



## Letter to Editor

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## A staggering rise of HIV cases in Pakistan

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In the last decade, Pakistan has experienced multidemics of HIV in key populations, namely: injecting drug users, male sex with male, female sex workers, transgender sex workers, and transgenders. According to recent reports, in Pakistan, 210000 people with HIV accounts for less than 0.2% of the general population. Among documented cases, 32972 (61%) received anti-retroviral therapy in 51 centers[1,2]. The incidence of HIV in the key population is men who have sex with men (MSM) (25%) followed by injecting drug users (IDUs-24%), transgender sex workers (7.5%), 2% in transgenders, and female sex workers (2%), respectively. As of 2022, more than 1000 cases per area were reported from different parts of the country[3]. Consequently, during the last ten months of 2022, upsurges of new cases in Pakistan have seen raising questions on prevention and control of HIV, and signifying the morbidity from key to non-key population[3]. The highest ratio of people affected with HIV has noted in Punjab with more than 70000, and Sindh with 60000 cases[2]. According to the National AIDS Control Program (NACP), in 2022, Punjab province documented 6106 new cases of HIV, followed by Sindh with 2096, Khyber Pakhtunkhwa 815 (13000 HIV-AIDS in total), Islamabad Capital Territory 496, and Baluchistan with 316 cases from January–October 2022[4]. The specialists of infectious diseases and HIV experts said certain reasons in the increase of HIV cases in Pakistan: 1) the increase in HIV detection tests, 2) MSM, and 3) improper prevention and control system of communicable infectious diseases[3]. The United Nations Programme on HIV/AIDS statistics claimed 2010 to date, the number of HIV/AIDS cases increased by 75% within Pakistan, of which 23% are unaware[5]. These outbreaks followed the pattern of Asian regions, which means the disease grows exponentially within the population *via* injecting drug users before reaching plateau, afterward spreads in general population through sexual networks[1]. In line with the National AIDS Control Program, reports

in 2017 claimed 38% of HIV infection in IDUs, of which 8% female spouses were seen positive due to their drug abuser husbands[2]. There are some reasons behind these outbreaks, which could be 1) impromptu healthcare set up, 2) inappropriate screening and treatment, 3) political uncertainty, poverty, and social stigma could also expose the healthcare system of Pakistan against HIV infection[6]. In order to prevent the country from HIV infection, the government should take strict actions. Awareness should be expanded to the high-risk population including IDUs and sex workers through governmental and non-governmental organizations, especially in large cities of the country. Campaigns regarding HIV transmission should be undertaken, prompting tolerance toward people with HIV[7] and these communications should provide accurate knowledge about transmission and prevention of HIV. The government of Pakistan should also update HIV/AIDS control programs, and build anti-retroviral therapy centers in every district with state of the art facilities.

## Conflict of interest statement

No conflict of interest is declared by the authors.

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## Author's contributions

All the authors contributed equally in the manuscript preparation.

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