

World AIDS Day 2022: Spotlighting the ‘Left Behind’

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December 1st is World Acquired Immunodeficiency Syndrome (AIDS) Day. The occasion is observed to raise awareness of human immunodeficiency virus (HIV), support the 38 million+ HIV-infected people around the world, and commemorate the lives of people who have died of AIDS.¹⁻³

Since being established in 1988, following the consensus reached by the scientific community that HIV infection can lead to AIDS, World AIDS Day has become one of the most internationally recognized global health events in the calendar.^{2,4}

Each year, a different theme for World AIDS Day is set. The slogan for World AIDS Day 2022 is ‘Equalize’: an effort to draw people to focus on and work to change the inequalities in society that slow or inhibit progress that effectively addresses the HIV/AIDS pandemic.⁴

Medical communications agencies can play a key role in addressing inequalities in this therapy area. Spearheading awareness campaigns, dispelling myths about disease transmission, encouraging people to get tested, and providing information about safe and effective antiretroviral drugs are examples of ways that medical communications agencies can support global public health approaches and arm people with knowledge that will reduce stigma and discrimination around infection and treatment.

Over the last 30 years, great strides have been made to meet the needs of people living with HIV. The number of infected people with access to antiretroviral drugs increased from 7.8 million in 2010 to 28.7 million in 2021.⁵ Other encouraging trends include the reduction of annual incident HIV cases from 3.2 million in 1996 to 1.5 million in 2021, and the 68% reduction in the number of AIDS-related deaths over the last 17 years.⁵

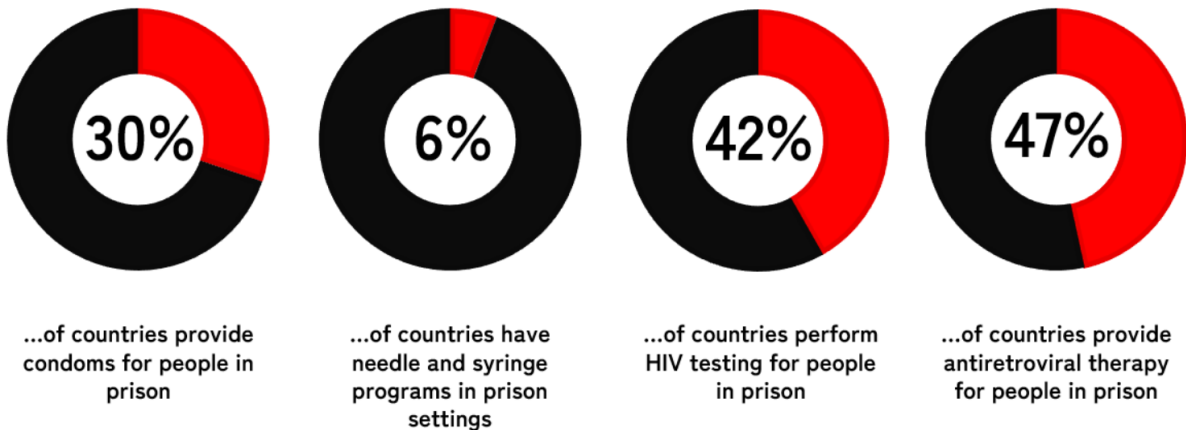
Although the vast majority of adults who are aware of their HIV-positive status are able to access treatment, infants and children under the age of 15 have some of the lowest treatment rates.⁵ Infections in children can occur during pregnancy, childbirth or breastfeeding.⁶ The symptoms of HIV infection in infants may be generalized and non-specific, which can make it difficult to obtain a diagnosis in a timely manner, especially if the mother is unaware of her HIV status. Swelling of the abdomen and lymph nodes, diarrhea, pneumonia and poor weight gain are potential signs of HIV in infants, while children may experience recurrent sinus infections, hepatitis or nephropathy.⁷ Some of these symptoms can disappear after a short period of time, which may cause the infection to be mistaken for short-term illnesses like influenza, mononucleosis and strep throat.⁸

Another population with lower-than-average treatment rates for HIV infection is males aged 15 and older.⁵ A report published in 2017 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) found that men are less likely than women to get tested, initiate treatment, or adhere to antiretroviral therapy for HIV infection.^{9,10} This can prevent men from achieving key treatment goals such as virologic suppression and immunological fortification. Men who have sex with men (MSM), male sex workers, and men who inject drugs have a consistently higher risk of contracting HIV. It is also these populations that can be deterred from getting tested because of societal stigma, harassment and discrimination.¹¹ Concerns about stigma, even in uninfected MSM, may be associated with poor mental health and prevent these individuals from accessing pre-exposure prophylaxis, also known as PrEP.¹²

People who become incarcerated whilst being treated for HIV infection are another underserved patient population. Poor management of the infection can occur during admission to prison, transfer from one facility to another and following release.¹³ The estimated global prevalence of HIV in prisoners is 4.8%.¹⁴ Although prisoners are 7.2 times more likely to be infected with HIV than the general population, lack of regular testing in prisons can create the ideal conditions for the virus to spread undetected for a long period of time.¹³

Consensual or coerced unprotected sexual intercourse, unsafe piercing and tattooing practices, sharing of shaving razors, and improper sterilization of medical or dental instruments are all risk factors for HIV acquisition in prison settings.¹⁴

A study of the prison populations in 189 countries found:¹⁴



The ongoing COVID-19 pandemic has disproportionately affected vulnerable populations, including people with HIV and other conditions that compromise the immune system.^{15–17} The psychological burden of social distancing and measures introduced to prevent the spread of COVID-19 had the potential to inhibit access to care.¹⁷ Job loss, food insecurity and precarious living situations during the pandemic continue to exacerbate challenges facing marginalized people. Holistic, patient-centered care for people living with HIV during the COVID-19 pandemic has helped to improve adherence to antiretroviral drugs and foster an environment in which patients feel supported by healthcare professionals.¹⁸

Strategies that can help to improve the detection, management or spread of HIV in vulnerable populations include promoting the use of condoms, harm reduction facilities for drug users, raising awareness of PrEP, and ensuring that patients have access to antiretroviral drugs and testing services to check for virologic suppression and immunologic biomarkers.¹³ These approaches are expected to increase the likelihood of achieving the UNAIDS goal of eradicating HIV as a global health threat by 2030.¹⁹

Of critical importance is the need to detect infections at the earliest opportunity, to ensure that a wide range of treatment options are available to the patient at the time of diagnosis.⁷ This is a vital part of reducing morbidity and mortality for some of the most vulnerable people in our society.

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