

A Report on Acquired Immunodeficiency Syndrome

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BRIEF REPORT

Infection with the human immunodeficiency virus causes human immunodeficiency virus infection (HIV). When an individual is first infected, he or she may not have any symptoms or just have a brief period of influenza-like sickness. After then, there is a long period of incubation without any symptoms. The term "acquired immunodeficiency syndrome" refers to HIV infection that results in a CD4+ T cell count of less than 200 cells per microliter or the emergence of HIV-related illnesses. In the absence of particular therapy, almost half of HIV-positive patients will acquire AIDS within ten years. Cachexia in the form of HIV wasting syndrome, pneumocystis pneumonia, and esophageal candidiasis are the most prevalent early symptoms that indicate the existence of AIDS.

When sexually transmitted illnesses and genital sores are present, the chance of transmission rises. The risk of genital ulcers appears to be fivefold. Chlamydia, for example, is a sexually transmitted illness. Many sexually transmitted illnesses and genital sores enhance the likelihood of transmission. Ulcers in the genital area appear to raise the risk by a factor of five. Other sexually transmitted illnesses, such as chlamydia, trichomoniasis, gonorrhoea, and bacterial vaginosis, have a lower probability of transmission. Antibodies testing in infants under the age of 18 months are frequently incorrect since maternal antibodies are still present. PCR testing for HIV RNA or DNA, as well as testing for the p24 antigen can be used to detect HIV infection.

Sexual abstinence programmes don't seem to impact HIV risk in the long run. There is no evidence that peer education has any advantage. School-based sexual education may help to reduce high-risk behaviour. Despite knowing about HIV/AIDS, a significant number of young individuals continue to participate in high-risk behaviours, underestimating their own risk of infection. Voluntary HIV counselling and testing had little effect on risky behaviour in HIV-negative persons, but it does increase condom usage in HIV-positive people. When compared to basic care, family planning services tend to improve the chance of HIV-positive women utilising contraceptives.

Treatment also improves physical and mental health in poor countries. There is a 70% reduction in the likelihood of contracting TB after therapy. Additional advantages include a lower chance of disease transfer to sexual partners and a lower risk of mother-to-child transmission. Treatment success is largely determined on patient compliance. Poor access to social supports, medical care, and substance usage are all reasons for non-adherence to therapy. Adherence may be hampered by the intricacy of treatment regimens and side effects. Tuberculosis is one of the most common causes of illness and death in persons living with HIV/AIDS, affecting one-third of all HIV-positive people and accounting for the majority of HIV-related fatalities. HIV is also one of the most major TB risk factors. HIV research covers medical study aimed at preventing, treating, or curing HIV, as well as basic research on the virus's nature.

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