



Saint Lucia Annual Surveillance Report for 2014

Ministry of Health, March 2015

Table of Contents

LIST OF TABLES	3
LIST OF FIGURES	3
LIST OF ACRONYMS	4
EXECUTIVE SUMMARY	5
INTRODUCTION	6
OVERVIEW OF THE HEALTH CARE DELIVERY SYSTEM	6
CASE DEFINITIONS	7
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)	7
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION	9
LIMITATIONS	9
NEWLY DIAGNOSED CASES	11
NEW CASES OF HIV, AIDS AND AIDS-RELATED DEATHS FOR 2014	11
NEW HIV INFECTIONS BY AGE AND SEX	11
BY MODE OF TRANSMISSION	12
BY REGION OF RESIDENCE	12
TRENDS IN REPORTED CASES OF HIV INFECTION FOR 1985 TO 2013	13
BY YEAR	13
BY SEX	13
BY AGE, SEX AND YEAR	14
BY MODE OF TRANSMISSION	15
BY REGION OF RESIDENCE	16
TRENDS IN REPORTED CASES OF AIDS AND DEATHS DUE TO AIDS 1985 TO 2014	17
AIDS CASES AND DEATHS BY YEAR	17
LATE TESTERS	18
PERSONS LIVING WITH HIV (PLHIV)	19
AGE AND GENDER DISTRIBUTION	19
ENROLMENT INTO CARE	19
ENROLLED PLHIV BY AGE AND GENDER	20

PLHIV WHO ACCESS ARV THERAPY (ART)	20
PLHIV NOT ENROLLED INTO CARE	22
APPENDIX I: NEW AND CUMULATIVE CASES	23
MAIN FACTS	24

List of Tables

Table 1: Reported newly diagnosed cases of HIV infection, AIDS and AIDS-related deaths, 2014.....	11
Table 2: Selected PMTCT indicators by year, 2007 to 2013.....	16
Table 3: Incidence of HIV infection by region, rank order and 5-year periods, 1989 to 2014	16
Table 4: Number and percent of diagnosed cases by selected characteristics, 2014 and 1985 to 2014 (combined).....	23

List of Figures

Figure 1: Newly diagnosed cases of HIV infection by age group and gender, 2014.....	12
Figure 2: Percent of newly diagnosed cases of HIV infection by mode of transmission, 2014.	12
Figure 3: Newly diagnosed cases of HIV infection by year, with trend line, 1985-2014	13
Figure 4: Newly diagnosed cases of HIV infection by sex and 5-year periods, 1985 to 2014	14
Figure 5: Newly diagnosed cases of HIV infection age, sex and 5-year periods, 1985 to 2014	14
Figure 6: Newly diagnosed cases of HIV infection by Mode of Transmission and 5-year periods, 1985 to 2014	15
Figure 7: Newly diagnosed cases of heterosexual and unknown transmission of HIV by Sex and 5-year periods, 1985 to 2014	15
Figure 8: Incidence of AIDS and AIDS-related mortality by year, 1985-2014	17
Figure 9: Percent of newly diagnosed cases who test late, by year – 1985 to 2014	18
Figure 10: Age and gender distribution of PLHIV at December 2014	19
Figure 11: Cumulative number of PLHIV on ART Percent of PLHIV, by gender, 2004 to 2014	20
Figure 12: Reported cumulative cases of PLHIV actively on ART by year and gender - 2004 to 2014	21
Figure 13: Percent of PLHIV on ART by regimen - 2014	21
Figure 14: Number of PLHIV on ART by regimen in descending rank order, as at December 2014	22
Figure 15: Percent distribution of PLHIV by enrolment and treatment status, as of December 2014	22

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
CAREC	Caribbean Epidemiology Center
CDARI	Caribbean Drug and Research Institute
CDC	Center for Disease Control
CMV	Cytomegalovirus
ELISA	Enzyme-Linked Immunosorbent Assay
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother-to-Child transmission
PCP	Pneumocystis carinii pneumonia
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Fund for AIDS Relief
PLHIV	Persons living with HIV
STI	Sexually Transmitted Infection

Executive Summary

The incidence of HIV infection continues to increase over time – despite prevention efforts. Fifty-nine (59) new cases of HIV infection were diagnosed in 2014, representing a 8% decrease from 2013. More males account for the majority of cases (64%). There were 2 cases of AIDS reported for the year, both being males; both persons died of AIDS-related causes in 2014. About 66% of newly diagnosed cases were in the 25-49 years age group; the male-to-female ratio is 2:1.

- Significant data gaps continue to hinder analysis by “Mode of Transmission” and “Region of Residence” with 85% unknown transmission and 82% unknown residence due to non-reporting in newly diagnosed cases for 2014;
- During the past 5 years and compared to the previous 5-year period persons reporting heterosexual and vertical transmission of HIV decreased, while persons reporting MSM and unknown transmission increased;
- For the past 5 years vertical transmission of HIV has been consistently at 0%; persons reporting heterosexual and MSM transmission have decreased, directly contributing to the large percentage of unknown transmission (69%) recorded for this same period.
- Since the beginning of the Epidemic more females report heterosexual transmission than males however within the past 2 years more males (59%) have reported heterosexual transmission; more males (59%) report unknown transmission than females.

Introduction

Overview of the Health Care Delivery System

The health care system in Saint Lucia comprises:

- Two (2) Acute General Hospitals
- Thirty-three (33) health centres
- Two (2) District Hospitals
- One (1) Polyclinic
- One (1) Psychiatric Hospital
- One (1) Drug Rehabilitation centre
- One (1) Private Hospital

The two Acute General Hospitals provide mainly secondary care to in-patients and are located one in the north (Victoria Hospital) and the other (St. Jude Hospital) in the south. Primary health care services can be accessed at any of the 33 health centres, district hospitals or polyclinic which is strategically placed around the island to guarantee coverage to all locals. The psychiatric hospital and Drug Rehabilitation Centre are located in the north of the island and provide both in-patient care and follow-up consultations to mentally ill patients and drug abusers respectively. Primary and secondary care services can also be accessed in the offices of private practitioners or at the privately owned Tapion Hospital located in the north of the island.

Each public health care facility is equipped with a pharmacy which provides medication at a subsidized cost to the general public. Prenatal care is delivered to pregnant women as part of the package of primary care services and in the offices of some private doctors.

A National Coding System is used to guarantee anonymity and confidentiality of persons seeking testing and counselling services. These services are free of cost in the public health care system but at a small cost in the private sector.

Case Definitions

Acquired Immunodeficiency Syndrome (AIDS)

Adults and Adolescents (aged 13 year and older)

A confirmed case of AIDS is defined as an individual, aged 13 or older, who in the absence of other known causes of immunosuppression has a repeatedly positive screening test for HIV by an approved testing algorithm (double enzyme linked assay (ELISA) followed by Western Blot, if necessary) together with at least two major signs and at least one minor sign or at least one indicator disease.

Major Signs

- Involuntary weight loss of >10% of baseline body weight
- Chronic diarrhea with at least two loose stools per day for >30 days
- Intermittent or constant fever for >30 days

Minor Signs

- Persistent cough for >30 days
- Generalized pruritic dermatitis
- Herpes zoster, multi-dermatomal
- Oro-pharyngeal candidiasis
- Generalized lymphadenopathy

Indicator Diseases

Note: *means "does not require an HIV test".

- Bacterial pneumonia, recurrent (at least 2 episodes per year)
- Cancer, cervical, invasive
- Candidiasis of bronchi, trachea or lungs*
- Candidiasis, esophageal*
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptosporidiosis, chronic intestinal >30 days*
- Cytomegalovirus disease (other than liver, spleen, or nodes)
- Cytomegalovirus disease (with loss of vision)
- Encephalopathy with no other cause*
- Herpes simplex: chronic ulcer(s) >30 days; or bronchitis, pneumonitis, or oesophagitis*
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal >30 days
- Kaposi's sarcoma-age under 60
- Lymphoma, Burkitt's
- Lymphoma, immunoblastic*
- Lymphoma, primary of brain under 60 years old* (or over 60 years)
- Mycobacterium avium complex or M.Kansasii, disseminated and/or extrapulmonary
- Tuberculosis, any site (pulmonary or extra pulmonary)
- Pneumocystis jiroveci pneumonia*

- Progressive multifocal leukoencephalopathy*
- Toxoplasmosis, of brain (or of internal organ)*
- Non-typhoid salmonella septicemia, recurrent
- Wasting syndrome (defined as ALL of major signs)
- Cryptococcosis extrapulmonary*
- Nocardiosis
- Strongyloidiasis extra-intestinal*

Children less than 13 years old

A confirmed case of AIDS is defined as a child less than 13 years old, who in the absence of other known causes of immunosuppression, has:

1. A repeatedly HIV PCR positive test result or an HIV p24 Antigen positive (when children are less than 18 months of age);
2. A repeatedly positive screening test for HIV antibodies by an approved testing algorithm (e.g. double enzyme linked assay (ELISA) followed by Western Blot if necessary) when children are more than 18 months of age – together with at least two major signs and at least minor signs or at least one indicator disease (see below).

Major Signs

- Weight loss of more than 100% of baseline
- Failure to thrive
- Chronic diarrhea for more than one month
- Intermittent or constant fever for more than one month

Minor Signs

- Generalized lymphadenopathy
- Oro-pharyngeal candidiasis
- Repeated common infections (otitis, pharyngitis, etc.)
- Persistent cough (more than one month)
- Generalized dermatitis
- Confirmed material HIV infection

Indicator Diseases

- Chronic lymphoid interstitial pneumonitis (more than two months)
- Chronic parotitis (more than two months)
- Common bacterial infections, severe and recurrent
- Candidiasis (oropharyngeal, trachea, lungs)
- Herpes simplex infection, disseminated, with onset after one month of age
- Isosporiasis, chronic and interstitial (more than thirty days)
- Pneumocystis jiroveci pneumonia (PCP)
- Toxoplasmosis, disseminated, with onset after one month of age
- Cytomegalovirus (CMV) infection, with onset after six months

- Tuberculosis, any site
- Progressive multifocal leukoencephalopathy
- Histoplasmosis
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal ,more than one month
- Lymphoma (primary) of the brain
- Lymphoma, Burkitt's
- Lymphoma, Immunoblastic
- Kaposi's sarcoma

Human immunodeficiency Virus (HIV) Infection

The diagnosis of HIV infection is based on laboratory confirmation.

Adults and Children over 18 months

Repeatedly reactive screening tests for HIV antibody by an approved testing algorithm (e.g. double enzyme linked assay (ELISA) followed by Western Blot if necessary) in person aged more than 18 months.

Direct identification of virus in host tissues by virus isolation through Culture or Polymerase Chain Reaction: PCR or HIV antigen detection (p24 antigen).

Children less than 18 months

In cases of HIV positive mothers, their children may carry maternal antibodies for up to 18 months. In order to make a definitive diagnosis of HIV infection, viral material needs to be demonstrated by, for instance, a PCR test or PCR test or p24Ag. Such a test should be done at least twice, at one month and at four months of age. The second PCR test should take place between four and six months of age.

In absence of diagnostic facilities for these tests, HIV infection in infants born to HIV positive mothers is defined as the persistence of HIV antibodies beyond the age of 18 months. Antibody testing in the absence of breastfeeding should be carried-out every three to six months until two consecutive negative results, or to age 18 months, if infection is ruled out by two consecutive non-reactive antibody tests.

In special case that non-reactive infant has been exposed to breast milk of an HIV positive mother, HIV testing of the child should take place three months after breastfeeding is stopped.

Limitations

The Ministry of Health has collected case-related HIV and AIDS data since 1985, when the first case of AIDS was reported. These data are obtained primarily through the HIV and AIDS Surveillance System, via passive surveillance from service providers and active surveillance by the MOH, and include reports of confirmed ELISA tests, viral loads and CD4 counts; viral loads

being performed overseas. A Surveillance Officer checks the relevant registers and logs at the STI clinics and diagnostic laboratories (particularly the National Reference Laboratory) for consistency and completeness of reported cases. Information on risk factors and behaviors are garnered from case reports.

Demographic data are from official statistics and estimates produced by the Government Statistical Department of Saint Lucia. Confirmed HIV cases are considered to be alive until their death is reported. Persons first diagnosed elsewhere but known to be living in Saint Lucia are included as well as those diagnosed in Saint Lucia but living in other countries. Although HIV and AIDS reporting to the MOH is mandatory (established by law) data reporting procedures are not strictly adhered to by some private laboratories and physicians, leading to gaps in the data. Data on STIs were also obtained from the Surveillance System.

The human resource capacity of the HIV and AIDS Surveillance System in St. Lucia requires further strengthening. The inclusion of social workers and increase in Surveillance Officers, Monitoring & Evaluation staff and nursing staff can contribute significantly to achieving this objective.

Newly Diagnosed Cases

New Cases of HIV, AIDS and AIDS-Related Deaths for 2014

Sixty one (61) cases of HIV infection were newly diagnosed and recorded in 2014 – compared to 63 cases reported for 2013. Males represent about 62% of newly diagnosed cases of HIV infection and females about 38%; the gender of one (1) reported case was not known.

Regarding AIDS and deaths due to AIDS respectively, 15 new AIDS cases comprising 73% males and 8 deaths comprising 75% males were reported.

Table 1: Reported newly diagnosed cases of HIV infection, AIDS and AIDS-related deaths, 2014.

Newly Diagnosed Cases	#	% Total	
HIV Infection	Total	59	100
	Male	38	64
	Female	21	36
AIDS Disease	Total	2	100
	Male	2	100
	Female	0	0
Deaths	Total	2	100
	Male	2	100
	Female	0	0

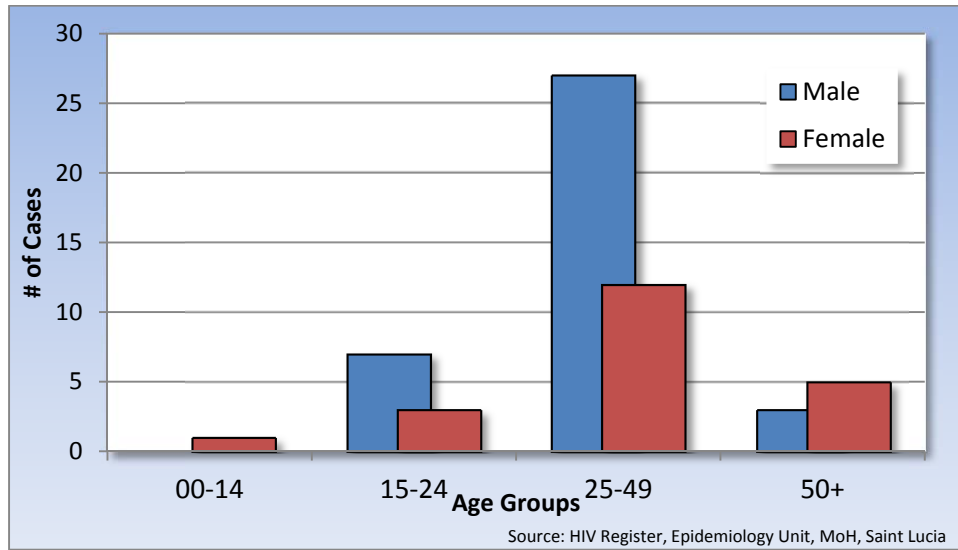
New HIV Infections by Age and Sex

Males comprise the majority of newly diagnosed cases of HIV infection for 2014 in all age groups above 15 years of age.

The 25-49 years age group accounted for 66% of total reported cases, and the number of males reported were almost double that of females.

Regarding the youth (15-24 years), while accounting for only 17% of total cases, there were three (3) newly diagnosed case for females – compared to seven (7) among males;

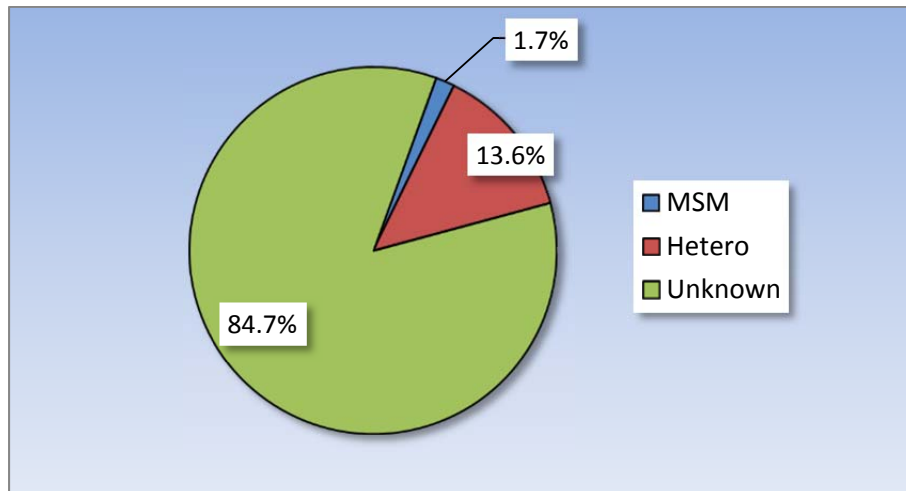
Figure 1: Newly diagnosed cases of HIV infection by age group and gender, 2014



By Mode of Transmission

Mode of transmission is not reported by 85% of newly diagnosed cases; 14% reported heterosexual transmission and the residual 2% reported MSM.

Figure 2: Percent of newly diagnosed cases of HIV infection by mode of transmission, 2014.



By Region of Residence

Region of residence is not reported by 81% of newly diagnosed cases for 2014 (48 cases); 6 cases reported that they live in Castries, 3 reported Gros Islet and one each from Vieux Fort and Dennery.

Trends in reported cases of HIV Infection for 1985 to 2013

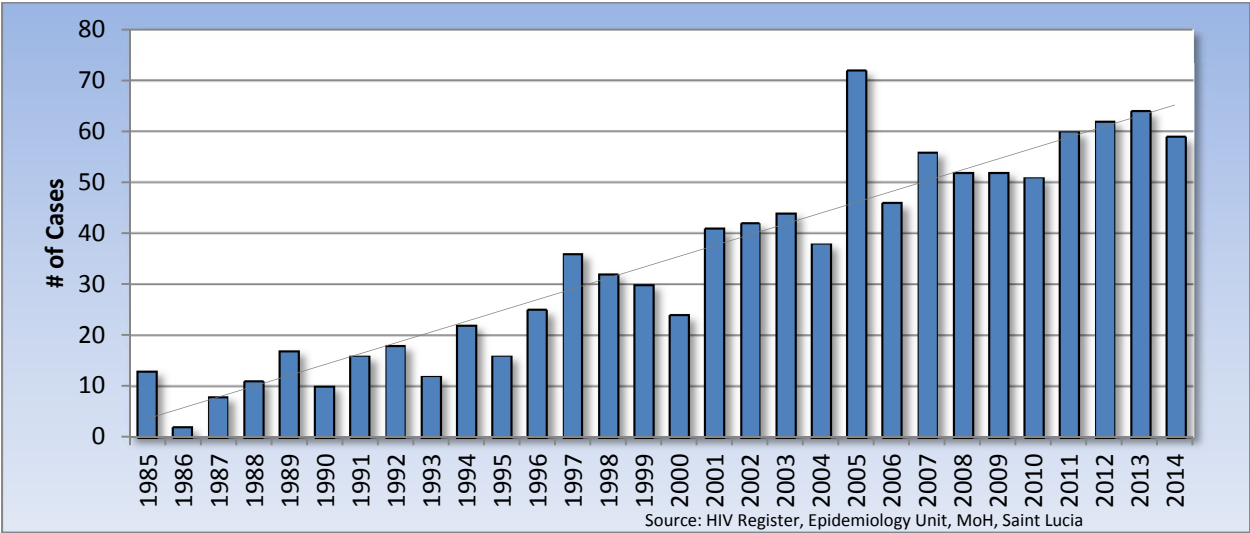
By Year

The number of newly diagnosed cases by year has generally followed a steady gradual increasing trend since 1985 – when the first newly diagnosed cases were reported.

The excess cases seen for 2005 were mainly due to increased surveillance (Figure 3). During 2008-2010 (period of implementation of the Saint Lucia HIV and AIDS Prevention and Control Project, 2005 to 2010) the number of new cases of HIV infection stabilized, but then increased again from 2011 through 2013.

The CDC Cooperative Agreement supported the salary and in-service training of the Surveillance Officer of the Ministry of Health from 2011 through 2014.

Figure 3: Newly diagnosed cases of HIV infection by year, with trend line, 1985-2014

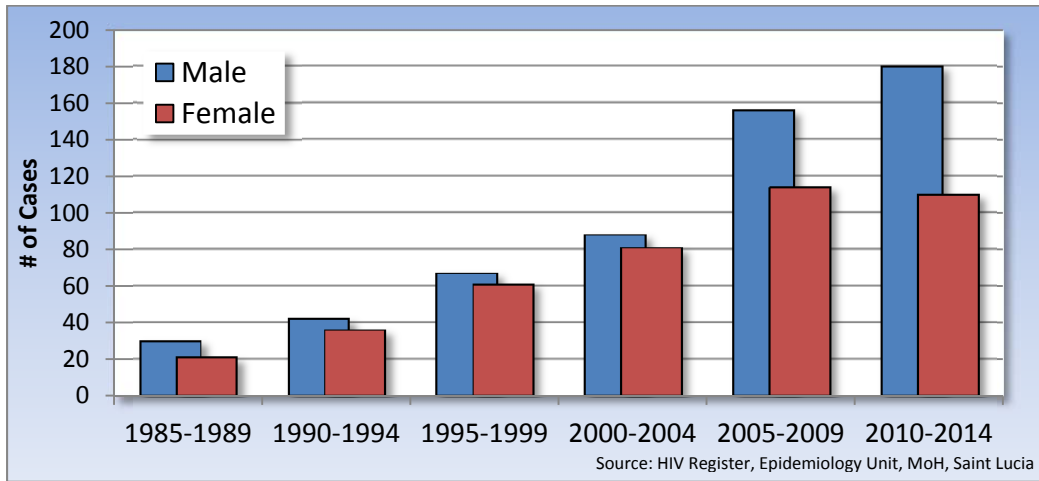


By Sex

Over the past 10 years (2005-2009 and 2010-2014) the gender gap increased markedly compared to the 3 previous 5-year periods. Newly diagnosed cases stabilized among females while increased noticeably among males for the same period.

Males account for the majority of new cases for all 5-year periods since the commencement of the epidemic in 1985 (Figure 4).

Figure 4: Newly diagnosed cases of HIV infection by sex and 5-year periods, 1985 to 2014

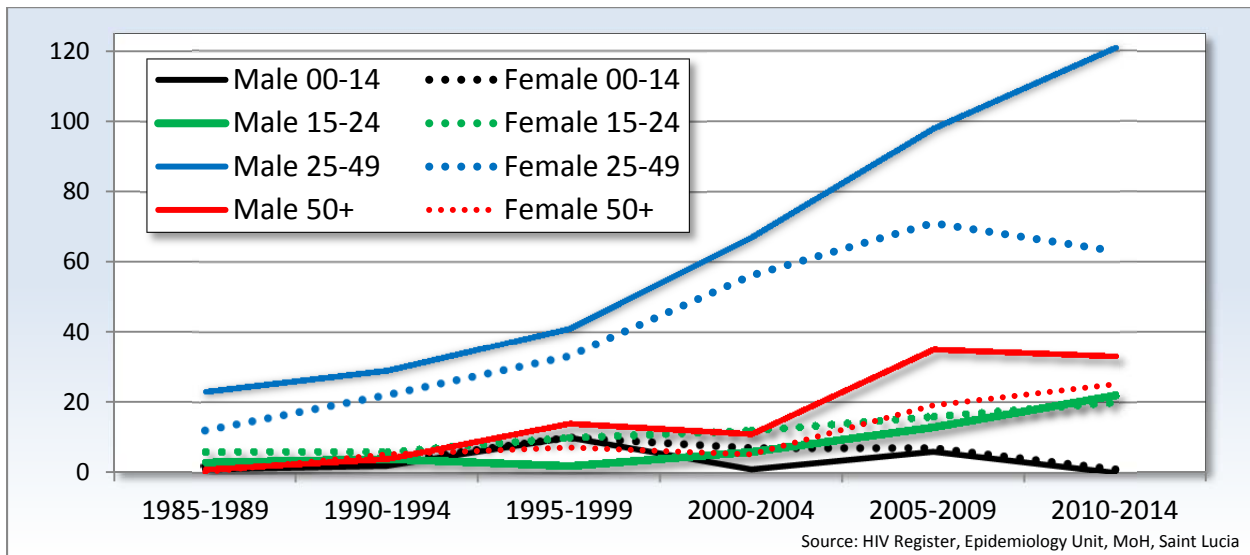


By Age, Sex and Year

The widening of the gender gap noted during the past decade can be explained mainly by increases in newly diagnosed cases among males the “older” age groups (25-49 years and 50+ years). The gap is widest in the 25-49 years age group where new cases among females decreased over the past 5 years. Among the youth (15-24 years) the more males were reported for the first time during the last 5 years since 1985.

The number of reported newly diagnosed cases increased in all age groups and among both sexes during the past 5 years and compared to the previous 5-year period, except for the 00-14 age group and females 25-49 years of age. Males 25-49 years clearly account for the majority of cases for any sex and age group.

Figure 5: Newly diagnosed cases of HIV infection age, sex and 5-year periods, 1985 to 2014

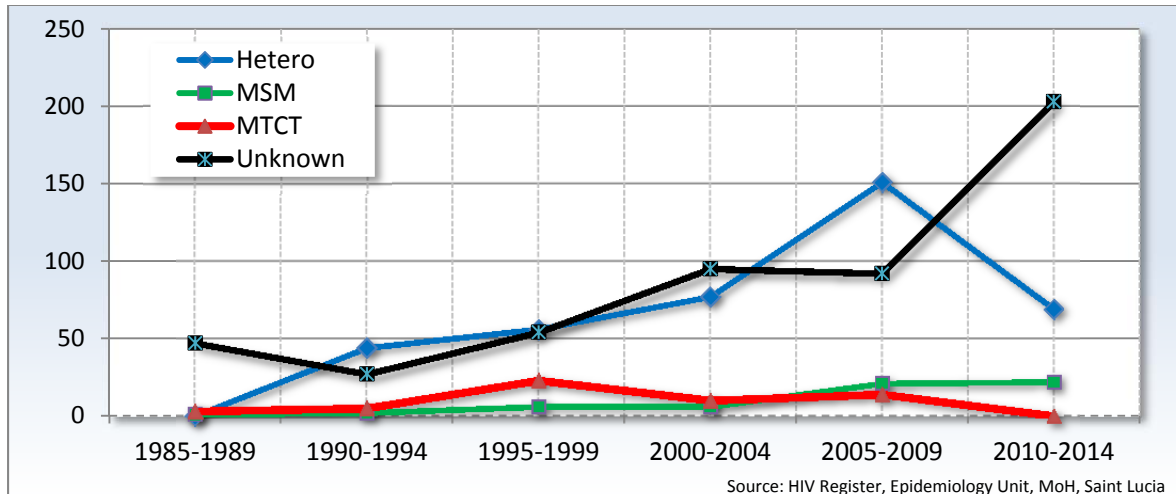


By Mode of Transmission

The number of persons who reported heterosexual exposure decreased markedly during the past 5 years compared to 2004-2008 when the highest number was reported since 1989-1993. The number reporting vertical transmission of HIV (MTCT) also decreased.

The number of persons with unknown mode of transmission and those who reported MSM transmission increased to their highest number since 1989-1993.

Figure 6: Newly diagnosed cases of HIV infection by Mode of Transmission and 5-year periods, 1985 to 2014

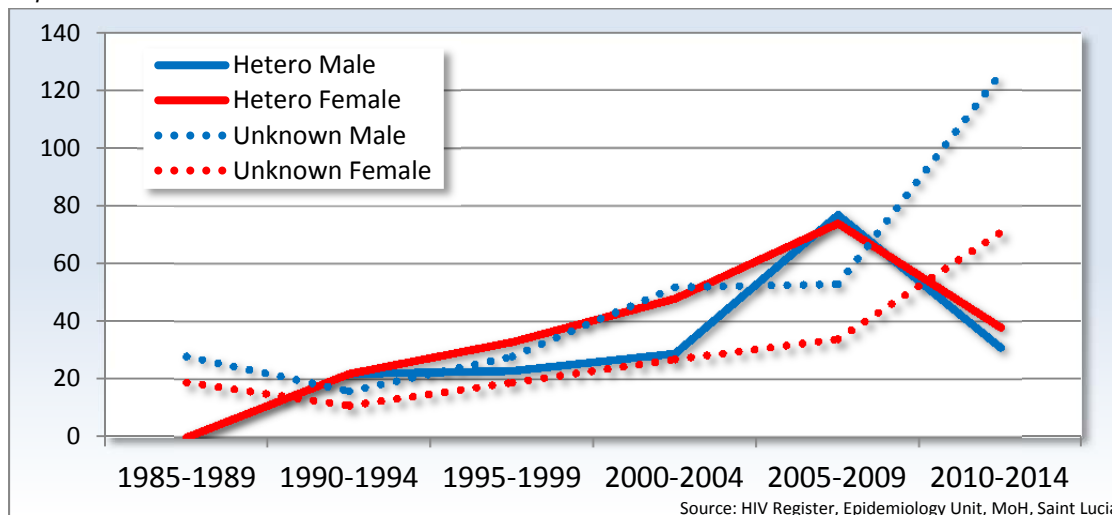


Heterosexual and Unknown Mode of Transmission by Sex

Since 1989-1993 more females have reported heterosexual transmission than males. The situation was reversed for 2004-2008 the number of males and females reporting heterosexual exposure peaked. The dramatic decline over the past 5 years occurred among both sexes.

More males have reported unknown transmission than females throughout the same review period. The significant increase over the past 5 years was also seen in both sexes.

Figure 7: Newly diagnosed cases of heterosexual and unknown transmission of HIV by Sex and 5-year periods, 1985 to 2014



Prevention of Mother-to-Child Transmission

About 0.48% of pregnant women for 2014 are HIV-positive, representing a 30% increase over 2013. The percent of pregnant women for the past 8 years ranged from 0.18% to 0.68%

Table 2: Selected PMTCT indicators by year, 2007 to 2013

Item	2007	2008	2009	2010	2011	2012	2013	2014	
HIV+ pregnant women	Total	4	5	6	9	5	14	8	10
	New	1	2	4	3	1	5	3	4
	Repeat	2	2	2	5	4	9	5	6
	Diagnosed during pregnancy	1	2	4	3	1	5	3	3
	UKN	1	1	-	1	-	-	-	-
Births	Total	2,242	2,265	2,202	1,907	2,039	2,060	2,136	2,103*
	% HIV positive	0.18	0.22	0.27	0.47	0.25	0.68	0.37	0.48

*provisional

By Region of Residence

The number of cases reporting “unknown” residence continued to increase to the highest number ever reported (81%), with a 9% increase from 2013. The number of cases reporting “unknown” residence for the past 5 years (2010-2014) was approximately 3 times as much as recorded in 2005-2009. Of the known residence of cases, about 75% of newly diagnosed cases for 2010-2014 live in the Castries, Gros Islet and Babonneau which are located in the north of the country where most of the population reside. For the period 2010-2014, Incidence increased in Castries, Gros Islet, Babonneau, Micoud, Soufriere and Laborie as compared with the previous 5 year period (2005-2009).

Table 3: Incidence of HIV infection by region, rank order and 5-year periods, 1989 to 2014

Region	1985-1989	1990-1994	1995-1999	2000-2004	2005-2009	2010-2014	Rank
Castries	3.7	6.9	9.2	12.6	17.9	17.9	1
Gros Islet	0.0	0.2	1.1	3.7	4.4	6.2	2
Babonneau	1.6	1.1	0.8	0.3	1.5	2.1	3
Vieux Fort	0.0	0.4	1.9	1.0	3.7	2.1	3
Anse La Raye	1.1	0.9	1.3	1.8	2.3	2.1	3
Dennerly	1.1	0.4	1.5	0.8	2.2	1.8	4
Micoud	0.0	0.5	1.0	1.5	0.6	0.9	5
Soufriere	0.5	0.0	0.6	0.7	0.6	0.9	5
Laborie	0.0	0.2	0.6	0.2	0.1	0.6	6
Choiseul	0.0	0.7	0.4	0.7	0.7	0.6	6
Canaries	0.0	0.0	0.2	0.5	0.1	0.0	7
Total	7.9	11.3	18.6	23.8	34.1	35.0	

NB: to calculate incidence, unknown cases were prorated among the region

Trends in reported cases of AIDS and Deaths due to AIDS 1985 to 2014

The Ministry of Health started ARV therapy in 2006 under the Saint Lucia HIV/AIDS Prevention and Control Project. The Ministry has continued to provide ARV therapy since the end of the project in 2010, with some funding support from the Global Fund.

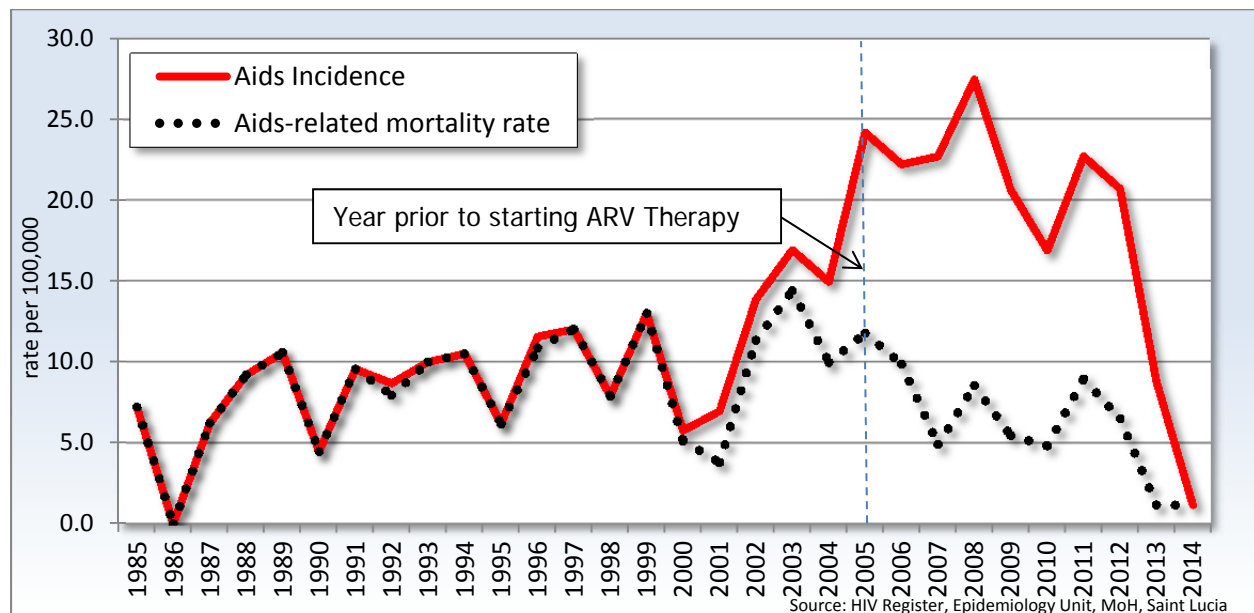
AIDS Cases and Deaths by Year

Incidence of AIDS cases peaked in 2008, then declined each successive year compared to the previous, except in 2011 when the incidence increased, and then fell dramatically to the lowest level since 2005 – the year before ARV therapy was started by the Ministry of Health

AIDS-related mortality declined steadily from 2005 through 2010, increased in 2011, then decreased in 2012 and 2013.

From 1985 through 2003 when mortality due to AIDS was high and ARV therapy mostly absent, trends in reported AIDS-related deaths closely epitomized that of reported AIDS cases; for each year from 2004 through 2013, reported AIDS-related deaths have remained below the corresponding number for AIDS cases.

Figure 8: Incidence of AIDS and AIDS-related mortality by year, 1985-2014



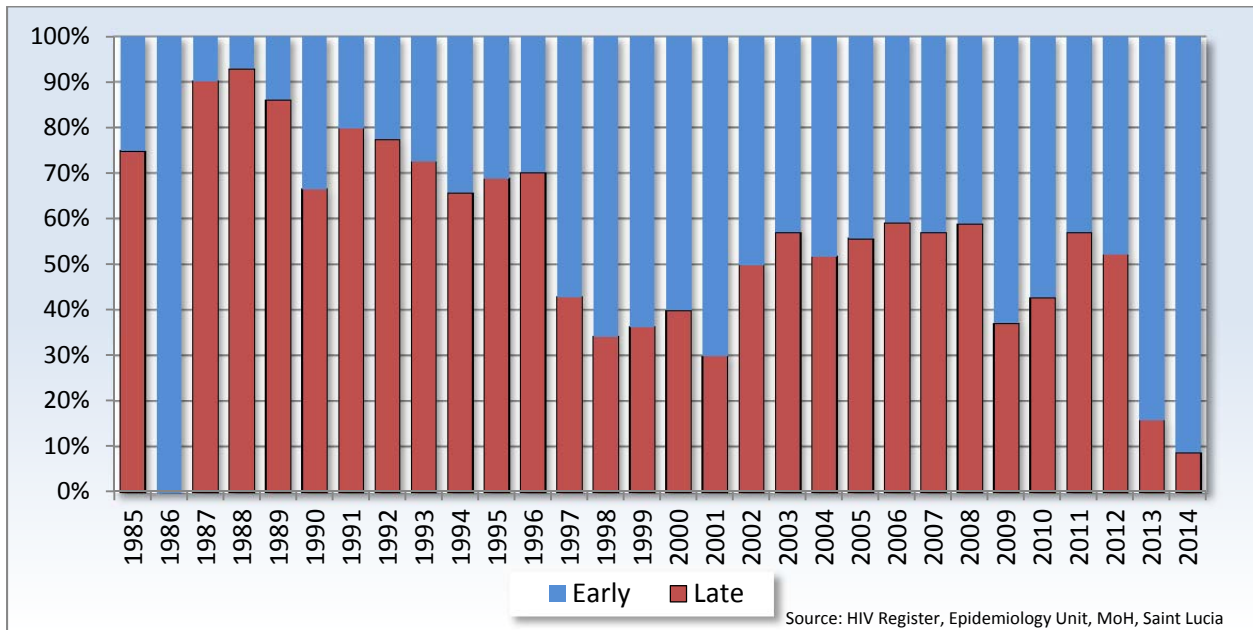
Late Testers

Late testers are defined as persons who received an AIDS diagnosis or died from AIDS within one year of receiving their first diagnosis of HIV infection. Late testers miss opportunities for both prevention and care and are also at increased risk of dying from AIDS than those who test early.

As observed in 2013, the proportion of late testers in 2014 continues to drop among newly diagnosed cases amounting to less than 10%, the lowest on record since 1985.

There were only 2 newly diagnosed cases in 1986.

Figure 9: Percent of newly diagnosed cases who test late, by year – 1985 to 2014



Persons Living With HIV (PLHIV)

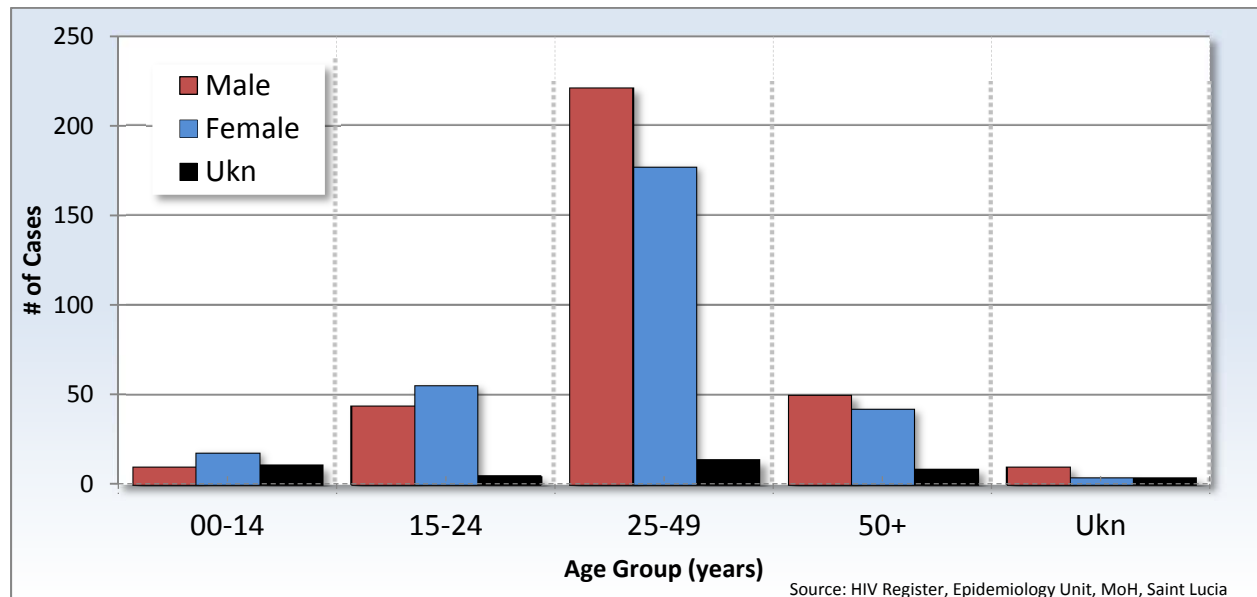
There were 674 PLHIV out of the total 1029 cases recorded on the National Register at the end of December 2014;

Age and Gender Distribution

About 76% of PLHIV are aged 25 years or older; 61% are 25-49 years and 15% are 50 years or older;

Males account for 50%, females 44% of the total cases; gender was not reported for the remainder of PLHIV cases. Among the youth (15-24 years), the male-to-female ratio is 1:1.3. The reverse is observed for the gender ratio in the 25-49 years age group with 1.3:1. The gender ratio for PLHIV aged 50 years or older was 1.2:1.

Figure 10: Age and gender distribution of PLHIV at December 2014



Enrolment into Care

As of December 2014, there were 289 PLHIV enrolled into care, representing a 8% increase from the previous year, and 43% of all registered PLHIV.

About 22% of the newly diagnosed HIV cases during 2014 were enrolled into care by December of the same year – in spite of the notable increase in the proportion of diagnosed cases who tested early. This highlights the need to continue and further augment early testing IEC/BCC, along with HIV testing strategies and initiatives.

Enrolled PLHIV by Age and Gender

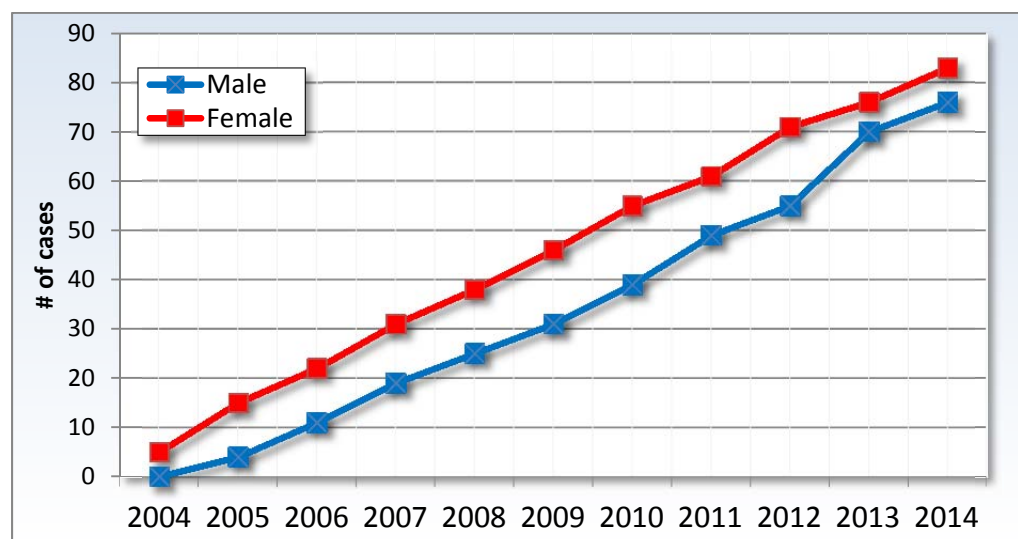
More males than females were enrolled in care in 2014 (57% and 43% respectively) and slightly above the 40% mark, consistent with what has been observed since 2007 (Table 3, Figure 10).

Table 3: Age and gender distribution of PLHIV enrolled into care at December 2014

Age Group	Female	Male	Total
00-14	4	0	4
15-24	9	8	17
25-49	98	87	185
50+	36	47	83
Grand Total	147	142	289

Females comprised the majority of PLHIV on ART. The gender gap was and has remained narrowed since 2007 – one year after the introduction of ART by the government. The closing of gender divide began about 2003 – about one year after the introduction of ART by some private physicians. The impact of ARV therapy on AIDS mortality (especially for males) is clearly demonstrated here (Figure 11).

Figure 11: Cumulative number of PLHIV on ART Percent of PLHIV, by gender, 2004 to 2014



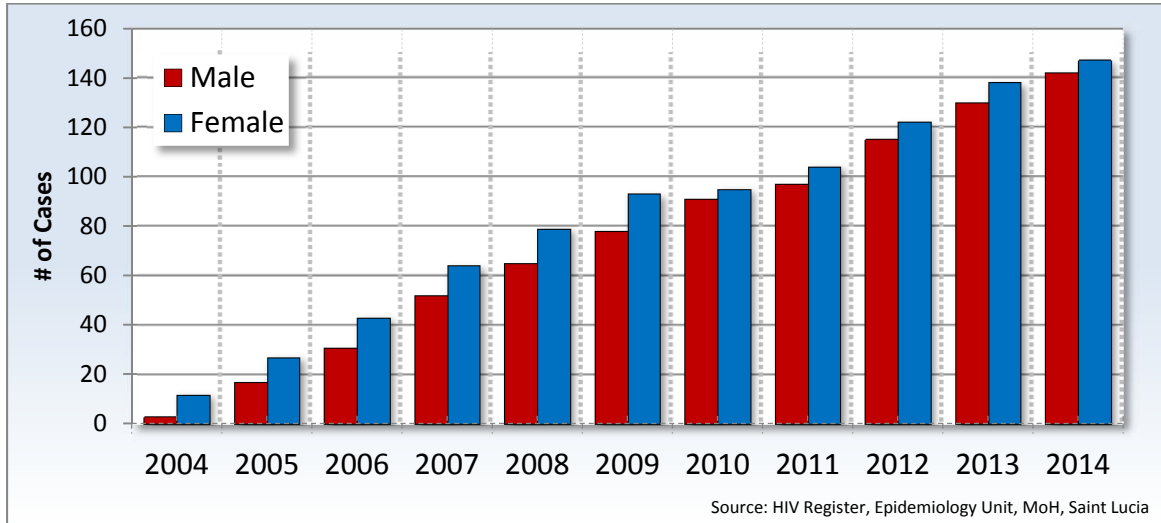
PLHIV Who Access ARV Therapy (ART)

ART was officially introduced as part of the National AIDS Program in 2006. As of December 2014, a total of 200 PLHIV (101 males and 99 females) were on ART, representing an decrease of 4% over the previous year; 23 PLHIV newly initiated ART in 2014;

Since 2004, the number of PLHIV on ART has increased steadily as increasing numbers of new PLHIV are added to the existing pool each year. Although females represent the majority for

each year since 2004, the gender gap has narrowed markedly over the past 2 years, with a 3% difference between the genders in 2013 falling to 2% in 2014 (Figure 12).

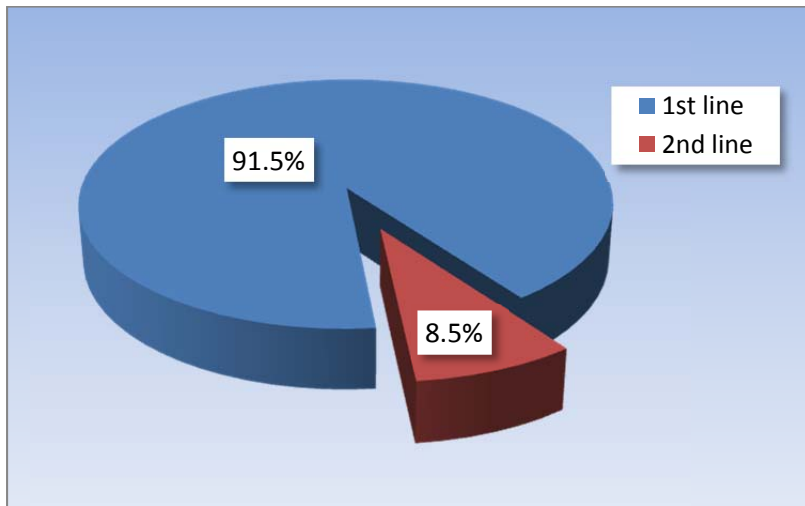
Figure 12: Reported cumulative cases of PLHIV actively on ART by year and gender - 2004 to 2014



Treatment Regimen

Approximately 34% of PLHIV are on ART, of which 194 (91%) are on a first line regimen and the remainder on second line regimen. Patient adherence continues to be a major challenge for the program.

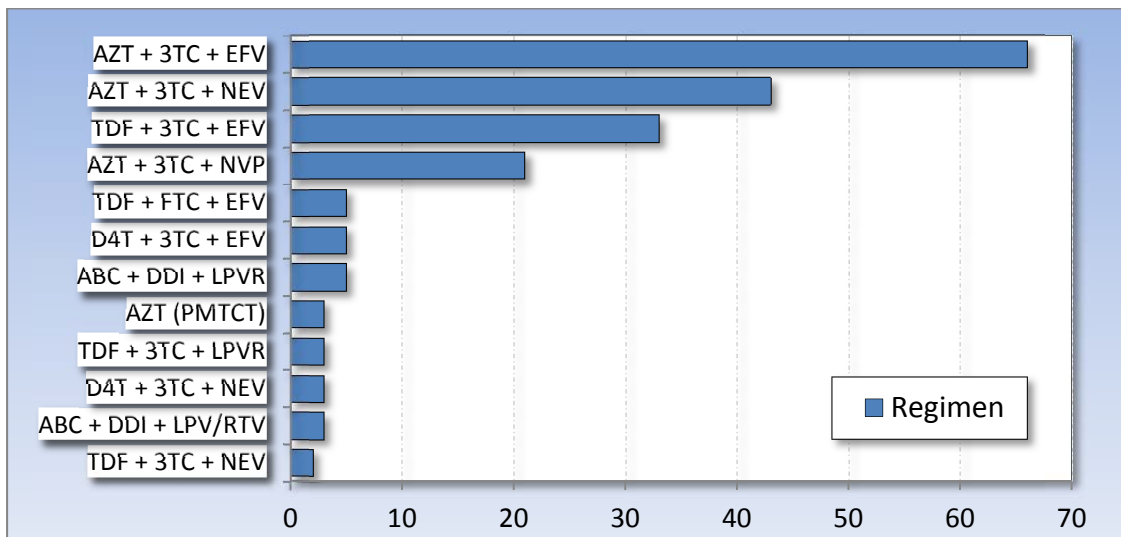
Figure 13: Percent of PLHIV on ART by regimen - 2014



The top 4 most frequently used regimens are first line regimens and together account for about 77% of all PLHIV who are on ART. The most common treatment regimen is AZT+3TC+EFV (31%) followed by AZT+3TC+NEV (20%) and then TDF+3TC+EFV (16%).

The most common second line ART regimen is ABC+DDI+LPVR which accounts for about 2% of all PLHIV who are on ART, and 28% of PLHIV on second line treatment.

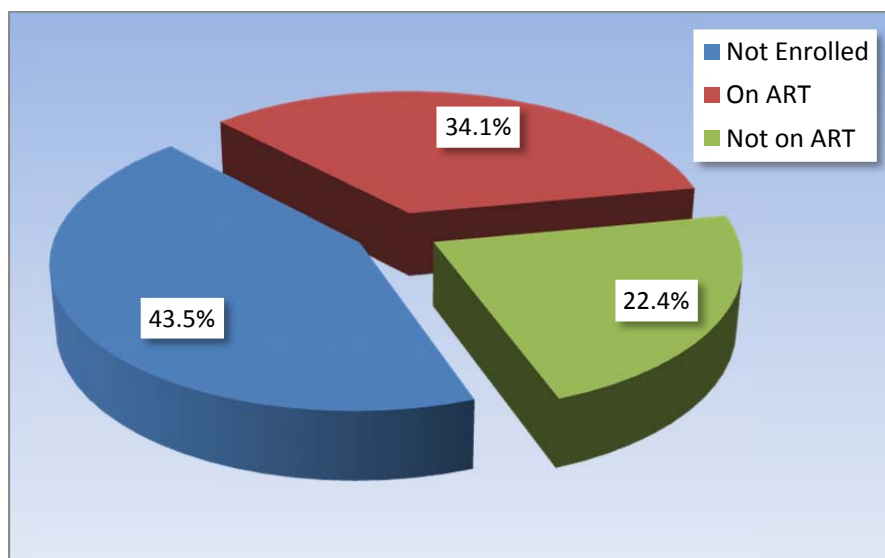
Figure 14: Number of PLHIV on ART by regimen in descending rank order, as at December 2014



PLHIV Not Enrolled Into Care

About 34% of PLHIV are enrolled under the treatment program of the Ministry of Health and on ART and 22% are enrolled but not on ART; the residual 44% are not enrolled under the program.

Figure 15: Percent distribution of PLHIV by enrolment and treatment status, as of December 2014



Appendix I: New and Cumulative Cases

Table 4: Number and percent of diagnosed cases by selected characteristics, 2014 and 1985 to 2014 (combined)

Characteristics		2014		1985 to 2014	
		Number	Percent	Number	Percent
Diagnosed cases	Total	59	100	1031	100
Gender	Male	38	64	563	55
	Female	21	36	423	41
	Unknown	0	0	45	4
Age (in years)	<15	1	2	61	6
	15-24	10	17	125	12
	25-49	39	66	650	63
	50+	8	14	169	16
	Unknown	1	1	26	3
Region	Gros Islet	0	3	80	8
	Babonneau	0	2	32	3
	Dennery	1	2	38	4
	Micoud	0	2	24	2
	Vieux Fort	1	0	50	5
	Laborie	0	0	8	1
	Choiseul	0	2	17	2
	Soufriere	0	2	15	1
	Canaries	-	0	5	0
	Anse La Raye	3	0	48	5
	Castries	6	20	351	34
	Unknown	48	69	363	35
	Mode of transmission	Heterosexual	8	14	397
IDU		0	0	1	0
MSM		1	2	59	6
MTCT		-	-	55	5
Unknown		50	85	519	50
Late Testers	Yes	4	7	442	43
	No	55	93	588	57
	Unknown	0	0	1	1
AIDS and Deaths	AIDS*	2	3	586	57
	Death**	2	100	353	60

*percentage is in terms of New HIV cases

**percentage is in terms of Aids cases

Main Facts

- There was a 8% decrease in Newly diagnosed cases of HIV infection in 2014, despite prevention efforts, the number of new cases is still high
- Males account for 62% of total newly diagnosed cases, and is double that of women in the 15-49 age range
- About 66% of newly diagnosed cases are in the 25-49 years age group; the male-to-female ratio is 2:1
- Significant data gaps hinder analysis by “Mode of Transmission” and “Region of Residence” respectively due to non-reporting for 85% and 81% of newly diagnosed cases for 2014;
- During the past 5 years and compared to the previous 5-year period persons reporting heterosexual and vertical transmission of HIV decreased, while persons reporting MSM and unknown transmission increased;
- More females report heterosexual transmission than males; more males report unknown transmission than females.