Digest

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

Issue 1 (7)

*As of **April 1,** 2026*

Dear Readers

We are pleased to present the latest issue of our digest, dedicated to the analysis of **epidemiological surveillance data on Recent HIV Infection (RHI)** in Ukraine as of April 1, 2026, and developments in the HIV monitoring system throughout April and May of this year.

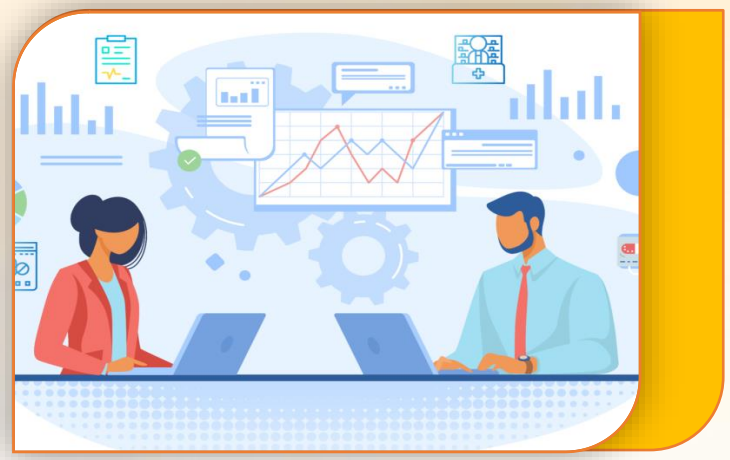
In this issue, you will be able to:

- track trends in RHI testing volumes and case detection from 2024 through the first quarter of 2026;
- compare HIV testing coverage for the specified period and by month in the first quarter of 2026;
- review the sociodemographic and epidemiological characteristics of individuals tested for HIV;
- analyze RHI cases identified in January–March 2026.

We hope this digest will be a useful tool for everyone working in Ukraine's HIV/AIDS response and will contribute to a more effective and coordinated response to the epidemic.

This publication was prepared as part of the project "Strengthening HIV Treatment, Laboratory Network Capacity, Antiretroviral Therapy, and Program Monitoring in Ukraine," implemented by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

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



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List of Abbreviations

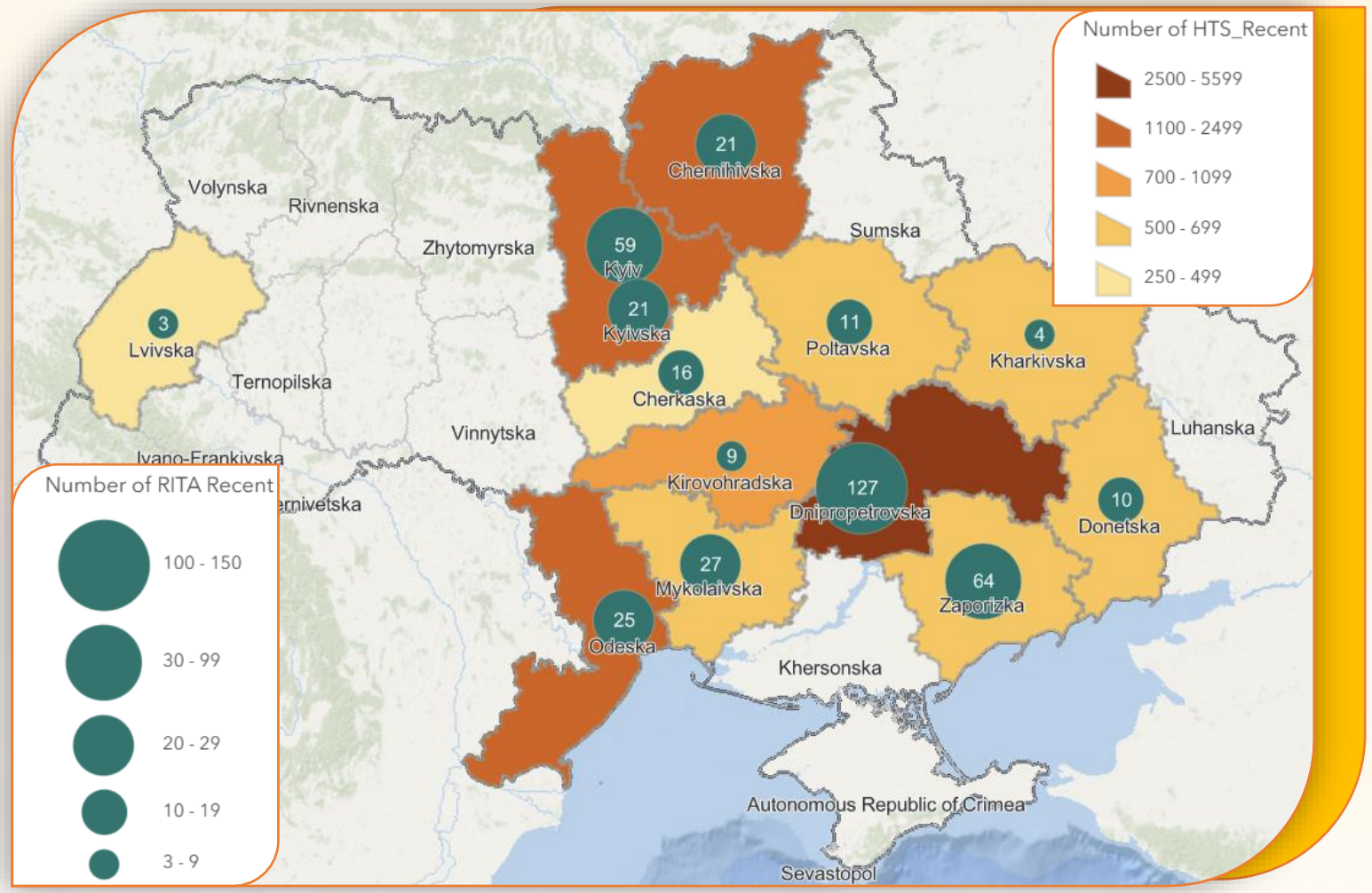
EQA	External Quality Assessment of laboratory testing
HCF	Healthcare Facility
HS	"Hotspot" in the system of surveillance of recent HIV infection
HTS	HIV Testing Services
IT	Index testing
MSM	Men Who Have Sex with Men
NGO	Non-Governmental Organization
PEPFAR	The U.S. President's Emergency Plan for AIDS 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
PWCS	People who engage in commercial sex
PWID	People Who Inject Drugs
RHI	Recent HIV Infection
RITA	Recent Infection Testing Algorithm
RTRI	Rapid Test for Recent Infection
SN	Social Networks
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 Oblasts (December 2020–March 2026)

- The highest number of RTRI tests were performed in Dnipropetrovska oblast (5,502), Odesa oblast (2,244), and the city of Kyiv (2,703).
- The highest number of RHI cases (based on RITA) was identified in Dnipropetrovska oblast (127), Zaporizka oblast (64), and the city of Kyiv (59).

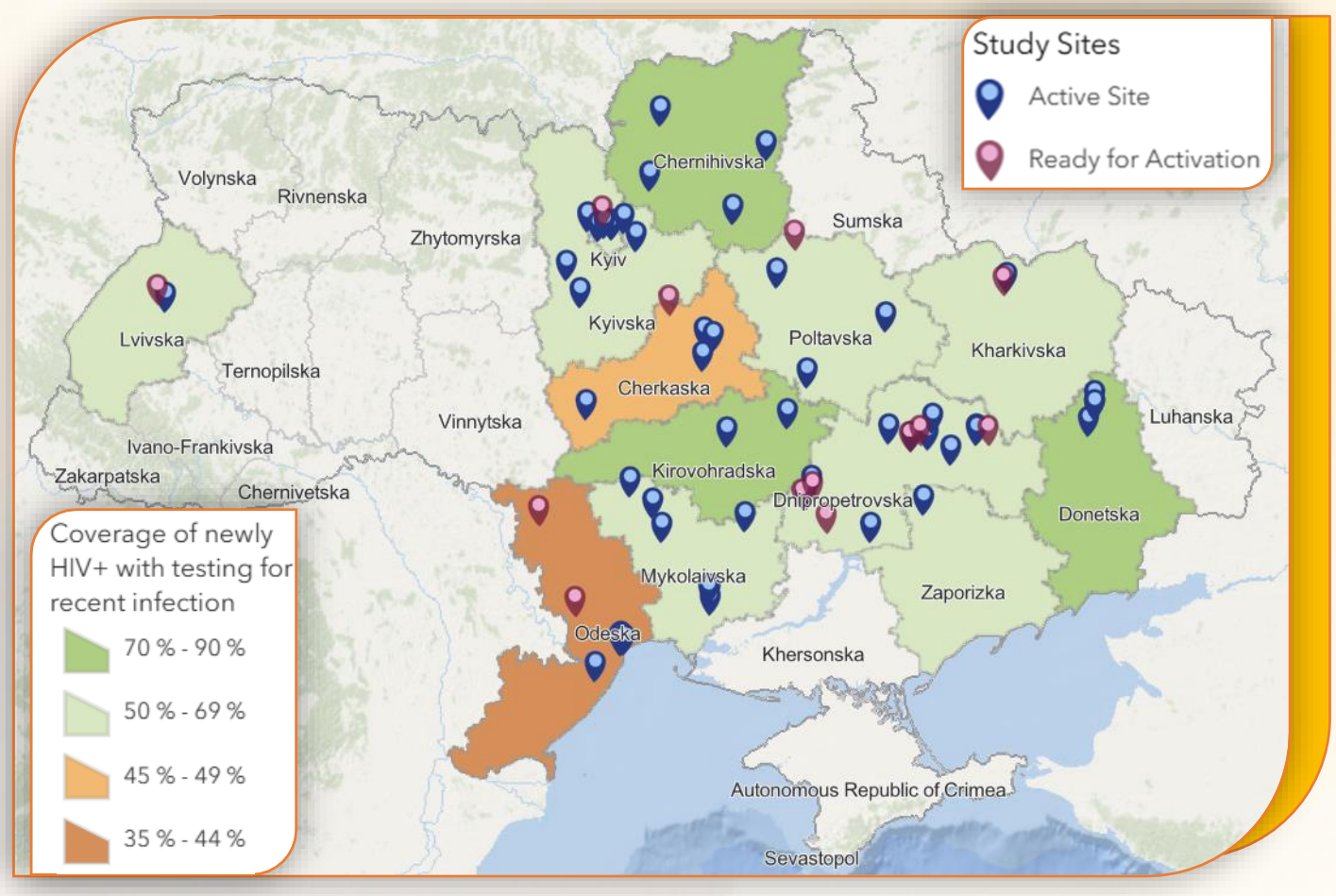


Regional Implementation of Surveillance for Recent Infection in Ukraine

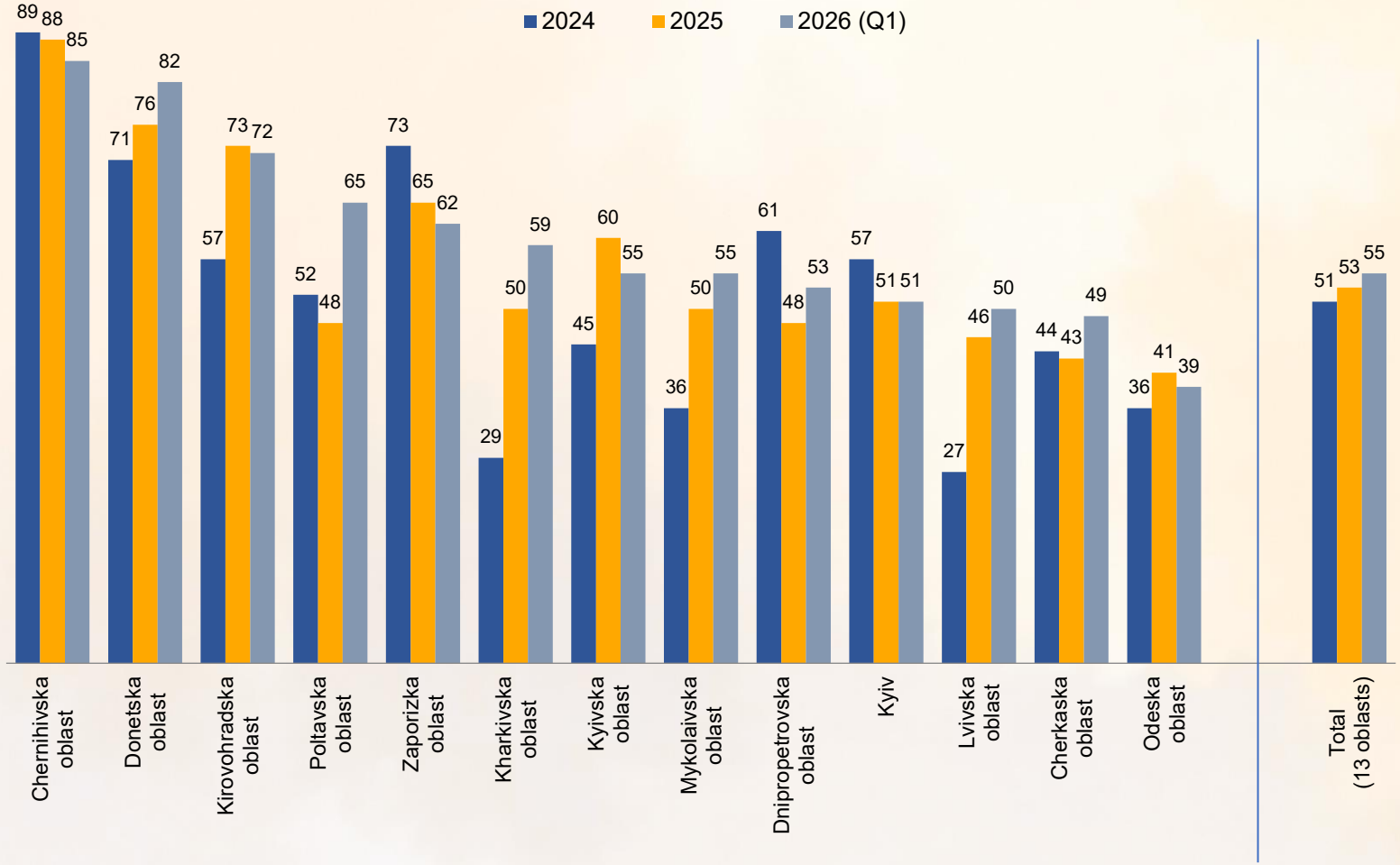
In the first quarter of 2026, RTRI testing was conducted across 13 oblasts at 55 healthcare facility-based HTS sites. An additional 13 sites were activated and integrated into the RTRI testing network during April–May 2026.

Number of HTS Sites Involved in RHI Testing in Q1 2026

Dnipropetrovska oblast	11
Kyivska oblast	7
Mykolaivska oblast	7
Odeska oblast	6
Donetska oblast	4
Kyiv City	4
Poltavska oblast	3
Cherkaska oblast	4
Chernihivska oblast	4
Zaporizka oblast	1
Kirovohradska oblast	2
Lvivska oblast	1
Kharkivska oblast	1



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

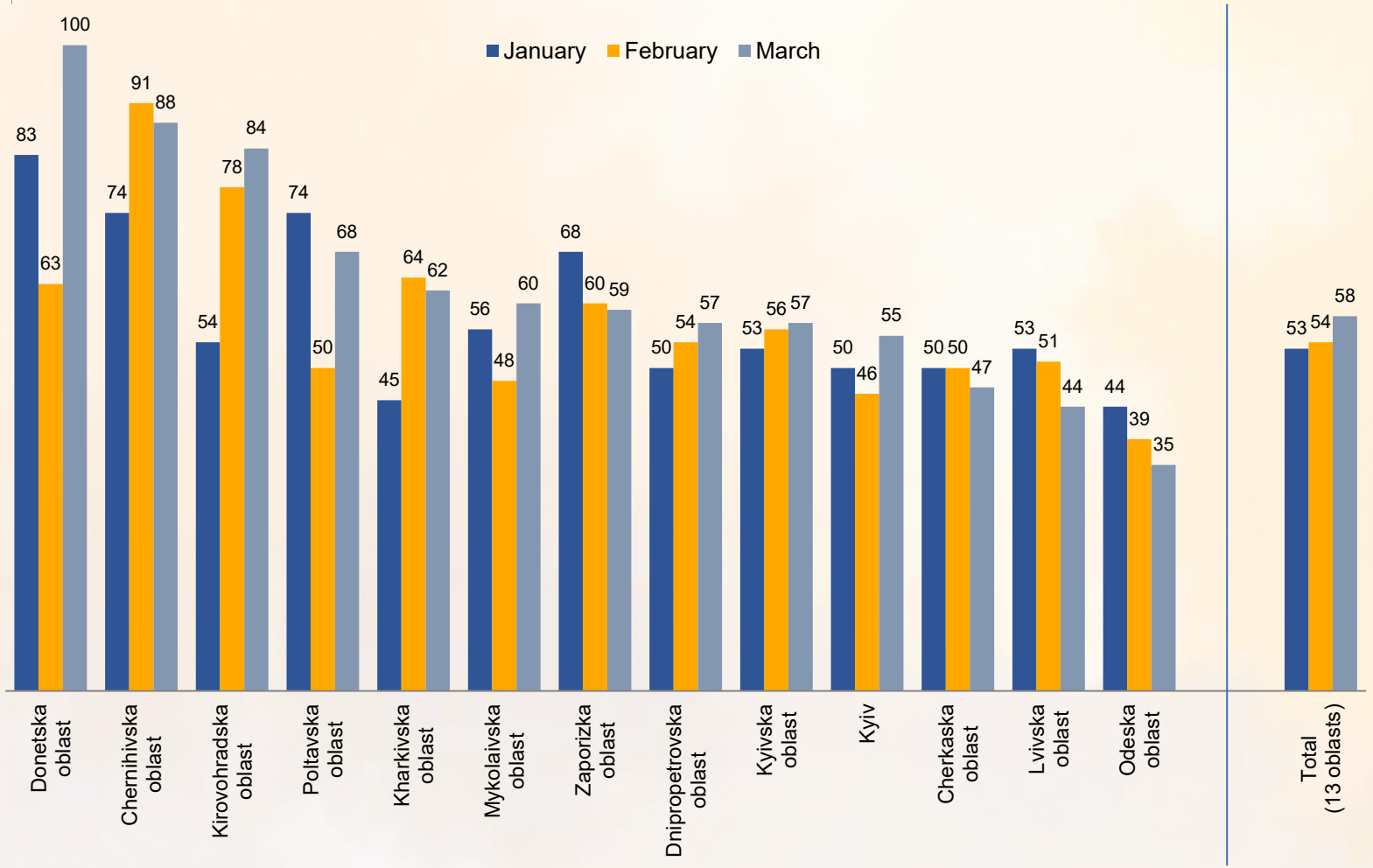


From 2024 through Q1 2026, RTRI coverage among newly diagnosed HIV-positive individuals:

- increased from 51% to 55% overall across the 13 project oblasts
- showed growth since 2024 in Donetska, Lvivska, Mykolaivska, and Kharkivska oblasts
- was highest in Chernihivska oblast (≥ 85%).

In Q1 2026, RTRI coverage exceeded 50% in 11 of the 13 project oblasts.

RTRI testing coverage in January–Marth 2026 (%)



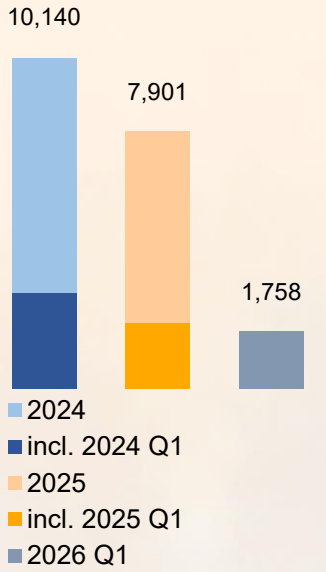
In Q1 2026, monthly RTRI coverage across the 13 project oblasts consistently exceeded 50%, rising from 53% in January to 58% in March.

Maximum coverage rates (over 80%) were recorded in the following oblasts:

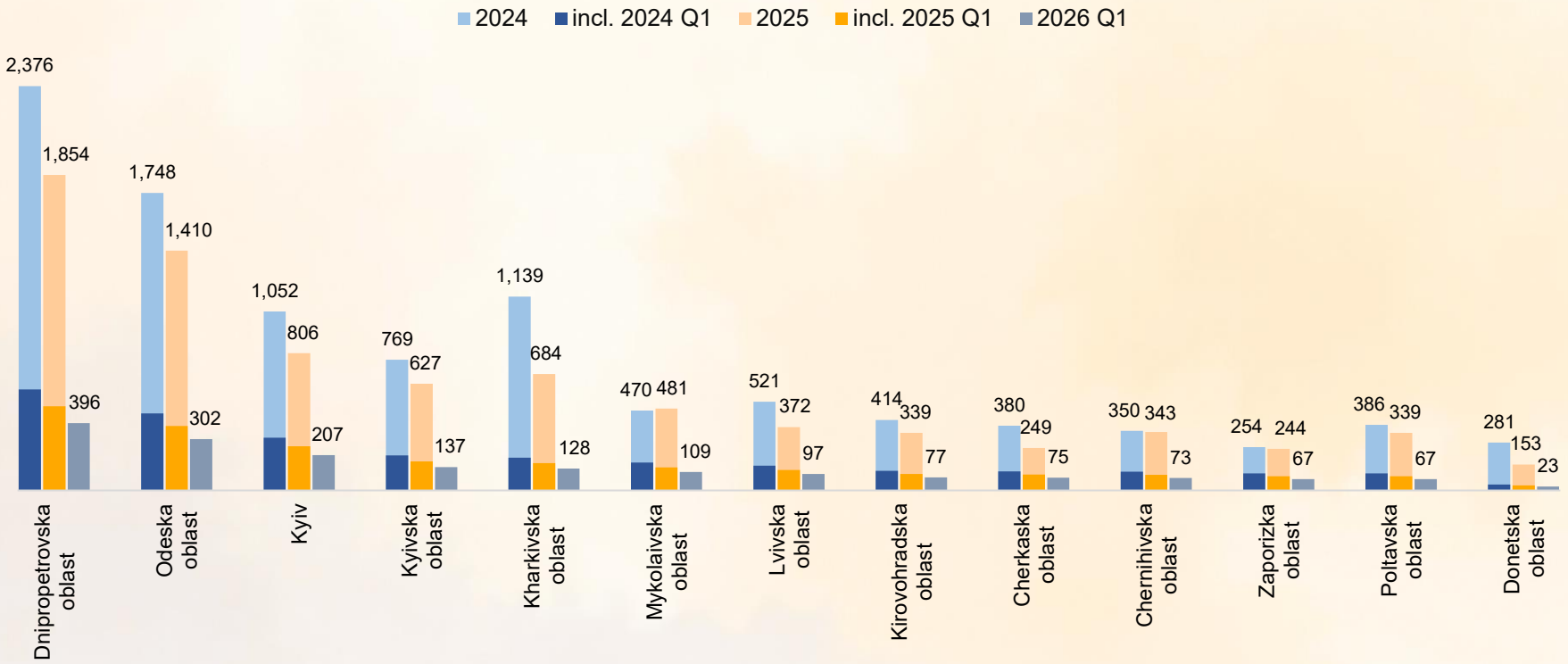
- 83% — Donetska oblast, January
- 100% — Donetska oblast, March
- 91% — Chernihivska oblast, February
- 88% — Chernihivska oblast, March
- 84% — Kirovohradska oblast, March.

Number of New HIV Diagnoses Based on Verification Testing

Total Newly Diagnosed HIV Infections in 13 Study Oblasts



Total Newly Diagnosed HIV Infections by Oblasts

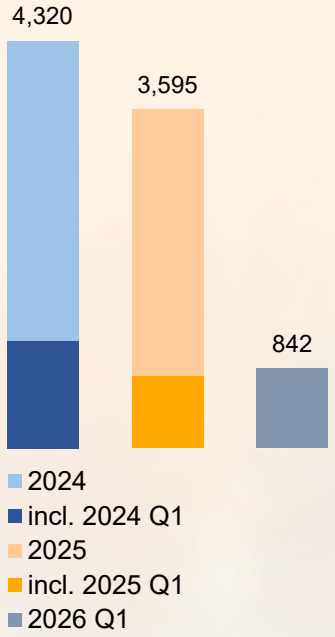


In Q1 2026, fewer new HIV cases were recorded compared to the first quarters of 2024 and 2025, both overall across the 13 project oblasts and in each oblast individually. The highest number of HIV cases during 2024, 2025, and Q1 2026 was identified in Dnipropetrovska oblast, Odeska oblast, and the city of Kyiv.

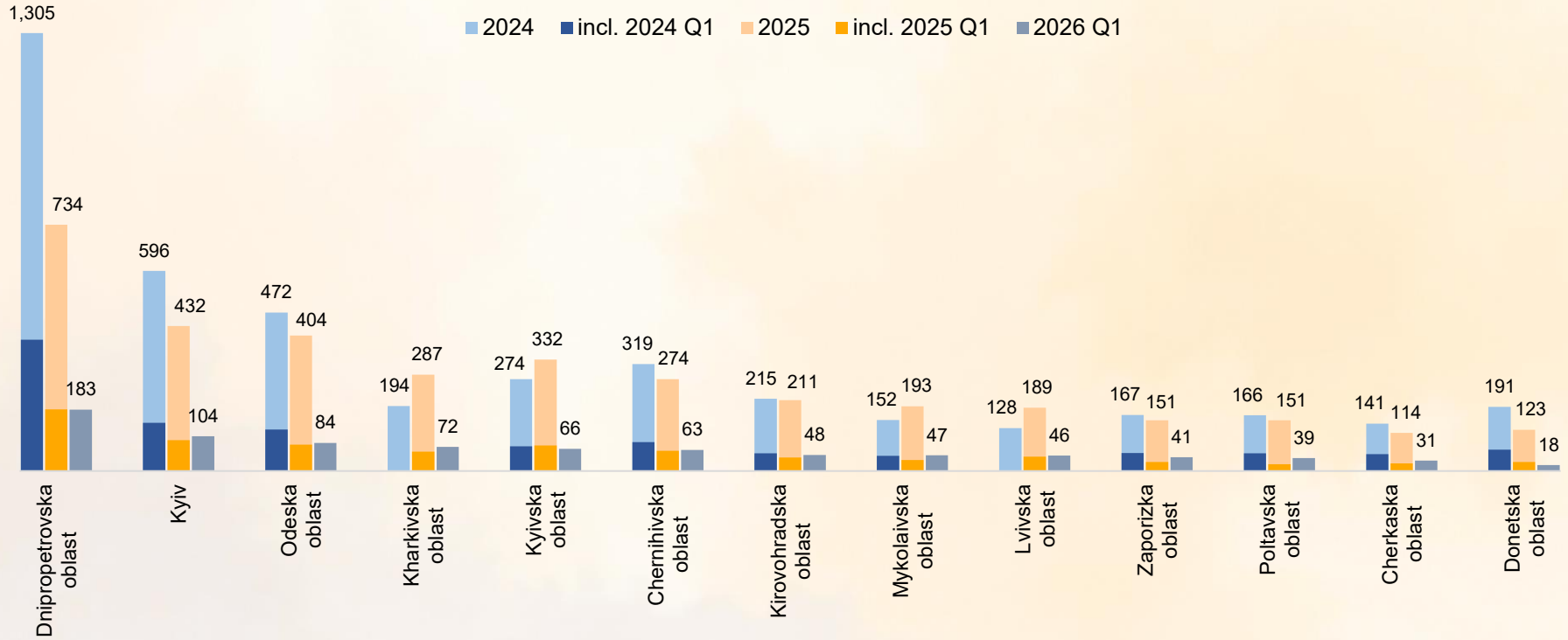
** Data source: Form No. 1 – HIV/AIDS (quarterly report), Table 1000 "Results of Seroepidemiological Monitoring of HIV Infection Spread"*

RHI Testing (RTRI) Volumes

RHI Testing (RTRI) Volumes in 13 Study Oblasts



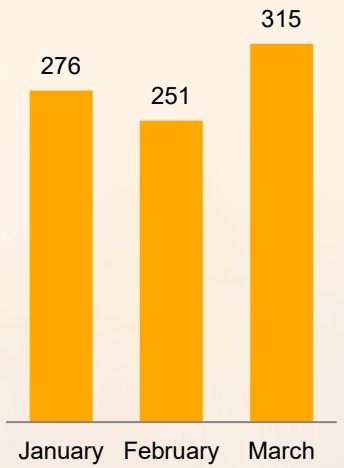
RHI Testing (RTRI) Volumes by Oblasts



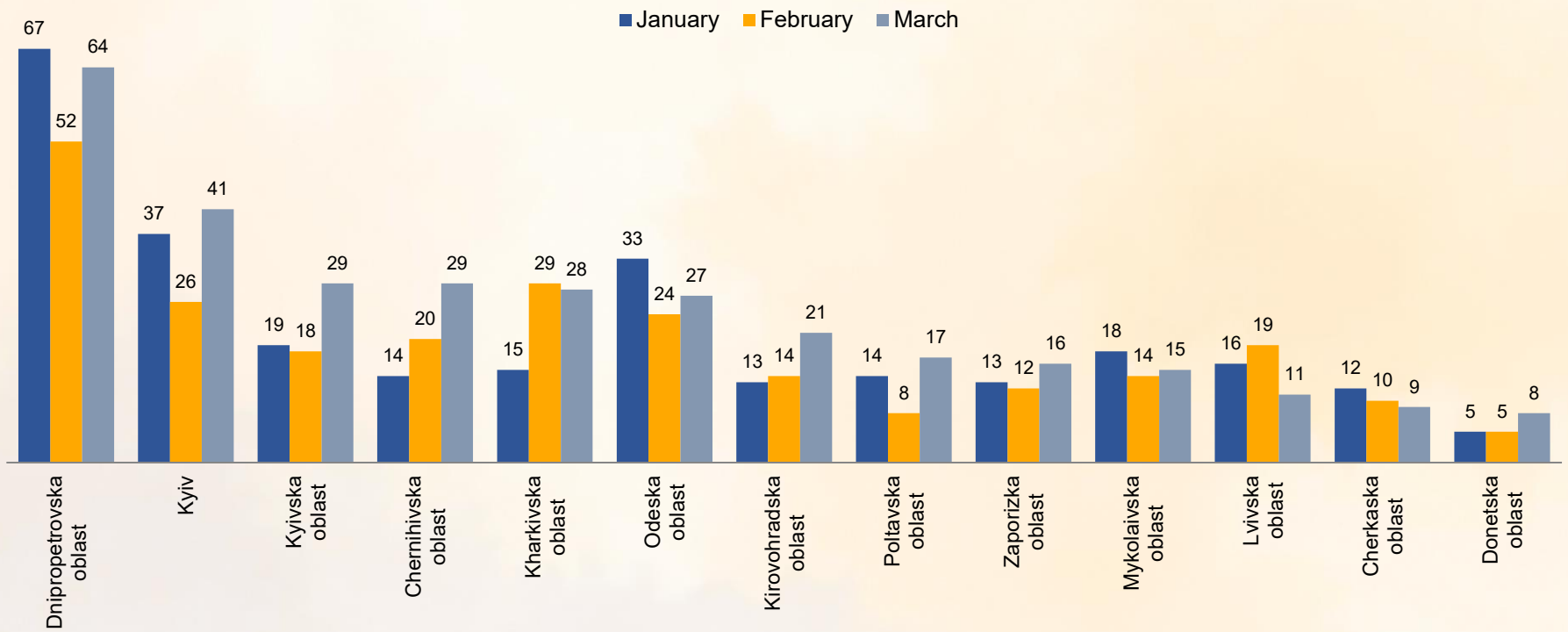
In the first quarter of 2026, the number of tests for recent HIV infection (RTRI) across 13 regions increased by 10% compared with the same period in 2025, which is due to a disruption in testing in February 2025. The top regions by testing volume for recent HIV infection were Dnipropetrovsk Oblast, the city of Kyiv, and Odesa Oblast.

RHI (RTRI) testing volumes in January–Marth 2026

RHI Testing (RTRI) Volumes in 13 Study oblasts



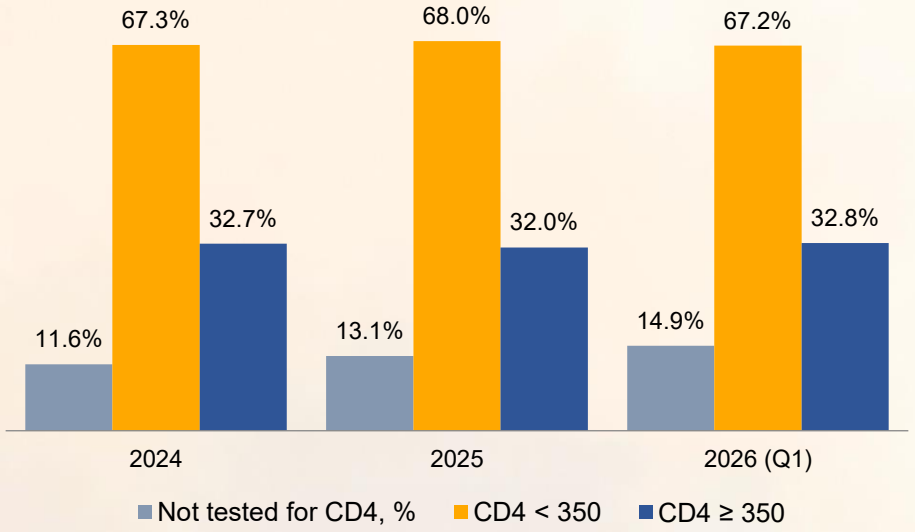
RHI Testing (RTRI) Volumes by Oblasts



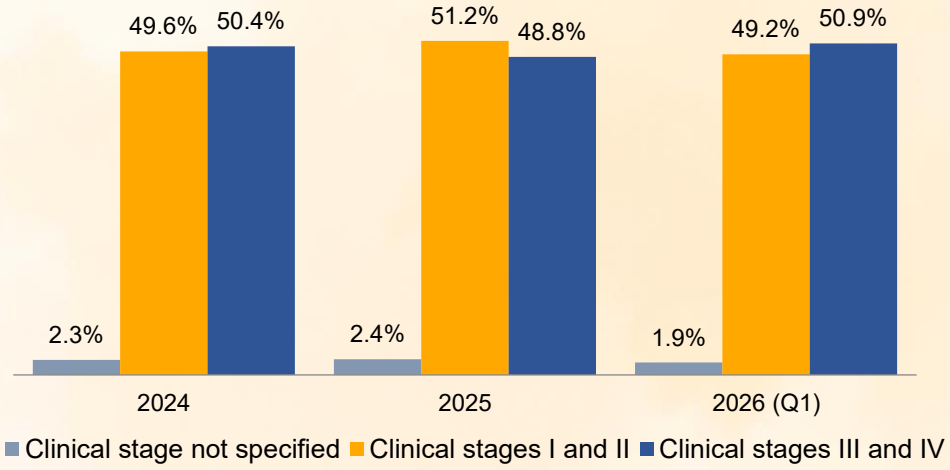
In Q1 2026, 842 RTRI tests were conducted across the 13 project oblasts, with the highest volume recorded in March (315).

Clinical and immunological characteristics of patients tested for RHI (RTRI)

Distribution by CD4 count among individuals tested for RHI (RTRI) *



HIV clinical stages among individuals tested for RI (RTRI) **

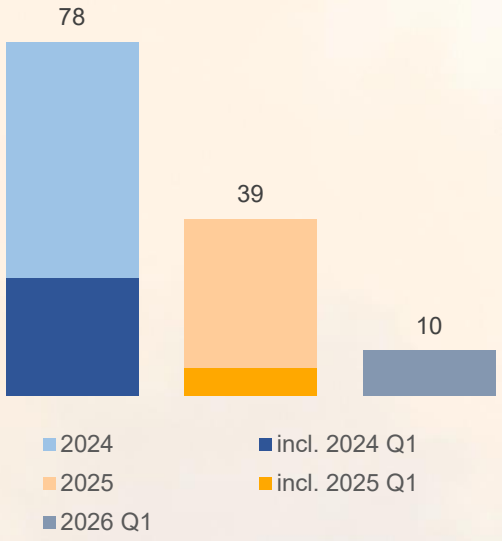


Clinical and immunological characteristics of newly diagnosed individuals screened for recent HIV infection (RTRI) across the 13 project oblasts indicate that from 2024 through Q1 2026, 67–68% of individuals had a baseline CD4 count < 350 cells/μL, and 49–51% were at clinical stage III or IV at the time of enrollment in care.

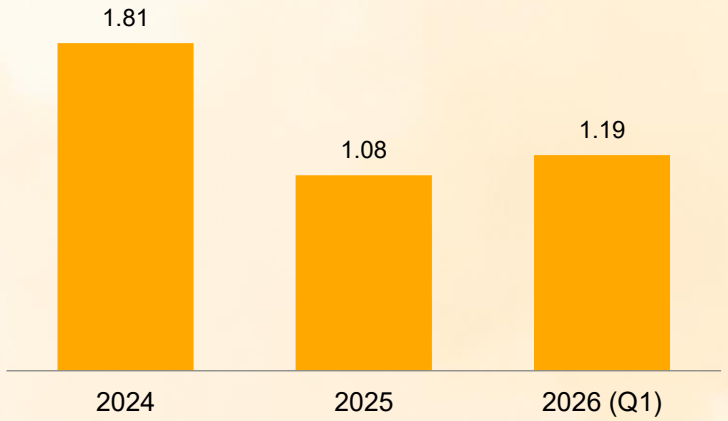
** Results of the first (initial) CD4 count*
*** HIV clinical stage at linkage to care*

Results of RHI testing (RITA)

Number of RHI (by RITA) in 13 oblasts



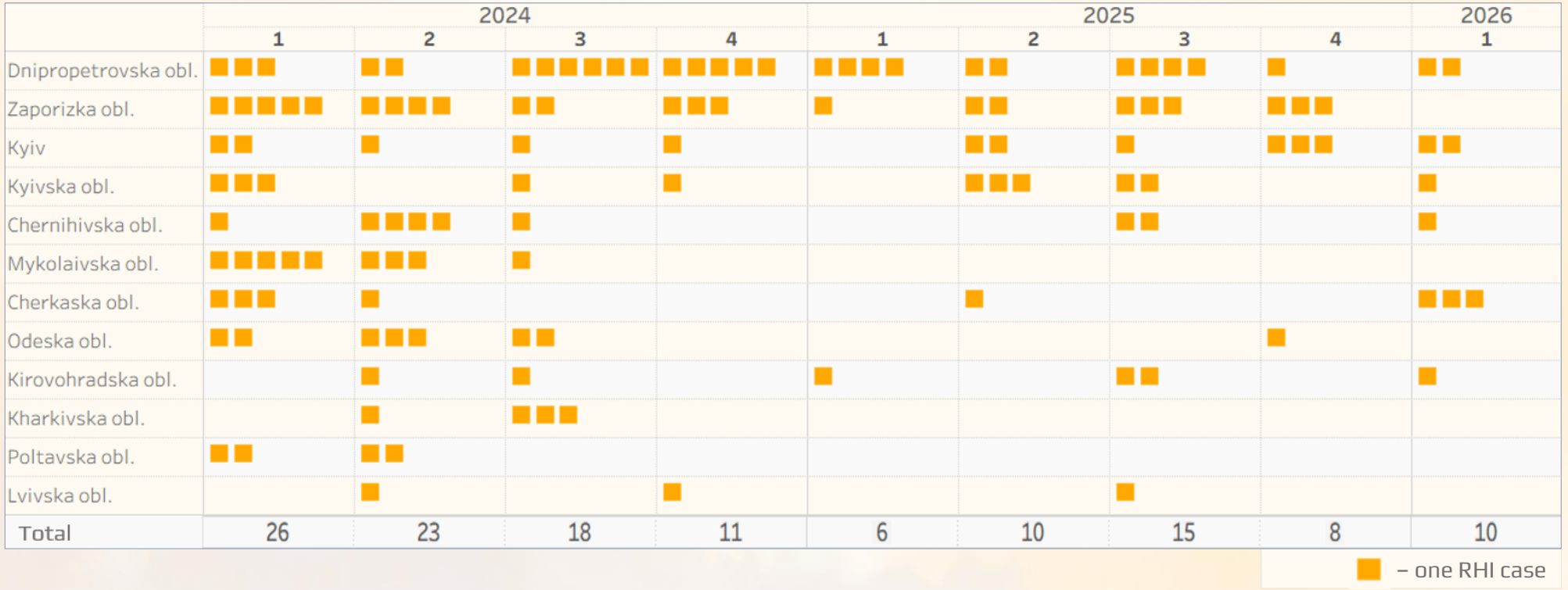
Proportion of RHI cases (by RITA) among all tested for RHI (RTRI) in 13 oblasts



In 2025, across the 13 project oblasts, both the number of RHI cases (based on RITA) and their proportion decreased compared to 2024 – from 78 to 39 cases and from 1.81% to 1.08%, respectively. In Q1 2026, 10 RHI cases were identified, with the RHI proportion standing at 1.19%.

Results of RHI testing (RITA)

Quarterly Trends in RHI Case Detection by Oblast (2024 – Q1 2026)



Between 2024 and Q1 2026, the most consistent detection of RHI cases (based on RITA) occurred in Dnipropetrovska and Zaporizka oblasts, as well as in the city of Kyiv. In Mykolaivska, Kharkivska, and Poltavska oblasts, no RHI cases were recorded after 2024. Kirovohradska and Lvivska oblasts demonstrated a sporadic pattern of case detection. In Q1 2026, 10 RHI cases were registered across 6 of the 13 project oblasts: 3 in Cherkaska oblast, 2 each in Dnipropetrovska oblast and the city of Kyiv, and 1 each in Kyivska, Chernihivska, and Kirovohradska oblasts.

Results of RHI testing (RITA)

Quarterly Trends in RHI Percentage by Oblast (2024 – Q1 2026)

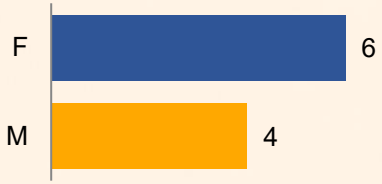
	2024				2025				2026
	1	2	3	4	1	2	3	4	1
Dnipropetrovska obl.	0.77%	0.54%	2.01%	2.05%	2.17%	1.04%	2.14%	0.59%	1.09%
Zaporizka obl.	9.26%	10.26%	5.00%	8.82%	3.70%	5.00%	7.69%	6.67%	
Kyiv	1.39%	0.58%	0.59%	0.95%		1.67%	0.92%	2.73%	1.92%
Kyivska obl.	4.05%		1.25%	1.67%		3.06%	2.70%		1.52%
Chernihivska obl.	1.16%	4.21%	1.43%				2.86%		1.59%
Mykolaivska obl.	11.11%	7.69%	3.13%						
Cherkaska obl.	6.00%	2.56%				2.63%			9.68%
Odeska obl.	1.61%	2.22%	1.61%					1.09%	
Kirovohradska obl.		1.79%	1.56%		2.50%		3.13%		2.08%
Kharkivska obl.		2.56%	3.85%						
Poltavska obl.	3.77%	3.92%							
Lvivska obl.		3.57%		1.92%			1.92%		
Total	2.29%	1.97%	1.61%	1.24%	0.79%	1.00%	1.59%	0.91%	1.19%

Throughout the study period (2024 – Q1 2026), Zaporizka oblast recorded the highest RHI proportions among project oblasts, except in Q1 2026, when no RHI cases were detected. In Dnipropetrovska oblast, despite stable quarterly RHI detection, proportions exceeded annual averages in Q3 and Q4 2024, as well as in Q1 and Q3 2025. As of Q1 2026, the highest RHI proportions were recorded in Cherkaska (9.7%) and Kirovohradska (2.1%) oblasts.

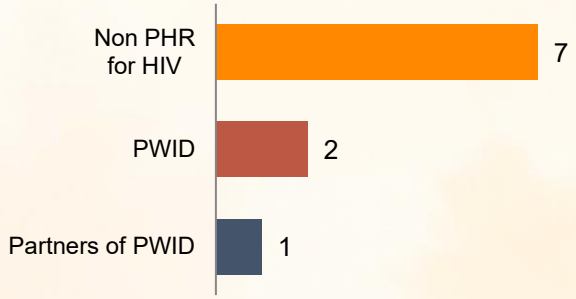
Results of RHI testing (RITA)

Sociodemographic Characteristics of RHI Cases, Q1 2026 (10 cases)*

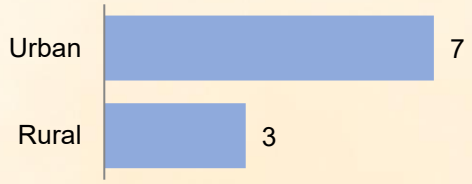
Sex



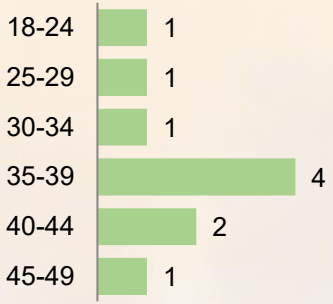
PHR for HIV



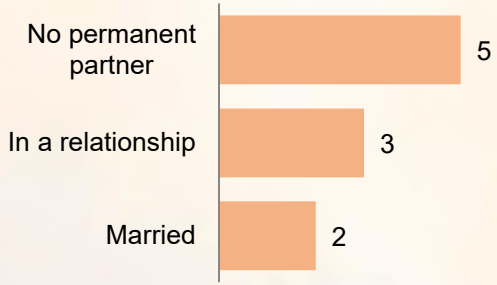
Settlement



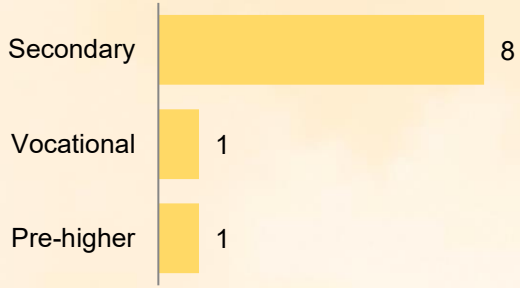
Age



Marital status



Education



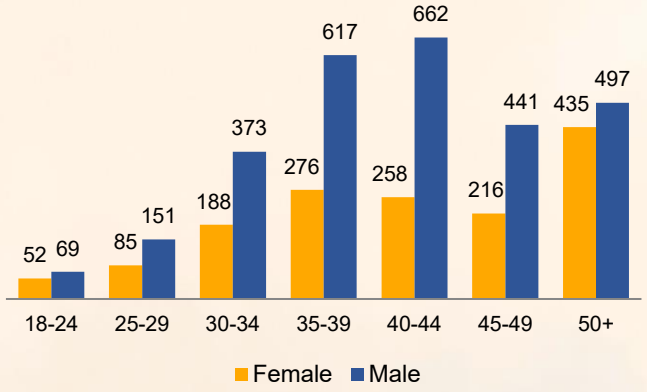
- Men accounted for the majority of the 10 identified RHI cases (6).
- The predominant age group was 35–39 years (4 individuals).
- Most cases (7) were among the general population, while 3 individuals were persons at higher risk for HIV (people who inject drugs and their partners).
- Half of the respondents (5) do not have a steady partner.
- 7 out of 10 people live in cities.
- Most have a high school education (8 people).

** Data source: HS Monitoring Tool and Report on the Analysis of RHI Cases*

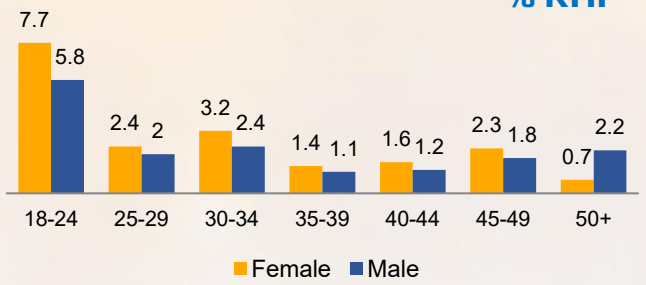
Distribution and Results of Testing for RHI by Age and Sex

2024

RHI Testing *(number of individuals)*

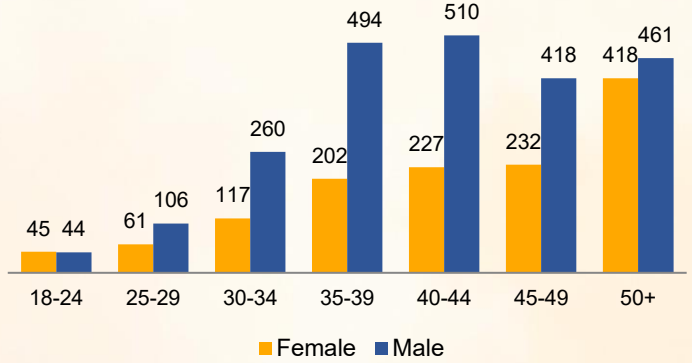


% RHI*

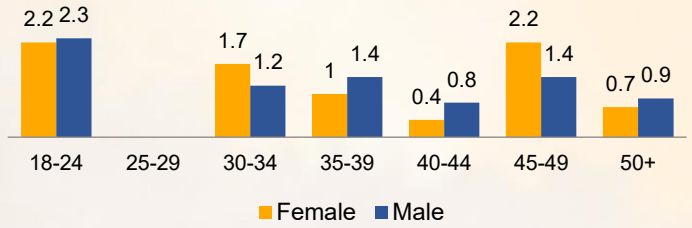


2025

RHI Testing *(number of individuals)*

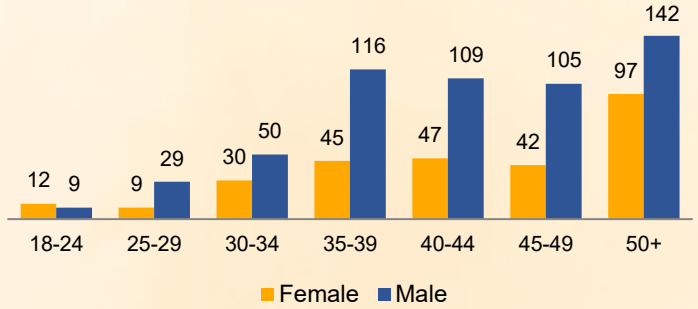


% RHI*

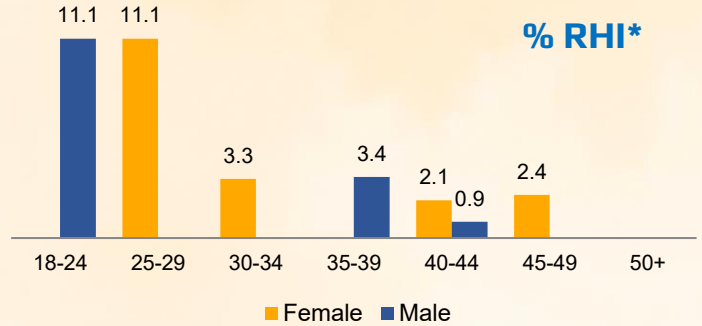


2026 (Q1)

RHI Testing *(number of individuals)*



% RHI*



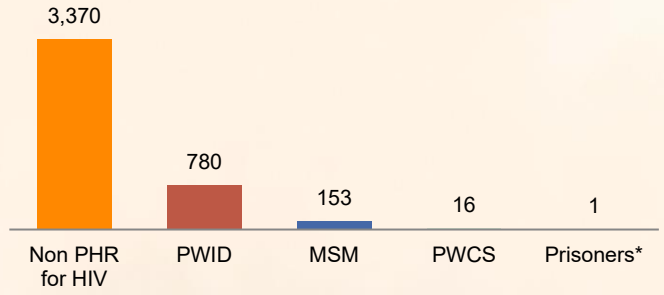
Throughout the observation period, the number of RHI tests (RTRI) was higher among men than women in most age groups. Testing volume was highest among individuals aged 35–39, 40–44, and 50+, while lowest among those aged 18–24. Conversely, the highest RHI proportions were recorded in younger age groups: among men aged 18–24 and women aged 25–29 in Q1 2026 (11.1%), and among women and men aged 18–24 in 2024 (7.7% and 5.8%, respectively).

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

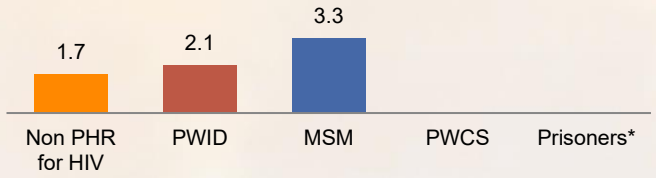
Structure and Results of RHI Testing by Persons at Higher Risk for HIV

2024

RHI Testing *(number of individuals)*

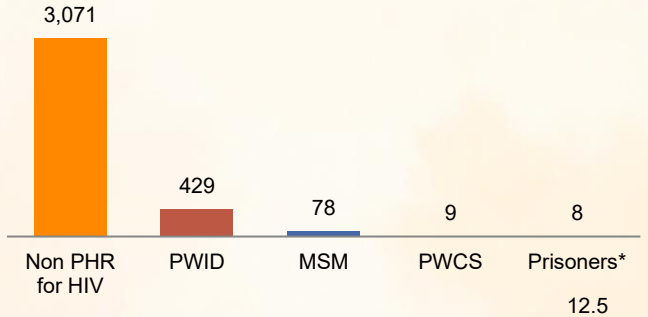


% RHI**

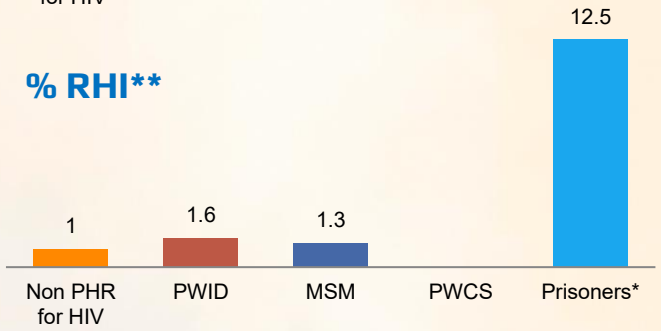


2025

RHI Testing *(number of individuals)*

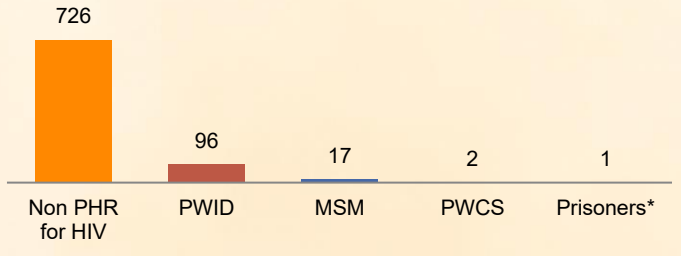


% RHI**



2026 (Q1)

RHI Testing *(number of individuals)*



% RHI**

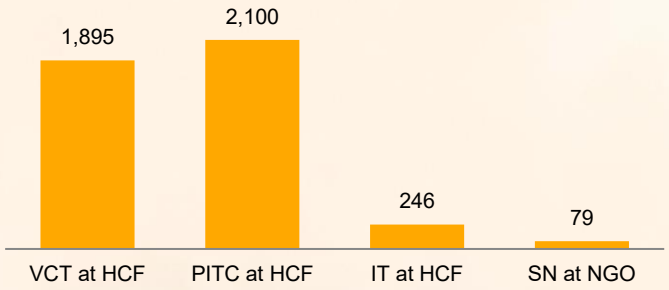
The vast majority of individuals screened for RHI throughout the study period were not persons at higher risk for HIV. The share of this group in testing data gradually declined, from 22% in 2024 to 14% in Q1 2026. Conversely, the RHI proportion among persons at higher risk exceeded that of the general population: among MSM, it was 1.3–1.9 times higher in 2024–2025; among PWID, RHI detection was 1.2–1.3 times higher in 2024–2025 and 3.1 times higher in Q1 2026. In 2025, 1 RHI case was recorded among 8 tested individuals with experience of imprisonment.

** People with experience of imprisonment*
*** Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)*

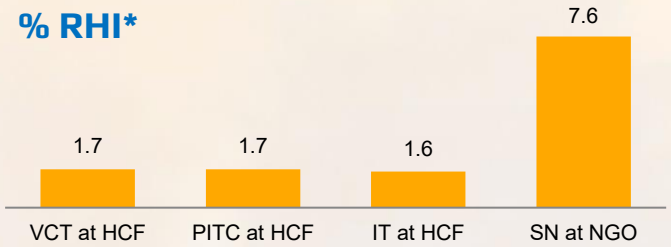
Structure and Results of RHI Testing by HTS Modalities

2024

RHI Testing *(number of individuals)*

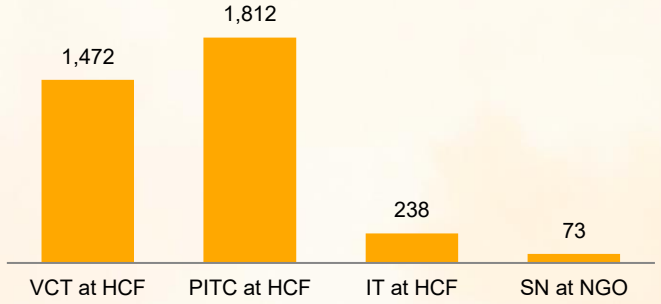


% RHI*

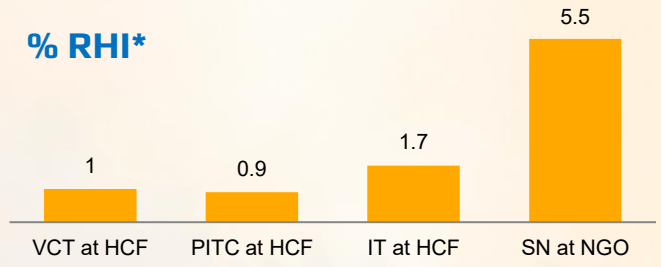


2025

RHI Testing *(number of individuals)*

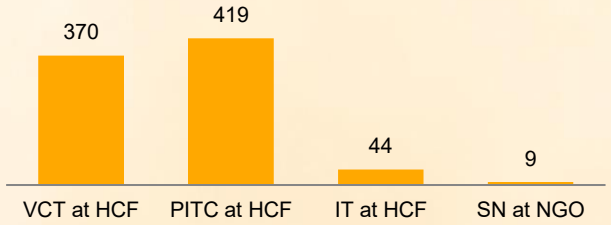


% RHI*

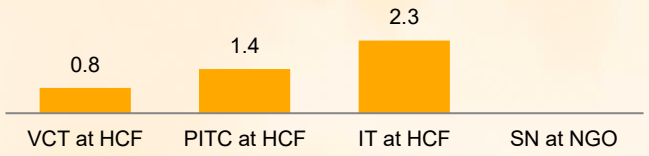


2026 (Q1)

RHI Testing *(number of individuals)*



% RHI*



From 2024 through Q1 2026:

- The majority of RHI screenings (based on RTRI) were conducted among individuals who received provider-initiated testing and counseling (48–50%) or self-referral services (41–43%).
- The volume of RHI tests via index testing decreased by 3% in 2025; in Q1 2026, it accounted for 18% of the total 2025 annual volume.
- Testing via social networks** decreased by 8% in 2025; in Q1 2026, it accounted for 12% of the 2025 annual volume.
- The highest RHI proportions in 2024 and 2025 were recorded among individuals referred by NGOs — 7.6% and 5.5%, respectively. In Q1 2026, no RHI cases were detected via social networks.

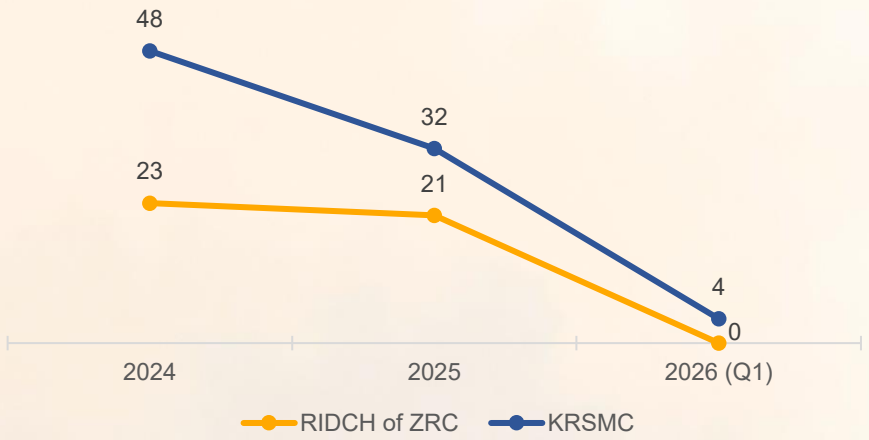
** RHI proportion (based on RITA) out of the total number of individuals screened for RHI (RTRI)*

*** i.e., individuals who tested positive on a screening test in an NGO and subsequently sought care at a healthcare facility to confirm their HIV status*

Structure and Results of RHI Testing by HTS Modalities

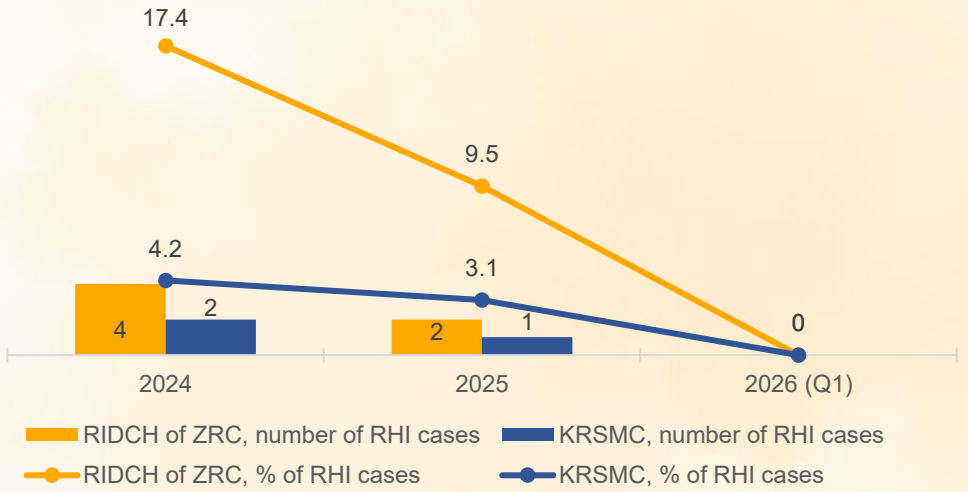
Trends in RHI Testing (RTRI) via Social Networks at the RIDCH of ZRC** and the KRSMC***

(Number of Individuals)



Results of RHI Testing via Social Networks at the RIDCH of ZRC** and the KRSMC*** by Year

(Number of RHI Cases and RHI Proportion)*

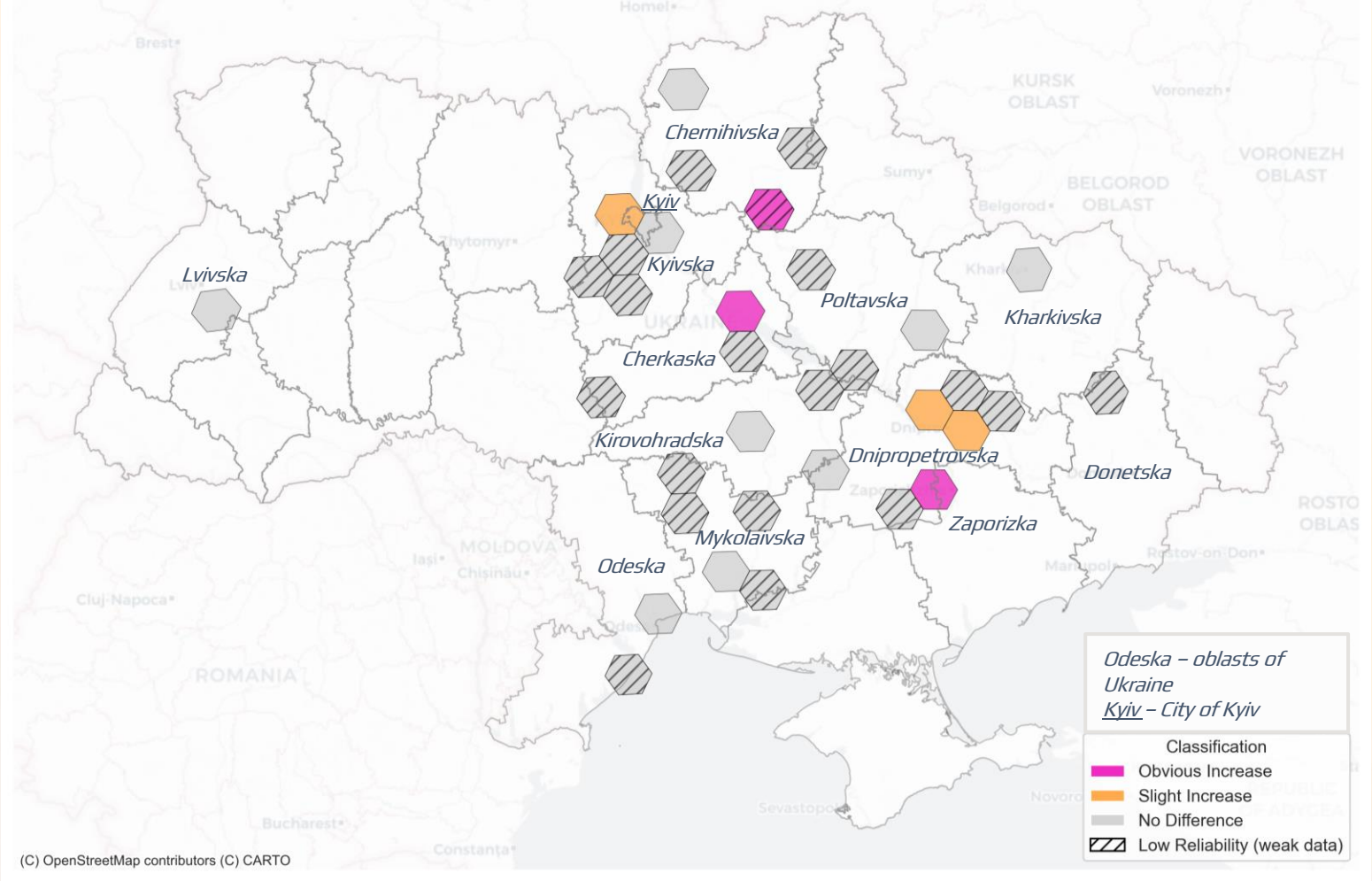


- Throughout the project implementation period, 87% of all RHI tests via the social networks HTS modality were conducted by two healthcare facilities: RIDCH of ZRC (Zaporizka oblast) and the KRSMC*** (Kyivska oblast).
- RHI detection rates at these facilities during 2024–2025 ranged from 9.5–17.4% (RIDCH of ZRC) to 3.1–4.2% (KRSMC); however, no RHI cases were recorded in Q1 2026.

- Beginning in 2024, both healthcare facilities experienced a decline in RHI testing via social networks. In Q1 2026, no individuals were tested at the RIDCH of ZRC, while only 4 were tested at the KRSMC (8–13% of the previous annual volumes).
- The primary causes included ongoing population decline, particularly among persons at higher risk for HIV, driven by migration and the escalation of the military situation (Zaporizka oblast), as well as a shortage of social workers in partner NGOs (Kyivska oblast).

** RHI proportion (based on RITA) out of the total number of individuals screened for RHI (RTRI)*
*** RIDCH of ZRC—Regional Infectious Diseases Clinical Hospital of Zaporizhzhia City Council*
**** KRSMC— Kyiv Regional Specialized Medical Center*

Hotspots in RHI Epidemiological Surveillance

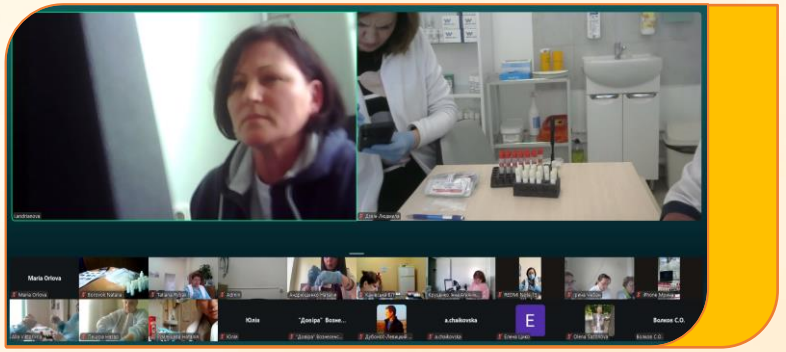


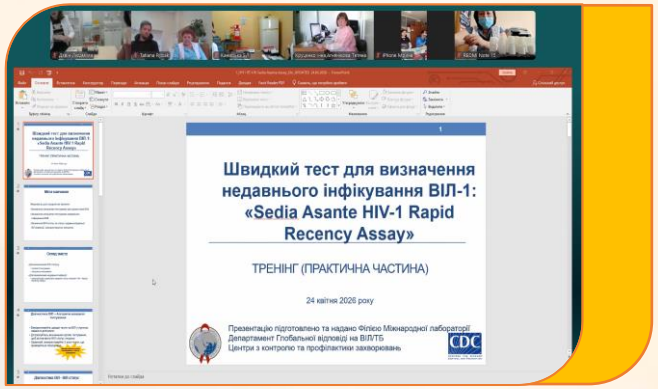
Quantitative Hotspot Criterion: A single hotspot is defined as ≥ 2 RITA cases occurring within a single oblast, with an interval of up to 60 days between cases

Starting in Q1 2026, an enhanced approach to identifying “hotspots” (HS) within RHI surveillance was implemented. In addition to absolute criteria, utilizing Bayesian hierarchical analysis based on the RHI proportion among tested individuals.

Through the triangulation of various statistical methods in Q1 2026, hotspots were identified in Chernihivska and Cherkaska oblasts, as well as along the border of Dnipropetrovska and Zaporizka oblasts – territories where the RHI proportion is statistically higher than the national baseline, potentially indicating intensive HIV transmission.

Hands-on training sessions





In April 2026, two hands-on training sessions were conducted on implementing the Recent HIV Infection (RHI) surveillance system. A total of 44 healthcare professionals from existing and new sites across the following oblasts attended the training:

- April 10: Dnipropetrovska oblast;
- April 24: Kyivska, Lvivska, Mykolaivska, Odeska, Poltavska, Kharkivska, and Cherkaska oblasts.

Participants mastered the RHI testing methodology using Asante HIV-1 rapid tests.

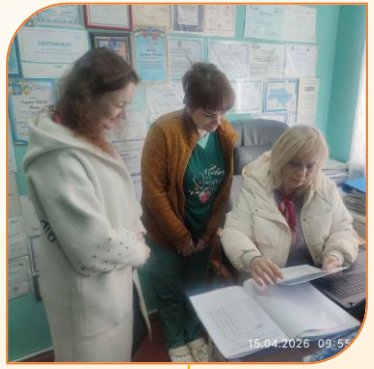
Monitoring visits for the activation of RHI testing sites

14.04

Municipal Non-Commercial Enterprise “City Clinical Hospital No. 4” of the Dnipro City Council, Dnipropetrovska oblast

Municipal Non-Commercial Enterprise “City Clinical Hospital No. 6” of the Dnipro City Council, Dnipropetrovska oblast

14.04



15.04

Municipal Enterprise “Kryvyi Rih Central District Hospital” of the Novopillia Village Council, Dnipropetrovska oblast

Municipal Enterprise “Kryvyi Rih City Hospital No. 1” of the Kryvyi Rih City Council, Dnipropetrovska oblast

15.04

Monitoring visits for the activation of RHI testing sites

15.04

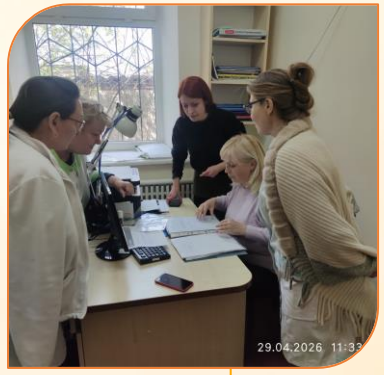
Municipal Enterprise “Apostolove City Hospital” of the Apostolove City Council, Dnipropetrovska oblast

Municipal Non-Commercial Enterprise “Ternivka Central City Hospital” of the Ternivka City Council, Dnipropetrovska oblast

16.04

Municipal Non-Commercial Enterprise of the Kharkiv Regional Council “Regional Phthisiopulmonology Center”, Kharkivska oblast

27.04 (online)



Rozdilna Interdistrict Tuberculosis Cabinet / “Dovira” Room / ART Site No. 9, Municipal Non-Commercial Enterprise “Odesa Regional Center for Socially Significant Diseases” of the Odesa Regional Council, Odeska oblast

29.04

Podilsk Interdistrict Tuberculosis Cabinet / “Dovira” Cabinet / ART Site No. 7, Municipal Non-Commercial Enterprise “Odesa Regional Center for Socially Significant Diseases” of the Odesa Regional Council, Odeska oblast

30.04

Monitoring visits for the activation of RHI testing sites

06.05

Municipal Non-Commercial Enterprise “Vyshhorod Central District Hospital” of the Vyshhorod City Council, Kyivska oblast

07.05

Municipal Non-Commercial Enterprise “Lokhvytsia City Hospital”, Poltavska oblast

08.05

Municipal Non-Commercial Enterprise “Kaniv Multidisciplinary Hospital” of the Kaniv City Council of Cherkasy Region, Cherkaska oblast

14.05

Center of Integrated Medical and Social Services of the Municipal Non-Commercial Enterprise “Lviv Territorial Medical Association ‘Clinical Hospital of Planned Treatment, Rehabilitation and Palliative Care’”, Lvivska oblast

Summary

- **RHI Testing (RTRI).** In 2026, RHI testing was conducted across 12 Ukrainian oblasts and the city of Kyiv, which together account for approximately 80% of all new HIV cases nationwide.
  - RHI testing is delivered through a healthcare facility network comprising 55 active sites and 13 additional sites activated in April–May 2026. Optimizing this network—by removing underperforming sites, reorganizing existing ones, and integrating new locations—increased RHI coverage among all newly diagnosed individuals from 51% to 55% between 2024 and Q1 2026.
  - The effective operation of the RHI surveillance system is further supported by supplying all sites with Asante Rapid Recency Assay kits to meet planned testing benchmarks, and by the high professional standards of medical personnel who have completed comprehensive theoretical and practical training.
- **RHI Proportion (based on RITA).** In Q1 2026, 10 RHI cases were recorded across six project oblasts. The RHI proportion (1.19%) increased slightly from 2025 (1.08%). The highest RHI proportions were observed in Cherkaska (9.7%) and Kirovohradska (2.1%) oblasts.
- **HTS Modalities (RTRI, RITA).** From 2024 through Q1 2026, RHI testing was primarily conducted among individuals who received provider-initiated testing and counseling (48–50%) or self-referral (41–43%). RHI detection rates for these modalities were nearly identical: 1.7% in 2024 and 0.9–1.0% in 2025.
  - The RHI detection rate via index testing—one of the HTS modalities—increased from 1.6% in 2024 to 2.3% in Q1 2026.
  - RHI testing volumes via social networks dropped sharply in Q1 2026, reaching only 12% of the 2025 annual volume; no RHI cases were identified via this channel in Q1 2026. This trend is primarily driven by reduced testing activity at facilities in Zaporizka and Kyivska oblasts, resulting from migration among persons at higher risk for HIV and a shortage of social workers in partner NGOs.

Summary (2)

- **Epidemiological Profile of RHI Cases (Based on RITA)**

- From 2024 through Q1 2026, the highest RHI proportions were observed among younger age groups: 18–24 and 25–29 years. This trend was recorded regardless of gender, supporting the view that young people constitute a distinct population at higher risk for HIV.
- The vast majority of individuals screened for RHI (RTRI) were not persons at higher risk for HIV. Simultaneously, the share of this group in the testing structure gradually declined—from 22% in 2024 to 14% in Q1 2026. However, the RHI proportion among persons at higher risk was 1.3–1.7 times higher than in the general population during 2024–2025, and 2.6 times higher in Q1 2026. The detection rate among MSM was 1.3–1.9 times higher than in the general population in 2024–2025; notably, no RHI cases were recorded in this group in Q1 2026.
- Among RHI cases detected in Q1 2026, men predominated. The majority of individuals with RHI were in the 35–39 age group, were not among persons at higher risk, resided in urban areas, and had completed secondary education. Regarding relationship status: half of the individuals with RHI did not have a steady partner, while the other half were in a relationship or married.
- In Q1 2026, “hotspots” were identified in Chernihivska and Cherkaska oblasts, as well as along the border between Dnipropetrovska and Zaporizka oblasts. Given the quarterly trends in RHI case detection and RHI proportions by oblast, Chernihivska and Cherkaska oblasts require continued surveillance, while Dnipropetrovska and Zaporizka oblasts require the development of response measures.

Summary (3)

- General Recommendations Based on RITA Findings

- **Expand RHI Testing Coverage:** Launch new RHI testing sites and monitor testing protocols and RTRI coverage across these locations.
- **Focus on Early Diagnosis:** Enhance early HIV detection through active index testing and the implementation of effective HTS modalities outside of healthcare facilities, particularly for persons at higher risk for HIV.
- **Prevention for Persons at Higher Risk:** Maintain and scale up prevention programs for people who inject drugs (PWID) and men who have sex with men (MSM).
- **Regional Prioritization:** Scale up prevention efforts in Dnipropetrovska and Zaporizka oblasts, where stable RHI detection and hotspots were observed from 2024 through Q1 2026.
- **Integrated HTS Modalities:** Intensify HIV testing via social network-based NGO outreach as the most effective modality for identifying RHI cases. Continue integrated approaches, including PITC, and index testing, to ensure broad HTS coverage across diverse populations. Develop measures to restore testing volumes via the social networks modality in Zaporizka and Kyivska oblasts.
- **Prevention for Youth:** Ensure widely accessible testing for individuals aged 18–24 outside of healthcare facilities (universities, social networks, mobile apps, etc.). Launch motivational campaigns to promote HTS uptake, focusing on early detection and HIV/STI prevention awareness.
- **Partner Support and Prevention:** Ensure access to PrEP and regular HIV testing for HIV-negative partners of people living with HIV (PLHIV). Support ART adherence for PLHIV to achieve viral suppression and eliminate the risk of HIV transmission.

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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:

Surveillance of recent HIV infection is being implemented by the Public Health Center of the Ministry of Health of Ukraine with technical support from the U.S. Centers for Disease Control and Prevention (CDC) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), NU2GGH002375