

Info:

Guest Speakers

- Dr. Nausheen Hamid (Parliamentary Secretary at Ministry of Health, Pakistan; Member of parliament, National Assembly of Pakistan): She will be talking on "Current issues in overall health care system in Pakistan and Government's response".
- Dr. Faisal Sultan (ID Physician, Special Assistant to the Prime Minister on National Health Services in Pakistan.) He will be talking about "HIV situation in Pakistan, where should we focus, and how health system reform will help stem the expanding epidemic".
- Prof. Dr. Timothy Flanigan (ID physician at Brown University, USA.) He will be talking about "HIV epidemic in the world, role of developing world to control future transmissions and how developed countries can help".

Moderator

- Shahid Rafiq; MD Co-Chair APPNA MERIT

Presenter

- Dr. Fizza Zahid Rafiq; MD, CCFP, FCFP Family Physician Clinical lecturer, University of Calgary, Canada

APPNA-MERIT HIV Committee Introduction

- Fizza S. Gillani; MSc, MAPE, PhD, CPHIMS Associate Professor of Medicine (Research) Alpert Medical School at Brown University

Pakistan Collaborators

- Dr. Bushra Jamil; National Coordinator for Common Management Unit for HI, TB, and Malaria (CMU), Government of Pakistan; President MMDSIP

First Webinar with Inauguration
HIV DISEASE: MYTH AND FACTS

Date & time: Sunday May 23rd, 2021 at 8 PM Pakistan time (11:00 AM US Eastern Time)

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- Dr. Nausheen Hamid**
Parliamentary Secretary at Ministry of Health, Pakistan. Member of parliament, National Assembly of Pakistan.
She will be talking on "Current issues in overall health care system in Pakistan and Government's response".
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MODERATOR:
Shahid Rafiq, MD, Co-Chair APPNA MERIT

PRESENTER:
Dr. Fizza Zahid Rafiq, MD, CCFP, FCFP, Family Physician Clinical lecturer, University of Calgary, Canada.

APPNA-MERIT HIV COMMITTEE INTRODUCTION:
Fizza S. Gillani, MSc, MAPE, PhD, CPHIMS, Associate Professor of Medicine (Research), Alpert Medical School at Brown University.

PAKISTAN COLLABORATORS:
Dr. Bushra Jamil, National Coordinator for Common Management Unit for HI, TB, and Malaria (CMU), Government of Pakistan; President MMDSIP.

Report:

Subject: HIV DISEASE: MYTH AND FACTS

Overview of HIV/AIDS

- HIV infection in humans came from chimpanzees in Central Africa (simian immunodeficiency virus or SIV)
- Humans hunted these chimpanzees for meat and came in contact with infected blood in the late 1800s.
- Human Immunodeficiency Virus was identified in late 1970s as a retrovirus
- Spread through certain body fluids (blood, genital fluids, and breast milk) and attacks the immune system (CD4 cells/T cells). HIV reduces the number of CD4 cells, damaging the immune system, making it harder to fight off other diseases and infections.
- In 2019, around 1,175 people (903 - 935 of which were children under 12 years of age) were diagnosed with HIV between April 25 to November 9 in Sindh, Pakistan, followed by similar cases in other parts of the country.
- Around 36.7 million people are living with HIV source around the world: 68,000 in Canada; 1.2 million of which are in the United States.
- There have been advancements in HIV management, unfortunately a lot of misinformation still exists.

HIV Stages

- Stage 1: Acute HIV infection
 - People have a large amount of HIV in their blood and are very contagious.
 - People have flu- like symptoms, or may not feel sick right away, or at all.
- Stage 2: Chronic HIV infection.
 - Also called asymptomatic HIV infection or clinical latency.
 - HIV is still active, but reproduces at very low levels

- o People may not have any symptoms or get sick during the phase.
- o Without taking HIV medicine, this period may last around a decade and HIV can be transmitted.
- o At the end of this phase, the amount of HIV in the blood (viral load) rise, and CD4 cell count declines. Symptoms may be present.
- Stage 3: Acquired Immunodeficiency Syndrome (AIDS).
 - o Most severe phase of HIV infection, people with AIDS have a badly damaged immune system increasing the number of severe illnesses (opportunistic infections).
 - o People receive an AIDS diagnosis when their CD4 cell count drops below 200 with certain opportunistic infections.
 - o People with AIDS can have a high viral load and be very infectious. Without treatment, people with AIDS typically survive about 3 years.

HIV Symptoms

- Potential flu-like symptoms within 2 to 4 weeks after infection (acute HIV infection), which may last for a few days or several weeks.
- Possible symptoms include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes and mouth ulcers.
- However, some people may not feel sick during acute HIV infection, and these symptoms do not necessarily mean one has HIV.
- HIV may be so mild that it passes without being noticed or be mistake it for flu. For others it may be more severe, and they may need to seek a doctor. HIV might not be diagnosed at that time simply based on symptoms.
- If one had high-risk contact and notices these symptoms about 2 weeks later, providers might want to consider having an HIV test on them.

Modes of Transmission

- Common modes of transmission Include iatrogenic procedures, sharing contaminated needles or instruments, reuse of disposable needles or IV drips, all identified in Pakistan
- Examples of potential infection include by injection drugs users, snorting crack-cocaine, blood transfusions with contaminated blood, contaminated razors/shaving blades, contaminated unsterilized instruments used by dentists, contaminated instruments used by midwives, unsafe sex with any HIV-positive person, MSMs and others.
- HIV can be transmitted from mother to child during pregnancy at childbirth or during breastfeeding. But if the mother is under treatment, there is a very low risk of transmitting the virus to the baby during and after pregnancy.

Myth and Facts/Awareness During Provider-Patient Encounters

- HIV cannot be spread through saliva, sweat, tears, casual contacts, such as sharing food, utensils, towels, beddings, swimming pools, telephone sets, toilet seats, insects such as mosquitoes, hugging, or shaking one's hand.
- When a patient comes to you regarding HIV, one must keep yourself, the patient and their family calm about HIV.
- Treat the patient with respect, without discriminating the patient. Show empathy and be sensitive to their emotions. Inform them you are here to help the patient and that HIV treatment is free in Pakistan. You have to discuss these options and train the patient about the optimal treatment.

HIV in Pakistan

- First cases HIV were noted in the late 1980s in people who were returning from Gulf countries.
- First brought to Pakistan by repatriated migrant workers.
- In response to the influx of these cases, the National AIDS Control Program was launched in 1986.
- HIV prevalence was high in certain populations in Pakistan and since the late 1980s to now, Pakistan has moved from low prevalence high- risk country to a concentrated epidemic, meaning the prevalence is more than 5% in certain key populations.
- According to estimates in 2016, 38.4% cases were found in people who inject drugs, 7.2% in transgenders, and 5.6% among men who have sex with men.
- Since 2000, there have been 7 notable outbreaks (3 in Sindh, 4 in Punjab) with four more since 2016 (1 hot spot in Gujrat, 1 in Sargodha, and third one is in Larkana).

- Approximately 38% GPs reuse syringes, and iatrogenic transmission from unsafe practices and poor infection prevention and control have been identified as primary or contributing risk factors in 5 out of 7 major outbreaks. The other 2 were because of poor IPC practices (Infection prevention and control).
- Of 246 people screened, and unsafe injections were found to be responsible in 96% of cases, dental procedures in 40%, and barber shop visits in 72%.