**NARRATIVE REPORT**

HIV / AIDS has constituted a public health priority for the Government of Cyprus since 1986 when the first National AIDS programme (NAP) was prepared in cooperation with WHO. The response to the epidemic has been multisectoral and the objectives of the current strategic plan encompass the prevention of the transmission of the virus and alleviation of the personal and social impact of the epidemic.

The general aim of health education programmes is to assist youth and other population groups to develop safe attitudes and behaviours. A peer education programme is implemented among students aged 16 to 17 years at the public secondary education.

Specialized care to HIV seropositive people, is provided at Gregorios Clinic for HIV/AIDS.

According to the standards of the World Health Organization, Cyprus is placed among countries of low prevalence of HIV infection.

The factors that determine the extent and profile of the HIV/AIDS epidemic in Cyprus are:
(a) the risky sexual behaviour, which has been the main, almost exclusive way of transmission of the virus until now
(b) the increased risk of transmission of the virus in certain groups of the population that have their own particularities and problems (eg IDU, MSM)
(c) the growing pace of population movement to and from Cyprus and across the line that divides the government – controlled area from the Turkish occupied areas.

The epidemiological surveillance for HIV/AIDS in Cyprus covers the period from 1986 to the present.
From 1986 until the end of December 2009, 640 cases of HIV/AIDS were diagnosed in Cyprus. The number of new cases recorded in 2009 is 38 of which 26 are residents of Cyprus and 12 are non residents.

Of the 640 recorded cases, 376 concern people who reside or used to reside permanently in Cyprus and 264 live abroad.

Among the 376 HIV positive people who are residents of Cyprus, 298 are men and 78 are women which gives a ratio of 4 men to 1 woman.

HIV infection affects mainly young people: around 68% of all the infected permanent residents in Cyprus were between the age 20-39 at diagnosis. In men this proportion is 55% and in women 13%.

Among the 376 cases permanent residents that were diagnosed as HIV positive by the end of 2009 and presented themselves to Gregorios Clinic for treatment,
there are 178 who are currently being treated and the number of people known to have died, either from AIDS or from other natural causes is 41.

These provide an indication of the prevalence that is the number with HIV currently living in Cyprus. However, due to the long asymptomatic phase of HIV infection, it is expected that some persons who have been infected are not aware of the fact and remain unreported for a certain period of time. For this reason the actual number of cases is considered to be higher than that of the diagnosed cases of HIV infection.

The epidemiological surveillance lacks data on certain high risk groups such as MSM and IDU. Consequently, prevalence in the general population must be considered as being higher.

It is encouraging to know that so far there have not been any cases of HIV-infection from blood and blood products taking place in Cyprus and that transmission from mother to child is extremely low. This is attributed to the maintenance of HIV-infection at low levels in the general population and to the official policies for the prevention of infections from blood and blood products. Sexual contact remains the main mode of transmission of the virus which accounts for more than 90% of the seropositive people.