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# Human Immunodeficiency Virus among Patients Attending ART Clinic, Ethiopia

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## Description

The Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Syndrome (AIDS), is the world's leading development and public health competition. Since the beginning of the epidemic, 38 million people have been living with HIV/AIDS and 1.7 million newly infected people have been infected with HIV. The increased availability and accessibility of ART has significantly improved survival rates by reducing the incidence of opportunistic infections in people living with HIV/AIDS. The risk of developing opportunistic infections in HIV patients depends on experience with potential pathogens, the virulence of the pathogen, the level of immunity, and the use of antimicrobial prophylaxis. In Ethiopia, however, a notable decline in new infections (81%) over decades, since 2008 the HIV incidence rate began to increase by 10% and the number of newly diagnosed infections increased each year by 36% in all age groups and duplicated in adults limited studies, describing the spectrum of opportunistic infections and related factors in the study settings. A talent-based retrospective cross-sectional study was conducted from 2015-2019 G.C.

## Human immunodeficiency virus

Accordingly (497) medical records of study participants were reviewed. A simple random sample was used to select the participants to be included in the study. Data were extracted from the ART follow-up database and the patient's medical records using a standardized checklist adopted by the ART for HIV from the Federal Ministry of Health. The result of our study documented that of several HIV-related OIs in patients with ART follow-up at the ART clinic at Nekemte Specialized Hospital, the most common types of OI were; Pulmonary tuberculosis (15.7%), oral candidiasis (14.3%), herpes zoster (11.3%), Cryptococcus meningitides (5.9%), upper respiratory tract infection (5.8%), persistent diarrhea (5th, 2%) and extra pulmonary tuberculosis (3.8%). The incidence of OI in adult patients with HIV in the initial stage of WHO was infected with 53% lower than in patients in the advanced initial stage of WHO II and higher {AOR: 0.468, 95% CI (0, 3050,716). Furthermore, urban dwellers were 1.6 times more likely to develop OI than rural dwellers. Clinical staging and WHO stay were identified as independent predictors of OI in HIV-infected adult patients. The Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Disorder (AIDS), is the most serious stage of development and public health in the world. According to a joint global estimate by the World Health Organization and the United Nations Program on HIV/AIDS 2019, 76 million people have been infected with the HIV virus and around 33 million people have died from HIV/AIDS since the epidemic began, and 38 million people are living with HIV/AIDS; 1.7 million people were infected with HIV in 2019 and 690,000 people died from HIV-related illnesses. This epidemic remains a global public health challenge for the 21st century in the absence of a vaccine and curative therapy. Since 2008, the HIV incidence rate has increased by 10% and the number of new infections diagnosed annually has increased by 36% in all age groups and has doubled in adults. The risk of developing opportunistic infections in HIV patients depends on experience with potential pathogens, the virulence of the pathogens, the level of host immunity, and the use of antimicrobial prophylaxis. Studies conducted in different parts of Ethiopia had shown that the incidence of OI after HAART increased, especially in hospitalized patients with HIV, and the prevalence of OI in HIV-infected patients ranged from 33.3% in Addis Ababa to 88%. Dawro Zone Hospital Tuberculosis (TB), Oral Candidates, Pneumocystis Carini Pneumonia (PCP), Bacterial Pneumonia, Shingles, Cryptococcus

meningitides, Persistent Diarrhea, Kaposi's Sarcoma, and Lymphoma are the opportunistic infections Common Most Commonly Reported 4,444 in HIV - Ethiopia Patients 4,444, but large differences in OI range observed across the country. Several references suggested that a history of opportunistic infections, Hgb levels, WHO clinical staging, CD4 counts, previous OI prophylaxis, ART adherence, monthly admissions, and occupation have been identified as predictors of OI development in OI-infected patients HIV.

### **Conclusion**

Therefore, the present study was designed to investigate the prevalence, range, and predictors of OI in HIV-infected adult patients in this setting. The global prevalence of opportunistic infections was 62%. The prevalence of opportunistic infections remains high, with pulmonary tuberculosis, oral candidiasis, and herpes zoster the main opportunistic infections in HIV-infected adult patients. Clinical staging and WHO stay were identified as independent predictors of OI in HIV-infected adult patients.