Digest

IMPLEMENTATION OF THE MONITORING SYSTEM AND RESPONSE TO RECENT HIV INFECTION IN UKRAINE

Issue 3 (5)

*As of **October 1,** 2025*

Dear Readers

We present to your attention a new issue of the digest devoted to the **analysis of surveillance data on recent HIV infection (RHI)** in Ukraine as of October 1, 2025.

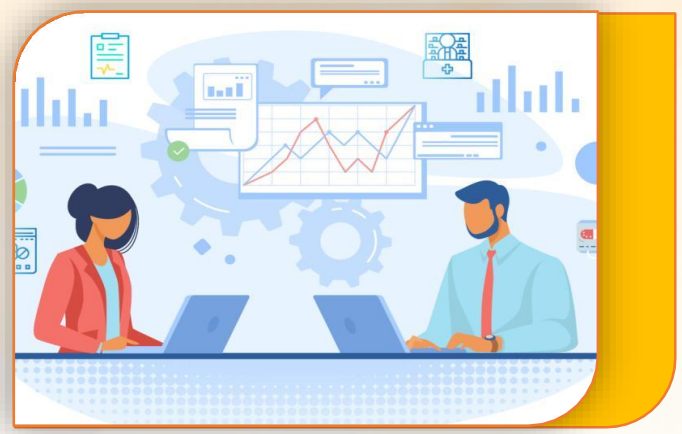
In this issue you will be able to:

- follow the dynamics of the volume of RHI testing and detection of RHI cases;
- compare the level of RHI testing coverage for 2023, 2024, and the nine months of 2025;
- familiarize yourself with the demographic characteristics of persons tested for RHI;
- review the key indicators of RHI surveillance in "hotspots" (HS);
- learn about important events in the RHI monitoring and response system in Ukraine.

We hope this digest will become a useful tool for everyone working in the field of HIV response in Ukraine and will contribute to a more effective and coordinated response to the epidemic.

The publication was prepared within the framework of the project "Strengthening HIV treatment, laboratory network capacity, substitution maintenance therapy, and program monitoring in Ukraine under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)".

Thank you for your attention and active participation in this important matter!



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List of Abbreviations

HCF	Healthcare Facility
HS	"Hotspot" in the system of surveillance of recent HIV infection
HTS	HIV Testing Services
IT	Index testing
MSM	Men Who Have Sex with Men
NGO	Non-Governmental Organization
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PHR for HIV	People at higher risk for HIV
PIP	People in Prisons (In the project – mainly people released from penitentiary institutions)
PITC	Provider-Initiated Testing and Counseling
PWID	People Who Inject Drugs
RHI	Recent HIV Infection
RITA	Recent Infection Testing Algorithm
RTRI	Rapid Test for Recent Infection
SN	Social Networks
SW	Sex Workers
VCT	Voluntary Counseling and Testing (client-initiated)

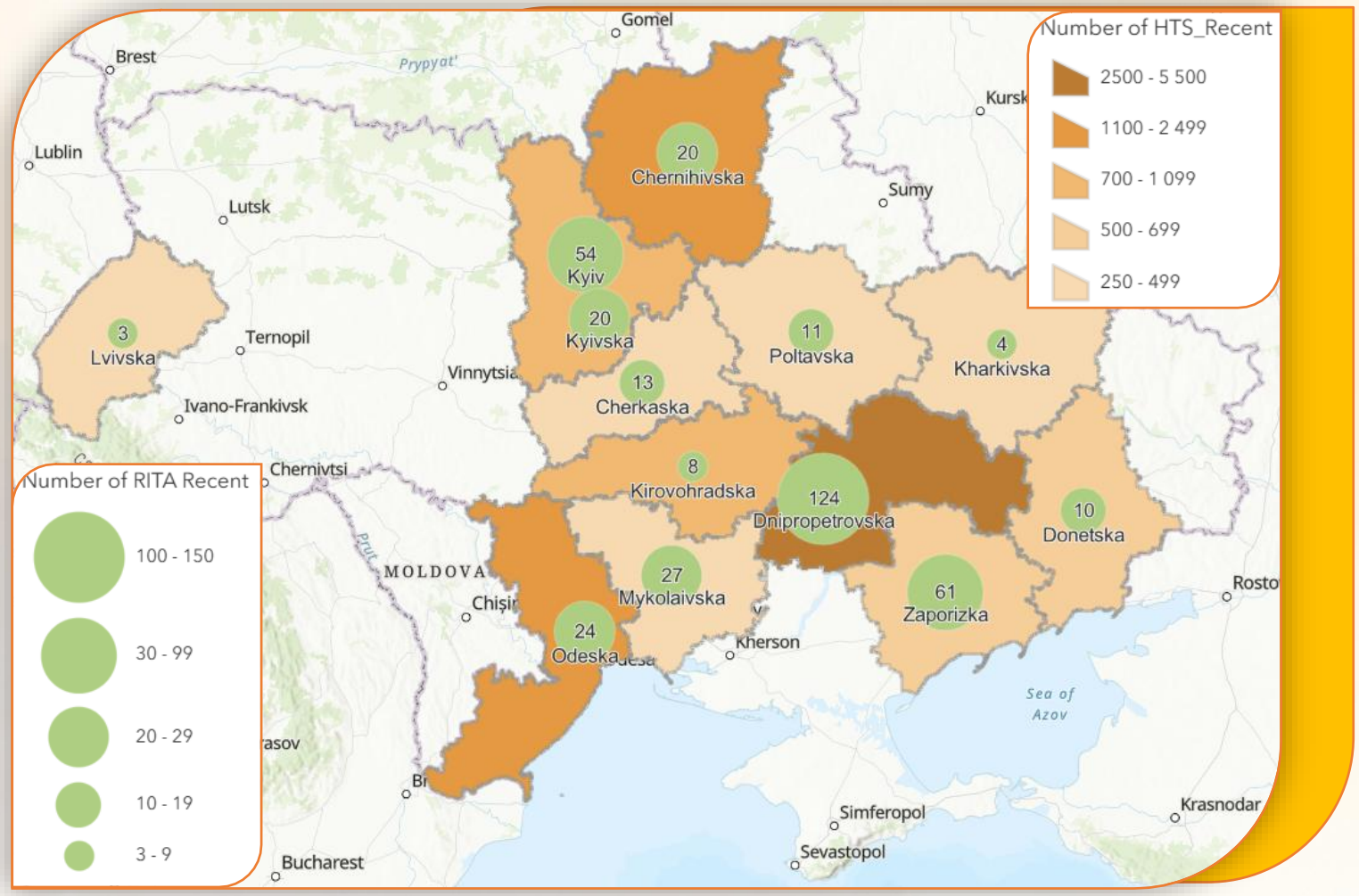
What is Recent HIV Infection (RHI)?

- It is an HIV infection that occurred relatively recently, usually **within the last 12 months**
- Detection of RHI is important for understanding **the dynamics and speed of epidemic development**, identifying territories and population groups with active HIV transmission, and implementing timely public health measures
- In Ukraine, RHI surveillance has been launched at the end of 2020 among individuals aged 18 and older, newly diagnosed with HIV infection, and with no history of antiretroviral therapy
- RHI surveillance is implemented as part of routine HIV testing services (HTS) exclusively in healthcare facilities (HCF)
- In Ukraine, RHI is determined using the following algorithm (RITA – RECENT INFECTION TESTING ALGORITHM):
  - First, testing is conducted using **a rapid test for RHI** (RTRI, RAPID TEST for RECENT INFECTION), which allows distinguishing recent HIV infection from long-term infection
  - Next, **the HIV viral load** is measured in the blood of individuals who received a preliminary result suggesting probable RHI. If the RNA count exceeds 1,000 copies per milliliter of plasma, the case is confirmed as RHI

Volumes of Testing (RTRI) and Detection of RHI cases (RITA) by Regions (December 2020 – September 2025)

During the entire period of implementing RHI (RTRI) testing as part of routine HTS:

- the highest number of RHI (RTRI) tests were conducted in Dnipropetrovsk (5,149), Odesa (2,068) regions, and the city of Kyiv (2,488);
- the greatest number of RHI cases (according to RITA) were found in Dnipropetrovsk (124), Zaporizhzhia (61) regions, and the city of Kyiv (54).

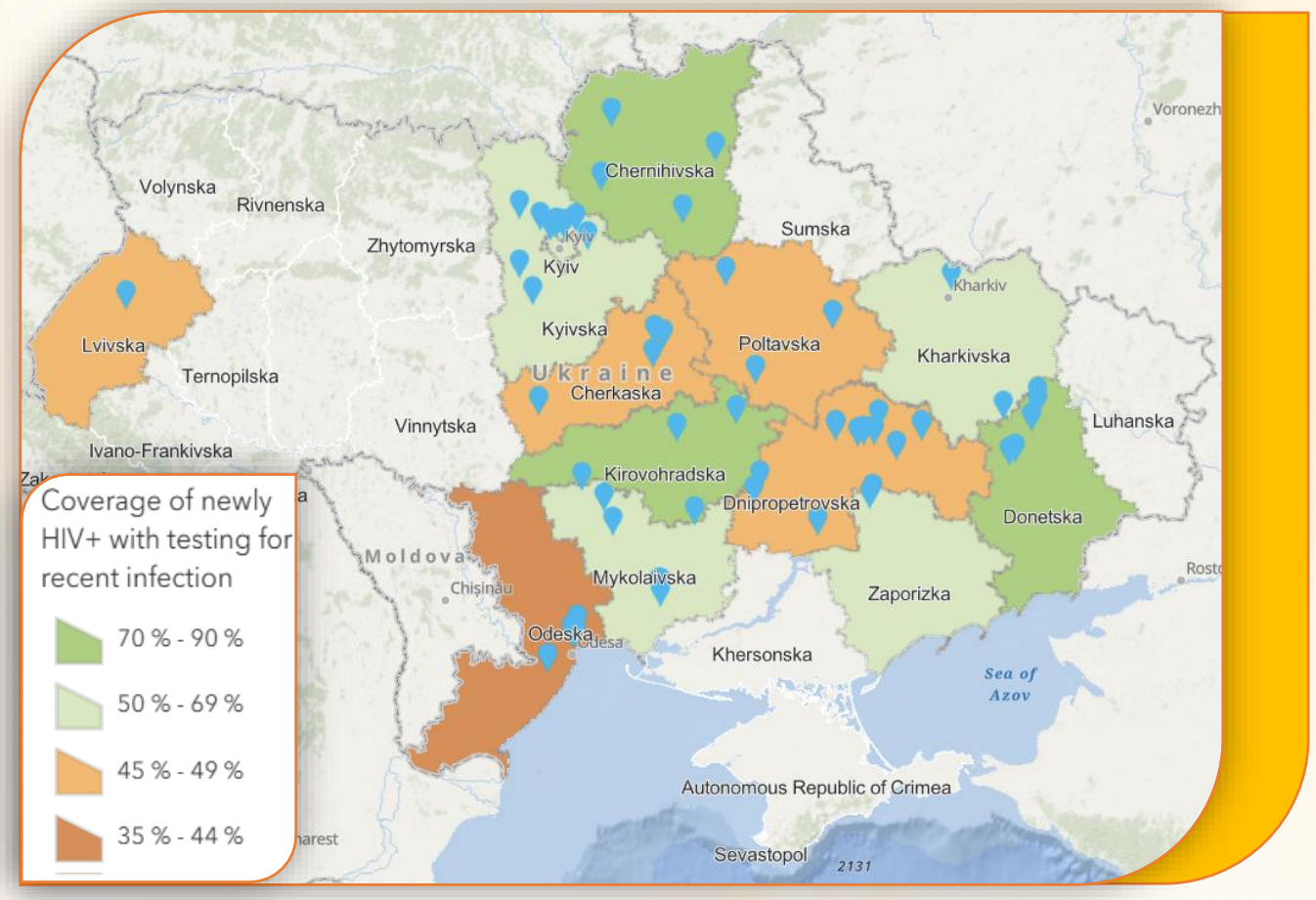


Regional Implementation of Surveillance for Recent Infection in Ukraine

As of October 1, 2025, HIV testing is conducted in 13 regions at 62 sites that provide HTS within healthcare facilities.

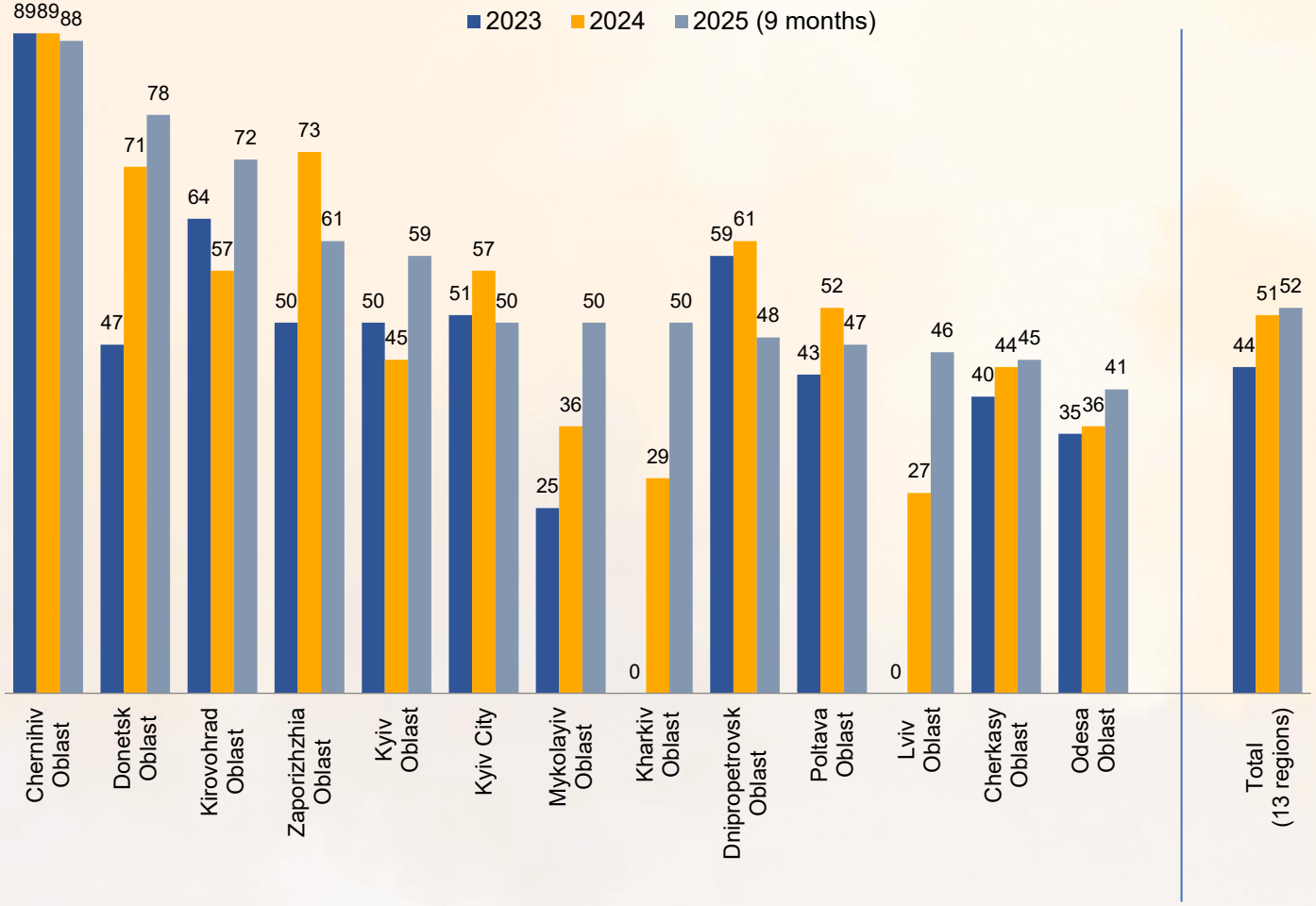
Number of HTS Sites Involved in RHI Testing

Dnipropetrovsk Oblast	12
Kyiv Oblast	8
Mykolayiv Oblast	7
Odesa Oblast	7
Donetsk Oblast	6*
Kyiv City	4
Poltava Oblast	4
Cherkasy Oblast	4
Chernihiv Oblast	4
Zaporizhzhia Oblast	2
Kirovohrad Oblast	2
Lviv Oblast	1
Kharkiv Oblast	1



** 1 HTS site in Donetsk region did not conduct RHI testing in 2025*

Coverage with RHI testing (RTRI) by Regions (%)



From 2023 to September 2025, the HIV testing coverage (RTRI) among newly diagnosed HIV-positive individuals:

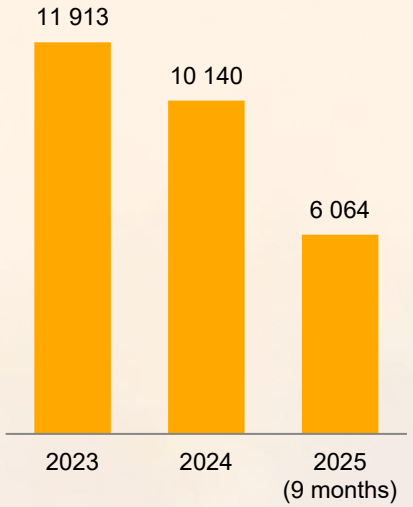
- **increased overall** in 13 regions from 44% to 52%
- has been **rising since 2023** in Donetsk, Mykolaiv, Odesa, and Cherkasy regions, and **since 2024** in Lviv, Kirovohrad, Kyiv, and Kharkiv regions
- **The highest** coverage is in the Chernihiv region **(≥ 88%)**

As of October 1, 2025, RTRI coverage **was at least 50% in 8 regions:**

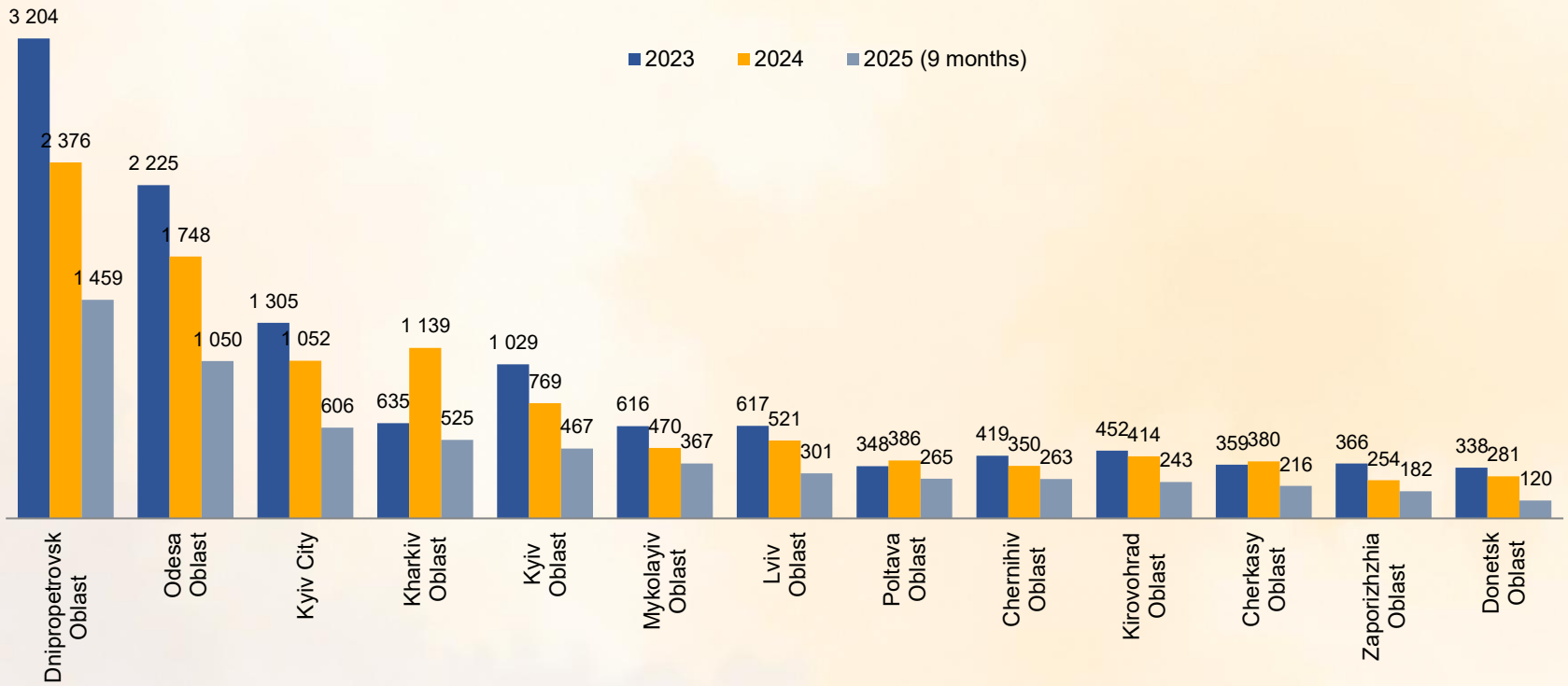
- 88% - Chernihiv
- 78% - Donetsk
- 72% - Kirovohrad
- 61% - Zaporizhzhia
- 59% - Kyiv Region
- 50% - the city of Kyiv, Mykolayiv, and Kharkiv

Number of New HIV Diagnoses Based on Verification Testing

Total Newly Diagnosed HIV Infections in 13 Study Regions



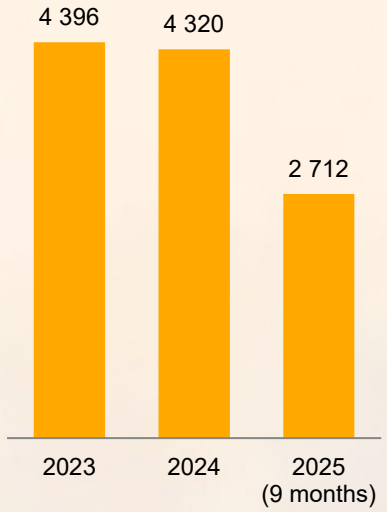
Total Newly Diagnosed HIV Infections by Regions



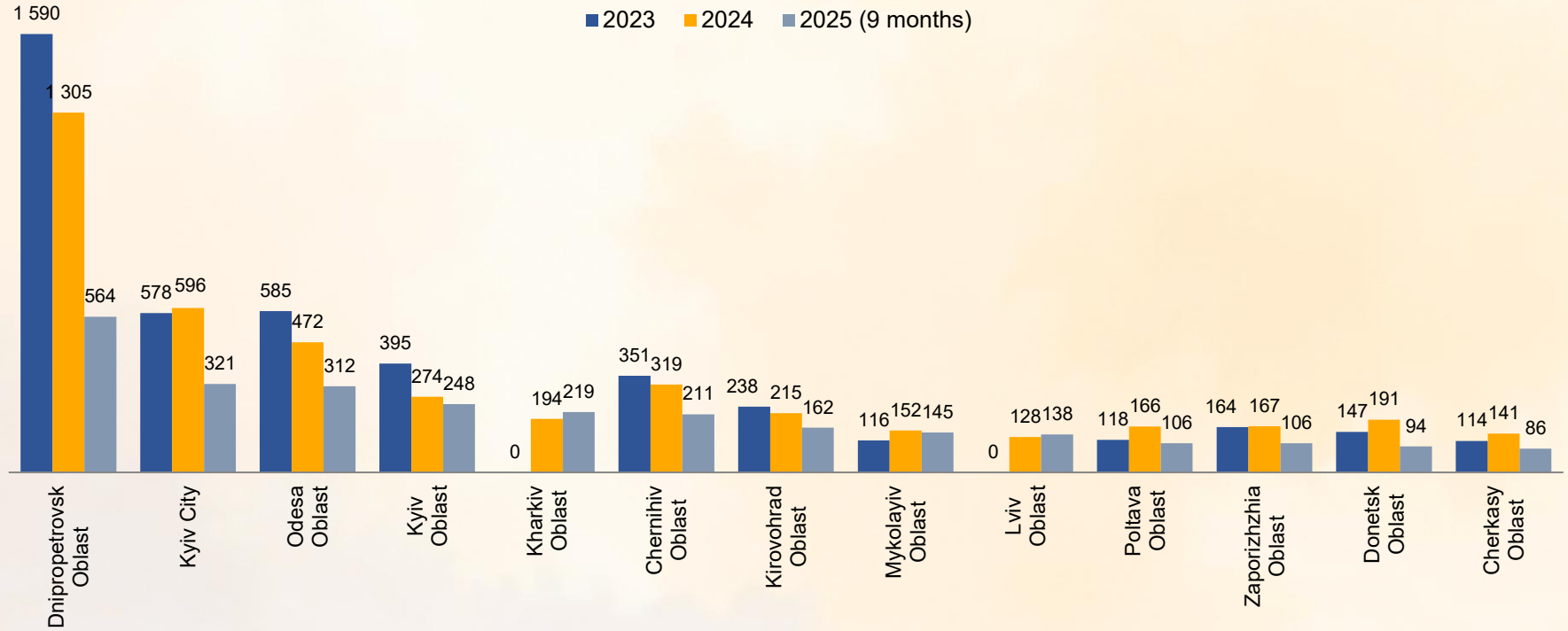
During the full-scale invasion of Ukraine by the russian federation, 13 regions reported a decline in newly diagnosed HIV cases, which affected the RHI testing volumes (RTRI). This trend results from several factors: increased HIV testing among populations with low HIV prevalence (mainly those tested during mobilization efforts), a decrease in testing among key populations, active migration processes, and the lack of data from temporarily occupied territories.

Volumes of RHI Testing (RTRI)

Volumes of RHI Testing (RTRI) in 13 Study regions



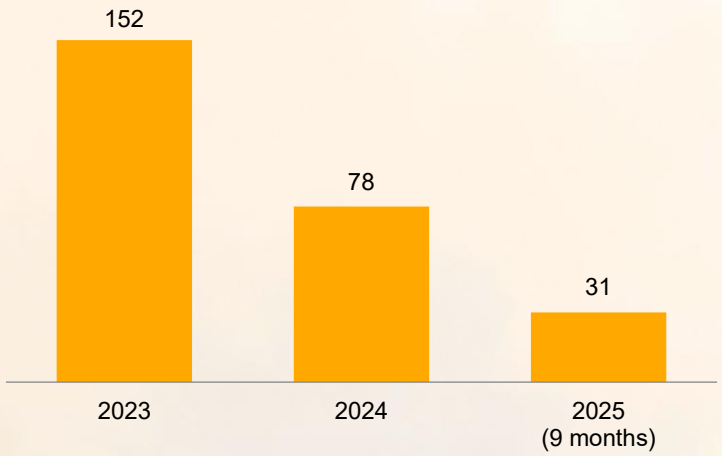
Volumes of RHI Testing (RTRI) by Regions



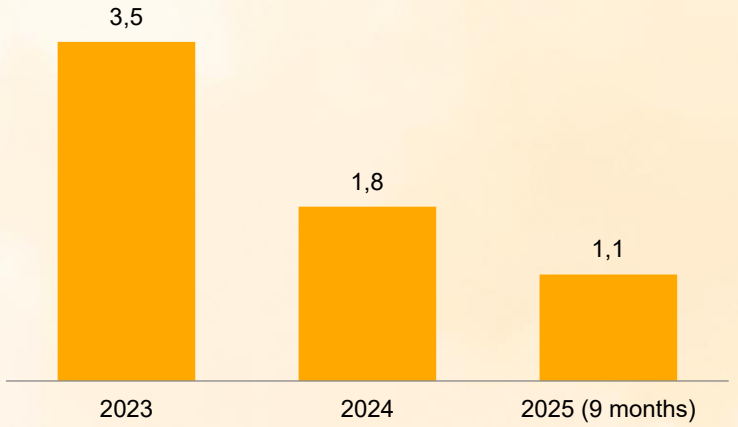
Dnipropetrovsk, Odesa, and Kyiv remain the leaders in the volume of RHI testing (RTRI). Meanwhile, the share of RTRI conducted in other regions of the project, out of the total number of tests, is gradually increasing from 37% in 2023 to 56% in the nine months of 2025, thanks to the involvement of new RHI testing sites in these regions.

Results of RHI testing (RITA)

Number of RHI (by RITA) in 13 regions



Proportion of RHI cases (by RITA) among all tested for RHI (RTRI) in 13 regions



The dynamics and structure of RHI testing indicators (RTRI) and newly diagnosed HIV cases show a direct correlation, as shown on page 9. Compared to 2023, the proportion of HIV cases (by RITA) in 13 regions decreased by nearly two-thirds, from 3.5% to 1.1%. It is essential to note that during this period, all HIV testing sites were fully stocked with HIV-1 Asante Rapid Recency Assay tests, and there were no interruptions in the implementation of RTRI across the regions.

Results of RHI Testing (RITA) by Regions

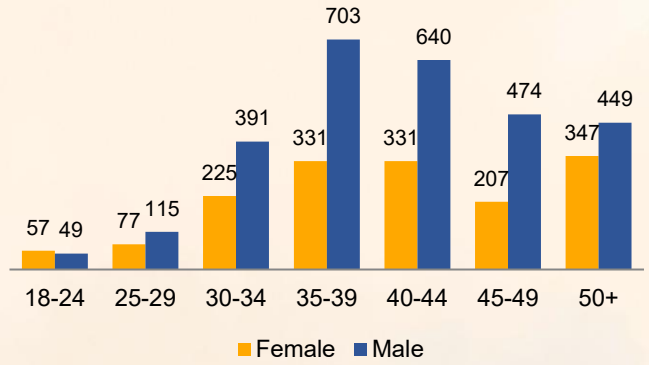
Regions	Number of RHI Cases			% of RHI Cases Among Those Tested for RHI			
	2023	2024	9 m. 2025	2023	2024	9 m. 2025	Total for 2023 - 9 months of 2025
Dnipropetrovsk Obl.	59	16	10	3.7	1.2	1.8	2.5
Donetsk Oblast	5	0	0	3.4	0.0	0.0	1.2
Zaporizhzhia Oblast	21	14	6	12.8	8.4	5.7	9.4
Kyiv Oblast	9	5	5	2.3	1.8	2.0	2.1
Kirovohrad Oblast	0	2	3	0.0	0.9	1.9	0.8
Lviv Oblast	x	2	1	x	1.6	0.7	1.1
Kyiv City	16	5	3	2.8	0.8	0.9	1.6
Mykolayiv Oblast	9	9	0	7.8	5.9	0.0	4.4
Odesa Oblast	10	7	0	1.7	1.5	0.0	1.2
Poltava Oblast	6	4	0	5.1	2.4	0.0	2.6
Kharkiv Oblast	x	4	0	x	2.1	0.0	1.0
Cherkasy Oblast	5	4	1	4.4	2.8	1.2	2.9
Chernihiv Oblast	12	6	2	3.4	1.9	0.9	2.3

- From 2023 to September 2025, all regions except Kirovohrad Oblast experienced a decline in both the number and proportion of RHI cases among those tested for RHI.
- During this period, nearly half of RHI cases (48% or 126 out of 261) occurred in Dnipropetrovsk and Zaporizhzhia Oblasts.
- The overall % of RHI was highest in the Zaporizhzhia and Mykolaiv regions.

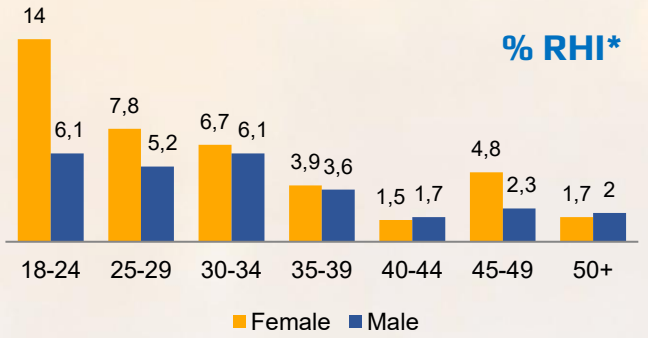
Distribution and Results of Testing for RHI by Age and Sex

2023

RHI Testing *(individuals)*

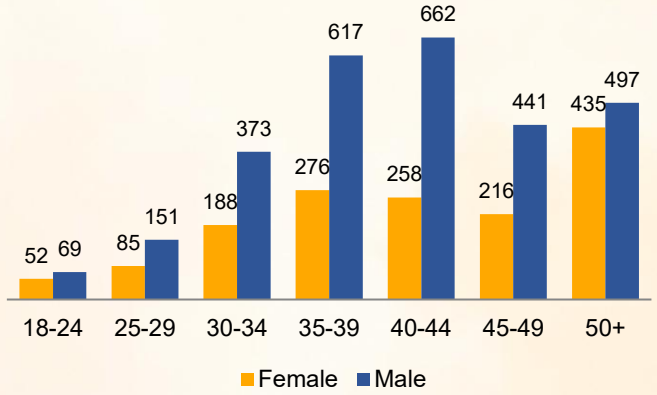


% RHI*

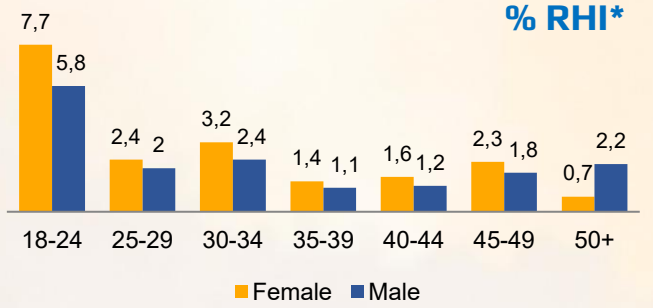


2024

RHI Testing *(individuals)*

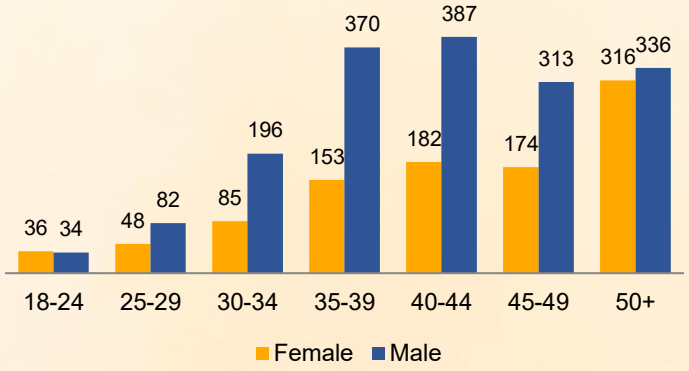


% RHI*

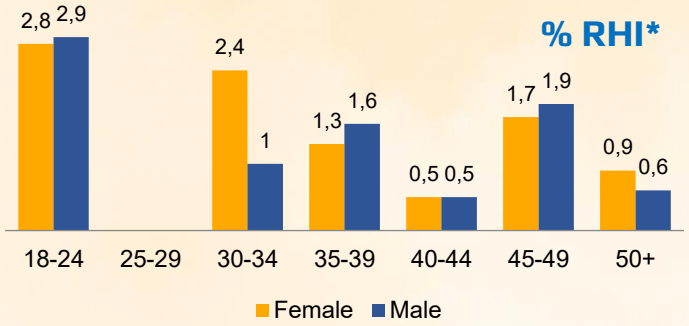


2025 (9 months)

RHI Testing *(individuals)*



% RHI*



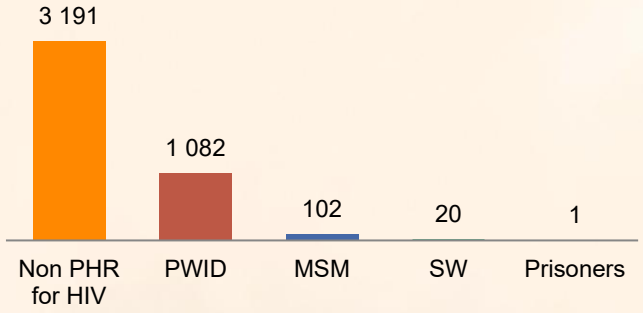
In most age groups during the observation period, the number of HIV tests (RTRI) among men was higher than among women. The highest number of RTRI tests was in the 35–39 and 40–44 age groups, while the lowest was in the 18–24 age group. Meanwhile, the highest percentage of detected HIV (according to RITA) was recorded among young people aged 18–24.

** Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)*

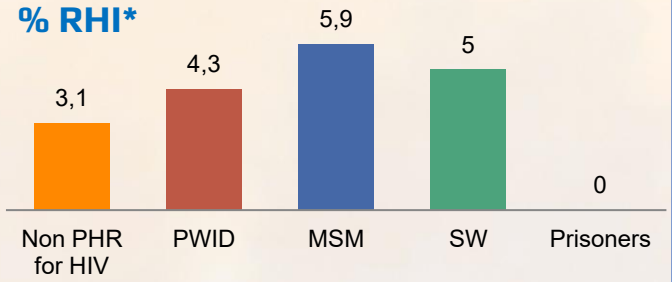
Distribution and Results of Testing for RHI by People at Higher Risk for HIV

2023

RHI Testing *(individuals)*

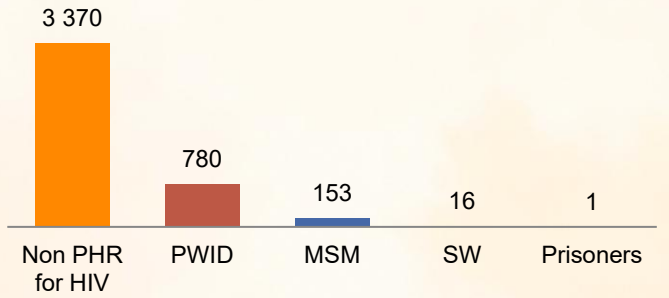


% RHI*



2024

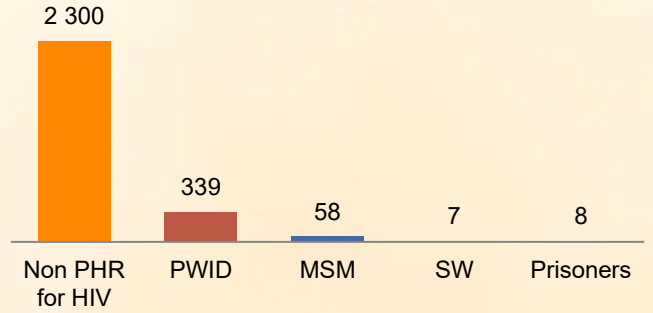
RHI Testing *(individuals)*



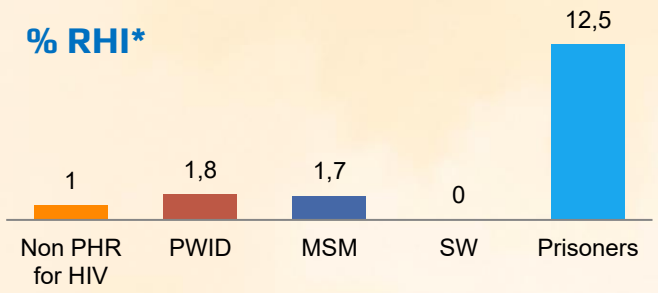
% RHI*

2025 (9 months)

RHI Testing *(individuals)*



% RHI*



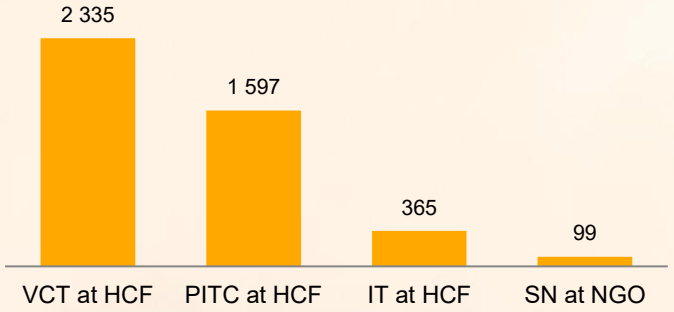
Most of those tested for RHI (RTRI) were individuals not belonging to people at higher risk of HIV infection. Meanwhile, a smaller proportion of PHR for HIV representatives among those tested (27% in 2023, 22% in 2024, and 15% in the nine months of 2025) makes up about one-third of all RHI cases (35%, 27%, and 26%, respectively). Additionally, % of RHI among PHR for HIV is significantly higher than in the general population: among MSM, 1.7–1.9 times higher, among PWID, 1.2–1.8 times higher. In 2023, there was 1 case of RHI among 20 sex workers tested, and in the 9 months of 2025, there was 1 case of RHI among 8 individuals with imprisonment experience.

** Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)*

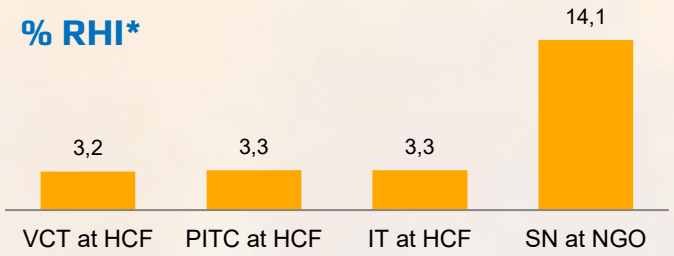
Distribution and Results of Testing for RHI by Testing Modalities

2023

RHI Testing *(individuals)*

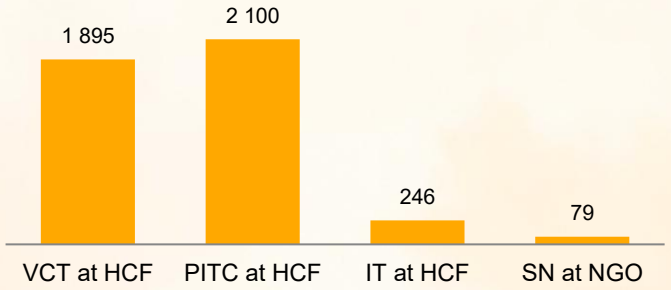


% RHI*

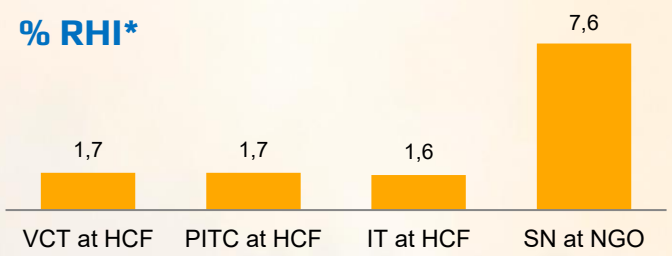


2024

RHI Testing *(individuals)*

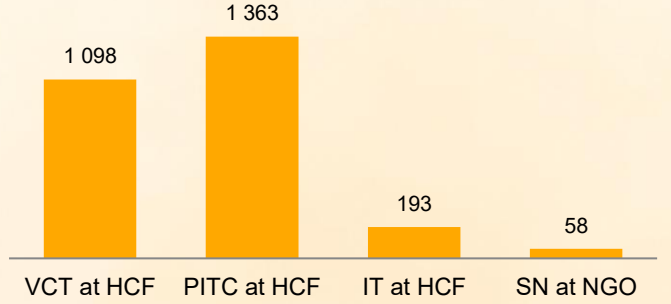


% RHI*

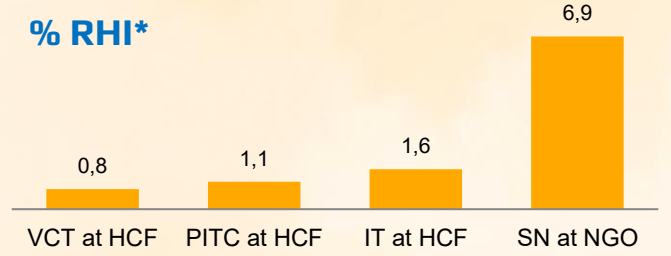


2025 (9 months)

RHI Testing *(individuals)*



% RHI*

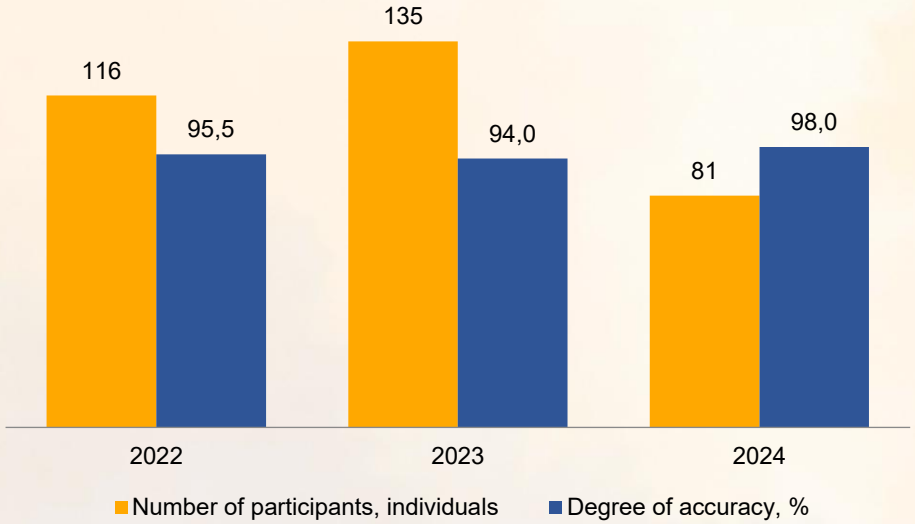


Mostly, RHI (RTRI) testing was conducted on patients who received HTS either when they visited a healthcare facility on their own *(53% in 2023, 43% in 2024, and 40% in the 9 months of 2025)* or when a healthcare worker recommended it *(36%, 48%, and 50%, respectively)*.
In the structure of HTS modalities, index testing accounts for 6–8% of the total number of RTRI, and referrals from NGOs to healthcare facilities account for about 2%. However, the largest % of RHI cases (by RITA) was found among individuals who had a positive screening test result at an NGO and sought clarification of their HIV status at a healthcare facility.

** Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)*

Quality of Rapid Resting for Recent HIV Infection (RTRI)

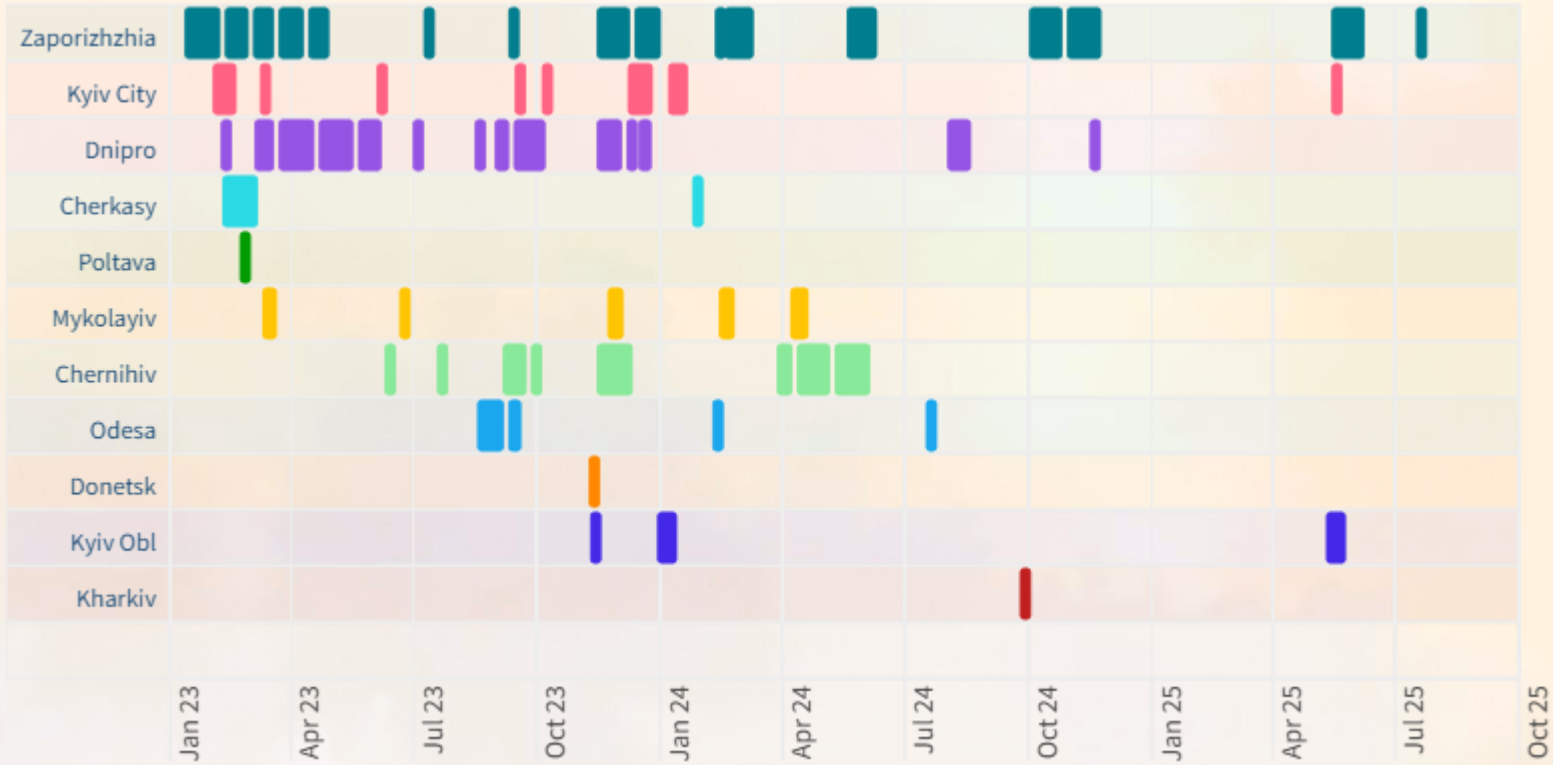
Results of the External Quality Assessment Program for Laboratory Tests to Detect Recent HIV Infections, 2022-2024



To ensure the quality of HIV testing, monthly internal quality control and annual external quality assessments are performed at the study sites. All professionals working with the Asante Rapid Recency Assay HIV-1 rapid test receive training before starting testing, verify their competence during training, and continue to enhance their skills on an annual basis.

“Hotspots” (HS) of Recent HIV Infection*

The decrease in the number of HS reflects the overall downward trend of HIV infections: in 2023, 42 new cases were recorded; in 2024, 21; and in the nine months of 2025, 4. The regions with the highest number of HS are Dnipropetrovsk, Zaporizhzhia, Chernihiv, and the city of Kyiv.



In the context of RHI surveillance, a "hotspot" refers to a territory where the number of RHI cases recorded over a given period is higher than expected

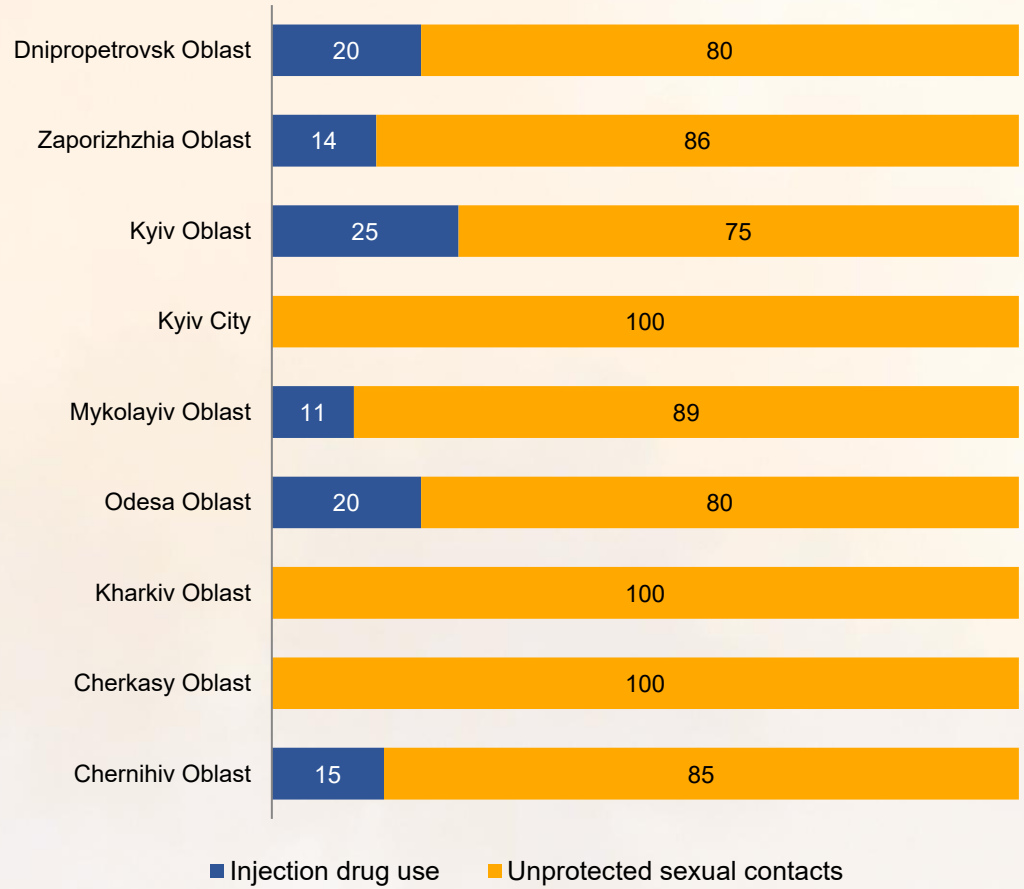
One “hotspot” includes ≥2 RITA cases, with the time interval between cases of up to 30 days

The concentration and dynamics of RHI cases may indicate the level of HIV transmission activity in a given area and within a specific population group

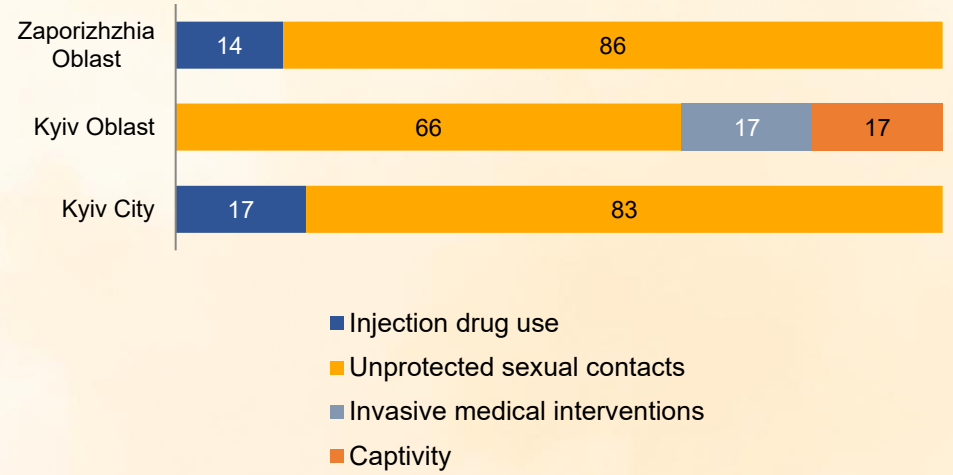
** Number of “hotspots” based on RHI cases (RITA) in 2023–9 months of 2025*

“Hotspots”: HIV Infection Risks Among People with RHI*

Distribution of HIV Infection Risks, % (2024)**



Distribution of HIV Infection Risks, % (9 months of 2025)**



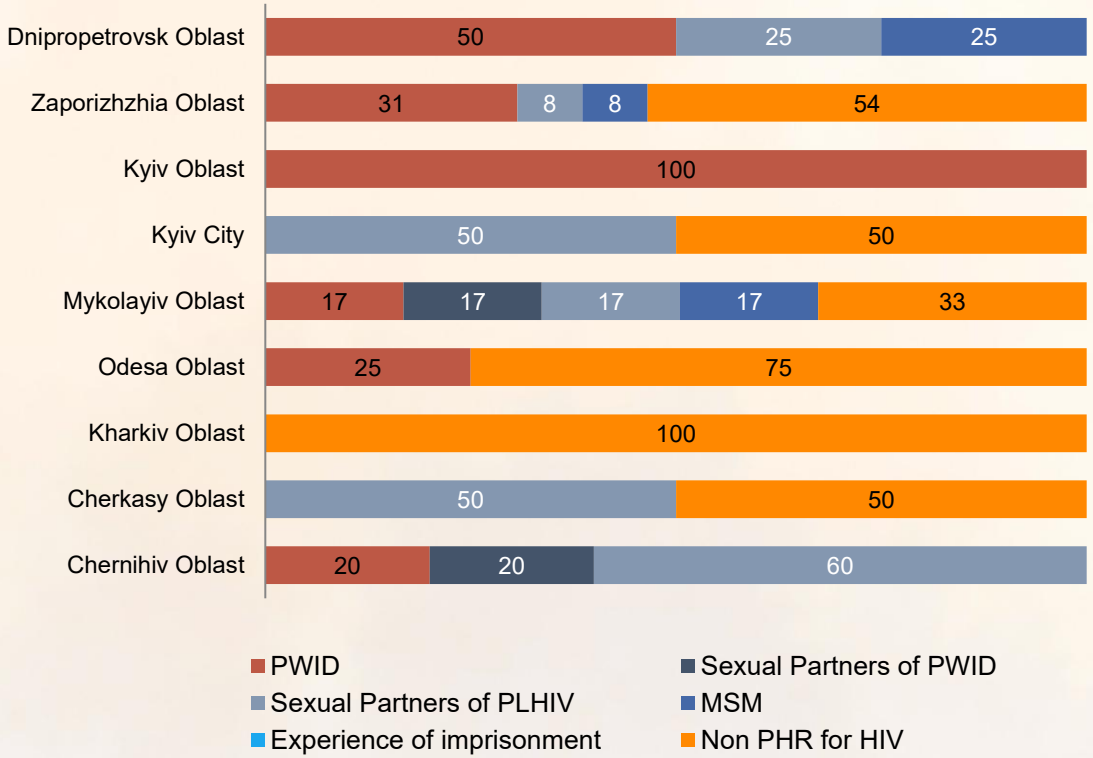
- Among the risks of HIV infection in people with RHI who belonged to HS, unprotected sexual contacts were most common. Most PWID with RHI, in addition to the risk from injecting drug use, also reported engaging in unprotected sexual behavior.
- For 9 months of 2025, in the Kyiv region, HS indicates risks of HIV infection related to invasive medical procedures and captivity.

** Data source: Hotspot investigation tool*

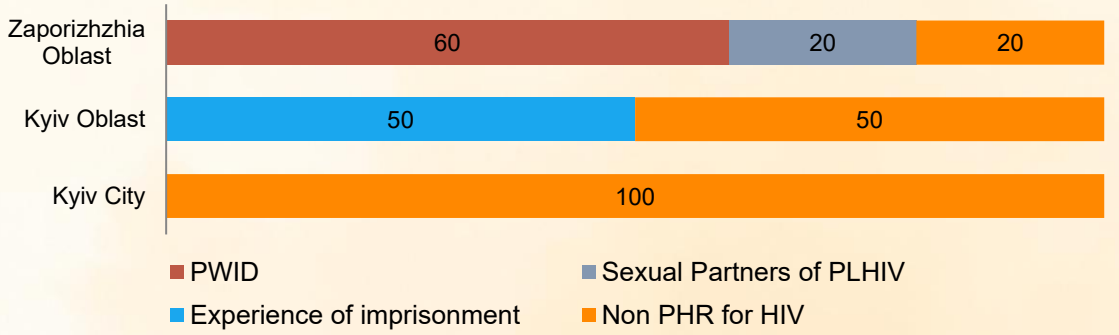
*** One person with RHI may have more than one HIV infection risk factor*

“Hotspots”: People at Higher Risk for HIV Infection*

Distribution of RHI cases by PHR for HIV, % (2024)**



Distribution of RHI cases by PHR for HIV, % (9 months of 2025)**



- In 2024, sexual partners of PLHIV mainly appeared in the HS of Kyiv, Cherkasy, and Chernihiv regions *(50–60% of all RHI cases)*. In Kyiv, Dnipropetrovsk, and Zaporizhzhia regions, a large portion of PWID were among those identified with RHI in HS *(100%, 50%, and 31%, respectively)*.
- Based on the results from the nine months of 2025, HIV cases continue to be reported in HS among PWID, sexual partners of PLHIV *(Zaporizhzhia region)*, as well as among individuals with a history of imprisonment *(Kyiv region)*.

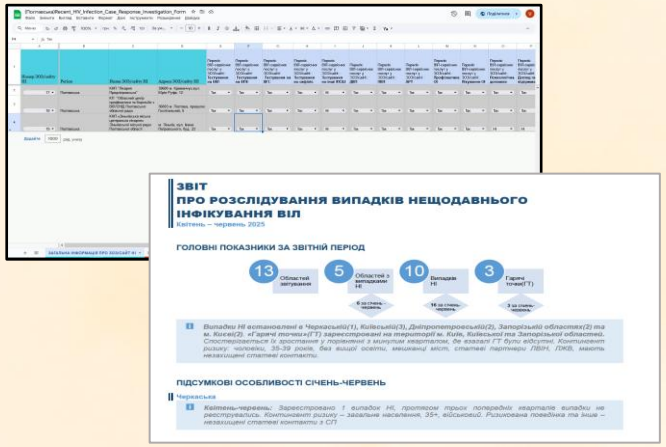
**Data source: “Hotspot “investigation tool*
*** Only members of the primary PHR for HIV group are indicated*

Public Health Response to RHI and HS

Methodological support for regions provided by the National Team for RHI Surveillance Implementation:

- A procedure for responding to RHI and a template for triangulation data analysis have been created
- An Excel tool for analyzing RHI cases in HS has been implemented
- Quarterly reports on RHI case investigations in the regions have been prepared

Implementation of measures to address HS in four pilot regions – Dnipropetrovsk, Zaporizhzhia, Chernihiv regions, and the city of Kyiv:



- Triangulation analysis of RHI data with other epidemiological surveillance sources was conducted
- Regional response schemes for RHI were created
- Draft regional RHI response plans have been prepared
- Stakeholder meetings on strengthening epidemiological surveillance and responding to recent HIV infections were held in four regions: Zaporizhzhia (August 25), Dnipro (September 2), Kyiv (September 8), and Chernihiv (September 23)
  - Purpose of the meetings: to improve the effectiveness of using RHI surveillance data to reduce HIV incidence and optimize HIV prevention and treatment measures in pilot regions
  - Meeting participants: Public Health Center, CDC, UNAIDS, AHF, representatives of regional health departments, centers for disease control and prevention, MDT healthcare facilities, RHI testing sites, national and regional HIV service NGOs – International Charitable Foundation "Alliance for Public Health", NGO "ALLIANCE. GLOBAL", 100% LIFE, Positive Women, Innovations to Overcome the HIV Epidemic project, etc.

Zaporizhzhia region: RHI Response Measures Enhancement in 2025 (9 months)

The Primary Risk Group for HIV Infection, According to Triangulation Analysis:

- PWID, MSM, sexual partners of PLHIV, and the general population (IDPs, military personnel)

Stakeholder Meeting – Zaporizhzhia, August 25, 2025

Initial Meeting Results and Upcoming Steps:

- The action plan for responding to RHI in the Zaporizhzhia region was approved on September 11, 2025, during a meeting of the regional council responsible for coordinating responses to the spread of TB, HIV, and other socially significant diseases.
- Cooperation has been established with military medical commissions and the Territorial Center for Recruitment and Social Support regarding the medical supervision of HIV-positive individuals, and an algorithm for cooperation has been developed.
- "Spodivannya" Charitable Organization: the number of visits by the mobile clinic has increased by 1.5%.
- Charitable Organization "Network 100% Life": adjusted routes, improved HIV testing effectiveness.
- ICF "Alliance for Public Health": Mobile clinic resumes operations.
- Planned visits for monitoring index testing, treatment retention, etc.
- Monthly monitoring of the implementation of the RHI Response Plan is carried out, and the relevant information is entered into the online tool.

Dnipropetrovsk Region: RHI Response Measures Enhancement in 2025 (9 months)

The Primary Risk Group for HIV Infection, According to Triangulation Analysis:

- PWID, their sexual partners, partners of PLHIV, and the general population (including IDPs and mobilized groups)

Stakeholder Meeting – Dnipro, September 2, 2025

Initial Meeting Results and Upcoming Steps:

- The Action Plan for responding to RHI in the Dnipropetrovsk region was finalized on a shared online platform with the involvement of interested HIV service organizations.
- A decision was made to actively implement all modalities of HIV testing, including self-testing, and to improve index testing.
- A review of mobile clinic routes is planned to cover remote areas of the HTS.
- The involvement of social workers at the military medical commissions to refer HIV-positive individuals to healthcare facilities for further medical supervision was agreed upon.
- Quarterly meetings between healthcare facilities and NGOs are scheduled to ensure a swift response to new infections.
- The plan is to review and approve it at a meeting of the Coordination Council on Tuberculosis and HIV/AIDS Prevention at the Dnipropetrovsk Regional State Administration in December 2025.

The City of Kyiv: RHI Response Measures Enhancement in 2025 (9 months)

The Primary Risk Group for HIV Infection, According to Triangulation Analysis:

- PWID, MSM, sexual partners of PLWH

Stakeholder Meeting – Kyiv, September 8, 2025

Initial Meeting Results and Upcoming Steps:

- A decision was made to collaboratively develop an Action Plan for addressing HIV in Kyiv using an online platform and to hold a roundtable with NGOs.
- A proposal was made to conduct screening tests using combined rapid tests, with a focus on HCV marker detection.
- It was suggested to implement national digital campaigns and mobile apps for HIV prevention and anonymous partner notification.
- It was agreed that gender-sensitive measures for women who inject drugs are feasible.
- It was agreed to further discuss the RHI Response Plan with NGOs and submit it for approval to the Coordination Council on HIV, Tuberculosis, and Viral Hepatitis at the Kyiv City State Administration (December 2025–Q1 2026).

Chernihiv Region: RHI Response Measures Enhancement in 2025 (9 months)

The Primary Risk Group for HIV Infection, According to Triangulation Analysis:

- PWID, MSM, sexual partners of PLWH, general population (pregnant women, IDPs and mobilized groups)

Stakeholder Meeting – Chernihiv, September 23, 2025

Initial Meeting Results and Upcoming Steps:

- A meeting was arranged with NGOs and the mobile clinic of the Central Clinical Hospital to coordinate outreach routes for HTS.
- A proposal was put forward to establish focus groups to identify the needs of at-risk populations for HIV infection.
- Another proposal involved training healthcare psychologists to engage military personnel in HIV testing and combat stigma.
- It was recommended that assisted self-testing be performed at ambulance stations, remote clinics, and military medical units.
- The focus is on enhancing efforts to prevent HIV infection among women of reproductive age and to halt vertical transmission of HIV.
- The approval of the updated HIV Response Plan is scheduled for a meeting of the Coordination Council on Tuberculosis, HIV/AIDS, and Drug Abuse Prevention at the Chernihiv Regional State Administration (November–December 2025).

Monitoring visits

'Uman Central City Hospital' of the Uman City Council, Cherkasy Oblast

August 11, 2025

Dovira Office / ART Site No. 2, 'Odesa Regional Center for Socially Significant Diseases' of the Odesa Regional Council, Odesa

August 14, 2025

'Center for HIV/AIDS Prevention and Control' of the Odesa City Council, Odesa

August 15, 2025

'Bakhmach City Hospital' of the Bakhmach City Council, Chernihiv Oblast

August 20, 2025

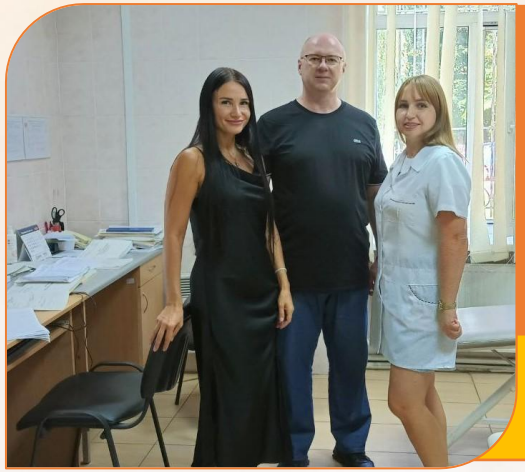
Monitoring visits

'Irpin Central City Hospital' of the Irpin City Council, Kyiv Oblast

August 29, 2025

Municipal Non-Profit Enterprise of the Borodianka Village Council 'Borodianka Central District Hospital', Kyiv Oblast

August 29, 2025



Separate Structural Unit 'Center for Combating HIV/AIDS and Hepatitis,' Municipal Non-Profit Enterprise 'Chernihiv Regional Hospital' of the Chernihiv Regional Council, Chernihiv

September 4, 2025

'Kozelets Intensive Care Hospital' of the Kozelets Village Council, Chernihiv Oblast

September 5, 2025

- 'Pavlohrad City Hospital No. 1' of the Pavlohrad City Council;
- 'Pavlohrad Central District Hospital' of the Verbkivska Village Council, Dnipropetrovsk Oblast

September 8, 2025

Monitoring visits

'Dnipropetrovsk Regional Medical Center for Socially Significant Diseases' of the Dnipropetrovsk Regional Council, Dnipro

September 9, 2025

'Brovary Multidisciplinary Clinical Hospital', Kyiv Oblast

September 11, 2025

Municipal Non-Profit Enterprise of the Fastiv City Council 'Fastiv Multidisciplinary Intensive Care Hospital, Kyiv Oblast

September 12, 2025

Polyclinic Department, Municipal Non-Profit Enterprise 'Smila City Hospital' of the Smila City Council, Cherkasy Oblast

September 15, 2025

Monitoring visits

'Kharkiv Regional Clinical Center for HIV/AIDS Prevention and Control', Kharkiv

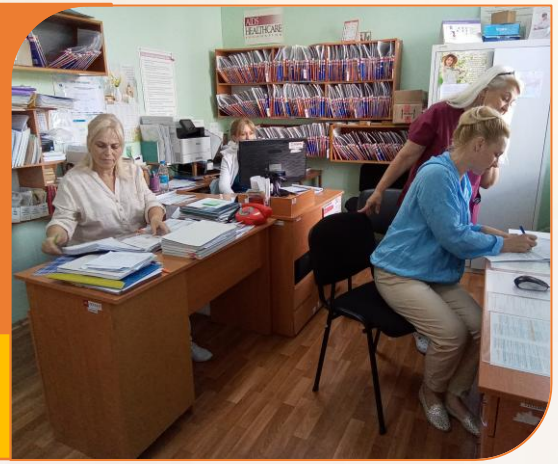
September 19, 2025

'Novyi Buh Multidisciplinary Hospital' of the Novyi Buh City Council, Mykolaiv Oblast

September 22, 2025

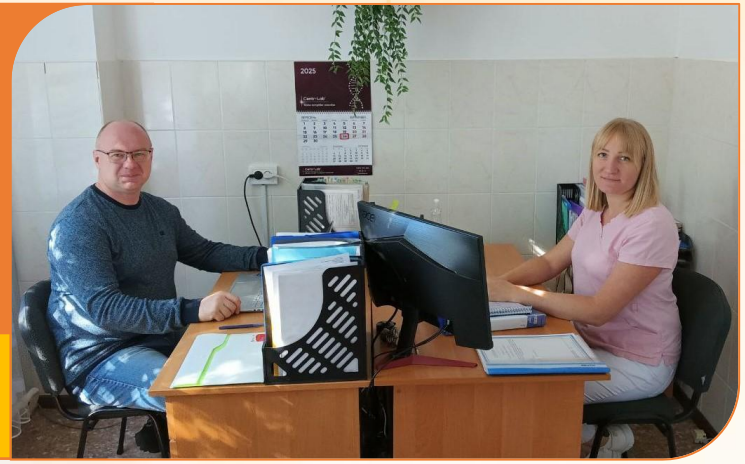
'Yuzhnoukrainsk City Multidisciplinary Hospital' of the Yuzhnoukrainsk City Council, Mykolaiv Oblast

September 23, 2025



'Central City Hospital of Oleksandriia' of the Oleksandriia City Council, Kirovohrad Oblast

September 26, 2025



Results

- **RHI testing coverage (RTRI).** The representativeness of the analytical data obtained is confirmed by the following: a) 13 project regions account for 80% of all newly diagnosed HIV cases in Ukraine, b) the overall coverage of RTRI testing has exceeded 50% since 2024, c) since 2023, all RTRI testing sites have been consistently supplied with HIV-1 Asante Rapid Recency Assay tests, and there have been no interruptions in RTRI testing in the regions.
- **% of RHI cases (by RITA)**. Between 2023 and the nine months of 2025, the overall % of RHI cases among those tested for RHI in 13 regions decreased by nearly two-thirds, from 3.5% to 1.1%. In the Zaporizhzhia region, this indicator dropped from 12.8% to 5.7%; in the Kyiv, Dnipropetrovsk, Cherkasy, Chernihiv regions, and the city of Kyiv — from 4.4%–2.3% to 2.0%–0.9%; in Mykolaiv, Odesa, and Poltava regions — from 7.8%–1.7% to 0%. This trend reflects a decrease in new HIV infections but also highlights ongoing issues with late diagnosis. During the war in Ukraine, the proportion of HIV-positive individuals with an initial CD4 count <350 cells/µl has been gradually rising from 59% in 2022 to 65% in 2024.
- **Age and Gender structure (RTRI, RITA).** The number of men tested for HIV in nearly all age groups was 1.1 to 2.6 times higher than the number of women tested. In 2023–2024, the % of RHI individuals in most age groups was higher among women than among men, with differences ranging from 1.9% to 7.9% among those aged 18–24 and from 0.3% to 2.6% in other age groups. In 2025 (9 months), the % of RHI was higher among women than among men only in the 30–34 and 50+ age groups, with differences of 1.4% and 0.3%, respectively. The highest % of RHI among those tested for RHI was in the 18–24 age group, from 14% (women) in 2023 to 2.9% (men) in the nine months of 2025.
- **PHR for HIV infection (RTRI, RITA)**. The % of PHR for HIV among those tested for RHI has been gradually decreasing, reaching only 15% in 2025 (9 months). Of these, 26% were found to be recent HIV cases. The % of RHI among PHR for HIV is nearly twice that of the general population: 1.7–1.9 times higher among MSM and 1.2–1.8 times higher among PWID. The highest % of RHI was recorded among MSM (from 5.9% in 2023 to 1.7% in the nine months of 2025) and PWID (from 4.3% to 1.8%, respectively).

Results (2)

- **HTS Modalities (RTRI, RITA)**. In the structure of HTS modalities, RHI testing was primarily conducted among patients who independently sought medical care (53% in 2023, 43% in 2024, and 40% in the nine months of 2025) and at the PITC (36%, 48%, and 50%, respectively). IT accounted for 6–8% of the total RTRI tests, while referrals from NGOs to healthcare facilities made up only 2%. However, the highest proportion of RHI cases was among individuals who tested positive in NGO screening tests and sought clarification of their HIV status at healthcare facilities, ranging from 6.9% to 14.1%. This is 4.4 to 6.9 times higher than the results of RHI testing through other HTS modalities (entry points).
- **“Hotspots”**. The number of HS decreased from 42 (152 RHI cases) in 2023 to 4 (31 RHI cases) in the first nine months of 2025. The main risk of HIV infection in HS remains unprotected sexual contact, ranging from 66% to 100% of all RHI cases in different regions. The primary PHR for HIV in HS are PWID (from 20% to 100%) and sexual partners of PLHIV (from 17% to 60%). Most PWID with HIV engage in combined risks – both injecting drug use and unprotected sex. For the first time in 2025 (nine months), RHI cases associated with invasive medical procedures and captivity were recorded in HS.
- **“Hotspots” Response**. Dnipropetrovsk, Zaporizhzhia, Chernihiv regions, and the city of Kyiv have the highest number of HS that require an urgent response to the HIV epidemic. In these regions, a triangulation analysis was conducted to identify areas at risk of HIV infection, and public health response measures were agreed upon. Regional plans for responding to the RHI were then developed in collaboration with stakeholders. Approval of these plans by regional HIV/TB coordination councils will ensure their integration into HIV/AIDS response programs and improve the effectiveness of efforts against recent HIV infections.

Results (3)

- **General recommendations based on RITA results**
  - Adjust HIV testing programs to increase coverage for the 18–24 age group, focusing on the high percentage of RHI detected in this group, especially among women. Additionally, implement motivational strategies to encourage young people to use HTS.
  - Review testing strategies among MSM and PWID to boost HTS coverage and HIV detection rates. Ensure that HIV outreach staff are aware of the availability and benefits of RHI testing at locations where this service is offered.
  - Improve access to index testing and pre-exposure HIV prevention programs, noting that the main risk of HIV infection among people with RHI remains unprotected sex, and the primary PHR for HIV are sexual partners of PLHIV.
  - Make sure all NGO clients with a positive HIV screening test are referred to a healthcare facility for confirmation and prompt initiation of HIV treatment.
  - Adjust HIV prevention programs to consider regional characteristics of new HIV infection risks identified in 2025, such as invasive medical procedures and captivity, and tailor them to meet the needs of emerging vulnerable groups - including internally displaced persons, migrants, and individuals involved in mobilization activities.
- **Epidemiological surveillance for recent HIV infections.** Ukraine is making significant efforts to meet national and global goals for HIV/AIDS response. To effectively address the evolving epidemic situation, modern approaches to epidemiological surveillance must be adopted. RHI surveillance provides strategic information for early detection of active HIV transmission signs and for strengthening prevention programs aimed at reducing new HIV infections. This aligns with Operational Goal 2 of Strategic Goal 1 of the State Strategy for Combating HIV/AIDS, Tuberculosis, and Viral Hepatitis until 2030.

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ЦЕНТР ГРОМАДСЬКОГО ЗДОРОВ'Я

More detailed information on testing for recent HIV infection can be found on this **interactive dashboard**:

Do you have any **questions or suggestions** regarding the information in our next digest? Leave your feedback and suggestions here:

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