Background
Access to antiretroviral treatment (ART) has dramatically reduced HIV-related mortality and morbidity, but for viral suppression and good clinical outcome, HIV-infected individuals must fulfill several steps along the HIV care continuum. The process of achieving virologic suppression proceeds through 5 stages: HIV diagnosis, linkage to care, retention in care, receipt of ART, and virologic suppression. This progression is often called the cascade of care or the HIV care continuum.

Methods
We have estimated the continuum of HIV care for the entire HIV-1-infected population in Sweden. The Swedish InfCare HIV Cohort Study collects viral loads, CD4 counts, and viral sequences, along with demographic and clinical data through an electronic clinical decision support system (InfCare HIV®). Almost 100 % of those diagnosed with HIV and linked to care are included in the InfCare HIV database, corresponding to 6,946 diagnosed subjects living with HIV-1 in Sweden by December 31, 2015.

Results
Using HIV surveillance data reported to the Public Health Agency of Sweden it was estimated that 10 % of all HIV-infected subjects in Sweden remain undiagnosed. Among all diagnosed patients 2013-2014, 99.8 % were linked to care and 97.1 % of those remained in care. On December 31, 2015, 6,605 of 6,946 patients (95.1 %) were on ART. 6,395 had been on treatment for at least six months and 6,053 of those (94.7 %) had a viral load <50 copies/mL. Ninety-eight patients on treatment had a viral load >200 giving 98.5 % with a viral load <200 copies/mL.

Conclusions
The 2014 UNAIDS/WHO 90-90-90-goal for HIV care is that >73 % of all patients living with HIV should be virologically suppressed by 2020. Sweden has already achieved this target with 78 % suppression: we estimate that 90% of those living with HIV-1 know their status; 99.8% of those diagnosed are linked to care; 97.1% are retained in care: 95.1 % are on antiretroviral treatment; and 94.7 % of those treated have a viral load <50 copies/mL.