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As of July 1, 2025



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List of Abbreviations

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





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 for 2023 – the first half of 2025.

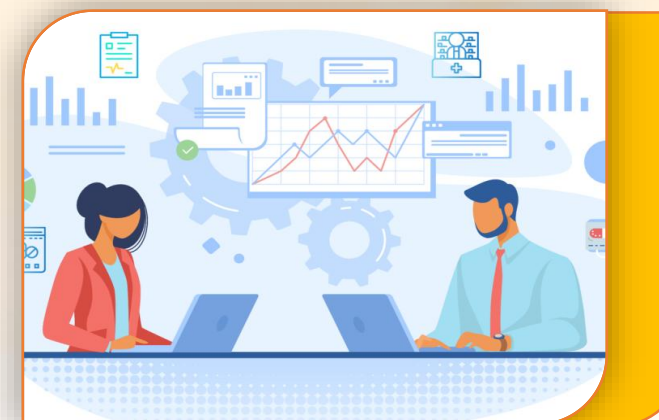
In this issue you will be able to:

- follow the dynamics of the volume of RHI testing and detection of RHI cases;
- compare the level of RHI testing coverage in 2023, 2024, and the first half of 2025;
- familiarize yourself with the demographic characteristics of persons tested for RHI;
- review the key indicators of RHI surveillance in “hot spots” (HS) according to the Hot Spot Investigation Tool;
- 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).*”

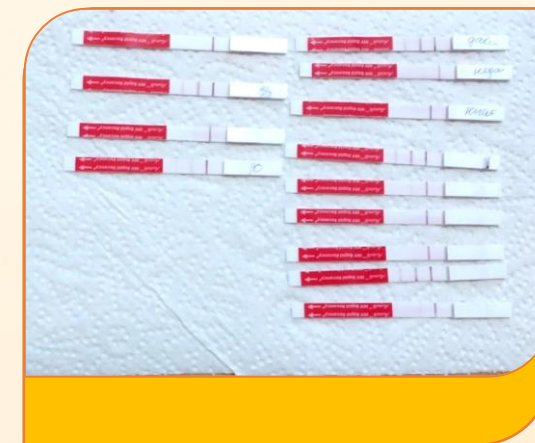
Thank you for your attention and active participation in this important matter!





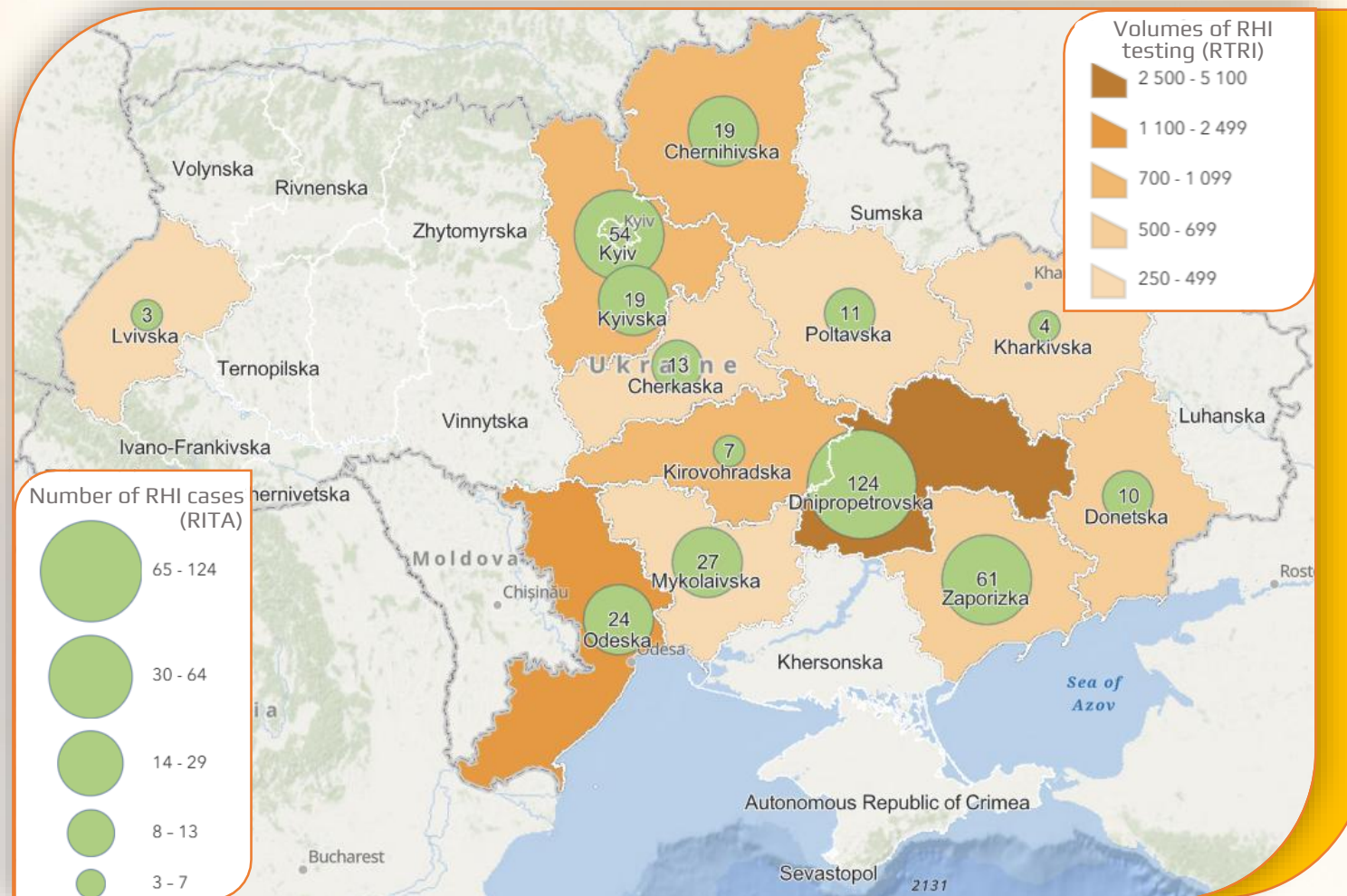
What is Recent HIV Infection (RHI)?

- 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 health care 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 – June 2025)

- Most recent HIV infection (RHI) tests (RTRI) were conducted in Dnipropetrovsk (5,082), Odesa (2,038), and Kyiv city (2,454)
- Most recent HIV infection (RHI) cases, according to RITA, were found in Dnipropetrovsk (124), Zaporizhzhia (61), and Kyiv city (54)



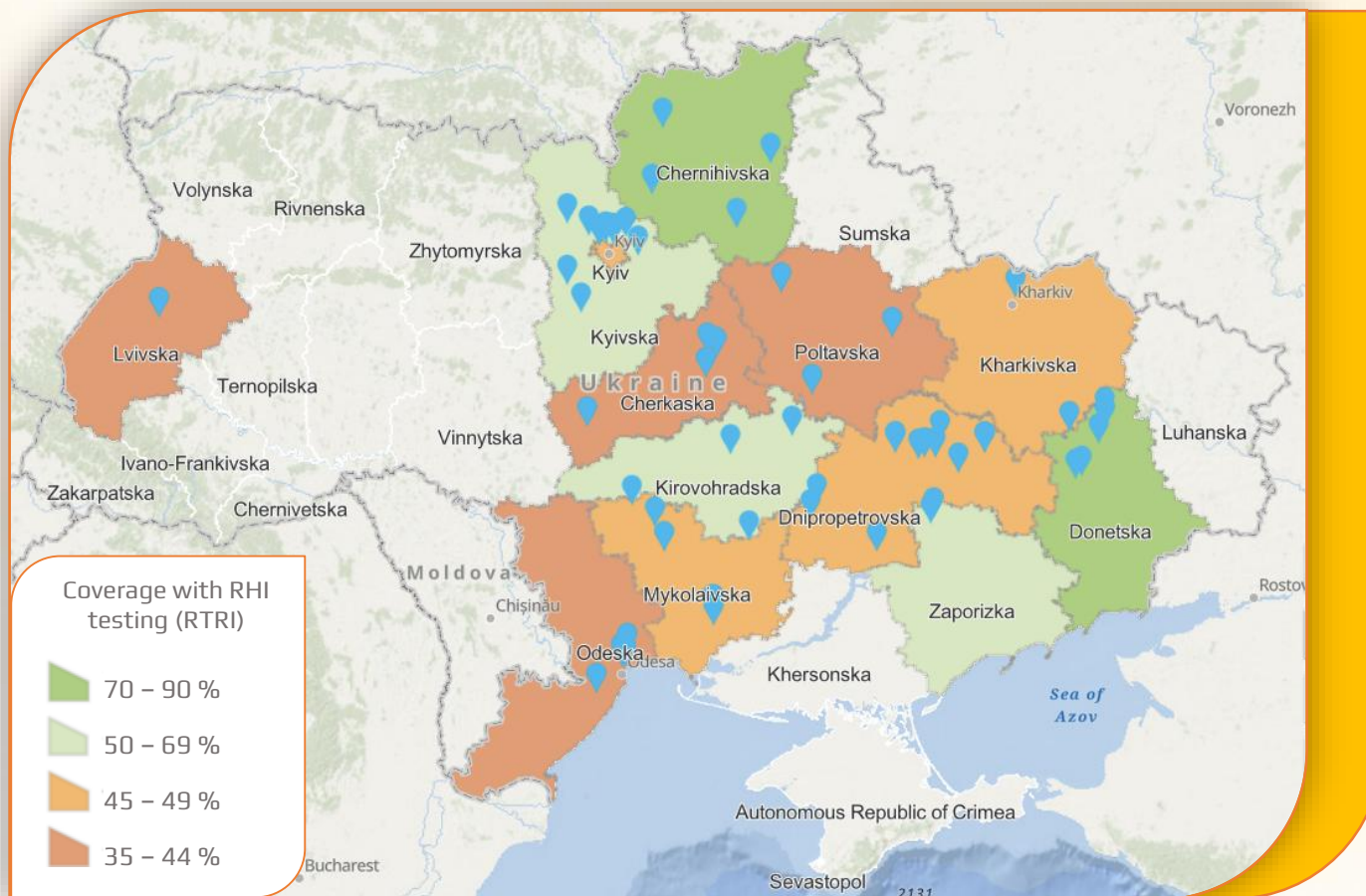
Regional Implementation of Surveillance for Recent Infection in Ukraine

As of 1 July 2025, RHI surveillance is underway in **13 regions** at **62 HTS sites**

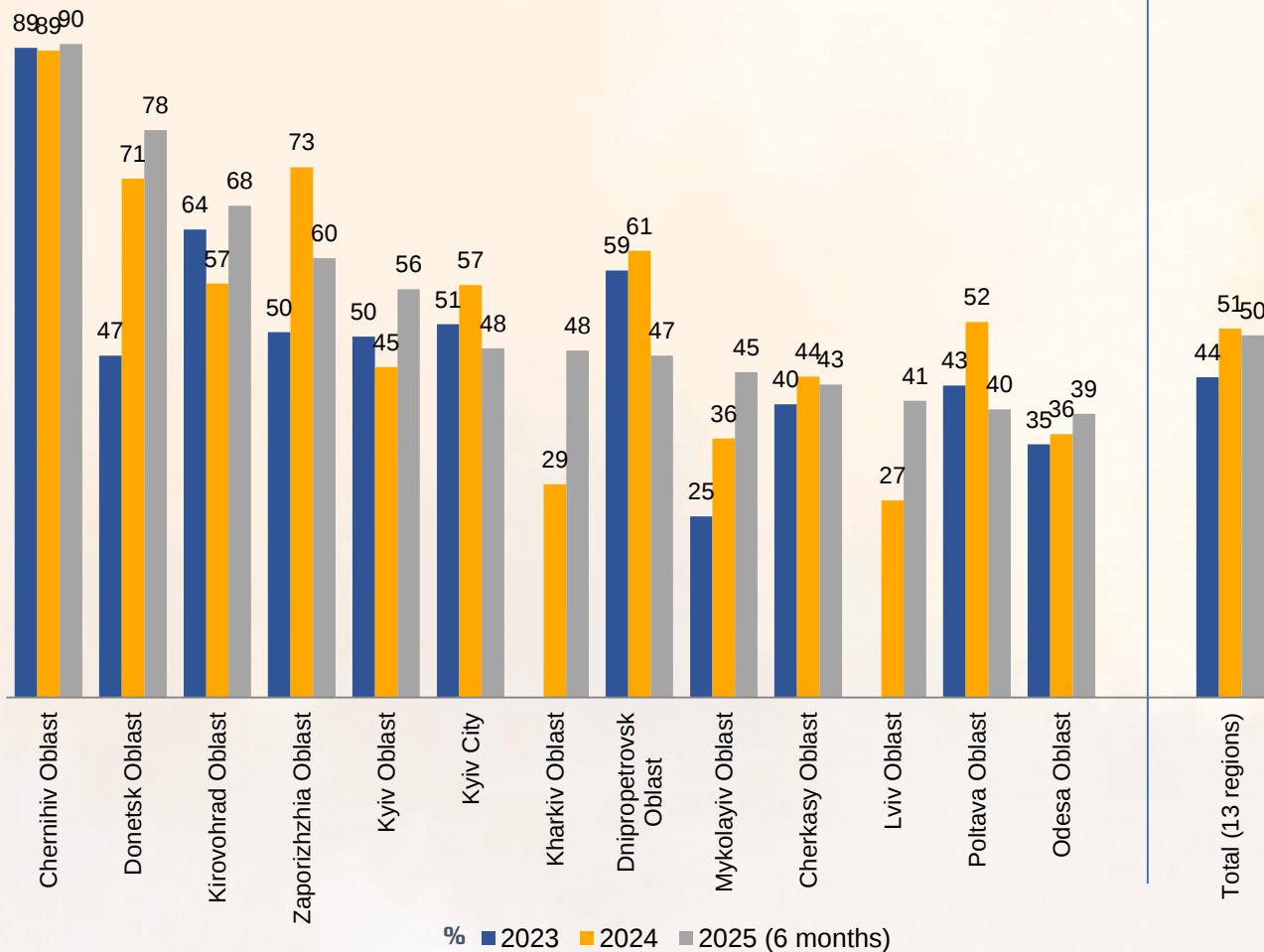
Number of HTS sites involved in RHI testing

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 the first half of 2025



Coverage with RHI testing (RTRI) by Regions



During 2023 – first half of 2025, the level of coverage with RHI testing (RTRI) among newly diagnosed HIV-positive persons:

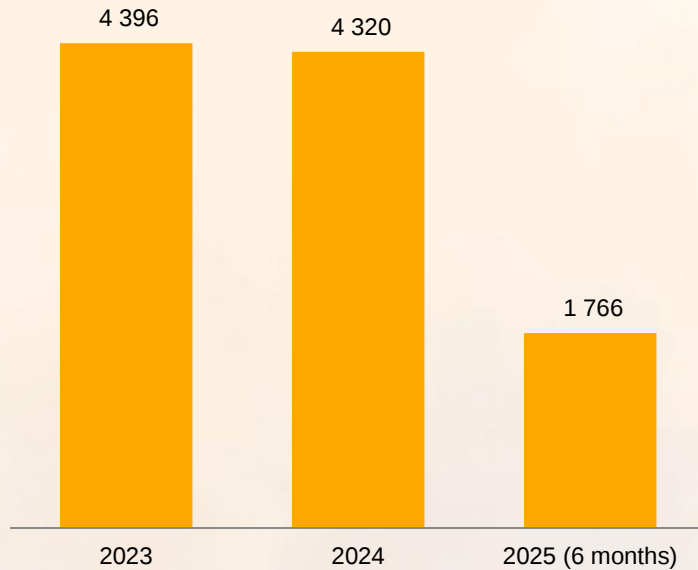
- **overall across 13 regions $\geq 50\%$:** 44% in 2023, 51% in 2024, 50% in the first half of 2025
- **highest** in Chernihiv region ($\geq 89\%$)
- **has increased** since 2023 in Donetsk, Kyiv, Kirovohrad, Lviv, Mykolaiv, Odesa, and Kharkiv regions

In the first half of 2025, in 5 regions the level of RTRI coverage exceeded 50%:

- 90% - Chernihiv Oblast
- 79% - Donetsk Oblast
- 68% - Kirovohrad Oblast
- 60% - Zaporizhzhia Oblast
- 56% - Kyiv Oblast

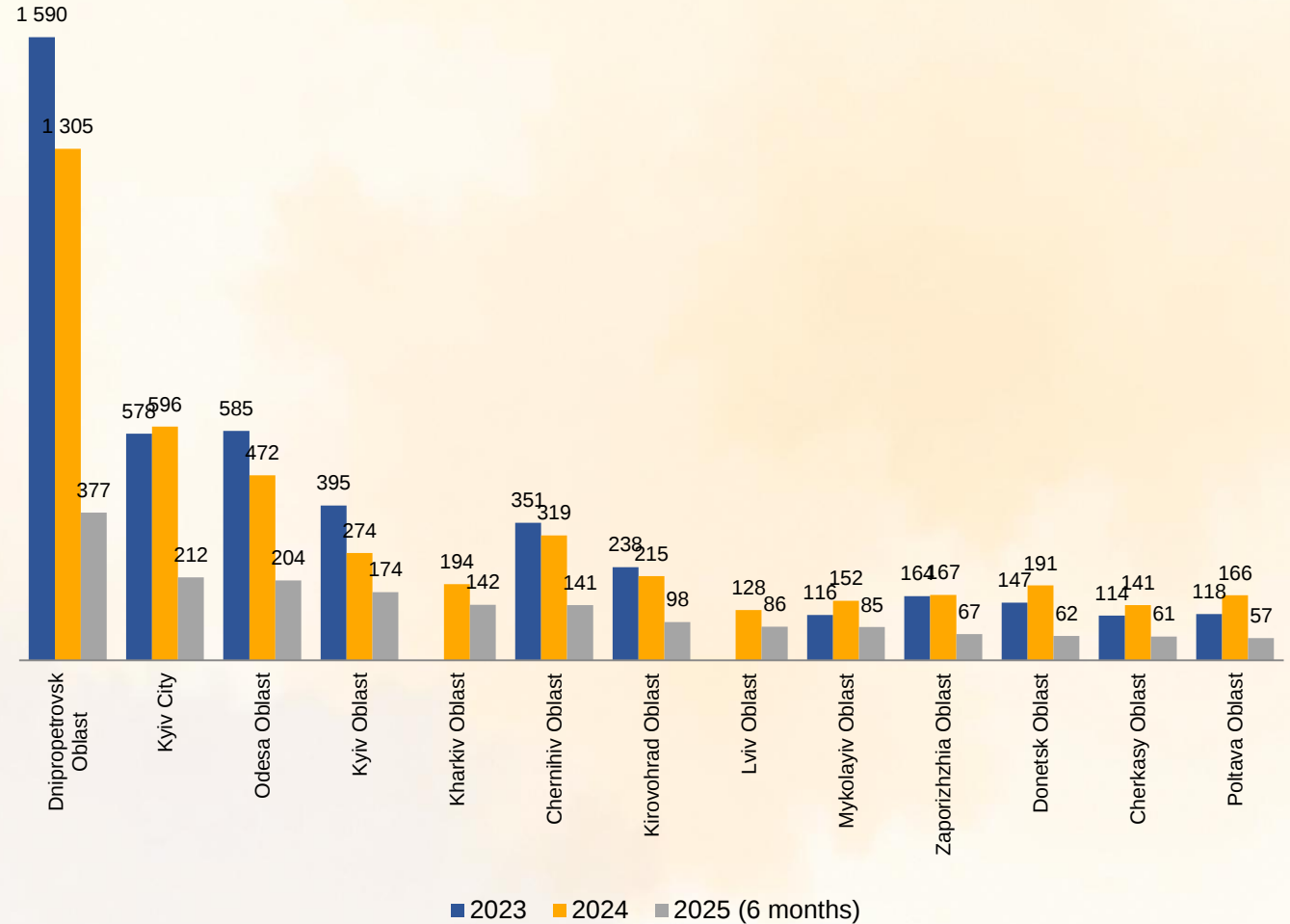
Volumes of RHI testing (RTRI) by Years

Volumes of RHI testing (RTRI) in 13 regions



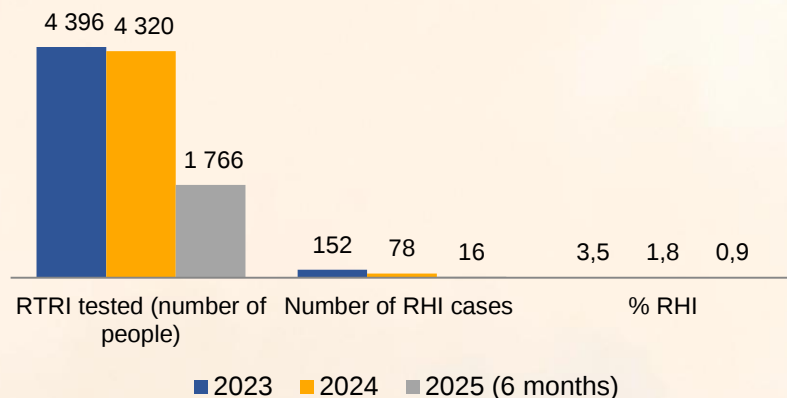
The leaders in RHI testing volume in 2023 – first half of 2025 were Dnipropetrovsk, Odesa, Kyiv, Chernihiv regions and Kyiv city.

Volumes of RHI testing (RTRI) by regions



Results of RHI testing (RITA) by Years

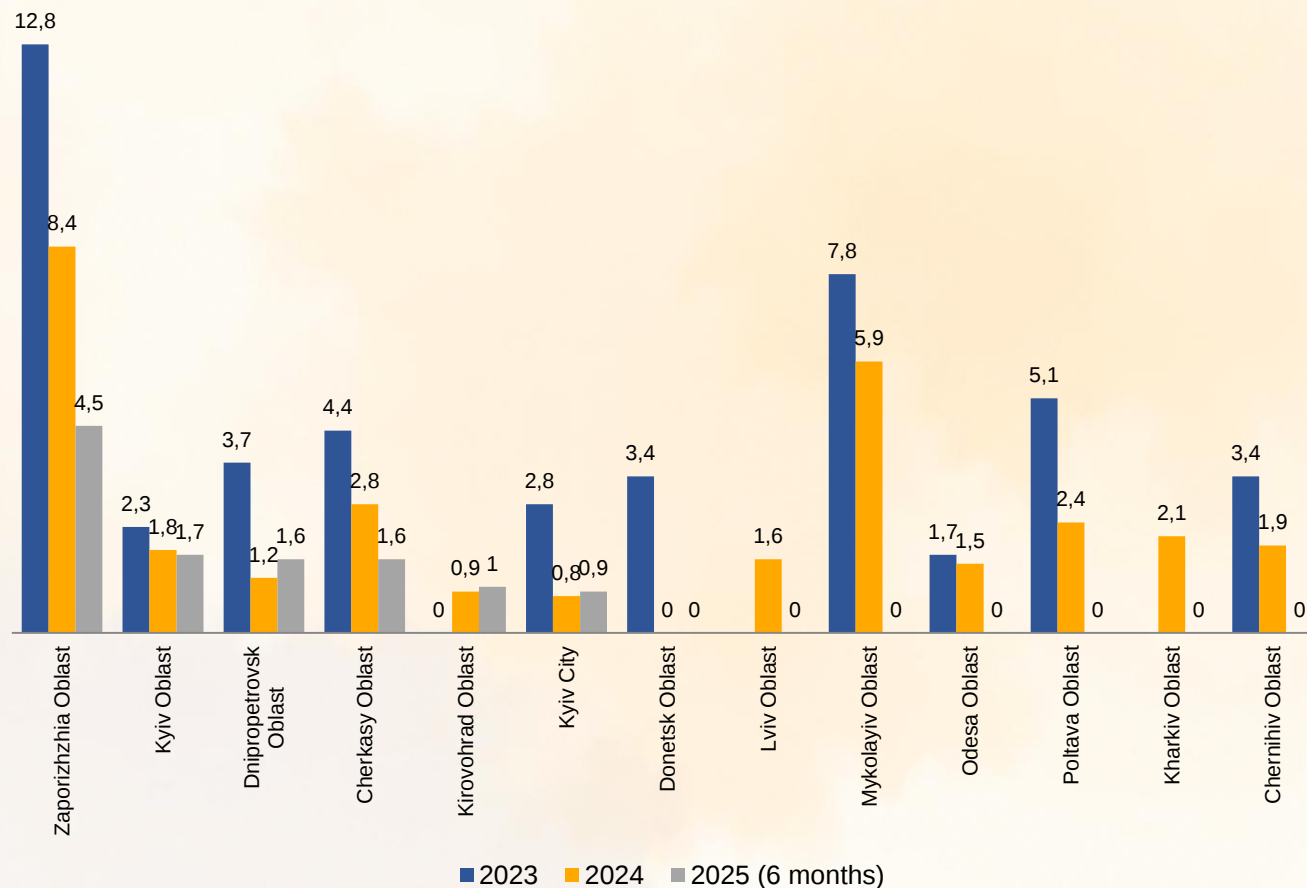
Volumes (RTRI) and results (RITA) of RHI testing in 13 regions



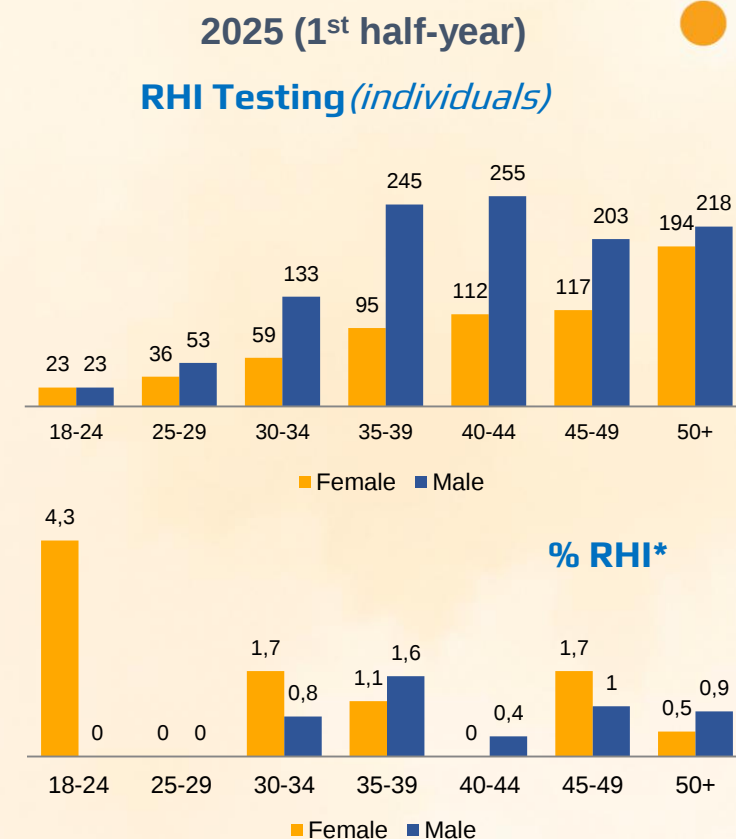
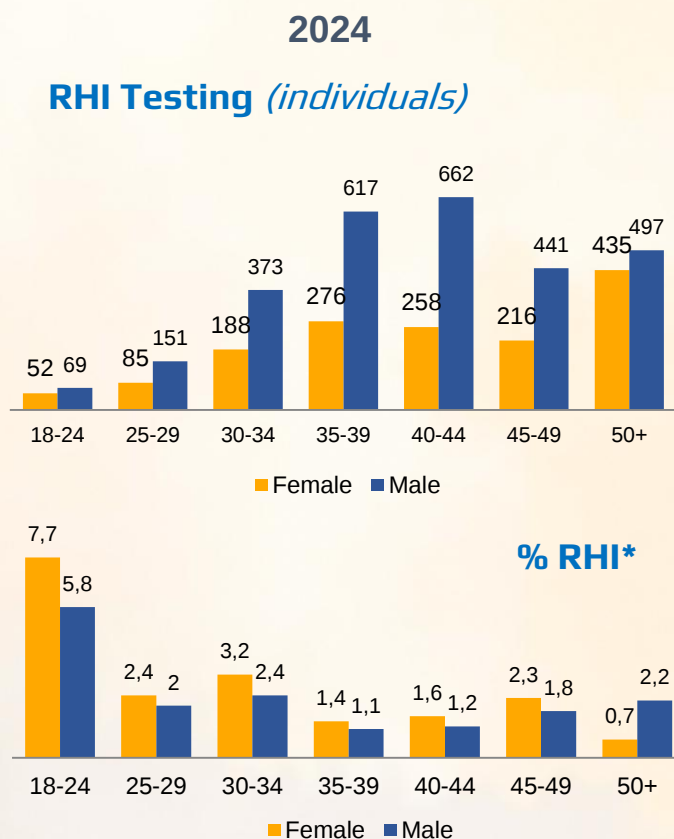
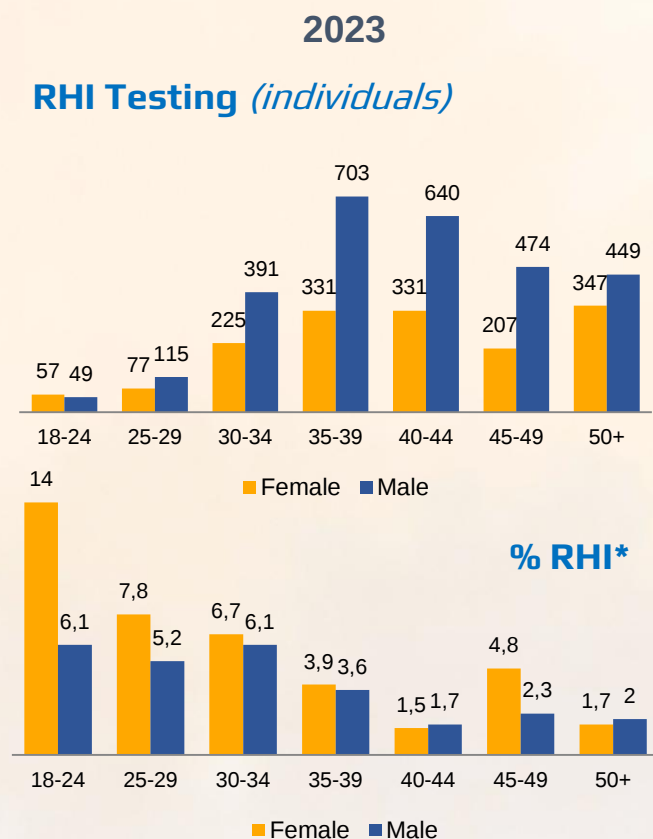
During 2023 – first half of 2025, in most regions there was a decrease in the share of persons with RHI among those tested for RHI, except in Kirovohrad region, where the indicator increased.

Lviv and Kharkiv regions, which joined the project in 2024, had RHI shares of 1.6% and 2.1% respectively, and in the first half of 2025 no RHI cases were detected in these regions.

Proportion of RHI cases (by RITA) among all tested for RHI (RTRI) by region (%)



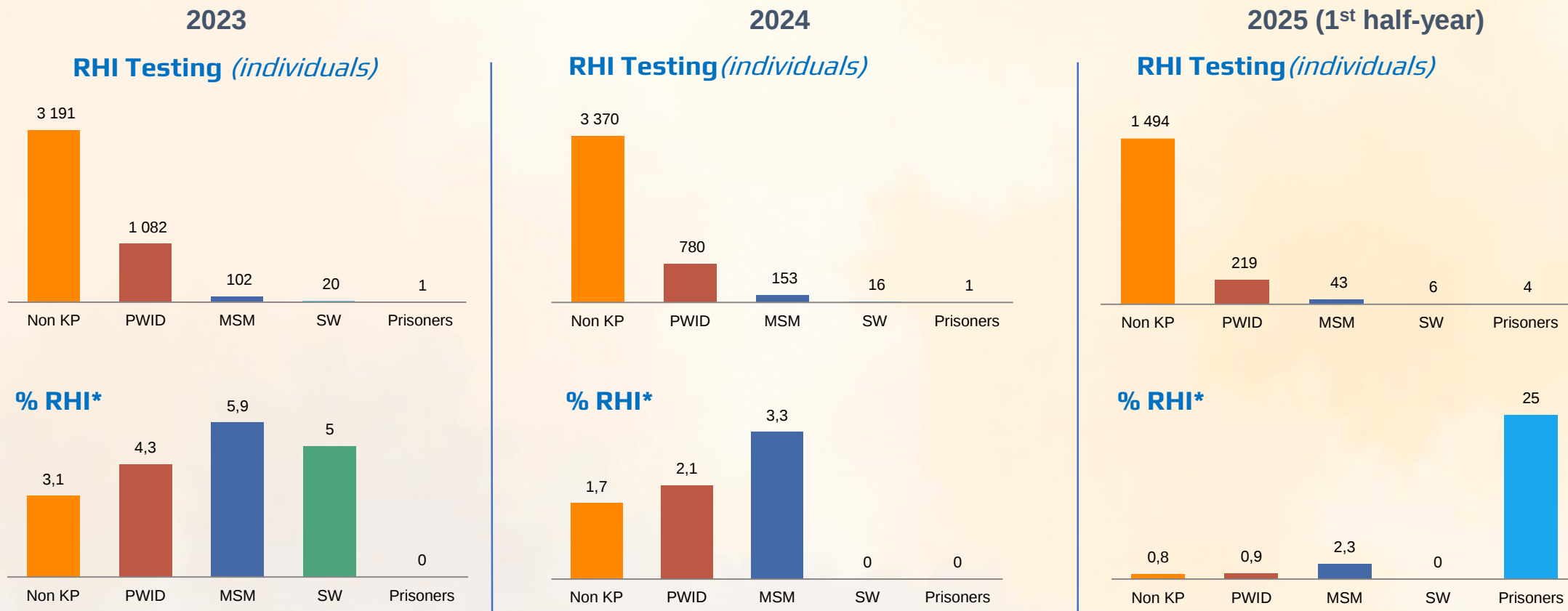
Distribution and Results of Testing for RHI by Age and Sex



During the observation period, men underwent more recent HIV infection (RHI) tests (RTRI) than women in most age groups. The highest testing volumes were in the 35–39 and 40–44 age groups, while the lowest was among those aged 18–24. However, the highest proportion of detected RHI cases (RITA) was found in the youngest group (18–24), where the rate was significantly higher among women than men.

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

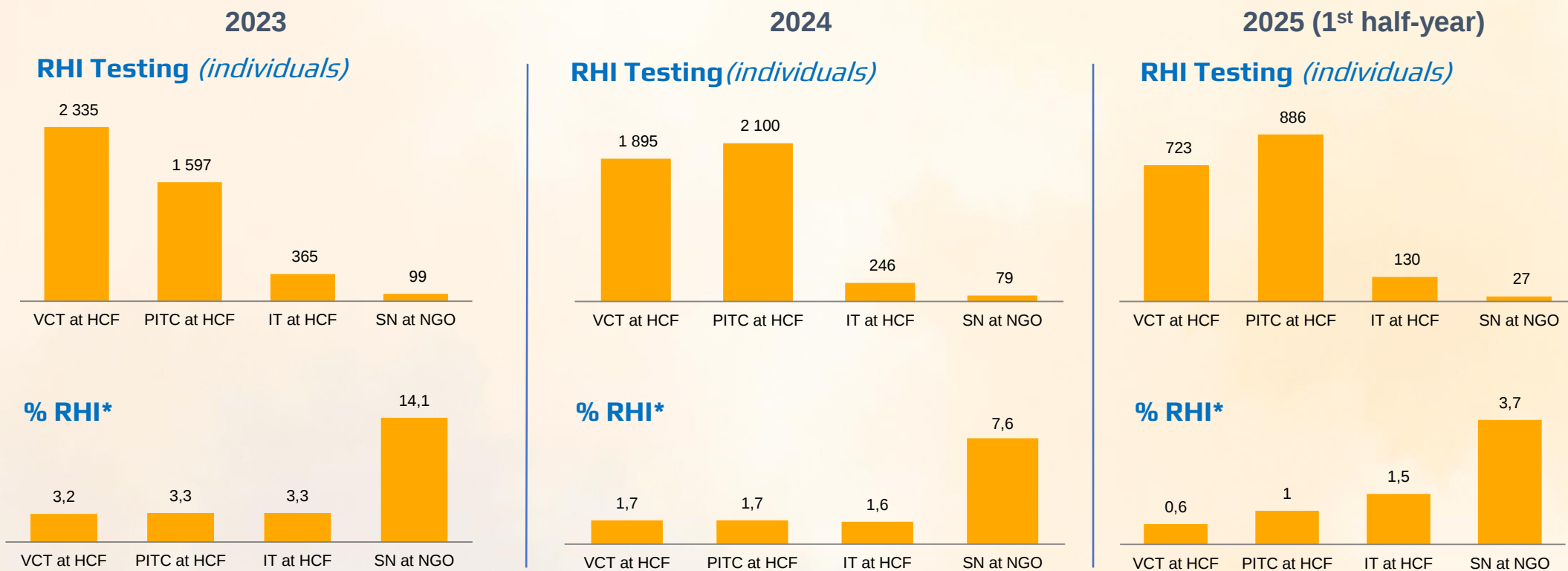
Distribution and Results of Testing for RHI by Key Populations



The vast majority of those tested for RHI through RTRI were individuals outside key populations (KP). A downward trend is observed both in the number of RTRI conducted among PWID and SW, as well as in the proportion of RHI across all KP. The highest percentage of RHI cases (RITA) was identified among MSM and PWID. In the first half of 2025, one RHI case was detected among 4 individuals with a history of imprisonment.

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

Distribution and Results of Testing for RHI by Testing Modalities

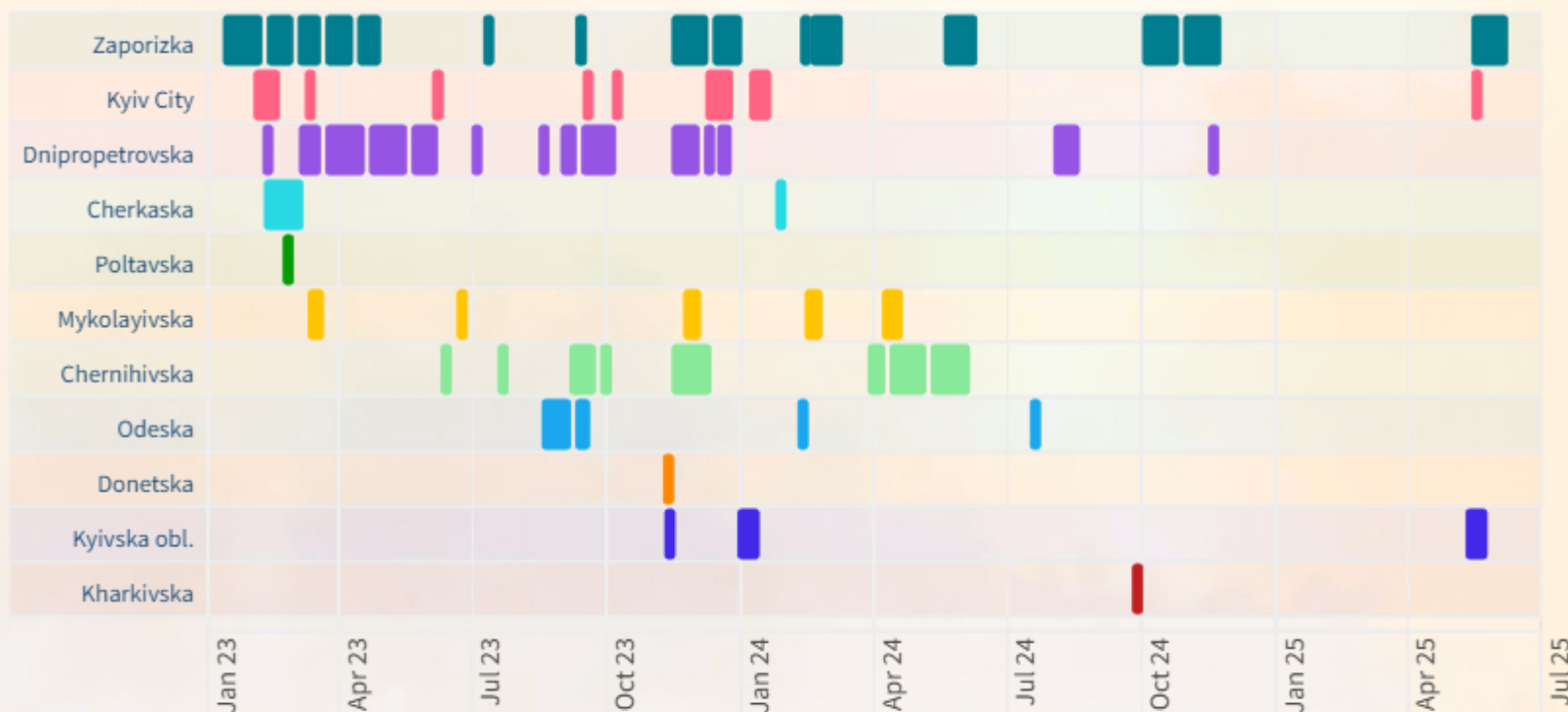


Most RHI tests (RTRI) were carried out on patients who received HTS through client-initiated testing at healthcare facilities (53% in 2023, 43% in 2024, and 41% in the first half of 2025) and through provider-initiated testing (36%, 48%, and 50%, respectively). Within the HTS modalities, index testing accounted for 6–8% of all RTRI, while referrals from NGOs to healthcare facilities made up to 2%. However, the highest proportion of RHI cases (RITA) was detected among individuals who initially tested positive at NGOs and were then referred to healthcare facilities for confirmation of HIV status.

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

Hot Spots (HS) of Recent HIV Infection*

The decline in the number of hotspots reflects the overall trend of decreasing new HIV cases: 42 hotspots were recorded in 2023, 21 in 2024, and only 3 in the first half of 2025. The regions with the highest number of hotspots 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

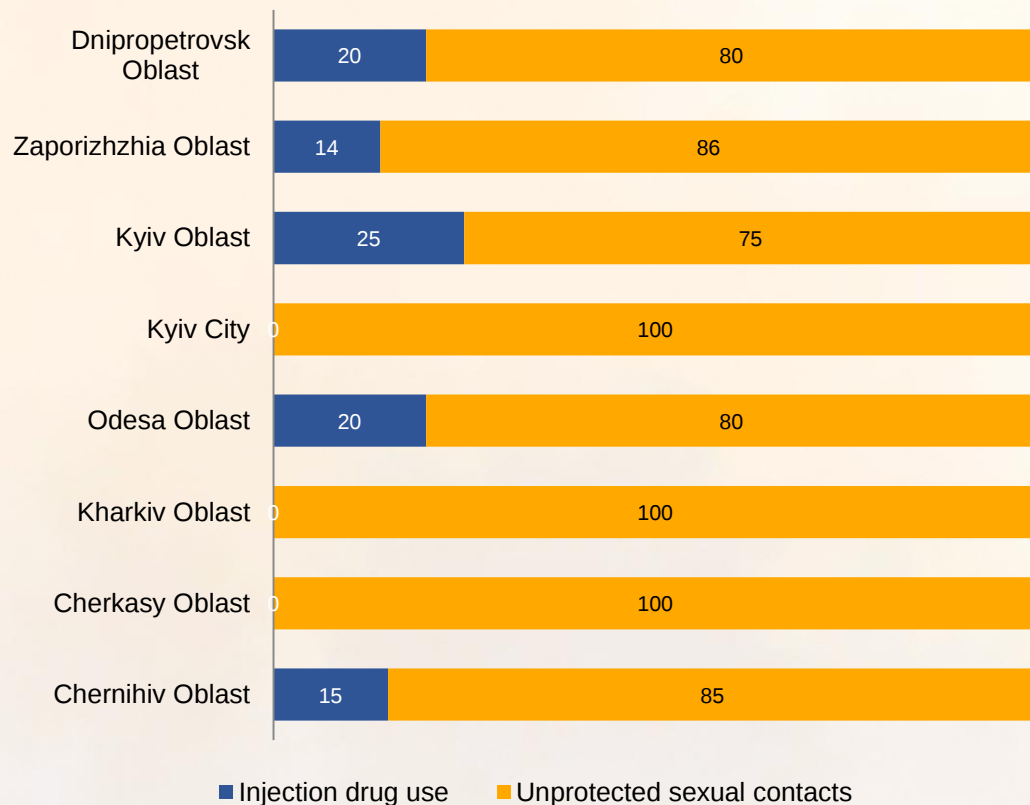
One hotspot includes ≥ 2 RITA cases, with the time interval between cases of up to 30 days

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 – first half of 2025

Hotspots: HIV Infection Risks among People with RHI*

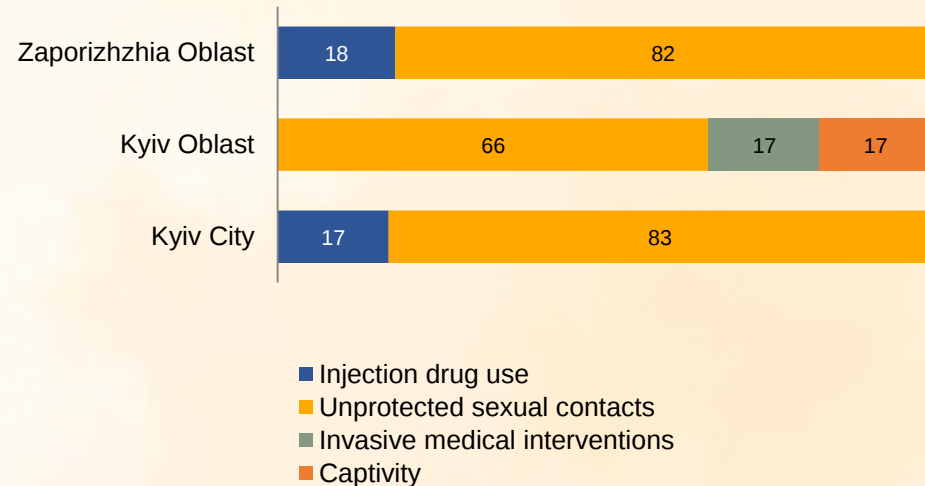
Distribution of HIV infection risks, % (2024)**



* Data source: Hotspot investigation tool

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

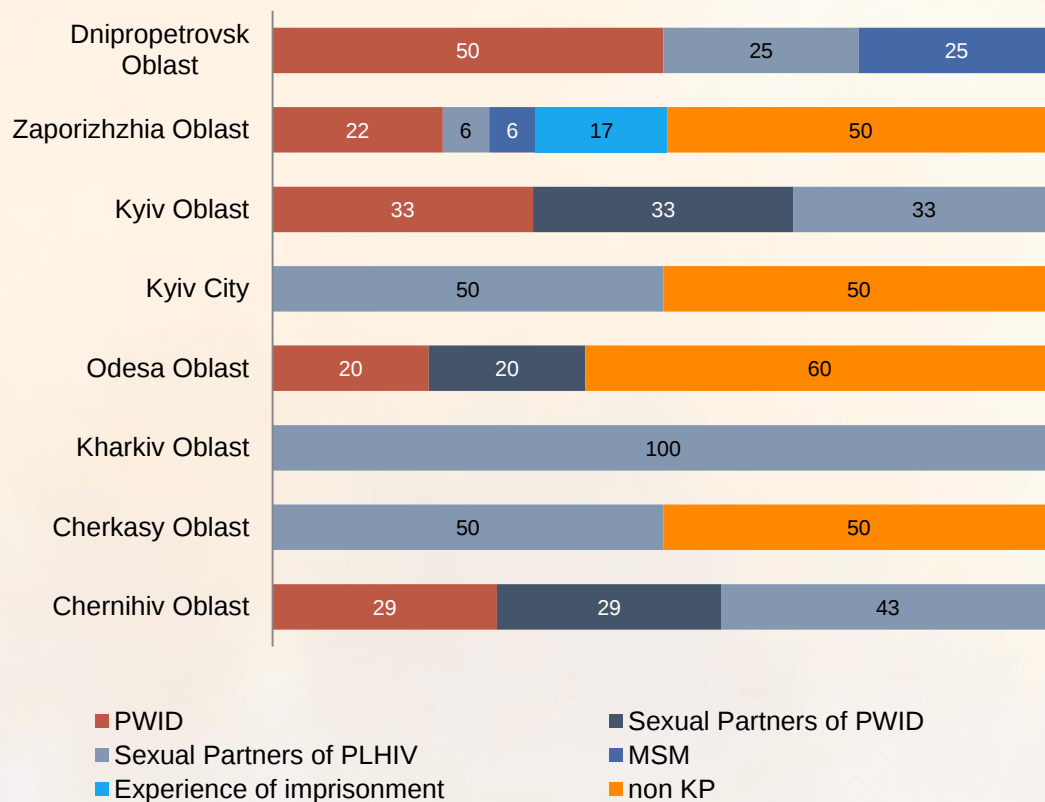
Distribution of HIV infection risks, % (first half of 2025)**



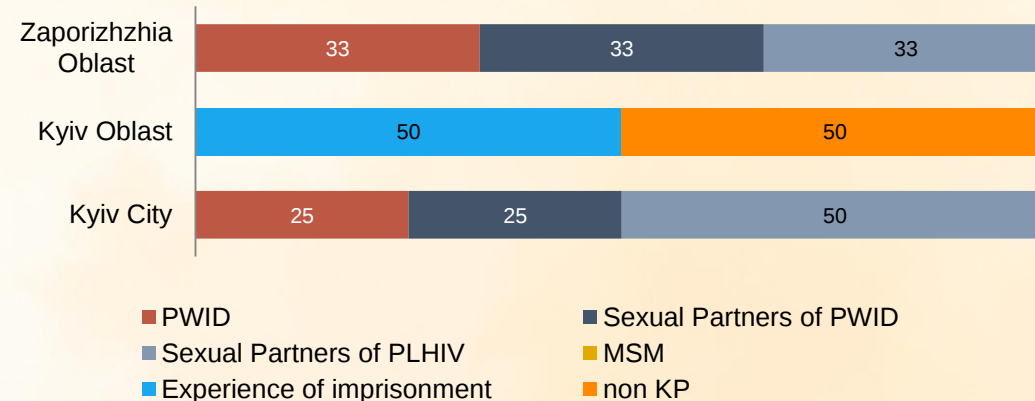
Among HIV infection risks in people with RHI identified in hotspots, unprotected sexual contacts were the most common. Most PWID with RHI, in addition to injection drug use, also reported unprotected sexual contacts. During the first half of 2025, HIV infection risks linked to invasive medical procedures and captivity were recorded for the first time in hotspots of the Kyiv region.

Hotspots: Key Populations in Relation to HIV Infection*

Distribution of RHI cases by Key Populations, % (2024)**



Distribution of RHI cases by Key Populations, % (first 6 months of 2025)**



In 2024, in the “hotspots” of Kharkiv, Kyiv, and Chernihiv oblasts, sexual partners of PLHIV predominated (43–100% of all RHI cases). In Dnipropetrovsk oblast, among detected RHI cases in hotspots, a significant share were PWID (50%) and MSM (25%), while in Zaporizhzhia oblast — PWID (22%) and people with a history of imprisonment (17%). In the first half of 2025, RHI cases in hotspots continued to be recorded among sexual partners of PLHIV, PWID, and sexual partners of PWID (Zaporizhzhia oblast, Kyiv city), as well as among people with a history of imprisonment (Kyiv oblast).

* Data source: Hotspot investigation tool

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



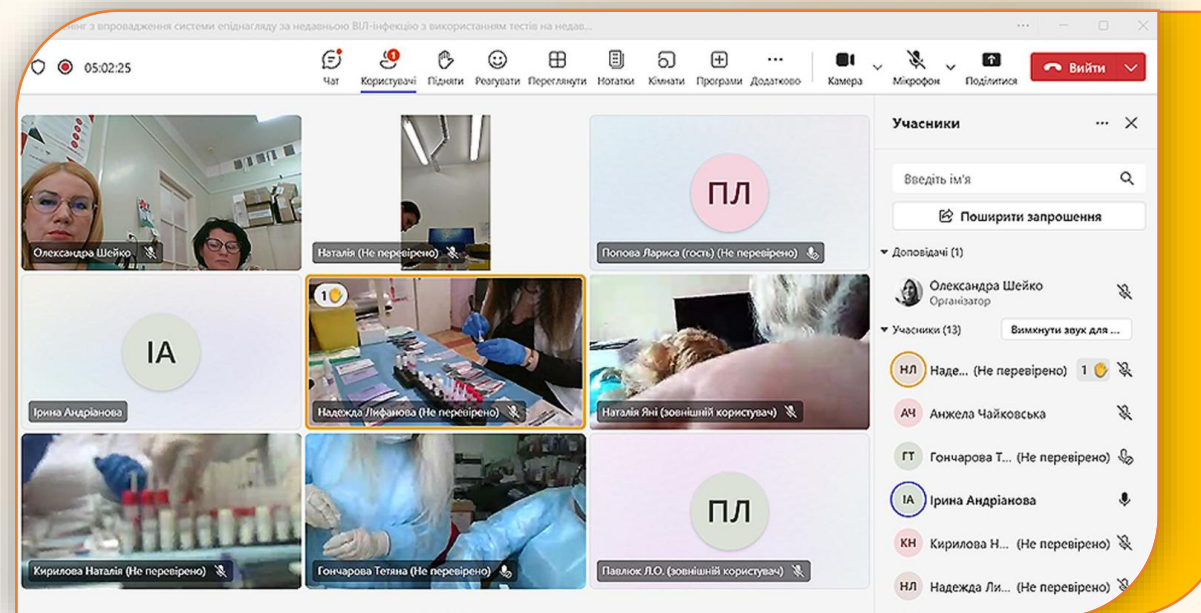
Activation of New HIV testing Sites

Trainings at the Public Health Center of the Ministry of Health of Ukraine

Offline training, 06.03.2025



Online training, 25.03.2025



24 healthcare workers took part in trainings on the implementation of the RHI surveillance system: a theoretical session (30.01) and practical sessions (06.03, 25.03). After completing the training, they acquired the necessary skills to conduct RHI testing, which enabled the launch of new testing sites.



Monitoring Visits for the Activation of RHI Testing Sites



Synelnykove Central City
Hospital, Dnipropetrovsk
Oblast

10.03.2025



Cherkasy Regional
Tuberculosis Dispensary,
Cherkasy City

12.03.2025

Branch and Trust Office
No. 17 of the City Center
for HIV/AIDS Prevention
and Control, Odesa City



12.03.2025

Consultative and
Diagnostic Center of the
Dniprovskyi District, Kyiv
City



19.03.2025



Monitoring Visits for the Activation of RHI Testing Sites

Lubny Intensive Care
Hospital, Poltava
Oblast



21.03.2025

Novyi Buh Multidisciplinary Hospital,
Mykolaiv Oblast (online)

08.04.2025

Yuzhnoukrainsk City Multidisciplinary
Hospital, Mykolaiv Oblast (online)

08.04.2025

Boryspil
Multidisciplinary
Hospital of Intensive
Care, Kyiv Oblast



27.03.2025

City Hospital No. 2, Kramatorsk,
Donetsk Oblast (online)

11.04.2025



Stakeholders' Meeting on Strengthening HIV Surveillance and Responding to Recent HIV Infection, June 17–18, 2025

Meeting goal: to enhance the effective use of HIV surveillance data implemented in 13 oblasts of Ukraine in order to strengthen the capacity of the HIV surveillance system, ensure timely response to recent HIV infection (RHI) cases, and optimize HIV/AIDS control programs in high-burden areas (response locations)





Training on the implementation of a recent HIV infection surveillance system using recent HIV infection tests at service delivery sites, May 29–30, 2025



Training on quality assurance of recent HIV infection testing for regional specialists, June 26–27, 2025





Conclusions

- The overall coverage of RHI testing (RTRI) across 13 oblasts involved in HIV recent infection surveillance in Ukraine increased annually, reaching 50% or higher from 2024 onwards.
- The largest testing volumes between 2023 and the first half of 2025 were recorded in Dnipropetrovsk, Odesa, Kyiv, and Chernihiv oblasts, as well as in Kyiv city.
- In most oblasts, the share of RHI cases among those tested decreased between 2023 and the first half of 2025: in Mykolaiv, Odesa, Poltava, and Chernihiv oblasts from 7.8–1.7% down to 0%; in Kyiv, Dnipropetrovsk, Cherkasy oblasts, and Kyiv city from 4.4–2.3% to 1.7–0.9%; and in Zaporizhzhia oblast from 12.8% to 4.5%. Only in Kirovohrad oblast did the percentage rise from 0% in 2023 to 1.0% in the first half of 2025.
- During this period, the number of men tested for RHI exceeded the number of women across nearly all age groups (1.1–2.6 times more). However, the percentage of RHI cases was generally higher among women than men, with the gap ranging from 1.9–7.9% in the 18–24 age group and 0.3–2.6% in older groups. The highest proportion of RHI cases was found among youth aged 18–24, declining from 14% in 2023 to 4.3% in the first half of 2025.
- Between 2023 and the first half of 2025, the majority of individuals tested for RHI (RTRI) did not identify with key populations, outnumbering them by 2.6–5.5 times. However, the share of RHI cases (according to RITA) was 1.12–2.9 times higher among key populations. The highest percentages were recorded among MSM (2.3–5.9%) and PWID (0.9–4.3%).
- The largest share of RHI cases (by RITA) was detected among people who had a reactive screening test in NGOs and were referred to health facilities for HIV status confirmation—ranging from 3.7% to 14.1%, which is 2.5–4.5 times higher than in other HTS modalities.
- The number of “hotspots” decreased from 42 in 2023 to just 3 in the first half of 2025 (in the same period, the number of identified RHI cases fell from 152 to 16). The main risk factor for HIV infection among RHI cases remains unprotected sexual contact. Hotspots continue to capture cases primarily among sexual partners of PLHIV, PWID, and sexual partners of PWID.



Recommendations Based on the Results of RHI surveillance as of July 1, 2025



- Achieve at least 50% coverage of RHI testing (RTRI) across all oblasts included in the study.
- Adjust HIV testing programs (HTS) to increase coverage among the 18–24 age group, especially among women, given the high proportion of recent HIV infections detected in this category.
- Revise testing strategies among MSM and PWID to expand coverage and improve detection of HIV-positive cases.
- Consider strengthening index testing and ensuring supportive referral from NGOs to healthcare facilities.
- Investigate the reasons for the decline in HIV testing among PWID and SW and develop targeted measures to restore and increase testing in these groups.
- Ensure that all key population members who test positive on HIV screening are accompanied to healthcare facilities for confirmatory diagnosis and timely initiation of treatment.
- Adjust HIV prevention programs in the study regions to address dominant risk factors, the distribution of recent infections across key populations in “hotspots,” and newly identified risks in 2025 (such as invasive medical procedures and captivity).
- Introduce regular analysis and discussion of results at the regional level to ensure timely response to recent HIV infections (RHI).
- Increase awareness among key populations about the availability and benefits of recent HIV infection (RHI) testing and develop motivational measures to engage youth and vulnerable groups in HIV testing services (HTS).



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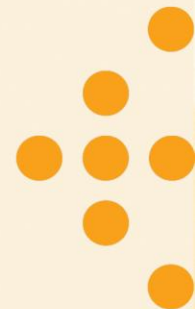


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More detailed information on testing for recent HIV infection can be found on this **interactive dashboard**:



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