

HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE

PREFACE

The year 2006 is an important time point in the history of the HIV epidemic. It is the 25th anniversary of the first report of HIV infection in the medical literature. It is also the 10th anniversary of the introduction of highly active antiretroviral therapy (HAART), a treatment paradigm of combination treatment that has led to dramatic declines in HIV-attributed morbidity and mortality when implemented. Thus, 2006 provides us with a good opportunity to reflect on the *actual* impact of the HIV epidemic and the significant *future* challenges that we continue to face regarding its management.

HIV/AIDS continues to affect communities in all regions and countries of the world. More than 90% of all people living with HIV reside in developing countries where resources for diagnosis, prevention, and management of diseases are scarce. *Worldwide, an estimated 40.3 million people are living with HIV and 3.1 million people are estimated to have lost their lives to HIV in 2005. More than 25 million people have succumbed to HIV since it was first recognized in 1981.* In North Africa and the Middle East, it is estimated that there are 510,000 adults and children currently living with HIV and that 58,000 individuals lost their lives because of HIV in 2005. Additionally, 67,000 adults and children were newly infected during this same period. While the extent of the HIV epidemic in Lebanon remains unclear, the National AIDS Project, a product of joint efforts between the WHO and the Lebanese Ministry of Health, has been created. Since its inception, the program has been involved in providing support to patients with HIV in Lebanon. Of people living with HIV worldwide, only one in ten has been tested and knows that he or she is infected. *It is estimated that a small minority of people with HIV who live in developing countries and who need life-saving antiretroviral therapy do in fact receive it.*

Some progress, however, is being made. While the goal of World Health Organization to provide antiretroviral therapy to 3 million people living with HIV/AIDS in low- and middle-income countries by the end of 2005 has not been met, there has been some progress in providing access to antiretroviral therapy globally. The number of people receiving combination antiretroviral therapy in developing countries increased from 400 000 in December 2003 to 1.3 million in December of 2005. Four thousand HIV-infected individuals in North Africa and the Middle East are now receiving treatment as compared to 1000 at the end of 2003. Some HIV prevention efforts are also beginning to show results. However, immense challenges remain.

Recognizing the impact and complexity of this pandemic, the Lebanese Medical Journal (LMJ) has dedicated this special issue to a discussion on a wide range of HIV-related topics. HIV clinicians and experts from various parts of the world, including Mayo Clinic in the United States, the University of Verona, Italy, the American University of Beirut, Lebanon, and the National Aids Project program, Beirut, Lebanon, have partnered to contribute a number of HIV-related articles. These articles include demographic data on the HIV epidemic in Lebanon, the current status, availability, and use of laboratory studies for the diagnosis and monitoring of patients with HIV, and management of selected HIV-associated opportunistic infections and conditions. Given its emerging importance in the field of HIV medicine, we have dedicated one article to the discussion of long term metabolic complications of antiretroviral therapy.

While the goal of this LMJ special issue is not to provide an exhaustive review of this topic, it is our sincere hope that these articles will raise awareness about HIV infection among the medical community at large while at the same time providing up-to-date information to those already involved in the care of persons living with HIV.

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