

## HIV outbreak in Pakistan – a wake-up call?

### Letter to Editor

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Sir,

The human immunodeficiency virus (HIV) is currently a global threat with an estimated 37.9 million people worldwide live with HIV-1, out of which 32 million have already died.[1] Globally, in 2005 alone over 4 million people were infected, and 3 million people perished from the disease.[2] In the following decade, thirty-eight thousand new cases have been recognized annually according to the Centers for Disease Control and Prevention (CDC).[3] Even though infection rates have remained stable since the 1990s in the US, the story in developing countries like Pakistan is altogether different.[3] The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that since 2004, the total cases of HIV in Pakistan have gone from 2700 cases to 130,000 cases, which is a staggering increase of 4800 percent.[4]

Furthermore, developing countries continue to bear the load of the most HIV infected individuals with Sub-Saharan Africa alone having almost 25 million individuals from a total of 38.6 million people infected globally until 2007.[5] In light of these devastating numbers, the sudden outbreak of HIV in Sargodha, a city in Pakistan with a population of 1.5 million people, requires immediate attention from the global medical community, especially in developing countries which share the same high-risk status for HIV infections like Pakistan, so that precautions can be taken to prevent this from happening again.[6, 7] Dawn News reports that in the past decade, Sargodha has had one of the most HIV infected populations in Pakistan with over 800 people being carriers.[7] In 2017, 37 people were diagnosed as carriers of HIV, and it was found that they had all gone to the same self-proclaimed doctor, practicing without a license, and would re-use syringes, leaving these people infected with HIV.[7]

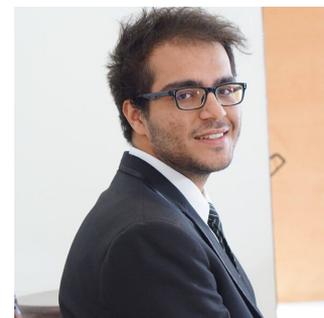
A recent outbreak occurred in June 2019 in Larkana, Sindh in which a tested population of 26041 people, confirmed 751 cases of HIV/AIDS, constituting 2.88% of the total population, however, the precise reason for this is still unknown. A large number of people

tested was done in accordance with WHO guidelines on HIV treatment which recommends a test-and-treat strategy.[8]

In a comprehensive review of the literature done in 2011 over the AIDS epidemic in Pakistan, the study stated that the reasons underlying the presence of HIV are due to Pakistan being a developing country.[9] Since 2007, a consistent increase in the usage of drugs and narcotics has been seen in the Pakistani youth.[10] Additionally, truck drivers constitute a significant population living in the rural areas of Pakistan; hence, during the time away from home, they tend to have sexual intercourse, usually without protection, with young boys who are usually the helpers and other fellow workers.[10] Furthermore, barbers in Pakistan are not aware of the spread of HIV, and the routine of reusing razors has added to this troublesome situation. Such practices lead to

the spread of the virus on an even bigger scale, and therefore should be discouraged.[10]

In light of these events, we urge Health Regulatory Bodies in Pakistan and other developing countries to thoroughly investigate individuals claiming to be doctors especially in areas that have low-income and low-literacy populations and are hence, susceptible to such fraudulent and potentially lethal practices. These events re-iterate the importance of raising public awareness towards proper sanitary practices, especially regarding any local practices which can result in blood-borne infections to be transmitted



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such as re-using of blades by local barbers in this particular case.<sup>[11, 12]</sup> This also raises the critical issue of public dialogue regarding contraceptive and sexually transmitted infections (STI) prevention practices such as the employment of condoms in countries similar to Pakistan where the majority of the discussions about sexual practices are considered taboo and invite great criticism from the public, along with the illicit use of drugs by needles is making it an even greater issue.<sup>[13]</sup>

A single intervention will not prove to be effective. The need of the hour is a customized, combined intervention plan with a specific focus on the target population, that can prove to be much more effective, including, but not limited to, public awareness campaigns regarding HIV and its transmission combined with sex-education in schools focusing on practicing safe sex, as well as government-endorsed mandatory check-ups for sex workers.<sup>[12]</sup>

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## CONFLICT OF INTEREST

The author declared no conflict of interest

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