025. This increase was mainly the result of a reduction in the proportion of people unaware of their infection, from 19% in 2010 to 6% in 2025, and, to a lesser extent, of a smaller proportion not yet on ART (10% in 2010, 0.3% in 2025).

The number of individuals with HIV who were likely to have an unsuppressed viral load of 1,000 copies/ml or higher by the end of 2025 was estimated to be 3,450, or 13% of all people with HIV, which is the difference between the first and the last stage in the HIV care continuum. These individuals could theoretically still pass HIV onto individuals without HIV. The number of 3,450 individuals includes the 1,650 (48%) people who were not yet diagnosed by the end of 2025. The remaining 1,800 (diagnosed) individuals are likely to be an overestimate of the true number with an unsuppressed viral load in the Netherlands because, as discussed above, some of the people who were lost to care may have moved abroad and may be receiving HIV care outside the Netherlands.

Figure 1.17: *Estimated proportions of people with HIV across the various stages in the HIV care continuum. The numbers to the right of the graph are the proportions in 2025.*



Legend: *ART = antiretroviral therapy; VL = viral load*

Continuum of care in MSM, other men, and women

The number of MSM with HIV at the end of 2025 was estimated at 15,595 (95% CI 15,470-15,755), of whom 765 (635-920) had yet to be diagnosed. Of these:

- 14,831 (95%) had been diagnosed and linked to care;
- 14,332 (92%) were still in care;
- 14,291 (92%) had started ART; and
- 13,887 (89%) had a most recent HIV RNA below 200 copies/ml, while 13,966 (90%) had a viral load below 1,000 copies/ml.

In terms of the 2025 UNAIDS 95-95-95 targets, this translates to 95-96-97, meaning that in MSM, the UNAIDS targets have been met (*Figure 1.16B*). In total, 10,877 (76%, or 83% of those with a CD4 measurement) of MSM still in care by the end of 2025 had a CD4 count of 500 cells/mm3 or higher at their last measurement in 2023-2025.

Among other men, the estimated number with HIV in 2025 was 5,200 (95% CI 5,055-5,365), including 605 (460-770) who were not yet diagnosed (*Figure 1.16C*). Of these:

- 4,596 (88%) men had been diagnosed and linked to care;
- 4,281 (82%) were still in care;
- 4,264 (82%) had started ART; and
- 4,086 (79%) had a suppressed viral load below 200 copies/ml, while 4,120 (79%) had a viral load below 1,000 copies/ml,

which translates to 88-93-96 in term of the 2025 UNAIDS 95-95-95 targets.

The number of women with HIV was estimated to be 4,985 (95% CI 4,900-5,105), of whom 280 (195-395) were not yet diagnosed (*Figure 1.16D*). Of these women:

- 4,706 (94%) had been diagnosed and linked to care;
- 4,475 (90%) were still in care;
- 4,450 (89%) had started ART; and
- 4,253 (85%) had a suppressed viral load below 200 copies/ml, while 4,306 (86%) had a viral load below 1,000 copies/ml,

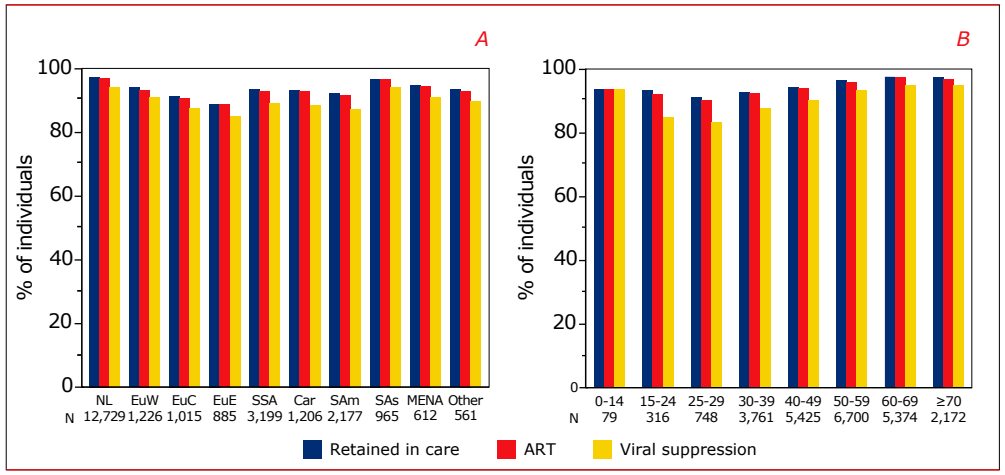
which translates to 94-95-96 in term of the 2025 UNAIDS 95-95-95 targets.

Among women and other men still in care by the end of 2025, the proportion with viral suppression was 95%, which was somewhat lower than among MSM (97%).

Continuum of care by region of origin and age

Individuals originating from the Netherlands and south and southeast Asia generally engaged more with the various stages of the care continuum than people from other countries (*Figure 1.18A*). Engagement with all stages of the care continuum was generally lower in individuals between 15 and 49 years of age. Both the proportion of people who were still in care and the proportion who had started ART by the end of 2025, increased with age, and exceeded 95% in people aged 50 years or older (*Figure 1.18B*). As a consequence, the proportion of people with viral suppression also increased with age; rising from 85% among those aged 15 to 24 years, to more than 90% for people aged 40 years or older.

Figure 1.18: *Continuum of HIV care: (A) by region of origin, and (B) by age group (in years) for the total population with HIV-1. Proportions are given relative to the number of people diagnosed and linked to care, which are shown below the figures.*



Legend: *NL = the Netherlands; EuW = western Europe; EuC = central Europe; EuE = eastern Europe and Central Asia; SSA = sub-Saharan Africa; Car = Caribbean; SAm = South America; SAs = south and southeast Asia; MENA = Middle East and north Africa; Other = other regions of origin; ART = antiretroviral therapy.*

Continuum of HIV care – regional level

We also determined the continuum of care (including the first stage: estimated number of people with HIV) for the eight STI surveillance regions[c] in the Netherlands, and for the five largest cities in the country (*Table 1.6*, see also https://dashboard.hiv-monitoring.nl/en). By the end of 2025, more than half (53%) of all estimated people with HIV were living in Noord-Holland/Flevoland and in Zuid-Holland Zuid, which include the cities of Amsterdam and Rotterdam. In total, an estimated 710 (43%) people with undiagnosed HIV were living in these two regions. All eight regions had reached or were close to reaching most of the UNAIDS' 95-95-95 targets for 2025, and the proportion of all people with HIV who had a suppressed viral load below 200 copies/ml varied between 85% and 89%, or between 85% and 90% when considering a viral load below 1,000 copies/ml. Those diagnosed and linked to care showed similar levels of engagement in the various stages of the care continuum across all 25 public health service regions in the Netherlands (*Table 1.7*).

c Reporting to the national STI surveillance system is organised in eight regions, which each consist of one or more public health service regions (see also Table 1.7).

Table 1.6: Continuum of care by the end of 2025 for the total population with HIV-1 living in the Netherlands in each of the eight sexually-transmitted infection (STI) surveillance regions, or in one of the five most populous cities. For each region or city, percentages on the first row are relative to the estimated number of people with HIV, while those on the second row correspond to UNAIDS' 95-95-95 targets. For 208 individuals diagnosed and linked to care, region of residence was unknown.

	Estimated population with HIV		Diagnosed and linked to care		Retained in care		Antiretroviral therapy		Viral suppression	
	Undiagnosed	Total								
	n	n	n	%	n	%	n	%	n	%
Region										
Noord	100	1,600	1,498	94	1,428	89	1,421	89	1,383	86
	50-260	1,545-1,760		94				95		97
Oost	320	3,150	2,829	90	2,753	87	2,745	87	2,677	85
	230-425	3,060-3,250		90				97		98
Noord-Holland/Flevoland	400	9,555	9,156	96	8,723	91	8,701	91	8,359	87
	315-515	9,475-9,670		96				95		96
Utrecht	60	1,450	1,388	96	1,347	93	1,343	93	1,295	89
	35-115	1,420-1,505		96				97		96
Zuid-Holland Noord	135	1,980	1,845	93	1,780	90	1,766	89	1,706	86
	90-220	1,935-2,065		93				96		97
Zuid-Holland Zuid	310	4,150	3,842	93	3,668	88	3,649	88	3,524	85
	215-445	4,055-4,285		93				95		97
Zeeland/Brabant	235	2,955	2,721	92	2,623	89	2,618	89	2,524	85
	165-325	2,890-3,045		92				96		96
Limburg	85	1,175	1,088	93	1,029	88	1,023	87	997	85
	35-165	1,120-1,255		93				94		97
Total	1,655	26,025	24,367	94	23,351	90	23,266	89	22,465	86
	1,460-1,965	25,830-26,330		94				95		97
City										
Amsterdam	185	6,600	6,411	97	6,116	93	6,100	92	5,883	89
	135-265	6,540-6,675		97				95		96
Rotterdam	200	2,340	2,143	91	2,044	87	2,030	87	1,951	83
	125-285	2,270-2,425		91				95		96
Den Haag	50	1,345	1,295	96	1,253	93	1,243	92	1,195	89
	30-95	1,323-1,390		96				96		97
Utrecht	20	600	579	97	564	94	563	94	541	91
	10-50	590-630		97				97		96
Eindhoven	45	475	430	90	408	86	407	86	395	83
	20-75	450-505		90				95		97
Total	**500**	**11,360**	**10,858**	**96**	**10,385**	**91**	**10,343**	**91**	**9,965**	**88**
	405-620	11,260-11,480		96				95		96

In total, 11,360 (95% CI 11,260-11,480) people with HIV were estimated to be living in the five largest cities in the Netherlands, which amounts to 43% of the total number of people in the country with HIV. Of these 11,360 people, 500 (405-620) were estimated to be undiagnosed (30% of the national estimate of 1,650 individuals with an undiagnosed HIV infection). Of the five cities, Amsterdam had the largest population of people with HIV; an estimated 6,600 (6,545-6,675) individuals, of whom 185 (135-265) were still undiagnosed (*Table 1.6*). Of the 11,360 people with HIV in the five largest cities:

- 10,858 (96%) had been diagnosed and linked to care;
- 10,385 (91%, or 96% of those diagnosed) had started ART; and
- 9,965 (88%, or 96% of those on therapy) had a suppressed viral load below 200 copies/ml.

Most cities had reached or were close to reaching the UNAIDS' 95-95-95 targets for 2025 with the current combined estimate for the cities standing at 96-95-96.

As shown in *Tables 1.6 and 1.7*, some of the regions have relatively small numbers of people with HIV. Estimates of the undiagnosed population are based on observed annual numbers of newly diagnosed HIV infections and on the CD4 count distribution at the time of diagnosis. With an increasingly smaller annual number of diagnoses, estimates become more sensitive to year-on-year fluctuations in newly diagnosed infections. As a result, the relative uncertainty in the estimates becomes larger. In this respect, it is reassuring that the total estimated number of 1,655 (95% CI 1,460-1,965) individuals living with undiagnosed HIV across the eight STI surveillance regions, is reasonably close to the number of 1,650 (1,470-1,900) we have estimated for the total nationwide population.

Table 1.7: *Continuum of HIV care for the total population with HIV-1 in the Netherlands diagnosed and linked to care, stratified by the public health service region in which people were living at the end of 2025. Proportions are given relative to the number of people diagnosed and linked to care.*

	Diagnosed and linked to care	Retained in care		Antiretroviral therapy		Viral suppression	
Public health service region	**n**	**n**	**%**	**n**	**%**	**n**	**%**
Noord							
Groningen	717	683	95	680	95	660	92
Fryslân	431	411	95	407	94	401	93
Drenthe	350	334	95	334	95	322	92
Oost							
IJsselland	421	409	97	408	97	402	95
Twente	503	490	97	488	97	485	96
Noord- en Oost-Gelderland	572	552	97	549	96	538	94
Gelderland Midden	844	825	98	823	98	795	94
Gelderland-Zuid	489	477	98	477	98	457	93
Noord-Holland/Flevoland							
Flevoland	647	615	95	613	95	588	91
Gooi & Vechtstreek	279	269	96	268	96	261	94
Hollands Noorden	487	461	95	459	94	437	90
Zaanstreek-Waterland	435	408	94	408	94	393	90
Amsterdam	6,663	6,357	95	6,340	95	6,114	92
Kennemerland	645	613	95	613	95	566	88
Utrecht							
Regio Utrecht	1,388	1,347	97	1,343	97	1,295	93
Zuid-Holland Noord							
Haaglanden	1,845	1,780	96	1,766	96	1,706	92
Zuid-Holland Zuid							
Hollands Midden	646	617	96	616	95	597	92
Rotterdam-Rijnmond	2,833	2,710	96	2,695	95	2,600	92
Dienst Gezondheid & Jeugd ZHZ	363	341	94	338	93	327	90
Zeeland/Brabant							
Zeeland	265	247	93	246	93	227	86
West-Brabant	633	619	98	618	98	604	95
Hart voor Brabant	1,002	974	97	972	97	936	93
Brabant-Zuidoost	821	783	95	782	95	757	92
Limburg							
Limburg-Noord	468	440	94	437	93	428	91
Zuid Limburg	620	589	95	586	95	569	92
Unknown	208	140	67	139	67	137	66
Total	**24,575**	**23,491**	**96**	**23,405**	**95**	**22,602**	**92**

Trans people

Geographical region of origin

Of the 33,523 individuals with an HIV-1 infection, 503 were trans people: 487 (97%) trans women and 16 (3%) trans men. In this group of 503 individuals, the most commonly-reported regions of origin were South America (205, 41%), the Caribbean (90, 18%), the Netherlands (89, 18%), and south and southeast Asia (45, 9%). Interestingly, many of the trans people originated from only a few specific countries. Among the 205 individuals from South America, there were 57 people from Colombia, 36 from Ecuador, 35 from Brazil, 29 from Venezuela, and 19 from Suriname. Most frequently reported countries of origin in the Caribbean were the former Netherlands Antilles (39) and Cuba (19), while 20 people from south and southeast Asia originated from Thailand.

In total, 168 trans people, or 41% of those born abroad, had a documented HIV-1 diagnosis before moving to the Netherlands. The majority (119, or 71%) of these 168 people had already started ART before arrival. By the time these 119 people entered HIV care in the Netherlands, 85 (71%) had HIV RNA levels below 200 copies/ml.

Diagnosis

In 2023-2025, 50 trans people were newly diagnosed with HIV in the Netherlands. These 50 individuals were relatively young, with a median age of 31 years (IQR 27-37) at the time of their HIV diagnosis, and most of them (41, 82%) were born abroad. Similar to MSM, the majority of the trans individuals, 56%, received their HIV diagnosis at a sexual health centre (*Figure 1.4*). Among the 50 people, 16 had a recent HIV infection at the time of diagnosis, 20 had an established infection (CD4 counts above 350 cells/mm^3), and 12 had a late-stage HIV infection (CD4 counts below 350 cells/mm^3 or AIDS), which was comparable to the distribution across these stages among MSM.

Population in care

In total, 403 (80%) of the 503 trans people with HIV-1 were known to be in clinical care by the end of 2025. Of the 100 people who were not in care anymore, 23 had died, including seven who died of AIDS, while another 30 had moved abroad. The remainder were either lost to care (41), were only diagnosed in 2026 (two), or only entered HIV care in 2026 (four). In total, 24 of the people who moved abroad and 28 of those lost to care had HIV RNA levels below 200 copies/ml at their last viral load measurement.

Clinical condition

The majority of trans people in clinical care (400, or 99%), had started ART by the end of 2025. Of the 394 people in care and on treatment with a viral load measurement in 2025, 376 (95%) had a last measurement in that year below 200 copies/ml. The most recent CD4 count in 2023-2025 of those in care stood at a median of 734 (IQR 550-1060) cells/mm^3, which was comparable to the CD4 counts in the total population in care.

HIV-2

In total, 102 of the 34,752 registered individuals with HIV acquired an HIV-2 infection (12 MSM, 34 other men, and 56 women); 6 of these were diagnosed in 2015 or later. HIV-2 is endemic in West Africa, and 64 people originated from this region, mostly from Ghana (25 people) or Cape Verde (23 people). Twenty-three individuals were born in the Netherlands.

Population in care

By the end of 2025, a total of 56 people were still in clinical care, i.e., they visited their treating physician in 2025, or had a CD4 count or HIV RNA measurement in that year, and were still living in the Netherlands. Of the other 46 individuals, 24 had died, seven had moved abroad, and 15 had no contact with HIV care during that year. The median age of those still in care was 66 years (IQR 58-70); 49 (88%) individuals were 50 years or older. The majority (93%) of those in care had been living with HIV-2 for more than 10 years, while 68% had been living with it for more than 20 years.

Clinical condition

Of the 56 people still in care, 46 had a most recent viral load measurement below 200 copies/ml, and 8 people had no available HIV-2 RNA result in 2025; there were two individuals with a viral load above 200 copies/ml. Most people in care (41, 73%) had started ART. Of the 15 individuals who were still in care but had not started therapy, 11 had a viral load measurement below 200 copies/ml, 1 had a viral load above 200 copies/ml, while the other 3 people had no HIV-2 RNA measurement in 2025. CD4 counts in people in care were a median of 710 (IQR 470-889) cells/mm^3.

Conclusions

The annual number of new HIV diagnoses has been increasing since 2021, with so far 500 new diagnoses recorded for 2025. This increase in HIV diagnoses can, in part, be attributed to a rise in the estimated annual number of newly acquired HIV infections. The increase in the number of diagnoses was most prominent in people born in 1990 or later, including almost half of diagnoses in MSM and approximately 30% in other men and in women. Two in five of all newly diagnosed MSM, and almost half of those born in 1990 or later, have evidence of having acquired their infection at most one year before. Late-stage HIV infection continues to be a concern among other men, women, and people with certain migratory backgrounds, including sub-Saharan Africa, Eastern Europe and Central Asia, and south and southeast Asia.

In 2025, 21% of the new HIV diagnoses among MSM and trans individuals occurred in people who reported prior use of PrEP. This proportion has been increasing over time. People with prior use of PrEP accounted for a large share of the rise in the proportion of individuals diagnosed with a recent HIV infection compared with 2021. These trends underscore the need to enhance PrEP adherence support and regular HIV testing, thus maximising the effectiveness of PrEP programmes. Our data further indicate that there may be missed opportunities in uptake of PrEP. Among MSM diagnosed with a recently acquired HIV infection, 81% had a negative HIV test within a year prior to diagnosis and were likely aware of being at risk of acquiring HIV.

Apart from the 500 new HIV diagnoses in 2025, there were 260 people born abroad who arrived in the Netherlands in 2025 and had a documented HIV-1 diagnosis prior to arrival. The large majority of this group had already started antiretroviral therapy before arriving in the Netherlands and had a suppressed viral load. This highlights the importance of cross-border continuity of care, to ensure seamless integration into the Dutch healthcare system for migrants with HIV, and to reach national and international HIV elimination goals.

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