

Hot News

UNAIDS Update Global HIV Numbers

UNAIDS released on July 2019 the updated estimates for HIV figures worldwide (<https://www.unaids.org/>). Overall, 37.9 million people are currently living with HIV, more than 80% in developing countries and mostly

in Sub-Saharan Africa. Roughly, 1.7 million new HIV infections occurred during the year 2018, which represents 5000 new infections per day. Overall, 61% of these new infections occur in Sub-Saharan Africa, 10% in children, half of them in women, and one-third in adolescents and youth (Figs. 1 and 2).

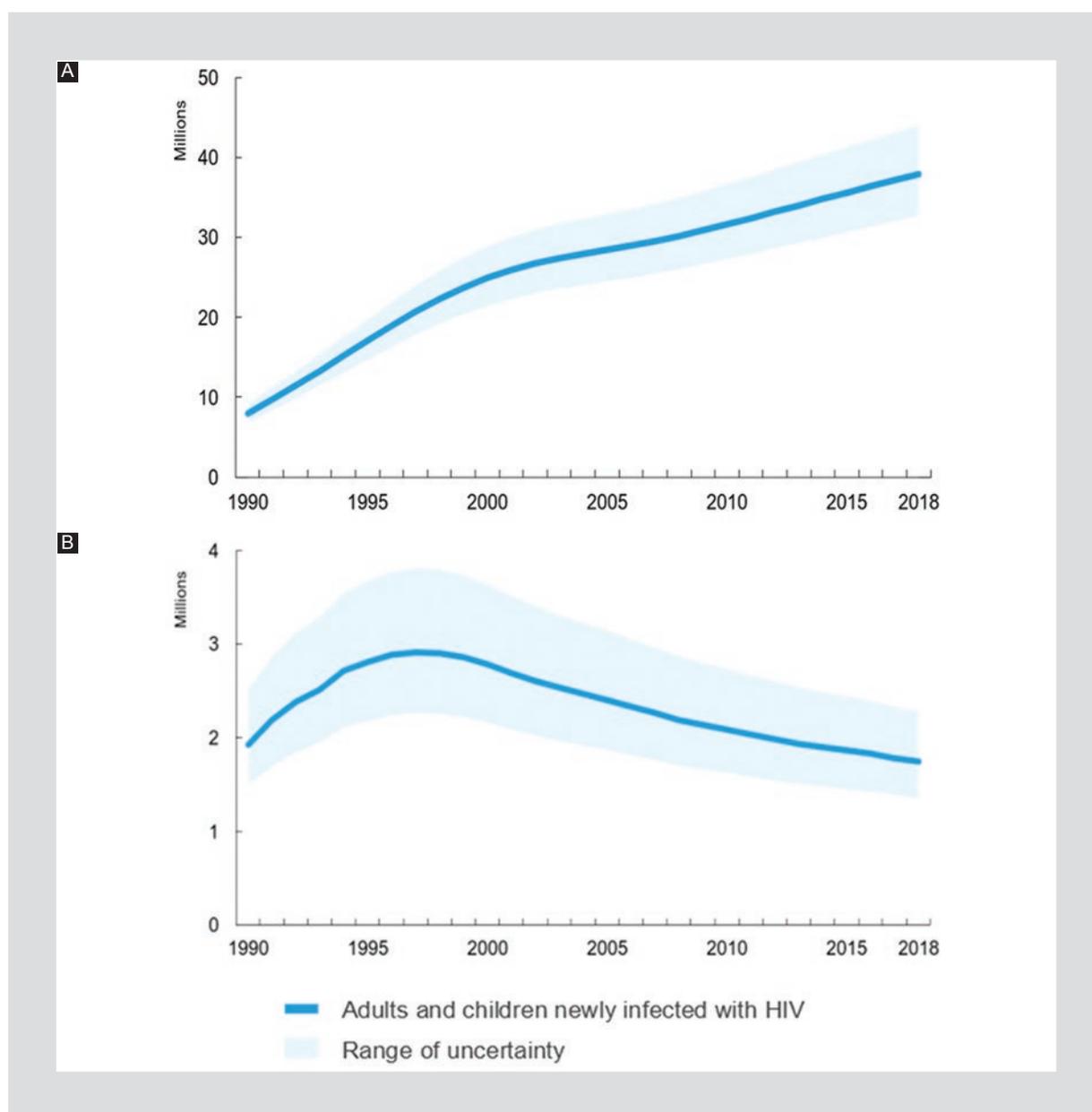


Figure 1. (A) People living with HIV (2018). (B) New HIV infections (2018).



Figure 2. People living with HIV worldwide (2018).

The incidence of HIV is declining too slowly and remains substantial despite significant efforts for treating with antiretrovirals as soon as possible all new HIV diagnoses (treatment-as-prevention) and expands pre-exposure prophylaxis. Finally, 770,000 persons died from AIDS during the year 2018, being a significant proportion of them late presenters. Clearly, the AIDS pandemic is slowing down but not as rapidly as desirable.

Looking at the current global HIV scenario, the WHO goals of 90-90-90 for 2020 would not be feasible. Even encouraging test-and-treat strategies with immediate rapid treatment initiation (Garcia-Del Toro M. *AIDS Rev* 2019; 21: 55-64), the impact on new incident HIV infections seems to be residual, as recently highlighted by several large trials. Indeed, universal HIV testing and treatment only minimally reduces HIV incidence compared to standard care (Hayes et al. *N Engl J Med* 2019; 381: 207-18; Havlir et al. *N Engl J Med* 2019; 381: 219-29; Makhema et al. *N Engl J Med* 2019; 381: 230-42).

Along with more treatment efforts, it seems convenient to work better on preventive strategies for HIV-uninfected persons, especially among the youth. As the Centers for Disease Control and Prevention points out, proper education should give further value to personal, family, and community implications of a healthy

sexuality (<https://www.cdc.gov/std/>). Whereas favoring sex deferral until adulthood and/or marriage may not work for everyone, it will provide arguments for many. Thus, providing an integrated view of human sexuality and affectivity in schools would be beneficial for both individuals and society. Furthermore, making aware all about the potential harms of some risky sexual behaviors would respect the right for individual choices, including decisions of those engaging in risky HIV practices.

The current rebound in sexually transmitted infections largely driven by the lack of fear to HIV acquisition should refresh us, health providers, about our commitment for ensuring the best care to our patients (Soriano and Del Romero. *AIDS Rev* 2018; 20: 187-204). Clearly, efforts for expanding universal HIV testing and providing antiretroviral therapy as soon as possible to newly diagnosed persons must run in parallel with proper educational work, providing accurate information on the benefits and risks of distinct sexual behaviors.

Carmen de Mendoza

Internal Medicine Laboratory

Puerta de Hierro Research Institute and University Hospital

Majadahonda, Madrid, Spain