

Study of HIV status in 400 cases STD in Shanti ID Clinic, Vadodara, Gujarat, India

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Aim:

The main objective of this article was to Study of HIV status in 400 cases S.T.D in Shanti I.D Clinic, Vadodara, Gujarat, India

Introduction:

India is home to approximately 2.5 million people living with HIV, the third-largest number of cases of any country in the world. Despite the recent reduction in HIV prevalence among both the general population and many high-risk groups, the percentage of infections occurring among the men has continued to rise in comparison to that among the women. Some women could also be unaware of their male partners' risk factors for HIV infection. Reported cases of three nationally notifiable STDs-Chlamydia, gonorrhea and syphilis have increased. The study explores how STIs may increase the risk of sexual HIV transmission, how STIs may be undermining our HIV prevention strategies, and what we can do about it. Research suggests that STIs can increase both an HIV negative person's risk of becoming infected with HIV and HIV positive person's risk of transmitting HIV to somebody else.

Most of the ladies are infected with HIV through high-risk heterosexual contact. Women are increasingly inclined to HIV contamination contrasted with men during intercourse. Recently released national HIV prevalence estimates for India indicate that 0.22% of girls and 0.36% of men aged 15-49 years are affected. The number of female patients who actually take Anti-Retroviral Therapy is also very few, but they have a higher propensity of developing Steven Johnson syndrome and symptoms of hepatic events from nevirapine. In this article, we review evidence about the link between STI and HIV transmission and consider implications for the control program.

Materials and Methods:

The human immunodeficiency viruses (HIV) are species of Lentivirus, a subgroup of retrovirus that infects humans. Over time, the HIV leads to acquired immunodeficiency syndrome (AIDS), a condition during which progressive failure of the human system allows life-threatening opportunistic infections and cancers to thrive. Without treatment, average survival time after infection with HIV is estimated to be 9 to 11 years, counting on the HIV subtype. In most cases, HIV may be a sexually transmitted infection and occurs by contact with or transfer of blood, pre-ejaculate, semen, and vaginal fluids. Research has shown (for both same-sex and opposite-sex couples) that HIV is un-transmittable through condom less sexual activity if the HIV-positive partner features a consistently undetectable viral load. Non-sexual transmission of this virus can occur from an HIV infected mother to her infant during pregnancy, during childbirth by exposure to her blood or vaginal fluid, and through breast milk. Within these bodily fluids of the infected mother, HIV is present as both free virus particles and virus within infected immune cells.

HIV infects vital cells within the human system, like helper T cells (specifically CD4+ T cells), macrophages, and dendritic cells. HIV contamination brings about low degrees of CD4+ T cells through an assortment of systems, including pyroptosis of unsuccessfully tainted T cells, apoptosis of uninfected observer cells, the direct popular executing of contaminated cells, and murdering of tainted CD4+ T cells by CD8+ cytotoxic lymphocytes that perceive contaminated cells. At the point when CD4 T cell numbers

decay under a basic level, cell-intervened invulnerability is lost, and in this way the body turns out to be continuously increasingly powerless against entrepreneurial diseases, resulting in the event of AIDS.

Acquired immunodeficiency syndrome (AIDS) is one of the foremost significant health and social problems facing the planet today. Each new infection begins with somebody who is as of now infected. New viral infections occur because infected individuals don't take the required precautions or medications or due to poorly organized protective services. Patients are not being sufficiently educated on their responsibility to prevent the spread of HIV and are not being included in protective service studies. Generally, an HIV diagnosis is a traumatic experience that significantly changes a person's life. Commonly, the patient does not reveal their diagnosis at all or only reveals it to a limited number of people. A strategic goal of HIV prevention studies is to understand how and why patients hide their diagnosis and to determine a solution. AIDS is a disease that is feared because of misinformation about the transmission routes. A previous study determined that the most common reason patients hide their diagnosis is fear of stigma and exclusion. Because of the stigma related to HIV, the patient and their family may face psychosocial problems during diagnosis, treatment, and progression. In previous studies, it has been shown that having a family member diagnosed with HIV can affect family members in different ways. Campaigns that increase people's awareness of the risks, symptoms, and spread of STIs and of the importance of STI treatment, may help reduce the behaviors that put the people at risk and encourage regular STI testing.

The prospective study includes 400 cases of S.T.D attending the S.T.D clinic at Shanti I.D clinic, Vadodara, Gujarat, India. All 400 cases were screened for HIV status by Elisa and western blot test. Detail case history for each case was maintained. 317(79.23%) were males and 83 cases (20.75%) were females. 300 cases (75%) were in the age group of 20 to 50 years, 34 cases (8.55%) were of 0 to 20 years and 66 cases (16.25%) were above 50 years. Among 400 cases, 87(21.75%) were syphilis, 45 cases (11.25%) were Chancroid. 73 cases (18.25%) Gonorrhea, 110 cases (27.50%) Herpes genitals, 11 cases (2.75%) molluscum, 44 cases (11%) Genital scabies, 9 cases (2.75%) Cytomegalovirus infection and 21 cases (5.24%) were having L.G.V. Among these 400 S.T.D cases 67 cases (16.75%) were HIV positive, amongst which 61 cases (91.04%) were HIV1 and remaining 6 cases (8.96%) were HIV2. 67 cases (16.75%) were HIV positive confirmed by the western blot test.

Result:

Amongst 67 cases, 61 cases (91.04%) were HIV1 and the remaining 6 cases (8.96%) were of HIV2. The maximum number of S.T.D cases was confirmed in the age group of 20 to 50 years more in males than females, indicating high prevalence S.T.D in the young adult population. Around 400 cases of STD, the maximum cases were of Herpes genitals (27.50%).

Conclusion:

The present study indicates that screening of HIV test must be done in every STD case. The prevalence of S.T.D is high in the age group of 20 to 50 years (75%) 67 cases (16.76%) were HIV positive. As amongst positive 67 confirmed cases of HIV, 61 cases (91.04%) HIV1 and the remaining 6 cases (8.96%) were HIV2. The study concludes the incidence of HIV is high in STD cases. Our study confirmed the incidence of 67 cases of HIV positive (16.75 %) and HIV1 (91.04%) is more common than HIV2 in STD cases.

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