

Opportunistic Infection Associated to HIV/AIDS in Nepal

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Sir,

Nepal is a low prevalence country for HIV/AIDS but has progressed into the category of a "concentrated" epidemic. The epidemic remains concentrated in a few vulnerable populations, namely Female Sex Workers and their clients, Intravenous Drug Users and Seasonal Migrant Workers. There is a big difference between estimated and reported cases for HIV, >60000 and almost 5000 respectively¹. There might be many more undiagnosed cases. Mother-to-child transmission is the largest source of HIV infection in children in Nepal so far.

Opportunistic infections (OIs) are an important cause of morbidity and mortality in persons infected with HIV. The use of highly active antiretroviral therapy (HAART) appears to be effective in suppressing the HIV viral load, with a quantitative and qualitative improvement in the CD4+ T-cell count followed by a strong reduction of OIs including those caused by parasites². However, the ability of HAART to restore immunocompetence appears incomplete, particularly in patients with chronic and advanced disease³. Existing literature suggests that the control of OIs is also induced by the anti-HIV protease inhibitors which inhibit the aspartyl proteases of the parasites among the patients under HAART. The study of protease inhibitors against specific aspartyl proteases of those opportunistic protozoa that cause severe and intractable diseases could be considered as an alternative pathway towards the development of new drugs that may prove effective against these infections.

Facilities for HIV/AIDS clinical care are limited all over Nepal and only few Nepalese with HIV have access to antiretroviral therapy through either the private or public healthcare

system. Teku Hospital in Kathmandu is conducting government sponsored HAART while the other centre is TUTH Maharajgunj. Limited care is being offered by Bir Hospital and Patan Hospital in the Kathmandu valley. Care outside the capital of Nepal is restricted in scope. According to the National HIV/AIDS Strategic Plan (2002 to 2006) and National HIV/AIDS Operational Plan (2003 to 2007), different activities had been formulated like HIV/AIDS and sexually transmitted disease prevention programme, care and support programme for HIV/AIDS, with the mechanisms of implementation as a multisectorial programme, with decentralization, coordination and collaboration with both governmental and nongovernmental sectors⁴.

HIV/AIDS has been identified as a priority number one issue in the Tenth National Five Year Plan of Nepal. There are no national guidelines developed till date for the management of OIs related to HIV/AIDS. So, it is very essential to have national level guidelines for the treatment of OIs and strategies that would make the drug available, affordable and accessible to the people with HIV, there by improving morbidity and mortality related with HIV diseases and finally giving strong support to the national antiretroviral program.

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