

HIV/AIDS IN LEBANON:

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Lebanon

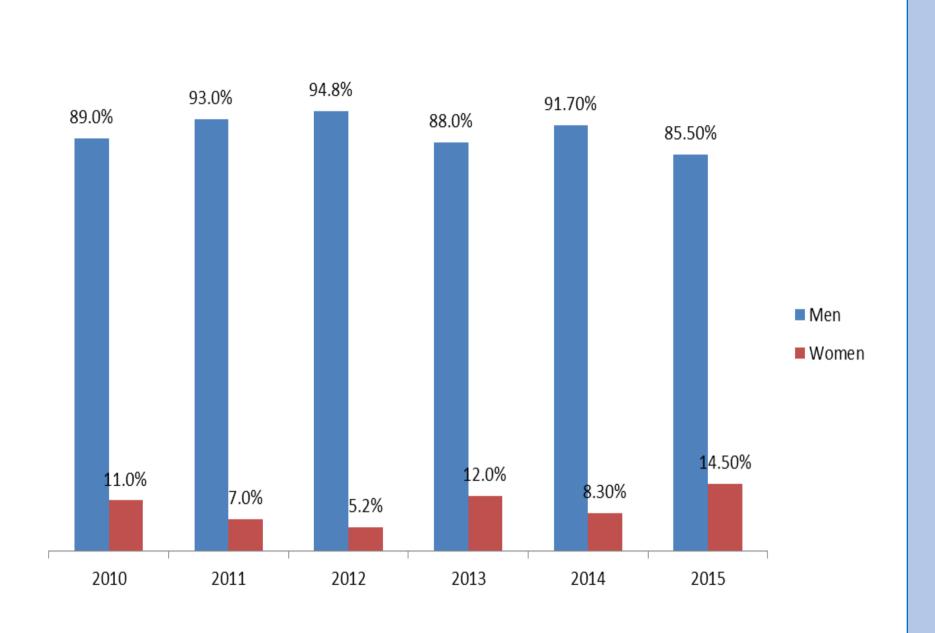


- Country of 4.5 million inhabitants
- Largely urban population (>80%)
- HIV Prevalence: < 0.1%
- HAART implemented in 1996 by the Lebanese AIDS Society
- Managed and paid for by the Ministry of Health National AIDS Program since 1997
- Coverage of all legal displaced populations particularly Palestinians on Lebanese soil since 2005
- Coverage of all Syrian and Iraqi displaced populations
- Adoption of "treat all" policy since 2015
- Development of new ARVs guidelines 2016

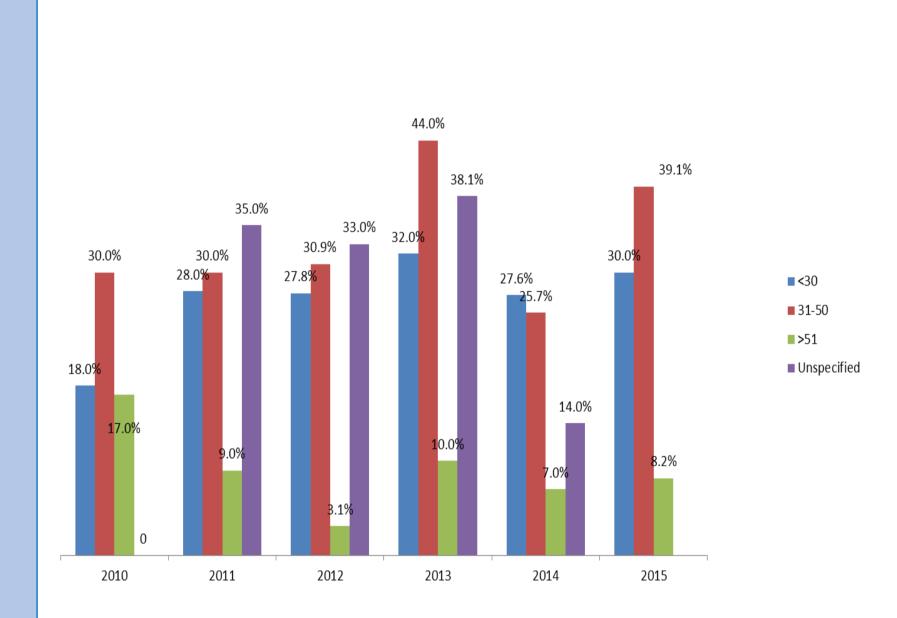
Distribution of HIV/AIDS cases in Lebanon December 2015

Cumulative number	Reported cases	Year
1346	93	2010
1455	109	2011
1552	97	2012
1671	119	2013
1780	109	2014
1890	110	2015

Progression over the years Gender distribution ¹

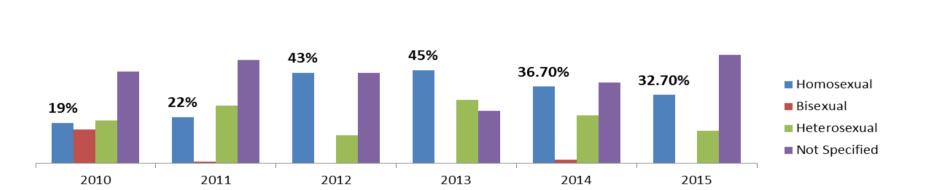


Progression over the years Age distribution

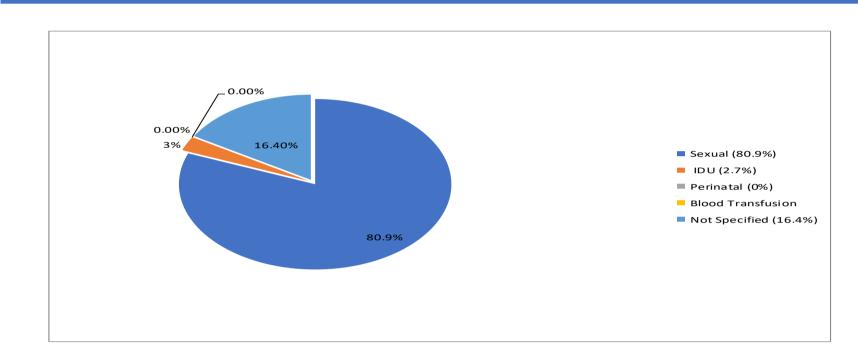


Progression over the years Sexual preference

Unreported	Heterosexual	Bisexual	MSM	Year
44%	20%	16%	19%	2010
50%	28%	1%	22%	2011
43%	13%	0%	43%	2012
25%	30%	0%	45%	2013
39.6%	22.9%	1.8%	36.7%	2014
51.8%	15.5%	0%	32.75%	2015

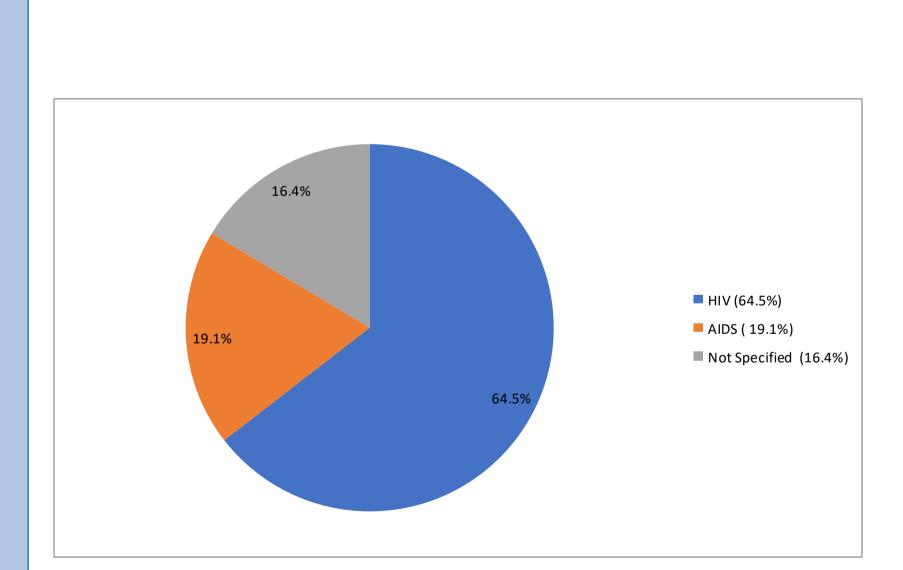


Mode of transmission ¹

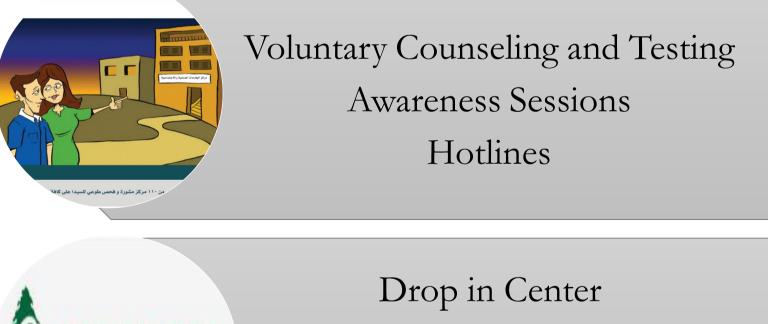


Unreported	Mother to child	Transfusion	PWID	Sexual	Year
23.70%	0.00 %	0.00 %	0.00 %	76.30 %	2010
47.00 %	0.00 %	1.00 %	1.00 %	51. 00 %	2011
58.00 %	0.00 %	0.00 %	2.10 %	55.70 %	2012
7.50%	1.60 %	0.00 %	1.00 %	90.00 %	2013
30.75 %	0.00 %	0.00 %	1.00 %	68.30 %	2014
16.40 %	0.00 %	0.00 %	2.70 %	80.90 %	2015

Staging December 2015 ¹



Activities ¹



Guidelines of Opiates Substitution Therapy National Strategic Plan

Current epidemiological data November 30, 2016 ²

New Cases: 108 Adults and children receiving ART in 2016: 1130 Adults aged 15 and over receiving ART: 1125 Women aged 15 and over receiving ART: 129 People Living with HIV who have suppressed viral

Loads < 1000 (42%)

Reasons for HIV testing in a population of persons living with HIV in Lebanon

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Background: Although awareness regarding HIV infection has been increasing globally, it is thought that the people in Lebanon are still reluctant to undergo HIV testing and screening due to the social and legal stigma surrounding this topic. Despite the availability of programs and relatively easy access to the appropriate treatment provided by the government, the testing rates in Lebanon still don't match the global rates. The purpose of our study is to evaluate the reason for testing and stage at presentation among persons living with HIV (PLHIV) in the Lebanese community.

METHODS: This is a retrospective observational study conducted at a university hospital in Beirut, Lebanon. We reviewed the medical records of HIV positive patients presenting to the outpatient clinic between 2008 and 2013. The assessed variables were demographics, reason for testing and stage of disease at presentation.

RESULTS: Among 321 patients, 18 were excluded due to insufficient data. Patients initiated testing accounted to 29.4% (89) of cases, in clinical laboratories or in voluntary counseling and testing centers after having unsafe sexual activity or being exposed elsewise, whereas 35%(101) were diagnosed through their healthcare providers as part of diagnostic workup for illness.

The most common route of transmission was in men who have sex with men (MSM) (54.2%).

As for the CD4 levels at presentation we significantly found that only 10.1% of the patients in the "patient initiated" group had CD4 levels less than 199 whereas 32% out of the other groups had an advanced disease at presentation.

CONCLUSION: Overall, these findings highlight the crucial role of HIV counseling and enhancing testing practices as early testing can prevent PLHIV from attaining advanced stages of the disease. Health care workers in Lebanon are ought to be more proactive in offering testing to their patients, knowing that this practice is associated with decreased morbidity and mortality.

References:

1- National AIDS Control Program in Lebanon, Republic of Lebanon, Ministry of public health, 2017

2- UNAIDS, AIDS info, Country factsheets, Lebanon 2016