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Letter

Human Immunodeficiency Virus (HIV) Distribution in Middle East Region

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Dear Editor,

Human immune deficiency virus (HIV) is a member of the Retroviridae family that replicates in CD4 positive cells (1, 2). Although HIV has decreased in several countries in recent years, the center for disease control (CDC) reported a significant increase in morbidity and mortality between 2001 and 2012 in the Middle East and north Africa (MENA) region (3, 4). HIV epidemics are emerging among people who inject drugs in several countries in the MENA region. Investigations have documented substantial levels of HIV transmission and emerging epidemics among at least onethird of the countries in that region with a range of 10% - 15% infected patients (5). However, infection rates vary across the region. In countries like Bahrain, Egypt, Iran, and Oman, an average of 10% - 15% of persons who inject drugs (PWID) are HIV-positive. The HIV epidemics in these countries, especially in Pakistan, have grown. However, in other countries, such as Jordan, Lebanon, Palestine, and Syria, limited HIV transmission was found among PWID (6-9). The HIV presence is nearly 7.5%, especially in Iran. In Saudi Arabia, while the number of reported HIV cases has stabilized since 2006, it remains an important public health problem among both migrants and Saudi nationals (10, 11). Although the increasing number of HIV cases has not reached at an alarming level in the area, the need for efforts to stem the increasing number of sporadic cases is essential (12). A systemic review among 23 MENA countries found that the prevalence of HIV varies among those countries (from 2% to 64% of PWID), with Egypt, Bahrain, Iran, and Syria having higher rates of HIV. However, in Saudi Arabia, Lebanon, Libya, and Yemen the incidents of HIV infection was lower than 10% (13). HIV is not considered an emerging health problem in Turkey, since the rate of infection is relatively low. However, several risk factors exist in this respect, including cultural context, behaviors,

social and economic inequalities, and demographic structure (14). It seems that poorer and more populated countries (such as Egypt and Iran) in the Middle East are more vulnerable and more affiliated with HIV infection.

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