I'm not a robot

4040[3290-5130]20223900[3310-4570]2560202263[48-88]130[100-170]3.32030202595%(PLHIV)95%(ART)95%202286% [73>98%]89% [75>98%]93% [79>98%]86%[73->98%]76%[65-89%]71%[60-83%]ARTCD4200/mm3345TBSTI2828186ARVPrEPARTARTPrEPPEP2022-2030GHSSs2030GHSS2030Panorama generalLa infeccin por el VIH ataca el sistema inmunitario, y el sndrome de inmunodeficiencia adquirida (sida) es la fase ms avanzada de la enfermedad.El VIH ataca a los glbulos blancos, debilitando el sistema inmunitario, y esto hace que sea ms fcil contraer enfermedades como la tuberculosis, otras infecciones y algunos tipos de cncer.Se transmite a travs de los lquidos corporales de las personas infectadas, como sangre, leche materna, semen y secreciones vaginales. No se transmite por besos o abrazos ni por compartir alimentos. Tambin puede transmitirse de madre a hijo durante el embarazo y el parto.El VIH se puede tratar y prevenir con tratamiento antirretrovrico (TAR), y si no se trata puede evolucionar a sida, a menudo al cabo de muchos aos.La OMS considera que la enfermedad por VIH est avanzada cuando se encuentra en el estadio 3 o 4 de la OMS o cuando el nmero de clulas CD4 es inferior a 200 por mm3 en adultos y adolescentes. Se considera que todos los nios con VIH menores de 5 aos padecen enfermedad avanzada por VIH.Signos y sntomasLos sntomas de la infeccin por el VIH difieren segn el estadio en que se encuentre.La enfermedad se transmite ms fcilmente en los primeros meses posteriores a la infeccin, pero muchos casos no saben que estn infectados hasta las fases ms avanzadas. En las primeras semanas posteriores al contagio, algunos casos no manifiestan ningn sntoma, mientras que otros presentan un sndrome gripal con:fiebre,dolor de cabeza,erupcin cutnea,dolor de garganta.A medida que la infeccin debilita progresivamente el sistema inmunitario, pueden aparecer otros signos y sntomas:inflamacin de los ganglios linfticos, prdida de peso,fiebre,diarrea,tos. En ausencia de tratamiento pueden aparecer enfermedades graves: tuberculosis,meningitis por criptococosinfecciones bacterianas graves,cnceres como los linfomas o el sarcoma de Kaposi.El VIH hace que empeoren otras infecciones, como la hepatitis B, la hepatitis C o la viruela smica.TransmisinEl VIH se transmite a travs del intercambio de lquidos corporales de la persona infectada, como la sangre, la leche materna, el semen o las secreciones vaginales. El VIH tambin puede transmitirse al beb durante el embarazo y el parto. En cambio, no se contagia mediante contactos ordinarios cotidianos como besos, abrazos o apretones de manos ni por el hecho de compartir objetos personales, agua o alimentos. Es importante sealar que las personas con VIH que estn recibiendo TAR y tienen una carga vrica indetectable no lo transmiten a sus parejas sexuales. El acceso temprano al TAR y el apoyo para continuar el tratamiento son, por tanto, cruciales no solo para mejorar la salud de los pacientes, sino tambin para prevenir la transmisin del virus.Factores de riesgoComportamientos y afecciones que aumentan el riesgo de contraer el VIH:tener relaciones sexuales, anales o vaginales, sin preservativo;padecer otras infecciones de transmisin sexual (ITS), como sfilis, herpes, clamidiasis, gonorrea o vaginosis bacteriana; hacer un consumo nocivo de bebidas alcohlicas o drogas en el contexto de las relaciones sexuales;compartir soluciones de drogas, agujas, jeringuillas u otro material de inyeccin que estn contaminados;recibir inyecciones, transfusiones o trasplantes de tejidos sin garantas de seguridad, o ser objeto de procedimientos mdicos que entraen cortes o perforaciones con instrumental no esterilizado;pincharse accidentalmente con una aguja, hecho particularmente frecuente en el personal de salud.DiagnsticoEl VIH puede diagnosticarse mediante pruebas de diagnstico rpido que ofrecen resultados el mismo da. Esto facilita enormemente el diagnstico precoz y permite iniciar la prevencin y el tratamiento. Adems, hay pruebas a las que puede someterse el propio paciente. Con todo, ninguna prueba puede proporcionar por s sola un diagnstico completo de seropositividad para el VIH, as que se requiere una prueba confirmatoria realizada por un trabajador social o de la salud, cualificado y formado, en un centro comunitario o dispensario. La infeccin por el VIH se puede detectar con gran exactitud mediante pruebas precalificadas por la OMS en el marco de una estrategia de deteccin y siguiendo un algoritmo aprobado a nivel nacional.Las pruebas de uso ms generalizado para el diagnstico del VIH detectan los anticuerpos que se generan como parte de la respuesta inmunitaria para luchar contra el virus. En la mayora de las personas, los anticuerpos contra el VIH aparecen en los 28 das posteriores a la infeccin. Durante este periodo en que todava no se han generado suficientes anticuerpos para que se puedan detectar mediante las pruebas utilizadas habitualmente, el paciente puede transmitir el VIH. Las personas que hayan tenido una exposicin reciente de alto riesgo y obtengan un resultado negativo pueden hacerse una prueba adicional despus de 28 das.A quienes hayan dado positivo en una primera prueba diagnstica se les debe realizar una nueva prueba antes de iniciar la atencin y el tratamiento, con el fin de descartar que los resultados sean incorrectos o se hayan notificado errneamente. Aunque hay pruebas de deteccin simples y eficaces para los adolescentes y los adultos, no ocurre lo mismo con los lactantes de madres VIH-positivas. Las pruebas rpidas de anticuerpos no bastan para detectar la infeccin en nios de menos de 18 meses, por lo que se deben realizar pruebas virolgicas al nacer o a las 6 semanas. En la actualidad hay nuevas tcnicas para hacer estas pruebas en el lugar de atencin y obtener los resultados en el mismo da, lo cual permite atender al paciente e iniciar el tratamiento con mayor rapidez.PrevencinLa enfermedad por VIH es prevenible.Se puede reducir el riesgo de infeccin mediante:el uso de preservativos masculinos o femeninos durante las relaciones sexuales;la realizacin de pruebas de VIH y de otras infecciones de transmisin sexual;la circuncisin quirrgica masculina voluntaria;el uso de los servicios de reduccin de daos para los consumidores de drogas inyectables.El mdico tambin puede proponer la administracin de medicamentos o el uso de dispositivos mdicos que ayudan a prevenir el VIH, como:antirretrovricos (ARV), como profilaxis anterior a la exposicin por va oral y productos de accin prolongada;anillos vaginales de dapivirina;cabotegravir inyectable de accin prolongada.Los ARV tambin se pueden utilizar para prevenir la transmisin del VIH de la madre al nio.Quienes estn tomando TAR y no presenten virus en la sangre no contagiarn a sus parejas sexuales, por lo que la ampliacin del acceso a las pruebas y al TAR es muy importante para prevenir esta infeccin.TratamientoLa infeccin por el VIH no tiene cura, pero el TAR detiene la multiplicacin del virus.Los TAR actuales no curan la infeccin, pero impiden que el sistema inmunitario se debilite progresivamente y le permiten seguir luchando contra otras infecciones.Los TAR actuales tienen que tomarse diariamente de por vida.El TAR reduce la cantidad de virus presentes en el organismo, lo cual detiene los sntomas y permite tener una vida plena y saludable. Los pacientes con VIH que estn tomando TAR y no tengan virus detectables en la sangre no contagiarn a sus parejas sexuales.Las embarazadas con VIH deben tener acceso al TAR y tomarlo cuanto antes, pues esto proteger su salud y evitar que el virus pase al feto antes del nacimiento o al lactante durante la lactancia materna.La administracin de TAR a personas sin VIH puede prevenir la enfermedad.Cuando se administra antes de una posible exposicin al VIH se denomina profilaxis previa a la exposicin, y cuando se administra despus, profilaxis posterior a la exposicin. Ambos tipos de profilaxis estn indicados cuando el riesgo de contraer el VIH es alto, pero no debe hacerse sin consultar a un mdico.La enfermedad avanzada por el VIH sigue siendo un problema en la lucha contra este virus. La OMS est ayudando a los pases a aplicar un programa de atencin a la enfermedad avanzada por el VIH a fin de reducir los sntomas y las defunciones. Se estn desarrollando nuevos medicamentos contra el VIH que en el futuro podran cambiar el TAR y la profilaxis, en particular formulaciones inyectables y tratamientos breves para infecciones oportunistas, como la meningitis por criptococos.Ms informacin sobre los tratamientos contra el VIHRespuesta de la OMSGracias a las estrategias mundiales del sector de la salud contra el VIH, las hepatitis vricas y las infecciones de transmisin sexual para el periodo 2022-2030, se estn aplicando medidas estratgicas para lograr los objetivos de poner fin al sida, las hepatitis B y C y las infecciones de transmisin sexual de aqu a 2030.Estas estrategias proponen una serie de medidas compartidas y especficas para cada enfermedad, respaldadas por la OMS y sus asociados, y tienen en cuenta los cambios epidemiolgicos, tecnolgicos y contextuales ocurridos en aos anteriores, fomentan el aprendizaje en todas las reas y brindan la oportunidad de aprovechar las innovaciones y los nuevos conocimientos para responder eficazmente a estas enfermedades.Para aplicar dichas estrategias es preciso centrarse en las personas ms afectadas y con mayor riesgo de contraer cada enfermedad, as como corregir las inequidades existentes. De ese modo, se promueven sinergias en el marco de la cobertura sanitaria universal y la atencin primaria y se contribuye a alcanzar las metas de la Agenda 2030 para el Desarrollo Sostenible. Skip to main content Skip to main content The human immunodeficiency virus (HIV) targets cells of the immune system, called CD4 cells, which help the body respond to infection. Within the CD4 cell, HIV replicates and in turn, damages and destroys the cell. Without effective treatment of a combination of antiretroviral (ARV) drugs, the immune system will become weakened to the point that it can no longer fight infections and diseases. Is AIDS different from HIV? Acquired immunodeficiency syndrome (AIDS) is a term that applies to the most advanced stages of HIV infection. It is defined by the occurrence of any of the more than 20 life-threatening cancers or opportunistic infections, so named because they take advantage of a weakened immune system. AIDS was a defining feature of the earlier years of the HIV epidemic, before antiretroviral therapy (ART) became available. Now, as more people access ART, the majority of people living with HIV will not progress to AIDS. Advanced HIV disease (AHD), defined as having a CD4 cell count less than 200 copies, having an AIDS-defining illness, or all children less than 5 years old with confirmed HIV infection, is more likely to occur in people with HIV who have not been tested, in people who are diagnosed late, and in people who have stopped or never started taking ART. Without treatment, how quickly can a person living with HIV become ill? For people living with HIV who are not diagnosed or taking ART, signs of HIV-related illness may develop within 510 years, although it can be sooner. The time between HIV transmission and an AIDS diagnosis is usually 10-15 years, but sometimes longer. There is a very small number of people who have managed to control the HIV infection without ART and are called elite-controllers. This situation is very rare and most people will need ART to avoid becoming ill. HIV is found in certain bodily fluids of people living with HIV, including blood, semen, vaginal fluids, rectal fluids and breastmilk. HIV can be transmitted by:unprotected vaginal or anal sex, and, in very rare cases, through oral sex with a person living with HIV;blood transfusion of contaminated blood;sharing of needles, syringes, other injecting equipment, surgical equipment or other sharp instruments; and from a mother living with HIV to her infant during pregnancy, childbirth or breastfeeding.A person living with HIV who is taking ART and whose viral load is undetectable will not transmit HIV to their sexual partner/s. How is HIV infection treated? While there is no cure for HIV infection, it can be treated using antiretroviral drugs, which work by stopping the replication of the virus. ART can reduce the level of virus to such low levels in the body that the immune system will function normally, and a person living with HIV can enjoy good health, provided they adhere to treatment and the treatment remains effective. People living with HIV are also much less likely to transmit the virus to others when treatment is working. What does undetectable mean? Evidence from several studies show that people living with HIV who have an undetectable viral load cannot pass HIV on to others. A person is undetectable when ART has reduced the level of virus in their body to such low levels that it cannot be detected by normal viral load tests. Monitoring of viral load, and confirmation of an undetectable viral load is often undertaken by a healthcare professional as part of the routine medical care for people with HIV. In many low- and middle-income countries, viral load tests may not be consistently or routinely available, so many people do not benefit from the knowledge that they are undetectable. They can be assured, however, that the risk of transmitting HIV is greatly reduced when they adhere to treatment, and when treatment is started without delay. What illnesses can affect people living with HIV? ART allows people with HIV to live long and healthy lives by ensuring that their immune system remains healthy. In certain settings, however, many people living with HIV remain undiagnosed, not on treatment, or not taking consistent treatment, and, as a result their HIV disease progresses.People with HIV who develop severe immunodeficiency and are not on antiretroviral treatment frequently develop severe opportunistic infections and some rare cancers as Kaposi Sarcoma.Tuberculosis (TB) is the number one cause of death among people living with HIV in Africa, and a leading cause of death among people living with HIV worldwide. Routine TB-symptom screening and early initiation of ART can greatly improve the health outcomes of people living with HIV. Other common HIV coinfections include hepatitis B and C in some populations.HIV infection can result in a range of health problems. As people living with HIV age and live longer, non-AIDS defining illnesses are becoming more common. These include heart disease, cancer and diabetes. How can people get tested for HIV? Testing for HIV is the only way to know if a person has HIV or not. HIV can be diagnosed using rapid diagnostic tests that provide results within minutes. However, such results should only be considered as a full diagnosis following review and confirmation by a qualified health worker.Knowledge of ones HIV-positive status has two important benefits:People who test positive can take steps to get treatment, care and support before symptoms appear, which can prolong life and prevent health complications for many years.People who are aware of their status can take precautions to prevent the transmission of HIV to others.WHO recommends that HIV tests be made available in all health facilities and through a range of community settings. People can also use HIV self-test kits to test themselves. People using self-tests and have a positive result should always get this confirmed at a health centre. Who is at more risk of HIV? The main routes of HIV transmission include unsafe sex without condoms, receiving blood transfusions or other blood products contaminated with HIV, sharing of needles and syringes and other injecting equipment, being exposed to HIV through contaminated surgical and other skin piercing equipment and vertical transmission from mothers with HIV to their children. HIV is fully preventable; different interventions exist to stop transmission.However, many people are not accessing necessary information and skills to prevent HIV. In some cases, major legal and social barriers prevent people from accessing effective prevention services and measures. Some populations are at higher risk of HIV infection, including men who have sex with men; people who inject drugs; People in prisons and other closed settings; sex workers and their clients; and transgender people. These populations are referred to as key populations, who are often marginalized in communities and experience major barriers in accessing HIV prevention and treatment and other health services. In some settings, other populations may be particularly vulnerable to HIV infection, such as adolescent girls in southern Africa. How can sexual transmission of HIV be prevented? Globally, HIV is mainly transmitted through unprotected vaginal and anal sex. Several methods can be used to prevent this from happening. It is recommended that a combination of effective prevention interventions be used, including:using male and/or female condoms consistently and correctly;for HIV-negative people, taking pre-exposure prophylaxis of HIV (PrEP) to prevent HIV transmission;for people living with HIV, taking ART to reduce viral load to undetectable levels, meaning they cant transmit HIV to their sexual partners;for adolescent boys and men in high HIV burden settings, voluntary medical male circumcision reduces the risk of heterosexually acquired HIV; diagnosing and treating other STIs; andbeing aware of ones status and for people with HIV stay on ART to prevent transmission to their partner/s. What is the relationship between HIV and other STIs? HIV infection is more likely to occur if a person has another sexually transmitted infection (STI) and vice-versa. The probability of infection by HIV or other sexually transmitted pathogens significantly increases when people engage in risky sexual behaviours (e.g. no condom use, unprotected sex with multiple partners; sex under the influence of drugs and alcohol). Additionally, sores and inflammations from some STIs facilitate HIV infection. Evidence indicates that genital herpes (HSV-2) almost triples the risk of acquiring HIV in both men and women. Also, women living with HIV are at high risk of human papillomavirus (HPV) infection and are 6 times more likely to develop cervical cancer, among several other examples. How can transmission through the sharing of needle/syringes be prevented? Harm reduction interventions aim to reduce the harms associated with injecting drug use, including HIV and viral hepatitis without necessarily stopping drug use. The provision of sterile needle/syringes and other injecting equipment through needle/syringe programmes helps people who inject drugs to use a sterile needle/syringe at each injection, reducing their risk of HIV. Opioid substitution therapy (OST) is an evidence-based treatment for opioid dependence which reduces HIV risk and has other health benefits. How can vertical transmission of HIV be prevented? HIV can be transmitted from a mother to her child during pregnancy, labour, delivery or breastfeeding. But such vertical transmission can be prevented with effective interventions, including the use of ART by the mother and a short course of antiretroviral drugs for the baby. Other effective interventions include measures to prevent HIV acquisition in pregnant woman, prevent unintended pregnancies in women with HIV and appropriate breastfeeding practices. HIV testing services should be integrated into maternal and child health services, so that they women at risk can readily access testing. Pregnant women and mothers diagnosed with HIV should receive ART as soon as possible, so that their children are born free from HIV. Pre-exposure prophylaxis, or PrEP, is a course of antiretroviral drugs that HIV-negative people can take to prevent HIV acquisition. When taken as recommended, it can practically eliminate the chance of acquiring HIV. PrEP is recommended for populations who are at higher risk of HIV. These groups may include men who have sex with men, sex workers, people who use drugs, and young women in southern Africa.Long acting PrEP products have also been shown to be effective in preventing HIV acquisition. A monthly vaginal ring for women and an intramuscular injection given every 8 weeks for men, women and transgender diverse populations are both effective. Although currently not widely available there are currently global efforts to increase access. How does male circumcision prevent HIV transmission? Male circumcision reduces the risk of sexual transmission from a woman to a man by around 60%. A one-time intervention, medical male circumcision provides life-long partial protection against HIV, as well as other sexually transmitted infections. It should always be considered as part of a comprehensive HIV prevention package, and should not replace other known methods of prevention, such as female and male condoms. The minimum package of services should include: safer sex education, promotion of condoms, management of STIs, HIV testing, linkage to treatment for men and adolescents 15 years and older in high HIV burden settings. No, there is currently no cure for HIV. Science is moving at a fast pace, and there have been 3 people who have achieved a functional cure by undergoing a bone marrow transplant for cancer with re-infusion of new CD4 T cells that are unable to be infected with HIV. However, neither a cure nor a vaccine is available to treat and protect all people currently living with or at risk of HIV. But with good and continued adherence to ART, HIV infection can be contained and managed as a chronic health condition. In all parts of the world, people living with HIV are now surviving and thriving into old age. What other kinds of care do people living with HIV need? While ART helps the immune system stay strong, people living with HIV can benefit from counselling and psychosocial support to ensure that they are truly living well with HIV. HIV is manageable, but it is a life-long chronic illness, and people may need support with their mental health and with lifestyle changes to support good health through life. Access to good nutrition, safe water and basic hygiene can also help people living with HIV to maintain a good quality of life. As with the general community, people living with HIV may experience a broad range of other health conditions that may need treatment and care. A people-centred approach to health care, particularly through primary health services, aims to deliver comprehensive health services to people living with HIV, in which all their health issues are addressed. What is the intersection between HIV and monkeypox ? People living with HIV may be at risk of developing monkeypox (mpox) because of weak immune systems. There is some evidence that being immunocompromised may increase your risk of becoming infected if you are exposed, and of having serious illness or dying from mpox. However, more data is needed to understand this fully.Many people with mpox in the current outbreak are also living with HIV, but there have been relatively few severe cases of mpox, likely because in most cases their HIV infection was well-controlled. Since the beginning of the outbreak, a high prevalence of HIV infection (52%; 14 573/28 006) has been reported among cases with known HIV status. Monkeypox and HIV share common behavioural risk factors such as transmission through sexual contact. Consideration should be given to testing any person with monkeypox infection for HIV infection if their status is not already known.People with multiple sexual partners, including people who are living with HIV, are encouraged to take steps to reduce their risk of being exposed to mpox by avoiding close contact with anyone who has symptoms and by avoiding high-risk situations where multiple contacts may occur even with persons who may not realize they have mpox. Reducing the number of sexual partners may reduce your risk. Skip to main content 44,1 . 40,8 2024 65 . . . / 3-3 2030. 2025 95 95 95 87 89 94 2024. 2024 87 77 73 . () . () . . . . . 200 / 3 3 4 . 5 . . . : . . : . : B C . . . . . : . . . . . 28 . "" . . . 18 . . : . : . . . . . 2030-2022 ( ) B C 2030. . . . 2030. Skip to main content World AIDS Day 2024 Take the rights path: My health, my right! The world can end AIDS if everyones rights are protected. With human rights at the centre, with communities in the lead, the world can end AIDS as a public health threat by 2030. On 1 December WHO joins partners and communities to commemorate World AIDS Day 2024. Under the theme Take the rights path: My health, my right!, WHO is calling on global leaders and citizens to champion the right to health by addressing the inequalities that hinder progress in ending AIDS. On 1 December, speak up for health equity. Help us ensure that everyone, everywhere, has the right to quality healthcare services in the fight against HIV and AIDS. Health is a human rightEveryone should have access to the health services they need, including HIV prevention, treatment and care services when and where they need them. Protecting rights means ensuring that healthcare is available to everyone, without any discrimination, regardless of their HIV status, background, gender, or where they live. Prevention empowers and protectsEmpowering individuals with access to HIV prevention tools, education, and services protects not only their health but also their rights. Equal access to prevention is key to stopping new infections. Address stigma and discrimination Stigma and discrimination undermine the fight against AIDS. Protecting human rights is essential to achieving universal HIV care and breaking down barriers to access. Prioritize and reach vulnerable and key populations Ending AIDS requires that we prioritize and engage everyone who is living with, at risk for or affected by HIV, including vulnerable and marginalized populations - children, men who have sex with men, transgender people, people who use drugs, sex workers, and people in prisons and other closed settings. This is essential to ensure an effective and durable response to HIV that honors the right to health. Champion access to life-saving treatmentto achieve HIV viral suppressionWith early diagnosis and consistent antiretroviral therapy, people living with HIV can lead long, healthy livesjust like those who are HIV-negative. Achieving and maintaining an undetectable viral load by taking antiretroviral therapy as prescribed means zero risk of transmission, empowering individuals and protecting communities. Advance towards an AIDS-free futureBy protecting everyones right to health and bringing down new infections, we can achieve an AIDS-free generation and ensure the sustainability of the HIV response. HIV remains a major global public health issue, having claimed an estimated 44.1 million lives to date. Transmission is ongoing in all countries globally.There were an estimated 40.8 million people living with HIV at the end of 2024, 65% of whom are in the WHO African Region.In 2024, an estimated 630 000 people died from HIV-related causes and an estimated 1.3 million people acquired HIV.There is no cure for HIV infection. However, with access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.WHO, the Global Fund and UNAIDS all have global HIV strategies that are aligned with the SDG target 3.3 of ending the HIV epidemic by 2030.By 2025, 95% of all people living with HIV should have a diagnosis, 95% of whom should be taking lifesaving antiretroviral treatment, and 95% of people living with HIV on treatment should achieve a suppressed viral load for the benefit of the persons health and for reducing onward HIV transmission. In 2024, these percentages were 87%, 89%, and 94% respectively.In 2024, of all people living with HIV, 87% knew their status, 77% were receiving antiretroviral therapy and 73% had suppressed viral loads.Human immunodeficiency virus (HIV) is a virus that attacks the bodys immune system. Acquired immunodeficiency syndrome (AIDS) occurs at the most advanced stage of infection.HIV targets the bodys white blood cells, weakening the immune system. This makes it easier to get sick with diseases like tuberculosis, infections and some cancers.HIV is spread from the body fluids of an infected person, including blood, breast milk, semen and vaginal fluids. It is not spread by kisses, hugs or sharing food. It can also spread from a mother to her baby.HIV can be prevented and treated with antiretroviral therapy (ART). Untreated HIV can progress to AIDS, often after many years.WHO now defines Advanced HIV Disease (AHD) as CD4 cell count less than 200 cells/mm3 or WHO stage 3 or 4 event in adults and adolescents. All children younger than 5 years of age living with HIV are considered to have advanced HIV disease, regardless of clinical or immunological status.Signs and symptomsThe signs and symptoms of HIV vary depending on the stage of infection.HIV spreads more easily in the first few months after a person is infected, but many are unaware of their status until the later stages. In the first few weeks after being infected people may not experience symptoms. Others may have an influenza-like illness including:feverheadacherashsore throat.The infection progressively weakens the immune system. This can cause other signs and symptoms:swollen lymph nodesweight lossfeverdiarrhoeacough.Without treatment, people living with HIV infection can also develop severe illnesses:tuberculosis (TB)cryptococcal meningitissevere bacterial infectionscancers such as lymphomas and Kaposi's sarcoma.HIV can make other infections, such as hepatitis C, hepatitis B and mpox, get worse.TransmissionHIV can be transmitted via the exchange of body fluids from people living with HIV, including blood, breast milk, semen, and vaginal secretions. HIV can also be transmitted to a child during pregnancy and delivery. People cannot become infected with HIV through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.People living with HIV who are taking ART and have an undetectable viral load will not transmit HIV to their sexual partners. Early access to ART and support to remain on treatment is therefore critical not only to improve the health of people living with HIV but also to prevent HIV transmission.Risk factorsBehaviours and conditions that put people at greater risk of contracting HIV include:having anal or vaginal sex without a condom;having another sexually transmitted infection (STI) such as syphilis, herpes, chlamydia, gonorrhoea and bacterial vaginosis;harmful use of alcohol or drugs in the context of sexual behaviour;sharing contaminated needles, syringes and other injecting equipment, or drug solutions when injecting drugs;receiving unsafe injections, blood transfusions, or tissue transplantation; andmedical procedures that involve unsterile cutting or piercing; or accidental needle stick injuries, including among health workers.DiagnosisHIV can be diagnosed through rapid diagnostic tests that provide same-day results. This greatly facilitates early diagnosis and linkage with treatment and prevention. People can also use HIV self-tests to test themselves. However, no single test can provide a full HIV positive diagnosis; confirmatory testing is required, conducted by a qualified and trained health worker or community worker. HIV infection can be detected with great accuracy using WHO prequalified tests within a nationally approved testing strategy and algorithm.Most widely used HIV diagnostic tests detect antibodies produced by a person as part of their immune response to fight HIV. In most cases, people develop antibodies to HIV within 28 days of infection. During this time, people are in the so-called window period when they have low levels of antibodies which cannot be detected by many rapid tests, but they may still transmit HIV to others. People who have had a recent high-risk exposure and test negative can have a further test after 28 days.Following a positive diagnosis, people should be retested before they are enrolled in treatment and care to rule out any potential testing or reporting error. While testing for adolescents and adults has been made simple and efficient, this is not the case for babies born to HIV-positive mothers. For children less than 18 months of age, rapid antibody testing is not sufficient to identify HIV infection virological testing must be provided as early as birth or at 6 weeks of age. New technologies are now available to perform this test at the point of care and enable same-day results, which will accelerate appropriate linkage with treatment and care.PreventionHIV is a preventable disease. The risk of HIV infection can be reduced by:using a male or female condom during sexbeing tested for HIV and other sexually transmitted infectionsbeing circumcised if you are a manusing harm reduction services if you inject and use drugs.Pre-exposure prophylaxis (PrEP) is an additional prevention option. It is an antiretroviral medication used by HIV-negative people to reduce the risk of HIVacquisition. WHO recommends the following PrEP methods: oral tenofovir (TDF)-based PrEP dapivirine vaginal ringlong-acting injectable cabotegravirlong-acting injectable lenacapavir.ARVs can also be used to prevent mothers from passing HIV to their children.People taking antiretroviral therapy (ART) and who have no evidence of virus in the blood will not pass HIV to their sexual partners. Access to testing and ART is an important part of preventing HIV.Antiretroviral drugs given to people without HIV can prevent infectionWhen given before possible exposures to HIV it is called pre-exposure prophylaxis (PrEP) and when given after an exposure it is called post-exposure prophylaxis (PEP). People can use PrEP or PEP when the risk of contracting HIV is high; people should seek advice from a clinician when thinking about using PrEP or PEP.TreatmentThere is no cure for HIV infection. It is treated with antiretroviral drugs, which stop the virus from replicating in the body.Current antiretroviral therapy (ART) does not cure HIV infection but allows a persons immune system to get stronger. This helps them to fight other infections.Currently, ART must be taken every day for the rest of a persons life.ART lowers the amount of the virus in a persons body. This stops symptoms and allows people to live full and healthy lives. People living with HIV who are taking ART and who have no evidence of virus in the blood will not spread the virus to their sexual partners.Pregnant women with HIV should have access to, and take, ART as soon as possible. This protects the health of the mother and will help prevent HIV transmission to the fetus before birth, or through breast milk.Advanced HIV disease remains a persistent problem in the HIV response. WHO is supporting countries to implement the advanced HIV disease package of care to reduce illness and death. Newer HIV medicines and short course treatments for opportunistic infections like cryptococcal meningitis are being developed that may change the way people take ART and prevention medicines, including access to long-acting injectable formulations,such as lenacapavir which now has been approved by the FDA for HIV prevention.More information on HIV treatmentsWHO responseGlobal health sector strategies on HIV, viral hepatitis, and sexually transmitted infections for the period 20222030 (GHSSs) guide strategic responses to achieve the goals of ending AIDS, viral hepatitis B and C, and sexually transmitted infections by 2030.WHOs Global HIV, Hepatitis and STIs Programmes recommend shared and disease-specific country actions supported by WHO and partners. They consider the epidemiological, technological, and contextual shifts of previous years, foster learning, and create opportunities to leverage innovation and new knowledge.WHOs programmes call to reach the people most affected and most at risk for each disease, and to address inequities. Under a framework of universal health coverage and primary health care, WHOs programmes contribute to achieving the goals of the 2030 Agenda for Sustainable Development.A new study published in The Lancet HIV conducted by Burnet Institute and WHO highlights the potential impact of international funding cuts on the global HIV response. The research underscores the urgent need for sustained financial support to prevent millions of new HIV infections and deaths in the coming years.The study, which analysed data from 26 countries, found that if international support declines, an additional 4.43 to 10.75 million new HIV infections including up to 880000 in children could occur by 2030. In the same period, 770000 to 2.93 million more people could die from HIV-related causes, with up to 120000 of these deaths affecting children.Low- and middle-income countries could be the most affected, particularly those in sub-Saharan Africa. This region has seen tremendous progress in HIV treatment coverage for people living with HIV, pregnant women and children, and in prevention for populations at high risk of infection. Dr Meg Doherty, Director of WHOs Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes, emphasized the importance of international collaboration and investment in maintaining progress against HIV. This study is a stark reminder that international cooperation and funding are essential to sustain the advances weve made in HIV prevention and treatment, as well as in developing innovative products that save lives. Halting treatment causes a rapid increase in HIV viral load and a decline in CD4 cell count, leading to increased potential for HIV transmission and development of advanced HIV disease, respectively. The study found that the discontinuation of HIV treatment, in scenarios where funding cuts and suspensions continued, could lead to an additional 4.4 million new infections, even if mitigation efforts resumed treatment within two years. If the available funds were redirected from HIV testing and prevention services to maintain critical treatment for people living with HIV, an additional 1.7 million new infections by 2030 would occur, compared to the status quo scenario.Since 2015, international donors have provided around 40% of all HIV funding in low- and middle-income countries. Programmes like PEPFAR and The Global Fund to Fight AIDS, Tuberculosis and Malaria have been instrumental in providing the financial, programmatic and technical support needed to implement and expand HIV services. HIV service disruptions that have resulted from funding challenges in 2025 include staffing shortages, supply chain interruptions, and increased barriers to access for prevention and treatment services. As Dr Doherty stated, It is crucial to develop innovative, country-led financing strategies and integrate HIV services into broader health systems to maintain progress and prevent avoidable suffering and deaths.WHO remains committed to supporting national governments, community and civil society partners, and donors in adapting to changing donor support to safeguard the health and well-being of those most vulnerable to HIV, viral hepatitis and sexually transmitted infections. By building the capacity of national health systems, the global community can continue essential life-saving services and support the long-term stability of sustainable health systems. 201995.7%HIVHIVARV 2019962 809 2019863 189ART

Aids memorial quilt. Where is the aids quilt now. Where is the aids quilt stored. Where is the aids quilt today. Where is the aids memorial quilt now. Who created the aids memorial quilt.