

AIDS-related deaths of children in Larkana district: Act now or regret later

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Dear Madam, This communication concerns the bizarre HIV / AIDS circumstances in the Larkana district of Northern Sindh. The community has faced severe bouts of HIV outbreak before. Chronologically, the first outbreak occurred in 2003 among high-risked groups in (person who injects drugs) PWID, followed by another outbreak of HIV in patients on dialysis treatment.¹ The third major explosion of HIV occurred recently at the Ratodero sub-division, which received deserving international attention. It revealed a staggering 82% positivity ratio in children for HIV infections. The study exposed the reuse of syringes (primarily) by untrained health staff, unscreened blood transfusions, and to a certain extent, mother-to-child transmission as significant factors leading to that grim and much-highlighted outbreak.²

Recently, New York Times reported that since the infamous 2019 HIV outbreak, the death toll of children infected with HIV has unfortunately escalated to 48. A surmounting overall rise of 385 deaths caused by HIV in Pakistan since 2010, while during the same period, there was a 45% decline in fatalities reported from Sub-Saharan Africa, showing much improvement. The same article also revealed that due to the COVID-19 pandemic, treatment centres in Ratodero have currently run out of vaccines and medications.³

A large population in these rural areas being non-compliant to (Anti-retroviral Therapy) ART treatment plans. Diagnosis of HIV infections, treatment of infected individuals and viral suppression is the goal of UNAIDS* since 2014. Still, the stigma associated with HIV acts as a barrier to achieve these goals.⁴ Furthermore, delay in the early diagnosis and initiation of ART* can decrease the likelihood of survival in these children⁵ results in more deaths. Furthermore, the discriminatory attitude towards

an HIV bearer affects their mental health leading to depression and self-isolation, barring them from seeking medical treatment and ART*. This issue originates owing to the low literacy rate, lack of awareness combined with myths people have about the transmission of HIV.

Therefore, it is highly advised that the stakeholders:

1. Should launch widespread HIV awareness drives in areas with poor knowledge regarding HIV.
2. Encourage people to get their children diagnosed so that ART* is initiated at the earliest.
3. Spread facts to bust the myths about the transmission of HIV.
4. Help destigmatize and eliminate discrimination towards HIV carriers, which can lower the death rate if the population is informed about the transmission and consequences, as equally as COVID 19.

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References

1. Altaf A, Pasha S, Vermund SH, Shah SA. A second major HIV outbreak in Larkana, Pakistan. *J Pak Med Assoc.* 2016; 66:1510-1.
2. Mir F, Mahmood F, Siddiqui AR, Baqi S, Abidi SH, Kazi AM, et al. HIV infection predominantly affecting children in Sindh, Pakistan, 2019: a cross-sectional study of an outbreak. *Lancet Infect Dis.* 2020; 20:362-70.
3. Ouyang H. The City Losing Its Children to H.I.V.[Online] 2021 [Cited 2021 April 18]. Available from: URL: <https://www.nytimes.com/2021/03/31/magazine/pakistan-hiv.html>
4. Sullivan MC, Rosen AO, Allen A, Benbella D, Camacho G, Cortopassi AC, et al. Falling short of the First 90: HIV stigma and HIV testing research in the 90–90–90 Era. *AIDS Behav.* 2020; 24:357-62.
5. Abdollahi A, Saffar H. The diagnosis of HIV infection in infants and children. *Iran J Pathol.* 2016; 11:89-96.

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