



Medical college and Hospital

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TRANSCRIPT

Hello all of you,

Good morning I am Dr.C. Manokaran Professor of General medicine at Sri Manakula vinayagar medical college Madagadipet, Puducherry. In view of world AIDS DAY this podcast program is arranged, So the topic is ACQUIRED IMMUNODEFICIENCY SYNDROME

It was the year 1981 this disease was recognised in United States of America but identified by opportunistic infection only like pneumocystis pneumonia, so this only indicated profound defect in the cellular immunity.

So HIV (Human immune deficiency virus), The spectrum vary from healthy sero positive to opportunistic infections and unusual neoplasms, Particularly in the central nervous system as lymphoma.

So it is a single stranded RNA dependent DNA polymerase virus, so definition and staging is, for an individual infected with HIV is known as HIV infected individual.

Aids is defined as clinical diagnosis of any 4 conditions with confirmed HIV infection, here it needs to be confirmed

Stages are divided into 4

Etiology— Human retro virus belongs to two distinct groups. Human T lymphotropic virus HTLV I/II and Human immunodeficiency viruses HIV I/II

The epidemiology world-wide is 33 Million individuals are sero positive and in India it's estimated around 2.089 million people who are sero positive.

There has been over all reduction in these infection, 57% annually

New HIV infections among adult population from 2.74 million in 2002 to 1.16 million in 2011.

Routes of transmission were mostly by sexual, perinatal and parenteral. In the sexual, its common among homosexual and heterosexual

In perinatal it might be transmission from mother to foetus or peripartum or through breast feeding.

Parenteral most common is through transmission of blood and blood products through needle sharing , needle stick injury , injection with unsterilised needle and splash of blood , body fluids on mucosa particularly mouth , eyes .

Routes not involved in transmission of HIV are closed personal contact.. Including kissing, house hold contacts, contacted spoons, and swimming pools, sharing of utensils and insect bites .So by this method mostly the transmission won't occur.

Clinical manifestation of AIDS/HIV infection, The spectrum of HIV infection includes acute sero conversion illness, asymptotic viral carriage, persistent generalised lymphadenopathy, AIDS related complex, opportunistic infections and malignancies.

So these are some of the spectrum of HIV. So seroconversion occurs within 3 weeks to 3 months, other exposures.

Some important opportunistic infections and cancers, pneumocysticJiroveci, candida, cryptococcus, Toxoplasma, Typical /Atypical mycoplasma, Amoebiasis, Among the cancers Kaposi carcinoma and B cell Lymphoma of the brain, so the infection and other carcinoma relate to amount of CD4 count.

If CD4 is 200-350 microliter there herpes simplex, tuberculosis, Oral/ Vaginal Thrush, herpes zoster are common.

If the count 100-200 microliterthen Candida, pneumocystis Jiroveci pneumonia, oesophagitis are common.

If the count is 50-100 microliter Cryptococcus meningitis, AIDS Dementia, toxoplasma encephalitis is common

If it is less 50/microliter progressive multifocal leukoencephalopathy, the mycobacterium Avium complex, Cytomegalo Virus are common

The laboratory diagnosis – Antibodies against the viruses are detected in 3 to 12 weeks after the infection , Mostly by ELISA (enzyme-linked immunosorbent assay) is emphasised for screening which is confirmed by the Western Blot .

Other findings leukopenia, Lymphopenia, thrombocytopenia and decreased T4 helper cells (CD 4 counts), Other tests include antigen detection i.e... P24 assay and PCR polymerase chain reaction for measuring the amount of viral particles .i.e... HIV RNA in the blood.

Treatment is with Anti Retro Viral drugs.

Prevention is by prevention of transmission routes which is already explained.

Thank you

Signature of the Resource Person

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