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Short Communication

# The Analysis of Human Acquired Immunodeficiency Syndrome

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## DESCRIPTION

The chronic, sometimes deadly condition known as Acquired Immunodeficiency Syndrome (AIDS) is mostly brought on by the Human Immunodeficiency Virus (HIV). HIV weakens your immune system, interfering with your body's ability to fight disease and infection. Although there is no widely accessible therapy or vaccination, antiretroviral medication can halt the progression of the illness and prolong life span. As soon as a diagnosis is identified, treatment is recommended. The average amount of time without therapy after infection is 11 years. Before developing into AIDS, an HIV infection can last for years with few to no symptoms. When the CD4 T cell count drops below 200 or you get an AIDS-defining complication, such as a severe infection or malignancy, AIDS is diagnosed. Sharing needles, engaging in sexual activity, receiving blood transfusions, getting pregnant or delivering a baby or through breastfeeding are all ways that contaminated blood, semen, or vaginal secretions may enter your body and cause HIV infection [1].

Due to easier access to HIV testing and Antiretroviral Therapy (ART) since 2003, the death rate associated with AIDS has substantially decreased. Due to the difficulties in treating severe HIV illness (classified by the World Health Organization as a CD4 count below 200 cells/μl), this trend has, however, slowed recently [2]. Advanced HIV disease patients continue to be at risk for opportunistic infections and have a higher mortality risk in the first year after beginning ART. Although many persons with advanced HIV illness are ART-naive, a growing number of cases are discovered after ART failure or after a protracted period of carelessness. A rise in resistance to first-line ART drugs may increase the likelihood of having advanced HIV illness [3]. Rapid advancement in preventative medicine along with extensive interventions that improve clinical outcomes provides possibilities. Even while innovative therapies and measures are crucial, the US still needs to strengthen its HIV clinical personnel. The three-module were created, longitudinal case-based online curriculum as a part of the Southeastern AIDS Education Training Center to support interprofessional learning for students from various health professions on current challenges linked to HIV/AIDS in the United States. Students will gain knowledge about clinical, psychosocial-behavioral, and social health concerns related to HIV care through this approach [4]. It aims to educate about HIV care issues in the Southeast United States, provides a fundamental understanding of HIV-related stigma, and enables healthcare professionals to continue their HIV-specific education and training in order to lower the number of new HIV infections. The exercises incorporate elements of problem- and team-based learning to efficiently use resources while facilitating interprofessional learning for a huge group of volunteers.

## CONCLUSION

In clinical and translational research on the Human Immunodeficiency Virus (HIV), women are notably underrepresented. This is important since individuals with HIV are living longer and developing aging-related non-AIDS comorbidities (NACMs); recent research indicates that women are more likely than males to develop and advance NACMs. It is well known that women compared to males respond to several viruses, including HIV-1, with higher immunological activation; this probably affects the sex-differential NACM formation linked to variations in HIV-associated chronic inflammation. Furthermore, it is recognized that several sociobehavioral variables that affect NACMs associated with ageing vary by gender. The goals of this discussion were to (a) synthesize information on the four NACMs of PWH (bone disease, cardiovascular disease, metabolic dysfunction, and cognitive impairment) based on sex, (b) Analyze the features of important research examining sex disparities in NACMs and (c) introduce potential psychological and biological processes influencing the emergence of sex-specific NACM outcomes and risk in PWH.

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