

HIV / AIDS

The background of the slide is a dark teal color. In the lower half, there is a faint, semi-transparent illustration of two hands shaking, symbolizing agreement or partnership. The hands are rendered in a lighter shade of teal, creating a subtle watermark effect.

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Case definition

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Clinical Criteria (AIDS)

Any person who has any of the clinical conditions as defined in the European AIDS case definition for: — Adults and adolescents ≥ 15 years — Children < 15 years of age

Laboratory Criteria (HIV)

- **Adults, adolescents and children aged ≥ 18 months** - At least one of the following three:
 - Positive result of a HIV screening antibody test or a combined screening test (HIV antibody and HIV p24 antigen) confirmed by a more specific antibody test (for example, Western blot);
 - Positive result of 2 EIA antibody test confirmed by a positive result of a further EIA test;
 - Positive results on two separate specimens from at least one of the following three:
 - Detection of HIV nucleic acid (HIV-RNA, HIV-DNA);
 - Demonstration of HIV by HIV p24 antigen test, including neutralisation assay;
 - Isolation of HIV.
- **Children aged < 18 months** Positive results on two separate specimens (excluding cord blood) from at least one of the following three:
 - Isolation of HIV;
 - Detection of HIV nucleic acid (HIV-RNA, HIV-DNA);
 - Demonstration of HIV by HIV p24 antigen test, including neutralisation assay in a child ≥ 1 month of age.

Case definition

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Epidemiological Criteria NA (not applicable)

Case Classification

A. Possible case NA (not applicable)

B. Probable case NA

C. Confirmed case

— HIV infection:

Any person meeting the laboratory criteria for HIV infection.

— AIDS:

Any person meeting the clinical criteria for AIDS and the laboratory criteria for HIV infection.

Kaposi's sarcoma in a 20-year old man who had AIDS.



HIV/AIDS

Etiology:

HIV - Human Immunodeficiency Virus is classed with the **Retroviridae family, Lentivirus genus**. HIV occurs in two types: HIV - 1 and HIV - 2. Both types have similar epidemiological features, but different serological response and geographic distribution. .

The source of infection

Only infected man is the source of infection, in either the sick with manifestations of AIDS or a latent infection, (ARC - AIDS-Related Complex, PGL - Persistent Generalised Lymphadenopathy) or a symptomless carrier.

Route of transmission

Blood - borne By blood derivatives and HIV- contaminated blood.

Use of **contaminated** needles and syringes in drug administration.

Sexually-transmitted, when injury of the mucosa and bleeding occur.

Sexually transmitted Through sperma, vaginal secretions in homo and heterosexual intercourse.

From mother to child (15 to 30 %) Vertical transmission - prenatally, perinatally or possibly through the mother's milk.

Susceptibility

General.

Preventive measures:

Health education promoting a responsible approach to sex - use of condoms.

- To prevent contamination of blood tins and derivatives.
- Supporting the programme of taking/giving needles and syringes from/to intravenous drug addicts.

Fosfolipid membrane

gp120 surface glykoprotein

gp 41 transmembrane glykoprotein

p 17M protein - matrix

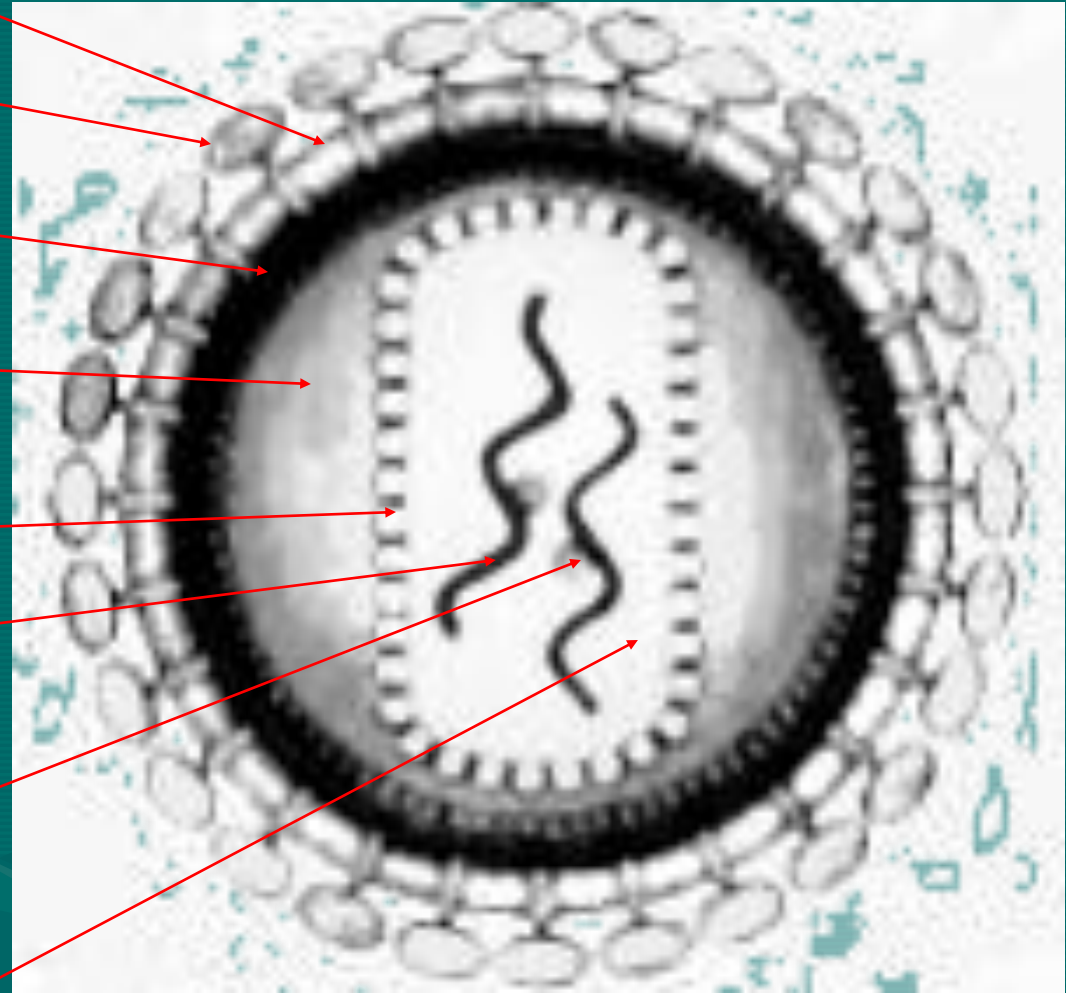
p 24 protein – nucleocapsid core

RNA genome

reverzní transkriptáza

p 7, p 9

proteiny on the nucleic acide



Virus classification

Group: Group VI (ssRNART)

Family: *Retroviridae*

Genus: *Lentivirus*

Species: *Human immunodeficiency virus 1*

Species: *Human immunodeficiency virus 2*

Diagram of HIV is different in structure from other retroviruses.

It is about 120 nm in diameter (120 billionths of a meter; around 60 times smaller than a red blood cell) and roughly spherical.

HIV primarily infects vital cells in the human immune system such as helper T cells (specifically CD4+ T cells), macrophages and dendritic cells.

HIV infection leads to low levels of CD4+ T cells through three main mechanisms:

- **firstly**, direct viral killing of infected cells;
- **secondly**, increased rates of apoptosis in infected cells;
- **and thirdly**, killing of infected CD4+ T cells by CD8 cytotoxic lymphocytes that recognize infected cells.

When CD4+ T cell numbers decline below a critical level, cell-mediated immunity is lost, and the body becomes progressively more susceptible to opportunistic infections.

The AIDS epidemic was discovered June 5, 1981, when the U.S. Centers for Disease Control and Prevention (CDC) reported a cluster of *Pneumocystis carinii pneumonia* (now classified as *Pneumocystis jiroveci pneumonia*) in five homosexual men in Los Angeles.

The disease was originally dubbed **GRID**, or Gay-Related Immune Deficiency, but health authorities soon realized that nearly half of the people identified with the syndrome were not homosexual men.

In 1982, the CDC introduced the term AIDS to describe the newly recognized syndrome, though it was still casually referred to as GRID.

In 1983, scientists led by Luc Montagnier at the Pasteur Institute in France first discovered the virus that causes AIDS. They called it lymphadenopathy-associated virus (LAV).

A year later a team led by Robert Gallo of the United States confirmed the discovery of the virus, but they renamed it human T lymphotropic virus type III (HTLV-III).

The dual discovery led to considerable scientific disagreement, and it was not until President Mitterrand of France and President Reagan of the USA met that the major issues were resolved.

In 1986, both the French and the U.S. names for the virus itself were dropped in favour of the new term, human immunodeficiency virus (HIV).

In 2005 alone, AIDS claimed an estimated 2.4–3.3 million lives, of which more than 570,000 were children.

It is estimated that about 0.6% of the world's living population is infected with HIV.

A third of these deaths are occurring in sub-Saharan Africa, retarding economic growth and increasing poverty.

According to current estimates, HIV is set to infect 90 million people in Africa, resulting in a minimum estimate of 18 million orphans.

Subtypes:

HIV 1 - group "M" (major) – subtypes A, B, C, D, E, F, G, H, I, ...
(expected other)

Subtypes:

A – West and Middle Africa

B – Europe, North and sud America, Thailand

C – Sud Africa, Indie

D – Middle Africa

E – Middle Africa, Thailand, Indie

F – Brazilie, Romania, Zair

G – Middle Africa

H – Gabun, Zair

I – Africa

AIDS – Acquired ImmunoDeficiency Syndrome

SIDA – Syndrome d'ImmunoDeficiencie Acquise

SPID – Syndrom Priobretěného ImunoDeficita

HIV - Human Immunodeficiency Virus

- Three of the earliest known instances of HIV-1 infection are as follows:
- A plasma sample taken in 1959 from an adult male living in what is now the Democratic Republic of Congo.
- HIV found in tissue samples from a 15-year-old African-American teenager who died in St. Louis in 1969.
- HIV found in tissue samples from a Norwegian sailor who died around 1976.

- Although a variety of theories exist explaining the transfer of HIV to humans, no single hypothesis is unanimously accepted, and the topic remains controversial.
- The most widely accepted theory is so called 'Hunter' Theory according to which transference **from chimp to human most likely occurred when a human was bitten by a chimp or was cut while butchering one, and the human became infected.**
- The London Times published an article in 1987 stating that WHO suspected some kind of connection with its vaccine program and AIDS-epidemic. The story was almost entirely based on statements given by one unnamed WHO advisor. The theory was supported only by weak circumstantial evidence and is now disproven by unraveling the genetic code of the virus and finding out that the virus dates back to the 1930s.

Antiretroviral treatment reduces both the mortality and the morbidity of HIV infection, but routine access to antiretroviral medication is not available in all countries.



If untreated, eventually most HIV-infected individuals develop AIDS (Acquired Immunodeficiency Syndrome) and die; however about one in ten remain healthy for many years, with no noticeable symptoms.

- Transmission

Exposure Route Estimated infections per 10,000 exposures to an infected source:

- Blood Transfusion 9,000
- Childbirth 2,500
- Needle-sharing injection drug use 67
- Receptive anal intercourse* 50
- Percutaneous needle stick 30
- Receptive penile-vaginal intercourse* 10
- Insertive anal intercourse* 6.5
- Insertive penile-vaginal intercourse* 5
- Receptive fellatio* 1
- Insertive fellatio* 0.5

* assuming no condom use

- Since the beginning of the pandemic, three main transmission routes for HIV have been identified:
- Sexual route. The majority of HIV infections are acquired through unprotected sexual relations. Sexual transmission can occur when infected sexual secretions of one partner come into contact with the rectal, genital or oral mucous membranes of another.

Blood or blood product route. This transmission route can account for infections in intravenous drug users, hemophiliacs and recipients of blood transfusions (though most transfusions are checked for HIV in the developed world) and blood products. It is also of concern for persons receiving medical care in regions where there is prevalent substandard hygiene in the use of injection equipment, such as the reuse of needles in Third World countries. HIV can also be spread through the sharing of leaches.

Health care workers such as nurses, laboratory workers, and doctors, have also been infected, although this occurs more rarely.

People who give and receive tattoos, piercings and scarification procedures can also be at risk of infection.

Mother-to-child transmission (MTCT). The transmission of the virus from the mother to the child can occur in utero during the last weeks of pregnancy and at childbirth. In the absence of treatment, the transmission rate between the mother and child is 25%. However, where drug treatment and Caesarian section are available, this can be reduced to 1%. Breast feeding also presents a risk of infection for the baby.

- HIV-2 is transmitted much less frequently by the MTCT and sexual route than HIV-1.

HIV has been found at low concentrations in the:
saliva,
tears and
urine of infected individuals,
but there are no recorded cases of infection by
these secretions and the potential risk of
transmission is negligible.

Myths persist about how HIV is transmitted.

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or
Closed-Mouth Kissing



Insects or Pets



Sharing Toilets,
Food, or Drinks



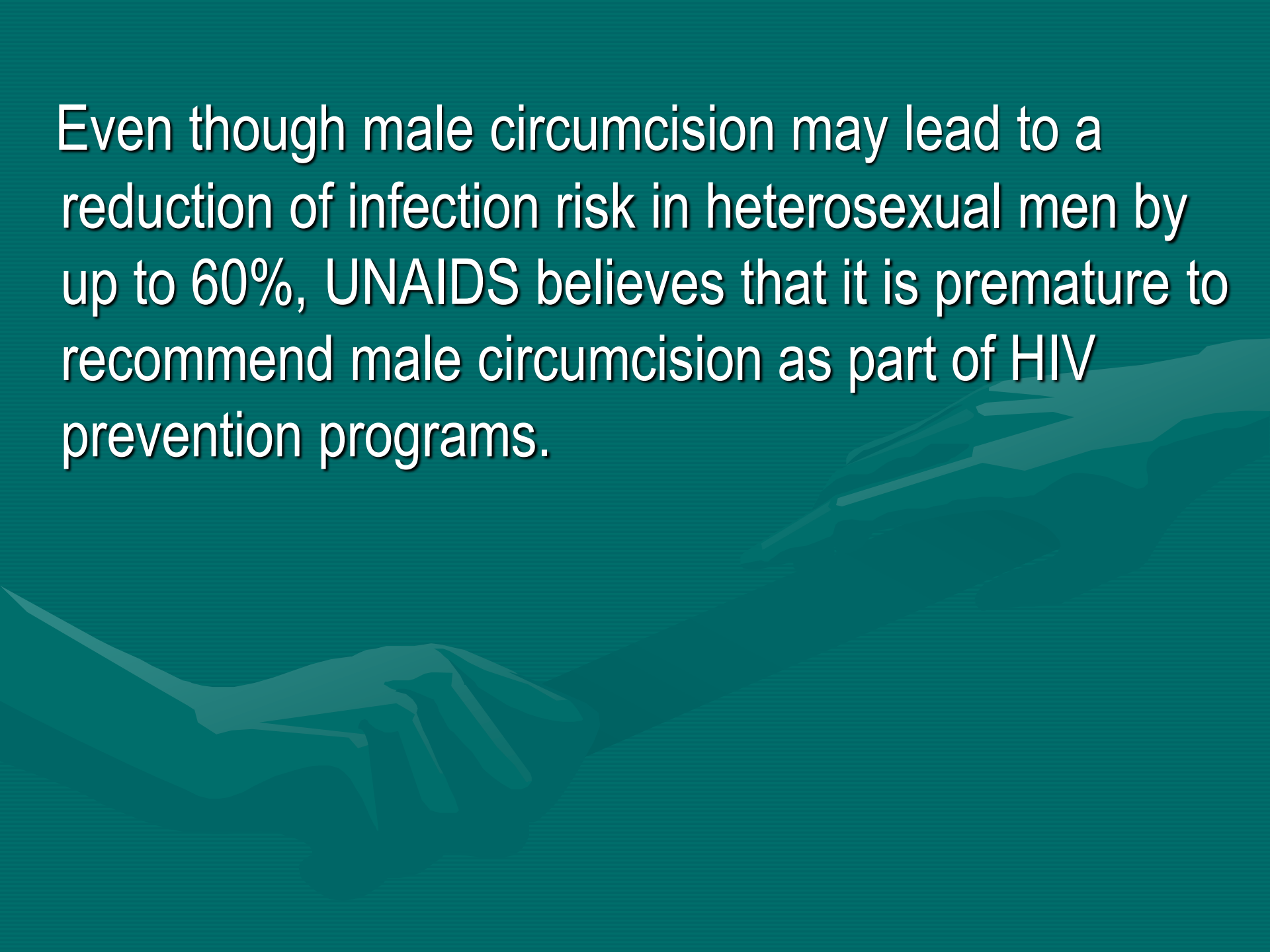
The use of physical barriers such as the latex condom is widely advocated to reduce the sexual transmission of HIV.

Spermicide, when used alone or with vaginal contraceptives like a diaphragm, actually increases the male to female transmission rate due to inflammation of the vagina;

it should not be considered a barrier to infection.

Research is clarifying the relationship between male circumcision and HIV in differing social and cultural contexts, however critics point out that any correlation between circumcision and HIV is likely to come from cultural factors (which govern not only whether someone is circumcised, but also their sexual practices and beliefs)

Even though male circumcision may lead to a reduction of infection risk in heterosexual men by up to 60%, UNAIDS believes that it is premature to recommend male circumcision as part of HIV prevention programs.



Trials, in which some uncircumcised men were randomly assigned to be circumcised in presumably sterile conditions and others were not circumcised, conducted in Kenya and Uganda found that men who were uncircumcised were twice as likely to contract the human immunodeficiency virus (HIV) compared with circumcised counterparts.

South African medical experts are concerned that the repeated use of unsterilized blades in the ritual circumcision of adolescent boys may be spreading HIV.

Pre-exposure prophylaxis (or PrEP)

- is when people at very high risk for HIV take daily medicine to prevent HIV.
- PrEP can stop HIV from taking hold and spreading throughout your body.
- When taken **daily**, PrEP is highly effective for preventing HIV from sex or injection drug use. PrEP is much less effective when it is not taken consistently.
- Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily.
- Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily.

Pre-exposure prophylaxis (or PrEP)

- A combination of two HIV medicines:
 - - tenofovir and
 - - emtricitabine), sold under the name Truvada® is approved for daily use as PrEP to help prevent an HIV-negative person from getting HIV from a sexual or injection-drug-using partner who's positive.

Post-exposure prophylaxis (or PEP)

- means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected.
- PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

It is indicated when people were

- - recently been exposed to HIV during sex or
- - through sharing needles and works to prepare drugs
- - been sexually assaulted

New“ strategy under N. Ramjee, 2006

A, B, C, D, E, F, G, H, (I)

A – abstinence

B – be faithful – být si vzájemně věrný, buď věrný

C – kondom (mužský kondom)

C = také femidom neboli kondom

D – diafragma (poševní) with spermicid

D – dental dam – dentální rouška

E – exposure prophylaxis

F – **female initiated microbicides**

G – **genital tract infections** – therapy

H – **HSV 2 suppression** Herpes simplex 2

I – „imunity induced by vaccine“ ??????