

Editorial

Editorial: Living with an Old Enemy

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Be a member of the editorial board is an important task and a wonderful opportunity to keep up with a lot of fascinating discoveries going on in HIV infection. The acquired immunodeficiency syndrome (AIDS) is a disease caused by the HIV virus that impair the immune system and lead the organism susceptible to various types of infections. As the disease still lacks a cure and is sexually transmitted, the infection has been surrounded by stigmas that have survived since the first AIDS case was described in the eighties. Treated in the past as a disease that affected mainly homosexual men, nowadays it is known to have no distinction of gender, race or social class. The World Health Organization (WHO) estimates that in the beginning of the epidemic in 1981 about 35 million people were killed by AIDS.

Since 2010, the annual number of new infections in all ages has declined by 16% to 1.8 million. The pace of decline in new HIV infections, however, is far too slow to reach the Fast-Track Target agreed upon by the United Nations General Assembly in 2016: fewer than 500,000 new infections per year by 2020¹. In Brazil, the cases of AIDS and the mortality caused by the epidemic are also decreasing. In 2016 the rate of detection was 18.5 cases per 100 thousand inhabitants showing a reduction of 5.2% compared to 2015, when 19.5 cases were registered. In 2014, a political decision to expand the access of treatment to the entire population resulted in a decreased in the number of deaths from 5.7 per 100,000 inhabitants to 5.2 in two years, a reduction in 7.2% in the mortality rate. Nowadays, AIDS is a pandemic and an important feature of the HIV is its vast genetic diversity and rapid evolution that influence the pathogenesis, transmission, diagnosis, and clinical management. The major implications of viral diversity are the rapid selection for drug-resistant mutations by suboptimal antiretroviral treatment (ART) and the difficulties it imposes on the development of vaccines and curative strategies².

As ART is becoming widely available in high-income countries, we still have a long road ahead to make it reach low-income countries. The early initiation of therapy has been associated with lower levels of viral load and a reduction in the opportunistic infections that is responsible for most of the deaths³. Additionally, early ART therapy demonstrated the freezing of the virus population at an early stage when it is still is relatively homogeneous and prior to the emergence of new immune-escape variants^{4,5}.

Thus, the Journal HIV and Sexual Health aims to publish outstanding discoveries in HIV/AIDS area and I am pleased to be a part of this editorial member and contribute to improve the knowledge and the distribution of scientific information in this important field. I trust this journal will lead to the expansion of existing global collaborations and the establishment of new ones between researchers and infectious disease clinicians. To all of these, many thanks.

References

1. UNAIDS. UNAIDS Data 2017, p1-248, 2017. Available on: www.unaids.org
2. Simonetti FR, Kearney MF. Review: influence of ART on HIV genetics. *Curr Opin HIV AIDS*. 2015; 10(1): 49-54.
3. Flexner C. Antiretroviral implants for treatment and prevention of HIV infection. *Curr Opin HIV AIDS*. 2018; 13.
4. Wagner TA, McKernan JL, Tobin NH, et al. An increasing proportion of monotypic hiv-1 DNA sequences during antiretroviral treatment suggests proliferation of HIV-infected cells. *J Virol*. 2013; 87: 1770-1778.
5. Kearney MF, Spindler J, Shao W, et al. Lack of detectable HIV-1 molecular evolution during suppressive antiretroviral therapy. *PLoS Pathog*. 2014; 10:e1004010.