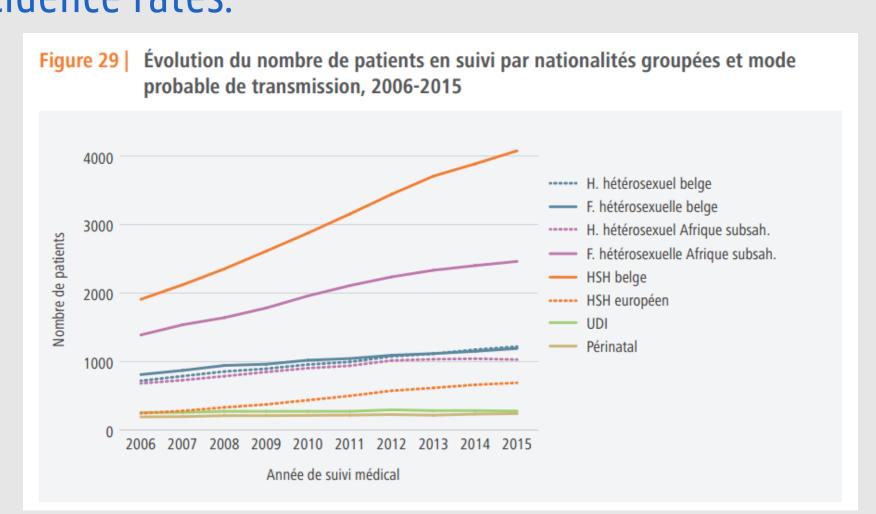
Epidemiology

The HIV epidemic in our country is

essentially involving two groups: men who have sex with men (MSM), and people who have contracted the treatment, and 93% of them have a viral load (VL) virus through heterosexual intercourse. The former are below 200 copies/ml. The proportion of diagnosed of mainly Belgian origin, the latter rather Sub-Saharian PLHIV with viral suppression among the Belgian African. Only 0.5% of cases are related to intravenous population varied between 64% and 72% (fig32). drug use (fig29). Since the introduction of antiretroviral therapy (ART), HIV patients live longer incidence rates.

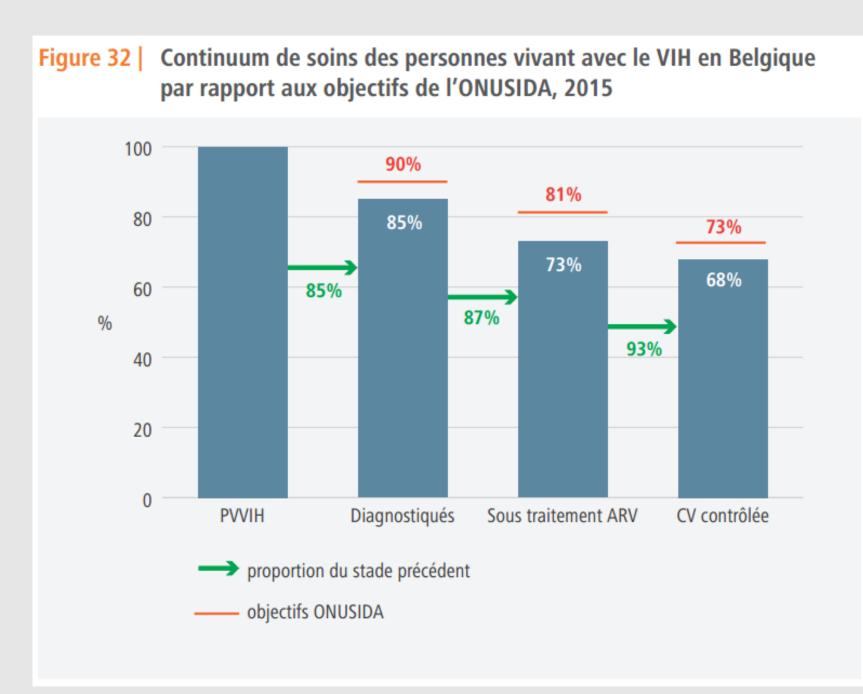


In 2015, it is estimated that about 85% of PLHIV are currently diagnosed, of which 87% are on

These results are still under the

target goal met by the United Nations, which are 90% resulting in a prevalence increase despite decreasing diagnosed and coverage with ART of which 90% entails a "sustainable" viral suppression by 2020.

> Hypothesis on the failures of coverage and viral control are due to inadequate screening (loss of 10-20% patients), difficulties in retention in healthcare facilities (loss of 8-9% patients), and former limitations for ART prescription.



In 2016, 915, new cases were diagnosed (approximately 2.5 diagnoses of HIV infection, daily), and the estimated number of patients living with HIV (PLHIV) was 18 785 (1,7 per 1000 inhabitants), of which 2873 undiagnosed individuals (i.e.15.3%). The proportion of late presenters (CD4 cell count lower than 350/mm3) was 35%.

Source: Sasse A, Deblonde J, Jamine D, Ost C, Van Beckhoven D. Epidémiologie du sida et de l'infection à VIH en Belgique (situation au 31 décembre 2016), rapport de l'Institut scientifique de Santé publique, www.wiv-sp.be. Available from: https://epidemio.wiv-isp.be/ID/reports/%C3%89pid%C3%A9miologie%20du%20sida%20et%20de%20l'infection%20%C3%A0%20VIH%20en%20Belgique.%20Rapport%20annuel%202016.pdf.

PREP IN BELGIUM (PRE-EXPOSURE PROPHYLAXIS)

In order to end AIDS epidemic and achieve the goal of 90 90, many strategies have been implemented, like PEP, PrEP and outreach HIV and STI screening. Truvada as preexposure prophylaxis is reimbursed since June 2017 for high risk HIV exposure patients. On 28 February 2018, a total of 1352 requests for re-imbursement had been approved by the National Institute for Health and Disability Insurance

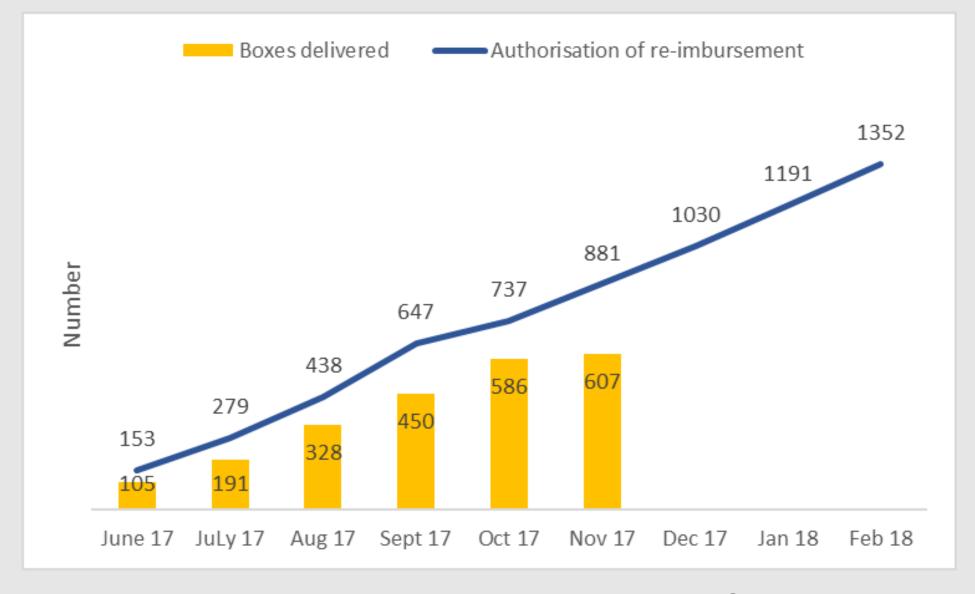


Table 1: Number and characteristics of PrEP users in seven ARCs in Belgium (until 28 February 2018)

LATE PRESENTERS (LP): DATA FROM 3 INDEPENDENT CENTRES

Late presenters and people not aware of their HIV-status, or those lost to follow-up, contribute to the transmission of the virus and are also victims of high morbidity and increased short term mortality.

Ghent: From 45 hospitalized HIV+ patients between January 2017 and June 2018, 18 were LP (14 new diagnosis, 4 were lost to follow-up) with AIDS related disease at time of diagnoses, frequently cerebral symptoms were present. Similarly in CHR from 14 hospitalized patients, 8 were in AIDS stadium. Fig: Exemples of AIDS related disease as presented in our respective clinics: Upper left: pneumocystis pneumonia, Upper right:, Progressive Multifical leukoencephalopathy (PML), Lower left: cerebral toxoplasmosis, lower right: oral Kaposi

CHU: From 687 patients followed between January 2006 to July 2017, 44% of the patients were LP and 24% were late presenters with advanced disease (LP-AD) (presenting for care with CD4 T cells <200/mm3 or an AIDS defining event). A very high risk of being LP and LP-AD was associated with Sub-Saharan origin (OR 3.4 and 2.6 respectively).

