



## **An Audit on HIV Infection**

**Anmol Kamble<sup>a\*</sup>**

<sup>a</sup> *Department of Pathology, School of Allied Health Sciences, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Wardha, India.*

### **Author's contribution**

*The sole author designed, analysed, interpreted and prepared the manuscript.*

### **Article Information**

DOI: 10.9734/JPRI/2021/v33i60B34758

### **Open Peer Review History:**

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/80238>

**Review Article**

**Received 18 October 2021**  
**Accepted 20 December 2021**  
**Published 23 December 2021**

## **ABSTRACT**

The human immunodeficiency virus (HIV) is a retrovirus which stores its genetic information in single-stranded RNA and which causes AIDS and HIV Infection. In Acquired Immunodeficiency syndrome the patient's immune system collapses, and the patient may be prone to infecting bacteria, viruses, and fungi. HIV may be transmitted through body fluids of infected patient body fluids including blood, seminal fluid, vaginal fluid, and breast milk. CD4 Cells, T-cells, and macrophages get infected by the human immunodeficiency virus HIV. This Infection results in low levels of T cells by programmed cell death of T cells which is associated with antimicrobial response during inflammation.

The manifestations of Acquired immunodeficiency syndrome are due to opportunistic infection caused by other microorganisms naturally managed by person immune systems damaged by HIV infection. The rate of HIV transmission decreases with the condoms; it gives a comparable level of assurance. Human Immunodeficiency Virus transmission can be prevented among health care workers by wearing necessary personal protective equipment. The universal body fluid and blood precautions should be followed for all such invasive procedures. Face shields, gloves, and gowns are meant to be worn whenever performing invasive procedures. Laboratory workers should use safety cabins for handling specimens or doing lab procedures. Mouth pipetting should be avoided, and Automatic pipetting tools should be used. The work surfaces of the Laboratory ought to be cleaned with suitable disinfectant after spilling of sample. If the laboratory machine or devices are infected, they should be sterilized or cleaned with Disinfect before to fixing. After finishing laboratory testing or work, the laboratory workers should remove their protective equipment, wash their hands, and leave their protective equipment in the Laboratory.

# B.Sc MLT;

\*Corresponding author: E-mail: [anmolghost@gmail.com](mailto:anmolghost@gmail.com);

**Keywords:** AIDS; HIV; CD4; NRTI; ART.

## 1. INTRODUCTION

Human immunodeficiency virus is a virus that causes infection only in humans and is only transmitted from humans to humans. Zoonotic transmission does not take place. Usually, a healthy individual has a defense mechanism that protects an individual from disease-causing organisms. But one who has got the HIV infection cannot protect itself from disease-causing pathogens due to a damaged immune system.

Acquired immunodeficiency syndrome is caused by the human immunodeficiency virus, which is transmitted from an infected individual to a healthy individual when it comes in contact with their body fluids etc. It results in the deficiency of helper cells of the immune system or cluster of differentiation four cells, leading to a weakened immune system.

The causative agent for Acquired immunodeficiency syndrome is the Human Immunodeficiency virus. Our body comprises a defense mechanism or immune system which protects us from harmful pathogens. The immune system comprises white blood cells responsible for protecting us from infections or infection-causing pathogens. They contain CD4+ cells, also called the T-lymphocyte cells. A person will develop a disease after being infected by the virus. The infection takes on a compromised immune

system. The infections may decrease the patient's life span or may lead to the death of the patient. In HIV infection, patients' ability to fight off the infection is lost, and the CD4 cells or T cells decrease in HIV infection. There exists no cure for AIDS in the current situation, although medicines are present to slow down the disease progression. No medication exists to date to cure the disease [1].

### GP 120

Its molecular weight is 120 kDa, and its name was kept as GP 120 or glycoprotein 120. The virus enters into the cells with the help of GP 120.

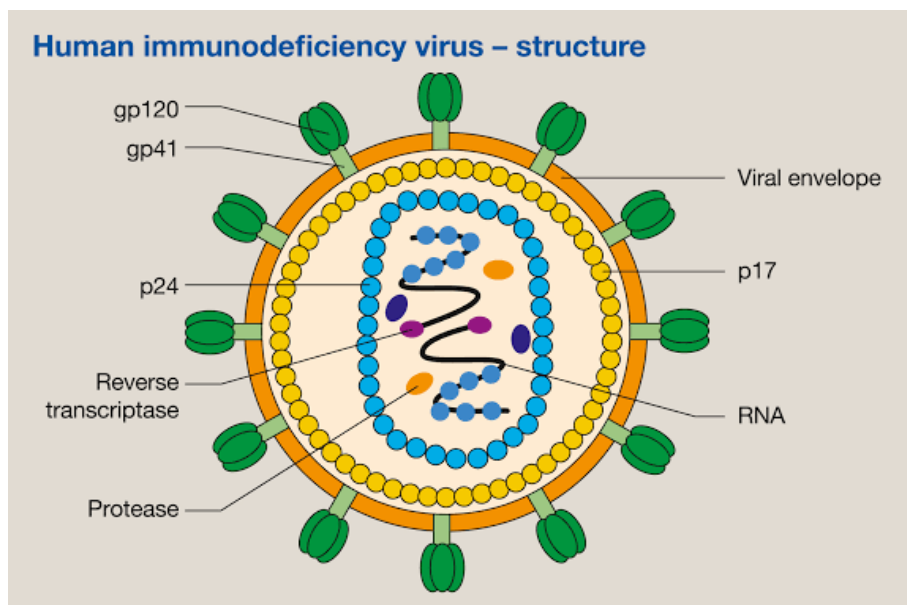
### GP41

It is an envelope glycoprotein of retroviruses, including human immunodeficiency virus.

The viral envelope he envelope protects the virus from the lysosomal enzymes of the host cell helps deliver the genetic material inside the cells.

### P17

It is involved mainly in the life cycle of retroviruses such as HIV. Enzymes necessary for viral replication are protease, integrase, and reverse transcriptase.



**Fig. 1. Structure of HIV**

P24

It is a viral capsid protein, and plays a vital role in HIV pathogenesis. It makes most of the viral core.

RNA

It stands for Ribonucleic Acid, and most of the viruses store their genetic material on single-stranded RNA. Genes of the Human Immunodeficiency virus consist of RNA [2].

Causes

It results from unprotected sex between two people and gets transmitted to a healthy person. The human immunodeficiency virus damages the immune system and makes it weak so that it cannot fight infection.

The following ways cause infection:

- a. HIV can be transmitted through the prenatal route from mother to the offspring during breastfeeding, birth, and pregnancy.
- b. Person suffering from syphilis, gonorrhea, and herpes increases the risk of HIV transmission.
- c. Sexual intercourse (oral and vaginal)
- d. Sharing the same needles among the drug addicts and patients.

## 1.1 Transmission

HIV transmission takes place in 3 ways

- By sexual intercourse
- Transfusion of HIV infected blood and its components.
- contaminated needles
- And from mother to offspring.

Pre-transmission and screening tests have prevented the transmission of HIV or other pathogens from blood and its components in most developed nations.

Meanwhile, sharing needles among drug addicts is at high risk of getting HIV.

13 to 35 percent of HIV-infected pregnant mothers will transfer the infection to their child. Lactating mothers suffering from HIV infection have high levels of HIV in their breast milk.

Transmission of HIV through the fecal-oral route, aerial, insect bite, or casual contact is not possible. Needle prick injury to health workers is the primary cause of HIV infection. HIV cannot be transmitted from saliva though it contains less virus. It cannot be spread by kissing an infected person.

HIV can transmit from one to another through body fluids like:

- Breast milk.
- Semen or seminal fluid,
- Vaginal secretions,
- Blood, including menstrual blood.

Activities That Allow HIV Transmission

- Unprotected sexual intercourse allow transmission of HIV
- Direct blood contact through contaminated needles, contaminated machines, transfusion of infected blood, and its product.
- Human immunodeficiency virus can be transmitted through the prenatal route from mother to the offspring during breastfeeding, birth, and pregnancy [2].

The infection can't go through intact skin. The mucous layers of the rectum, mouth, vagina, and urethra act as entry points for the virus when it comes in contact with the mucous membrane.

Injury to the mucous layer may build the possibility of spread of Human Immunodeficiency Virus yet isn't required for transmission to occur.

Transmission of contaminated Blood:

The blood which HIV contaminates is responsible for transmission of HIV when it gets direct into the systemic circulation through the following routes

- subcutaneous route
- intramuscular route
- And intravenous route.

Blood transfusion which results in transmission of HIV are given below:

- Transfusion of contaminated blood and its components.
- unsterilized Needle sharing.

There are high chances of Transmission of HIV infection, which depends on the access of the

infected body fluids to the t4 cells. The number of infected body fluids which are transfused into the body and the amount of HIV present in the body fluid. Body fluids high in concentration of Human Immunodeficiency Virus are Blood and its components, breast milk, vaginal fluids, menstrual flow pre-ejaculatory fluid Semen. Nasal mucosa, saliva, pus, urine, tears, Feces and vomiting are the bodily fluids that are lower in the concentration of human immunodeficiency virus.

## 1.2 Indications

Individuals who are infected with the human immunodeficiency virus are asymptomatic.

Ongoing proof reveals that about seventy to ninety percent of individuals infected with the Human immunodeficiency virus show symptoms similar to influenza inside half a month. The most well-known indications are a rash, fever, and sore throat happening simultaneously. These manifestations in a generally Healthy individual might show later HIV infection. Individuals infected with Human immunodeficiency virus may get oral candidiasis, and vaginal candidiasis that do not disappear or that happen regularly. Subsequent and severe herpes infections that

cause genital, mouth, or butt-centric wounds are additionally standard. Shingles are bound to happen in HIV Infected individuals. Other respiratory infections or so-called abnormal mycobacterial diseases can be fatal.

Ladies might get a pelvic infection that doesn't react to the therapy. The infection might attack the sensory system (spinal cord, cerebrum, and nerves) and give rise to a wide range of symptoms from paresthesia and trouble walking to memory disturbance [3].

### Manifestation

- Enormous lymph nodes
- Unexplained or unintentionally weight reduction.
- Blindness.
- Reversible memory loss, loose motions, and regurgitating that don't go away.
- Dysphagia
- Seizures and ataxia
- Tutsis and dyspnea
- Developmental delay and persistent diseases in teenagers
- Momentary cognitive decline.
- Recurrent fever that does not go away

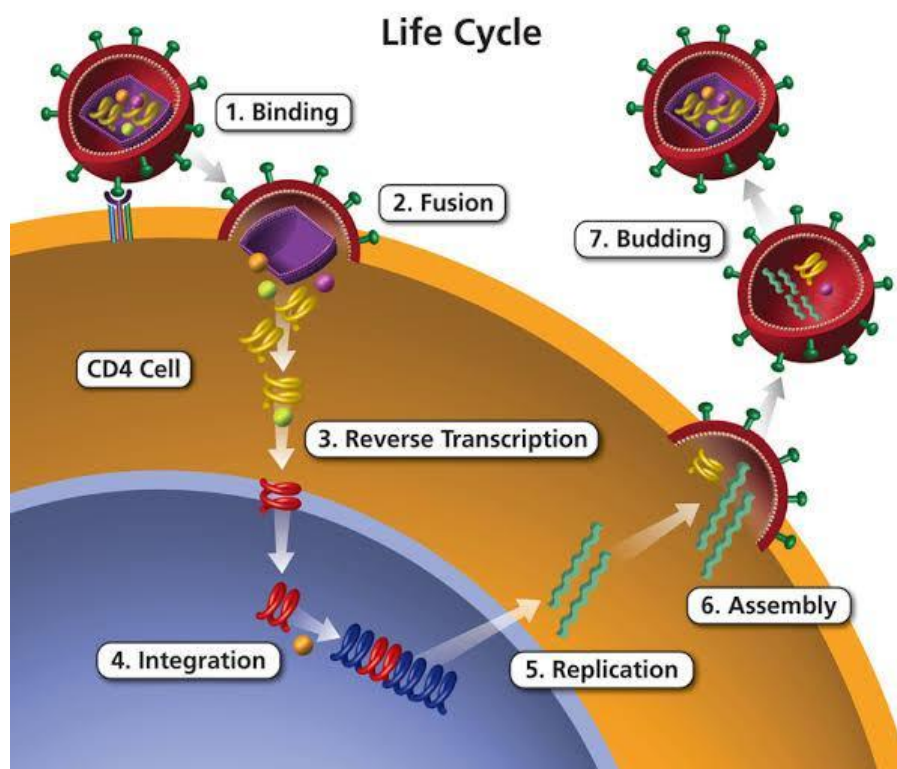


Fig. 2. The life cycle of Human Immunodeficiency virus

#### Entry into the body's cells

HIV is the only virus that replicates rapidly inside the cells or makes duplicate copies of itself when present in human cells. The cycle initiates when this virus invades into a cell that carries an integral membrane protein, a cluster of differentiation 4. Human immunodeficiency virus adheres to the cluster of differentiation 4 receptors and furthermore allows them to merge. The virus predominantly targets the immune system that includes the cells of the defence mechanism of the body which are the building blocks of the immune system in human body structure. HIV infects more and more immune system cells which results in making the defence mechanism weaker and weaker and making the body vulnerable to other infections which include bacterial, fungal, viral and parasite infections.

#### Reverse transcription

Reverse transcriptase is the enzyme which helps in the process of reverse transcription. Conversion of Ribonucleic Acid to deoxyRibonucleic Acid takes place with the help of this enzyme. After which DNA is introduced into cell by an enzyme which is known as integrase or enzyme integrase

#### Transcription and translation

The virus gets converted into messenger RNA by the process of transcription and translation.

#### Assembly, budding and maturation

Newly made Copies or duplicates assemble with recently made Human Immunodeficiency virus nucleic acid and conjugated proteins to form new daughter cells, which are later split from the Cluster of differentiation 4 cells where it was attached. The proteolytic enzyme breaks down HIV into smaller sections. The virus which was formed recently will target the cells with CD4 receptors [4].

#### Investigation

The serum and saliva is tested for antibodies against HIV. But it requires more time to produce antibodies and may take up to twelve weeks to develop the antibodies.

A recently developed test that screens for HIV foreign substance, a substance which is created

by the HIV followed by an infection, can rapidly affirm the results after the infection Or contamination [5].

Tests given below are for detection of Human Immunodeficiency virus:

### 1.3 Rapid HIV Self Test

A FDA-approved home test. A swab is taken from the lower and upper gums. If you are tested positive you will have to consult the doctor and confirm the test.

If you are tested negative you will have to repeat the test after 90 days.

#### Tests To Tailor Treatment

If you are tested positive you should do the following test given below:

#### Total CD4 count

This test determines the total number of CD4 cells present in the body and gives overall status of the immune system. It determines if the drugs given are working properly or not.

#### Viral load

It is a measure of total virus present in the body. It has been reported that a person with a high level of viral loads suggests that the virus is present and is multiplying rapidly and if the person is receiving ART and if the viral load is high it means that treatment you are getting is insufficient.

#### Drug resistance

Some strains are resistant to the certain antiretroviral drugs of HIV. This test will be able to analyse the strain of virus which is resistant to some of the antiretroviral drugs [6].

#### Treatment

Antiretroviral therapy is used to treat HIV infection which includes use of various anti retroviral drugs. This therapy specifically targets HIV and helps to reduce the viral loads of an individual. It has been seen that people who are having low viral loads have no risk of transmitting the HIV to another.

Given below are the anti-retroviral drugs:

1. NRTIs: Tenofovir, Didanosine, stavudine, Lamivudine, Emtricitabine.
2. Non Nucleoside reverse transcriptase inhibitors: Nevirapine, Delavirdine, Efavirenz.
3. Protease inhibitors: darunavir, tipranavir, fosamprenavir, ritonavir.

NRTIs:

NRTIs are the drugs which are one of few classes of anti HIV drugs .

When HIV enters into a cell it introduces its nucleic acid into cell's DNA and alters normal biochemical mechanism of cells and diverts it to produce the virus macromolecules for replication this process requires enzyme reverse transcriptase the NRTIs hinders in the process of replication and stops the enzyme reverse transcriptase from copying the DNA and prevent it from making copies.

NNRTIs

They were introduced in 1996. They bind to the enzyme known as reverse transcriptase decreasing its function and changing its structure in transcription of Ribonucleic Acid. In contrast to NRTIs, non nucleosides bind directly to the enzyme reverse transcriptase and decrease its ability [7].

HAART

HAART is antiretroviral therapy and is named as highly active antiretroviral therapy . HIV type 1 is treated by this therapy which includes use of multiple antiretroviral drugs.

Prevention

One can lower the chance of Human Immunodeficiency virus infection by restricting exposure to risk factors key approaches for HIV prevention are often utilizes in combination includes

- Elimination of prenatal transmission of Human immunodeficiency virus
- Use of ART for prevention
- Voluntary medical male circumcision
- Testing and counselling for linkage to Tuberculosis
- Testing and counselling for Sexually transmitted infection and HIV

- Use of male & female condoms [8].

Universal precaution among medical workers:

All medical workers ought to regularly utilize suitable barrier precautionary measures to prevent mucous membrane and skin exposure when contact with body fluids or blood of any person is assumed. Gloves ought to be worn for handling body fluids and blood or surfaces contaminated with body fluids or blood and for performing procedures like venipuncture aprons or gowns ought to be worn during procedure that are probably going to result in splashes of body fluids or blood. skin surfaces and hands ought to be washed promptly and completely whenever defiled with body fluids and blood . Hands ought to be washed following gloves are taken out. All medical workers should avoid potential risk to forestall wounds brought about by sharp instruments or gadgets during technique. In spite of the fact that salivation has not been involved in HIV transmission to limit the requirement for crisis mouth to mouth revival ,mouth pieces revival bags or other ventilation gadgets ought to be accessible for use in regions in which need for revival is predictable. Carrying out universal body fluid and blood precautions for all inpatients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" recently suggested by Centre of Disease Control [9] for patients known to be infected with blood-borne microbes. Isolation precautions ought to be utilized as vital whenever related conditions, like irresistible loose bowels and tuberculosis.

Safety measures for Invasive Procedures

An obtrusive method is characterized as careful passage into Pits ,tissues, organs, fix of major horrendous wounds in a delivery or an operating room, outpatient setting, emergency department, dentists and physicians offices, cardiac catheterization and angiographic procedures ,vaginal delivery or a cesarean or other procedure or the removal or cutting of any perioral tissues or oral, and other structure, during which bleeding occurs or the potential for bleeding exists. The universal body fluids and blood precautions listed above, combined with the preventive measures which are listed below, should be the minimum preventive measures taken for all procedures.

All medical workers who partake in invasive procedures should regularly utilise proper barrier precautions to forestall mucous-membrane and

skin contact with all body fluids and blood of all patients. Surgical masks and Gloves ought to be worn for all medical procedures. Face shields ought to be worn for procedures that commonly result in production of bone chips, splashing of blood and droplets, pinafore (gowns) made of materials that give a compelling hindrance ought to be worn during procedures that that are probably going to bring about the sprinkling of blood or other body liquids. People who carry out vaginal and cesarean deliveries should wear gowns and gloves when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during post-delivery care of the umbilical cord.

On the off chance that a glove is ruptured and injury happens, the glove ought to be taken out and another glove utilized as quickly as quiet security allows; the needle or instrument associated with the occurrence ought to likewise be eliminated from the sterile field.

### **Safety measures while performing Autopsies**

Notwithstanding the general blood and body-liquid safety measures recorded over, the accompanying safeguards ought to be utilized by people performing post mortem procedures:

All individuals who are assisting in or performing the postmortem procedures should wear waterproof aprons, gowns, face shield, masks and gloves.

Surfaces and Instruments which are contaminated during the procedure of postmortem should be sterilized and cleaned with an appropriate Disinfectant.

### **Safety measures for Laboratories \*\***

Body fluids and Blood from inpatient or outpatient ought to be considered infective. To enhance the widespread blood & bodily fluids precautionary measures recorded over, the accompanying safeguards are suggested for medical workers in clinical research facilities. All samples of body fluids and blood ought to be placed in a container with a protective lid to stop spilling of samples while transferring it from one place to another. Individuals processing body fluids and blood samples ought to wear gloves. Face shield and Mask ought to be worn if mucous-membrane contact with body fluids or blood is expected. For

microbiological culturing, routine techniques, like pathologic investigation and histologic, a biological safety cabinet is not necessary. Anyhow safety cabinets are to be utilised for procedures that have a high chance for producing droplets.

Mouth pipetting should be avoided and pipetting devices should be made mandatory in the laboratory. Utilization of syringes and needles ought to be restricted to circumstances in which there is no other option and the recommendations for preventing injuries with needles outlined under universal precautions should be followed. The working area of the Laboratory ought to be cleaned with suitable cleansing agent after a spill of body fluids or blood. And after completion of the work. Infected stuff which are utilised in laboratory testing ought to be decontaminated Prior to reuse or discarded as per institution strategies for Removal of contaminated waste [10]. Equipment which has been infected with body fluids or blood ought to be cleaned with disinfectant prior to being fixed in the laboratory or moved to the manufacturer. Individuals who are working in a laboratory should wash and clean their hands after performing lab activities and should take off the PPE Prior to exiting the laboratory. A number of studies on different aspects of HIV and AIDS were reviewed [11-15].

## **2. CONCLUSION**

By and large, HIV anticipation programs have zeroed in essentially on creating hazard decrease intercessions for individuals who are at high danger for getting tainted with HIV. Antiretroviral therapy exists for patients who are suffering from HIV infection as far as vaccine is concerned the cure is far away the treatment focuses on decreasing the viral load upto an extent that the patient cannot spread disease to another. By using preventive methods health care workers can prevent the transmission of HIV infection among them, as well as by spreading awareness among people about the disease can stop the spread of HIV.

## **CONSENT**

It is not applicable.

## **ETHICAL APPROVAL**

It is not applicable.

## COMPETING INTERESTS

Author has declared that no competing interests exist.

## REFERENCES

1. Coffin JM. Molecular biology of HIV. In *The Evolution of HIV*, ed. K. A. Crandall. 1999;3-40.
2. Friedland G, Klein R. Transmission of HIV. *Nejm* 1987;317:18:1125-1135.
3. Downs AM, De Vincenzi. Probability of heterosexual transmission of HIV: relationship to the number of unprotected sexual contacts. European study Group in heterosexual transmission of HIV. *J. Acquired Immune Deficiency Syndrome Retroviral*. 1996;11(4):388-95.
4. Amborzia J, Levy JA. The study of disease transmission, regular history and Pathogenesis of HIV Infection. In *Sexually Transmitted Diseases*, 3d ed, ed. K.K. Holmes, P.F. Sparling, P.A. Mardh, S.M. Lemon, W.E. Stamm, P. Piot, and J.N. Wasserheit. 1998;251-58.
5. Palella FJ, Delaney KM, Moorman AC, Loveless MO, Fuhrer J, Satten GA, Aschman DJ, Holmberg SD. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection; N England Journal of Medicine. 1998;338:853-860.
6. Pope M, Haase A. Transmission; acute HIV-1 infection and the quest for strategies to prevent infection. *Natural Medicine*. 2003;847-852.
7. Tripathi KD. *Essentials of medical pharmacology*, 6th edition, Jaypee brothers, medical publishers ltd; 798-810.
8. Available: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
9. Garner JS, Simmons BP. Guideline for isolation precautions in hospitals. *Infect Control*. 1983;4 (suppl):245-325.
10. Environmental Protection Agency. EPA guide for infectious waste management. Washington, DC:U.S. Environmental Protection Agency; 1986. (Publication no. EPA/530-SW-86-014).
11. Jha, Rajesh Kumar. Midlife health of HIV positive unlicensed sexproviders of Wardha district: Appraisal of brainstorm and catastrophe living to create a roadmap for purposeful, compassionate and dignified life. *Indian Journal of Psychiatry*. 2019;61(9),3:S456.
12. Kukde, Monal M, Silpi Basak, Deepak S. Selokar. Effect of heavy metal ions on candida isolated from HIV positive patients. *Journal of Clinical and Diagnostic Research*. 2019;13(4):ZC12-14.  
Available: <https://doi.org/10.7860/JCDR/2019/40501.12807>
13. Sartorius B, Van der Heide J, Yang M, Goosmann E, Hon J, Haeuser E, et al. Subnational mapping of HIV incidence and mortality among individuals aged 15-49 years in sub-Saharan Africa, 2000-18: a modelling study. *LANCET HIV*. 2021;8(6):E363-75.
14. Diwedi, Alok Kumar, Kiran Khandare. A rare case of anal condyloma in AIDS patient. *Pan African Medical Journal*. 2020;37.  
Available: <https://doi.org/10.11604/pamj.2020.37.46.25397>
15. Micah, Angela E, Yanfang Su, Steven D Bachmeier, Abigail Chapin, Ian E Cogswell, Sawyer W Crosby, Brandon Cunningham, et al. Health sector spending and spending on HIV/AIDS, tuberculosis, and malaria, and development assistance for health: Progress towards sustainable development goal 3. *LANCET* 396, no. 10252. 2020;693-724.  
Available: [https://doi.org/10.1016/S0140-6736\(20\)30608-5](https://doi.org/10.1016/S0140-6736(20)30608-5)

© 2021 Kamble; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### Peer-review history:

The peer review history for this paper can be accessed here:  
<https://www.sdiarticle5.com/review-history/80238>