

Letter to Editor

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The alarming surge of HIV/AIDS in Khyber Pakhtunkhwa, Pakistan demands urgent attention

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The escalating human immunodeficiency virus (HIV) outbreaks in Pakistan are a matter of concern for both general population and health care settings[1]. The first case of HIV was reported in 1987. Since then, 0.2 million people are living with HIV, 63202 know their positive status, and 40652 patients are acquiring health assistance from 78 anti-retroviral therapy centers[2,3]. According to reports, the cases of HIV/AIDS escalated to 75% within a decade since 2013, with merely 4500 in Pakistan[1,2]. In October 2022, National AIDS control program (NACP) reported the highest number of cases (6106) in Punjab province, followed by Sindh (2096), and Khyber Pakhtunkhwa (KPK) with 816 cases[4]. As of December 2023, KPK witnessed increased number ($n=13000$) of HIV positive cases, where 5543 cases were registered in 8 antiretroviral therapy (ART) centres of the province. As per reports, Peshawar documented the highest number of cases ($n=1272$, 22.9%), followed by Bannu ($n=874$, 15.7%), and Mardan district ($n=314$, 5.6%) as mentioned in Figure 1. The NACP of KPK claimed that the upsurge in the HIV cases is 90%, mostly associated with homosexuality, careless blood transfusion, dentistry practices, injecting drug users (IDUs), and unsafe sexual intercourse with sex workers[5]. Similarly, a study claimed that increased in HIV cases is attributed to men having sex with men (25%), followed by IDUs (24%), transgender sex, and other sex workers[1]. In contrast, a study reported 38% of HIV cases were found in IDUs, and 8% spouses were infected due to their husbands[6]. In order to control the increasing number of HIV cases in population with high susceptibility such as LGBTs, IDUs and other key population, certain steps are required. The NACP must take steps toward comprehensive education regarding to evading upsurge of HIV transmission in general and key population. Likewise, substantial steps are needed to ensure the access of IDUs to healthcare centers for HIV testing, and implantation of inclusive education for IDUs to prevent HIV transmission in drug abusers. The government must focus on multidisciplinary strategies to overcome

the incidence of HIV cases: 1) engage motivational speakers and community elders in campaigns; 2) observe and monitor the incidence of HIV cases in key population; and 3) collaborate with international stakeholders of health program to share their knowledge and best resources to control HIV.

Conflict of interest statement

The authors declare that there are no conflicts of interest.

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Authors' contributions

Abdullah conceptualized, wrote, edited and reviewed the original draft. R.M and A.W formally analyzed, reviewed and performed editing. S.A and M.K contributed to writing, editing and reviewing. All authors have approved the final version of the manuscript.

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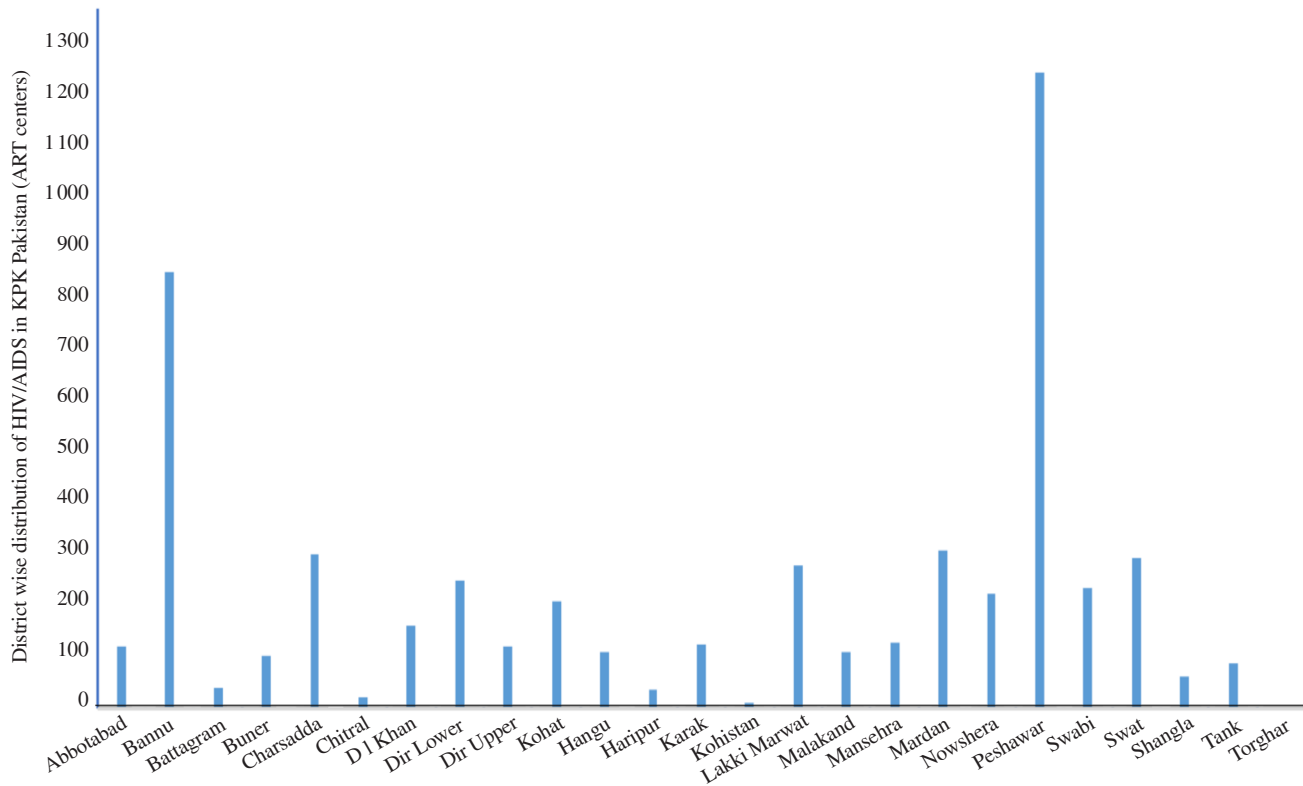


Figure 1. Burden of HIV/AIDS in different districts of Khyber Pakhtunkhwa (KPK)[5].

References

- [1] Abdullah, Muhammad R, Salman M, Hussain A, Ullah A, Khan M. A staggering rise of HIV cases in Pakistan. *Asian Pac J Trop Med* 2023; **16**(3): 143-144.
- [2] Din M, Anwar F, Ali M, Yousaf M, Ahmad B, Abdullah. Chemiluminescent-microparticle-immunoassay-based detection and prevalence of human immunodeficiency virus infection in Islamabad, Pakistan. *Arch Virol* 2021; **166**(2): 581-586.
- [3] Common Management Unit. *NACP–National AIDS Control Programme*. [Online]. Available from: <https://www.cmu.gov.pk/nacp-national-aids-control-programme/>. [Accessed on 4 December 2023].
- [4] National AIDS Control Program. *HIV awareness program 2022*. [Online]. Available from: <https://nacp.gov.pk>. [Accessed on 4 December 2023].
- [5] Mashriq TV. *HIV cases on rise in Khyber Pakhtunkhwa 2023*. [Online]. Available from: <https://mashriqtv.pk/en/2023/01/05/hiv-cases-on-rise-in-khyber-pakhtunkhwa/>. [Accessed on 4 December 2023].
- [6] Marfani WB, Khan HA, Sadiq M, Outani O. The rise in HIV cases in Pakistan: Prospective implications and approaches. *Ann Med Surg (Lond)* 2022; **81**: 104492. doi: 10.1016/j.amsu.2022.104492.

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