Knowledge as Power: Educating the Public on HIV’s Past, Present, and Future

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Abstract

In this era, there is a promising path toward halting the HIV pandemic. It underscores the vital importance of spreading accurate HIV information and educating the public. Understanding these facts enables people to grasp the historical, present, and future aspects of HIV, determining the current position and trajectory. While significant progress has been made in combating HIV, there is still much work to be done, emphasizing the need to sustain ongoing efforts. This review aims to raise public awareness of HIV and urges for compassion, insight, and proactive measures. It calls for strength not only in laboratories but also in community engagement and policymaking. As we move forward, let us embrace a renewed sense of optimism and determination. Through collective action, we can relegate HIV to history, turning it from a persistent threat into a defeated adversary. Just a few decades ago, halting HIV seemed improbable. Today, reducing new HIV cases is within reach, exemplified by campaigns like “Let’s Stop HIV Together,” which targets a 90% reduction in new cases by 2030. Together, progress has been made, and together, it will continue. Increasing public awareness of HIV and ongoing efforts further strengthens the fight against HIV.

Introduction

HIV, the Human Immunodeficiency Virus, emerged as a shadow over humanity in the early 1980s, casting a long, uncertain path that we are still navigating. This elusive virus infiltrates the body’s defense mechanism, targeting CD4 cells, the “security” of our immune system. As the virus multiplies, it gradually dismantles the immune system, leaving the body vulnerable to infections and diseases. This gradual weakening often leads to an advanced HIV, commonly known as Acquired immunodefici-
ciency syndrome (AIDS), the most severe stage of HIV infection, where the body’s defenses are critically impaired. Despite remarkable scientific strides and a deeper understanding of HIV, the virus continues to challenge us with its complexity and resilience. Its ability to adapt and evade our best defenses underscores the critical need for continued research and unwavering funding to combat this persistent global health threat.

Description of the Organism

Imagine a virus so cunning that it not only invades the body but integrates itself into the very essence of our cellular machinery. This is the reality of HIV, a retrovirus with a knack for deception and survival. It’s not just a virus, it’s a master of disguise, constantly changing its form to outwit our immune system. There are two main players: HIV-1, which is seen throughout the world, and HIV-2, its lesser-known cousin mainly found in West Africa. The story of HIV is a one full of adaptation, with its ability to rapidly mutate, leaving scientists in a relentless pursuit for solutions [1]. The roots of HIV-1 are embedded in a tale of species crossing, where a version of the virus from chimpanzees found its way into humans. This event, a twist of fate and biology, happened in Central Africa and set the stage for a global health crisis. The virus’s chameleon-like nature, resulting in diverse strains, turns the battle against it into a challenge, demanding constant innovation in treatment and prevention strategies. This ongoing saga highlights why the world can’t lower its guard against HIV, reinforcing the call for continuous research and dedicated funding to keep up with this constantly evolving disease.

Symptoms of the Disease

HIV, often silent and stealthy in its early stages, can be a deceptive adversary. Initially, many might not even realize they have encountered it. In its early assault, HIV may mimic common sicknesses, such as a flu-like syndrome with fever, sore throat, and fatigue. This masquerade, however, is short-lived as the virus embarks on its journey, weakening the body’s defenses. This phase is also known as acute HIV infection. Without treatment, this progression is relentless, leading to the advanced stage known as HIV Stage 3 (formerly, known as AIDS), characterized by severe immune suppression [2]. As the immune system weakens, the body becomes a battleground for opportunistic infections and diseases that a healthy immune system would typically fend off [3]. These include tuberculosis, certain cancers, and life-threatening infections like pneumocystis pneumonia. For many, the onslaught of such infections is the first sign that something is gravely amiss. Weight loss, persistent diarrhea, night sweats, and profound fatigue become daily battles. These symptoms are not just markers of the virus, they are reminders of the lives it alters, and the ongoing struggle faced by those living with HIV. In this struggle, the importance of early detection and treatment cannot be overstated. Identifying HIV early can mean the difference between a manageable chronic condition and a life-threatening decline. Once diagnosed, HIV antiretroviral treatment can be initiated promptly for almost all patients, helping them achieve viral suppression within several months. Upon reaching viral suppression, individuals with HIV can lead healthy, normal lives and prevent transmission. Essentially, this undetectable (U) viral load means the virus is untransmissible (U), a crucial concept known as U=U in the HIV community. This narrative highlights the critical need for continued research and resources, not just for treatment, but for the dignity and quality of life of those living with HIV.

Mode of Transmission

Understanding how HIV is transmitted is crucial in the battle against this virus. HIV doesn't discriminate, as it can affect anyone, regardless of age, gender, or lifestyle [4]. The virus is primarily transmitted through direct contact with certain body fluids from a person with HIV who has a detectable viral load. These fluids include blood, semen, vaginal fluids, rectal fluids, and breast milk. The most common modes of transmission are through unprotected sexual contact and sharing needles or syringes for drug use [5]. For many, the transmission occurs in moments that are profoundly human, such as an act of intimacy, or from mother to child during pregnancy, childbirth, or breastfeeding. Eliminating perinatal HIV in the United States has been a key objective in the fight against HIV. These efforts have been successful, and the CDC has declared the elimination of perinatal HIV in the US [6]. Each scenario carries the weight of the virus’s spread, silently transferring from one life to another. Healthcare settings also present risks, though less common, through needlestick injuries or improper sterilization of equipment. The nature of HIV’s transmission lies not just in the virus itself, but in the social and economic factors that facilitate its spread. Poverty, lack of access to healthcare, and stigma - these are the enablers of HIV,
creating environments where the virus thrives unchecked [6]. It's a stark reminder that battling HIV is not just a medical challenge but a social one as well. In confronting HIV, understanding its transmission is just the first step. It calls for compassion, education, and relentless effort in prevention strategies, echoing the need for a sustained commitment to research and funding to halt its spread and protect future generations.

**Treatment & Prophylaxis**

When talking about HIV management, antiretroviral therapy (ART) marks a significant milestone. ART works by transforming HIV from a fatal diagnosis into a manageable chronic condition which can suppress replication. This therapy prolongs the life of those living with HIV, but also plays a role in reducing the risk of viral transmission. This is an important aspect in the public health management of the disease [1]. Another preventative method is pre-exposure prophylaxis (PrEP). When taken pills daily or every other month injectable, PrEP will reduce HIV risks. Additionally, post-exposure prophylaxis (PEP) serves as a quick response to potential HIV exposure. In order to work, it requires quick treatment within 72 hours of exposure [7]. Despite these advancements, challenges persist, particularly in global accessibility and equitable distribution of these treatments and preventive measures. Disparities in healthcare infrastructure and socioeconomic factors often limit the reach of these essential medical interventions [8]. Addressing these challenges necessitates not only ongoing medical research but also a concerted effort in public health policy and community outreach to ensure comprehensive and inclusive HIV care.

**Current Research**

New developments in HIV are constantly being researched. One new idea is long-acting antiretroviral therapies. Essentially, this means that those with HIV would receive a treatment which would last weeks/months at a time, as opposed to taking a daily pill. This would simplify treatment immensely. Then, there’s the big buzz about HIV vaccines. Scientists are actually working on vaccines that could one day prevent HIV or control it without daily meds. These vaccines are still in the testing phase, however if this idea comes to fruition, it could have a great impact [9]. Lastly, there is a quest for a cure. Researchers are exploring gene editing and new kinds of vaccines that could one day wipe out HIV from the body. It sounds like a future development, but it’s happening right now in labs all over the world. These experiments might be in the early stages, but they hold the promise of a world where HIV could be beaten for good [10]. New discoveries in HIV research aren’t just scientific wins, they provide a hope. It’s about keeping the fight alive and moving closer to a world where HIV is no longer a threat.

**Defense for Further Resources (including funding) & Research**

In the battle against HIV/AIDS, progress has been monumental, but the war is far from over. The virus’s ever-evolving nature demands relentless research and unwavering funding. The need for continuous investment in research is not just a scientific necessity; it’s a call to safeguard the future of global health. The treatments we have today can control the virus, but they can’t eliminate it. This is why ongoing research is so crucial, especially in finding treatments that could provide a cure. Achieving this would be a huge milestone in the fight against HIV/AIDS [1]. Additionally, the goal for an effective vaccine is also important. This would offer a lasting way to prevent new cases, taking us a significant step closer to wiping out HIV on a global scale [11]. Moreover, HIV research is not just about finding new treatments, cure, or a vaccine. It’s also about improving the quality of life for those living with the virus. This includes developing better, less toxic medications, understanding the long-term impacts of the disease and treatment, and addressing the mental health and social needs of people with HIV [12]. Furthermore, HIV/AIDS research has broader implications. It enhances our understanding of other viruses and immune responses, contributing to medical knowledge that extends far beyond HIV. This research fosters innovation in drug development, vaccine research, and public health strategies, benefiting the entire field of medicine. Lastly, ongoing funding is crucial in ensuring equitable access to HIV treatments and preventive measures worldwide. Despite advancements, disparities exist in treatment access, particularly in low- and middle-income countries. Continuous funding can help bridge these gaps, ensuring that advancements in HIV care benefit all, irrespective of geographic or economic barriers. In essence, the fight against HIV is not just about tackling a virus. It’s about upholding the right to health, advancing medical science, and fostering a global effort to end
one of the most challenging health crises of our time.

**Key Resources**

For those seeking knowledge about HIV, the Centers for Disease Control and Prevention (CDC) offers trustworthy resources catering to both public and healthcare professionals:

- **ABOUT HIV [13]**: A comprehensive platform providing fundamental insights into HIV. Visitors to this site can access downloadable materials and informative videos covering essential aspects of HIV. Explore further at https://www.cdc.gov/hiv/basics/whatishiv.html.

- **HIV NEXUS [14]**: Serving as a centralized hub, HIV NEXUS furnishes a wealth of information spanning the HIV prevention and care spectrum. Specifically tailored for clinicians, it provides clinical tools and guidelines. Discover more at https://www.cdc.gov/hiv/clinicians/index.html.

**Call to Action/Conclusion**

As we conclude our journey through the realms of HIV, it becomes abundantly clear that this story transcends the confines of medical journals. It's deeply rooted in the human experience. Our expedition has taken us through the intricate workings of HIV, its profound impact on our bodies and daily lives, and the remarkable progress made in combating it. However, at its core, this narrative is about individuals and about the daily hurdles faced by those living with HIV and the collective global endeavor to uplift them. The progress made so far has been monumental, transforming HIV from a feared verdict to a condition that is manageable. Yet, the mission is far from over: There's a horizon of hope filled with promising possibilities like potential cures and vaccines, but these remain just beyond our grasp. To bring these possibilities to fruition, they require unwavering dedication, research efforts, and financial backing. This essay is not merely a summary of facts about HIV. It serves as a call for compassion, insight, and proactive measures. It's an appeal to maintain vigor; not solely within laboratory walls, but in our community engagements and policymaking. As we turn this page, let's embrace and carry forth a renewed sense of optimism and resolve. United in efforts, it's only together that we can relegate HIV to the annals of history, transforming it from a lingering peril into a conquered foe.

**References**

2. Centers for Disease Control and Prevention. HIV infection is classified as stage 3 (AIDS) if CD4 T-cell count is less than 200 cells/mm³ or if a person has one or more AIDS-defining conditions, regardless of the CD4 T-cell count.
12. Centers for Disease Control and Prevention. HIV/AIDS.
15. Centers for Disease Control and Prevention. Clinician Resources.